

**SEMINOLE COUNTY COMMUNITY DEVELOPMENT**

**EMERGENCY SOLUTIONS GRANT PROGRAM**

**APPLICATION FOR FY 2019-2020**

SUBMITTAL PROCEDURES

TO WHOM AND WHERE:

Elvis Santana, Program Manager

Seminole County Community Services Department

534 W. Lake Mary Boulevard

Sanford Fl 32773

(407) 665-2307

WHEN:

* **NO LATER THAN 4:00 P.M., Friday, April 12, 2019.**
* Submissions received after 4:00 P.M. on that date (as per County time-stamp) will not be accepted – No exceptions.

IMPORTANT INFORMATION:

* **Mandatory technical assistance workshops** will be held Thursday, March 21, 2019, at 9:00 a.m., and 5:30 p.m. The workshops will be held to provide technical assistance and to answer questions for all interested applicants at the Community Services Department Office. All interested applicants **must have a representative present** at one of the workshops in order to apply for 2019-2020 funding.
* Completed Proposals must be mailed or hand-delivered. **Faxed or e-mailed submissions will not be accepted.**
* The Community Services Department will time and date stamp all proposals.
* An application will be denied if it does not provide all requested information.
* There will be no opportunity for amending any funding proposal after submittal.
* Please submit one (1) original hard copy, four (4) duplicated paper copies, and one (1) PDF copy (on CD or USB flash drive) of each completed application with all required back-up documents. Copies should be 3 ring hole-punched and held together with binder clip or rubber band.
* Final funding recommendation by the application review team will give priority to the objectives and priorities identified in the 2015-2019 Consolidated Plan.

PROJECT SELECTION CRITERIA

The Application Review Team will consider the following criteria, and a proper response to the NOFA and the Anticipated Objectives of the 2015-2019 Consolidated Plan, in the project recommendation process:

* All proposals must submit all required documents listed in the application package. Proposals that are not complete will be considered unresponsive and will not be forwarded to the Application Review Team for scoring.
* Program Recipients must be a 501(c)(3).
* The project must serve at risk populations.
* Reasonableness of cost will be considered in evaluating proposals.
* All applications will be reviewed and ranked based upon the Priorities and Objectives in the County’s 2015-2019 Consolidated Plan.
* Awarded applicants will be reimbursed for services provided in their agreement. In no cases will funds be advanced to the awarded applicants.

**ESG Requirements:**

* If requesting ESG funding, Program Recipients must provide one of the following services: rapid re-housing of homeless families or homeless shelter operating & maintenance expenses.
* ESG Recipients are **required** to provide a minimum of a **match**, and must make matching contributions to supplement the recipient’s ESG program in an amount that **equals** the amount of ESG funds.

ESG Project Submission Sheet

1. Name of Project:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address/Telephone Number/E-Mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide a statement indicating that this funding request meets a National Objective, and meets eligibility based upon the community’s needs.
2. Has this agency previously received Seminole County funding? YES  NO

(a) If yes, when were the funds received and how much did you receive?

CDBG $\_\_\_\_\_\_\_\_\_ HOME $\_\_\_\_\_\_\_\_\_\_ ESG $\_\_\_\_\_\_\_\_\_\_ BCC $\_\_\_\_\_\_\_\_\_\_

(b) Were all the funds spent within the given timeframe per your agreement with Seminole County? YES  NO

1. Are you a direct recipient of another award? YES  NO

If yes, have you been monitored/audited by that entity (another federal, state, or local agency)? YES  NO  If yes, provide the most recent completed program management monitoring report.

1. Provide at least three (3) references and a history of recent projects (completed within the last two (2) years).

PROJECT DESCRIPTION

**\*\*Please attach additional sheets if necessary\*\***

1. Explain community need/problem to be addressed
2. Project location:
3. Population to be served:
4. Define the area to be served:
5. Provide a description of work/activities:
6. Provide a proposed timeline/schedule of work:
7. Number of persons to benefit from the project:

Total persons benefitting: \_\_\_\_\_\_\_

Lower income persons benefitting: \_\_\_\_\_\_\_

Percent lower income persons benefitting: \_\_\_\_\_\_\_

Source of data:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this activity currently exist? YES  NO

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Summarize a justification with possible output and outcome, and stating why this project is needed?
2. Describe how will your goals, performance and success be measured if you are awarded funds?

