



CITY OF SANFORD
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PUBLIC SERVICES
APPLICATION FOR FY 2017-2018

SUBMITTAL PROCEDURES

TO WHOM AND WHERE:

Melody B. Frederick, HUD Administrator
Seminole County Community Development Office
534 W. Lake Mary Boulevard
Sanford, FL 32773
(407) 665-2394

WHEN:

- **NO LATER THAN 4:00 P.M., Friday, March 31, 2017.**
- Submissions received after 4:00 P.M. on that date (as per County time-stamp) **will not** be accepted – No exceptions.

IMPORTANT INFORMATION:

- Applicants must attend a **mandatory technical assistance** workshop. The City will offer two workshop options.
The first will be held Tuesday, February 21, 2017, at 10 a.m. This workshop will be held to provide technical assistance and to answer questions for all interested applicants at the Sanford City Hall, First Floor Utility Training Room, located at 300 North Park Ave. Sanford, FL 32771.
A second technical assistance workshop will be held Wednesday, March 8, 2017, 2:00pm at the Sanford Public Safety Complex, Community Meeting Room located at 815 Historic Goldsboro Blvd Sanford, FL 32771. All interested applicants **must have**

a representative present at one of the two workshops in order to apply for 2017-2018 funding.

- Completed Proposals must be mailed or hand-delivered. Faxed or e-mailed submissions will not be accepted.
- The County Community Development Office will time and date stamp all proposals.
- Any application will be denied if it does not provide all requested information.
- There will be no opportunity for amending any funding proposal after submittal.

- The County reserves the right to request additional information or clarification after the submittal due date, when necessary.
- Please submit one (1) original hard copy, six (6) duplicated paper copies, and one (1) PDF copy (on CD or USB flash drive) of each completed application with all required back-up documents. Please do not submit applications in binders or folders. Please use binder clips or rubber bands to bind the applications together.

PROJECT SELECTION IMPERATIVES

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 City's 2015-2019 Consolidated Plan.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases the County can pay the awarded applicant's vendor directly for services provided in their agreement. In some cases funds will be advanced to the awarded applicants by the City of Sanford.

CDBG Requirements:

- All CDBG projects for public services must meet one of the following National Objectives:
 1. Benefit low and moderate income persons or households (This is the primary objective for the CDBG program. At least 70% of all CDBG funding must meet this objective).
 2. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare. For example, a major catastrophe such as a flood or tornado might meet the national objective. This national objective is rarely used.
- If requesting CDBG funding, Program Recipients must provide public services for households or individuals that are at or below 80% of area median income guidelines with the funding.
 1. Awarded agencies will be required to complete one of the following to document that recipients are at or below 80% of area median income.

- Provide a benefit to low and moderate income persons by area, by serving a Low Moderate Income Area (LMA). To qualify under this category, services must benefit **all** residents in a residential neighborhood area in which at least 51 percent of the residents are Low or Moderate Income persons (80% of area median income). This should be documented by census tract block group data or an approved survey can be completed by the agency if the application is approved.
- Provide a benefit to Low Moderate Limited Clientele (LMC) to a minimum of 51 percent of the beneficiaries of an activity.
 - Document that the clientele is generally presumed to be principally Low Moderate Income (LMI). This covers abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.
 - Complete an income certification based on household size, assets, and income by using 24 CFR Section 5.609.
- CDBG recipients are expected to **provide matching or leveraged funds** in the cost of any project.
- Projects that require CDBG funds for salaries or other administrative expenses will be given a **lower priority for funding-recommendation**. City of Sanford seeks to fund requests that use CDBG funds for programming (materials, supplies, services).

If administrative funds are sought, applicants are asked to limit their requests to no more than 15% of their total 2017-2018 CDBG request.
- CDBG recipients will be paid and/or reimbursed on a per unit basis, meaning that funds will be released in proportion to the amount of units or activities provided.