PROGRAM BUDGET

**PLEASE SUBMIT A COMPLETE BUDGET PROPOSAL WITH APPLICATION. AN APPLICATION WITHOUT A BUDGET WILL NOT BE CONSIDERED FOR FUNDING!!**

(1) Attach documentation for funds you are providing (grant awards, letters of credit, cash, in-kind, etc.). Sample budget provided below.

|  |  |  |
| --- | --- | --- |
| **DETAIL OF 2019/2020 ESG FUNDING REQUEST** | **Current**  **2018/2019** | **Proposed**  **2019/2020** |
| **PROGRAM PERSONNEL** | | |
| Staff Salaries |  |  |
| Employee Benefits |  |  |
| Payroll Taxes/Other |  |  |
| PERSONNEL EXPENSES: |  |  |
| **PROGRAM OCCUPANCY** | | |
| Building Lease/Rent |  |  |
| Maintenance |  |  |
| Utilities |  |  |
| Insurance |  |  |
| TOTAL OCCUPANCY: |  |  |
| **PROGRAM OPERATING/PROGRAM EXPENDITURES** | | |
| Office Supplies |  |  |
| Direct Client Services |  |  |
| Office Expense/Computer |  |  |
| Communication |  |  |
| Advertising |  |  |
| Professional Fees/Outside Consultants |  |  |
| Staff Development/Training |  |  |
| Volunteer Expenses |  |  |
| Licenses, Taxes, Insurance |  |  |
| Equipment Lease/Maintenance |  |  |
| Vehicle Maintenance |  |  |
| Program Materials |  |  |
| Miscellaneous (provide detailed descriptions and breakdowns separately) |  |  |
| TOTAL OPERATING/PROGRAM EXPENSES: |  |  |
|  |  |  |
|  | | |
| **TOTAL 2018/2019 ESG AWARD :** |  | N/A |
| **TOTAL 2019/2020 ESG REQUEST:** | N/A |  |

(2) List these sources on the Certification of Other Funding.

(3) Provide a description of all funds that will be used to pay for staffing and operational costs (the County will not pay for operational costs, except with ESG funds).

**Additional Funding**

What other funds have been sought for this project, and what is the status of those requests?

|  |  |  |
| --- | --- | --- |
| **Source of Funds** | **Amount** | **Status** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please list Donations, IN-KIND SERVICES, ETC.**

|  |  |  |
| --- | --- | --- |
| **Source** | **Value** | **Description of Services** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Provide documentation that other sources of funds have been sought or are in place, and are committed to the project.

DISCLOSURE FORM

Answer the following questions by placing an “X” after “YES” or “NO”.

Has your agency, any officer or employee, or anyone involved in the operation, management, direction or decision making of your agency, received a reprimand or a sanction or warning of any nature, or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency, the U.S. Government, or any professional association within the last five (5) years?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, been declared in default, terminated, or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her, or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her any liens (property liens, tax liens, mechanic’s liens) for non-payment in the past five (5) years?

YES  NO

I hereby certify that all statements made are true and accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with Seminole County is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the County.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE OFFICER TITLE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED OR TYPED NAME

DOCUMENTATION OF OTHER FUNDING

**CERTIFICATE OF OTHER FUNDING OR MATCHING FUNDS**

Please show all other sources of funding to be used on this project. This includes any cash, loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, or individual, or any other source of funds for use in, or in connection with the requested CDBG or ESG project.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_, being a duly authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that, in addition to the assistance being sought through Seminole County Government, funds from other sources 🞎will 🞎will not be provided for the project. Maintenance and operation costs are not considered match or leverage.

The following financial assistance will match or leverage the project referenced above:

|  |  |  |
| --- | --- | --- |
| **Funding Amount** | **Source** | **Use of Funds** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The information provided above is a true and complete representation of the financial assistance being provided for this project.

[Signature]

[Title]

State of Florida

County of:

Sworn to (or affirmed) and subscribed before me on this day of , , by . He/she is personally known to me or has produced FL DL or ID as identification.

[Notary’s Signature]

[Printed Name]

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH EVERY ESG APPLICATION

Public Services Program Submission Sheet

Program Description

Articles of Incorporation / Date of Incorporation.

Occupational License (If Applicable).

Bylaws/Purpose of Organization.

Organizational Chart, including a list of Board of Directors and their occupations.

Submit IRS designation as a non-profit/tax exempt status.

Resume of Program Manager/Administrator.

Resume of Chief Financial Officer or Finance Manager.

Resume of staff directly responsible for program administration.

Certified Audit (most recent)/year-end & interim financial statements (statements since last audit) If no audit has been performed, please provide a recent audited financial statement(s) including cash flow statement and balance sheet. The more information provided by the applicant will be beneficial in demonstrating financial capacity.

Federal, state, or local agency program management monitoring/audit report (most recent if applicable).

Proof of current insurance including liability/worker’s compensation/etc.

Proof of a minimum 2 year history serving the community with relevant experience.

A detailed Program Budget.

Information regarding current year grants received and any proposed grant applications for this project.

Disclosure Form.

Documentationof Other Funding including copies of approved loans, grants, donations, guarantees, rebates, subsidies, credits, tax benefits, or any other form of direct or indirect assistance from any government, foundation, financial institution or individual or any other source of funds.

Matching funds documented and identified by source - ESG Recipients are required to provide a **minimum** of a **match**, and must make matching contributions to supplement the recipient’s ESG program in an amount that equals the amount of ESG funds.