Public Services Project Submission Sheet

1. Please indicate National Objective the project will meet:

Low Moderate Income Benefit Slum/Blight Urgent Need

2. Name of Project & Eligible Activity:(**Check only one**): _____

Youth Services

Elderly Services

Employment/Job Training Services

Crime Prevention and Public Safety

Health Services

Substance Abuse Services

Fair Housing Counseling

Education Programs

Energy Conservation

Services for Senior Citizens

Services for Homeless Persons

Recreational Services

Welfare Services (except income payments)

Other Explain: _____

3. Name of Applicant:

4. Address of Applicant:

5. Contact Person:

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

7. Include a copy of Articles of Incorporation.

8. Include a copy of occupational license.

9. Include a copy of Bylaws/purpose of organization.

10. Include an organizational chart of your agency.

11. Include a list of board of directors and their occupations.

12. Include a copy of IRS designation as tax-exempt.
13. Include a resume of the project administrator.
14. Include a resume of the chief financial officer.
15. Include resumes of staff directly responsible for administering the project.
16. Provide a year-end certified audit (most recent audit) or audited financial statements), including cash flow statement, and balance sheet.
17. Provide a copy of current insurance (including liability/worker's compensation, property insurance, etc.).
18. Provide proof that the organization has been serving Seminole County for a minimum of 2 years in the capacity similar to the funding request.
19. Provide a statement indicating that this funding request meets a National Objective, and meets eligibility based upon the community's needs.

20. Has this agency previously received City of Sanford funding? YES NO
 - (a) If yes, when were the funds received and how much did you receive?

CDBG \$_____

 - (b) Were all the funds spent within the given timeframe per your agreement with City of Sanford? YES NO

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

PROJECT DESCRIPTION

Attach a description of the Project explaining:

1. The community need/problem to be addressed
2. Project location
3. Population to be served (Area-Wide Benefit- project benefits all residents OR Limited Clientele- project benefits a specific group of persons such as abused children, battered spouses, elderly persons, homeless persons, migrant farm workers)
4. Area to be served
5. Description of work
6. Proposed 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: _____

8. Does this activity currently exist? YES NO

If yes, where? _____

9. Attach a justification of the Project; why is this project needed? (not exceeding one page).

10. Describe how will your goals, performance and success be measured if you are awarded funds? (not exceeding one page).

PROGRAM BUDGET

TOTAL PROGRAM BUDGET:		\$	\$	\$
Funding Source	Category*	Current 2016/2017	Proposed 2017/2018	Secured 2017/2018
Federal Sources				
State Sources				
Seminole County				
CDBG (Requested Amount)				
ESG (Requested Amount)				
General				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
Business Contributions				
Foundations/Trust				
Other Grants				

DETAIL OF 2017/2018 CDBG FUNDING REQUEST	Current 2016/2017	Proposed 2017/2018
PROGRAM PERSONNEL		
Professional Staff Salaries		
Support 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		
Printing		
Advertising		
Professional Fees/Outside Consultants		
Staff Travel		
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 2017/2018 CDBG REQUEST:		

Note: Agencies that received CDBG funding in 2016-2017 must show past award amounts for comparison of requests. 2016/2017 awards must be listed in the "current 2016/2017" column

In addition:

- (1) Attach documentation for funds you are providing (grant awards, letters of credit, cash, in-kind, etc.).
- (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.
- (4) Provide a breakdown and description of any expenses listed as Miscellaneous on the 2017/2018 CDBG Funding Request Detail Form

ADDITIONAL FUNDING

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

Source of Funds	Amount	Status

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

In addition, submit the Certificate of Other Funding Form.

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 the City of Sanford 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

DETERMINATION OF LEVERAGE AND/OR MATCHING FUNDS TO BE USED FOR THE REQUESTED PROJECT

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 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 CDBG APPLICATION**

- Public Services Program Submission Sheet
- Program Description
- Articles of Incorporation / Date of Incorporation.
- Occupational License.
- Bylaws / Purpose of Organization.
- Organization Chart, including a list of the Board of Directors and their occupations.
- If a nonprofit organization, submit IRS designation as tax exempt.
- Resume of Program Administrator.
- Resume of Chief Financial Officer.
- Resumes 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 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.
- Proof of current insurance including liability/worker's compensation/etc.
- Proof of a minimum 2 year history serving Sanford with experience in the area for which funding is being requested.
- A detailed Program Budget.
- Information regarding current year grants received and any proposed grant applications for this project.
- Disclosure Form.
- Documentation of 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.