



CITY OF
SANFORD
FLORIDA



**CITY OF SANFORD
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
ECONOMIC DEVELOPMENT PROJECTS
APPLICATION FOR FY 2018-2019**

ECONOMIC DEVELOPMENT PROJECTS

On October 1, 2017, City of Sanford received \$401,643 for Program Year 2017/2018 in Federal funding from the U.S. Department of Housing & Urban Development (HUD) for activities that benefit low and moderate-income persons/households. The City of Sanford has allocated \$55,000 for economic development activities for Program Year 2017/2018.

The City of Sanford is officially soliciting proposals for eligible economic development activities to assist in the accomplishment of objectives stated in the 2015-2019 Five Year Consolidated Plan.

The Historic Goldsboro Boulevard Economic Development Façade Improvement Project goal is to provide business owners with financial assistance and technical support that will result in improved access to goods and services in the area, increased revenues and economic development of the area, revitalize and stabilize businesses along Historic Goldsboro Boulevard in the City of Sanford.

SUBMITTAL PROCEDURES

TO WHOM AND WHERE:

Stafaneshia Rogers, HUD Administrator
Seminole County Community Development Office
534 W. Lake Mary Boulevard
Sanford, FL 32773
(407) 665-2386

WHEN:

- **NO LATER THAN 4:00 P.M., Friday, March 29th, 2019.**
- 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 one workshop.

The workshop will be held **Tuesday, March 19th, 2019 at 4 p.m.** This workshop is being held to provide technical assistance and to answer questions for all interested applicants. The workshop will be held at the Sanford City Public Safety Complex, Community Room; 815 Historic Goldsboro Blvd. Sanford, FL 32771.

All interested applicants **must have a representative present at the** workshop in order to apply for 2018-2019 CDBG economic development 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.

However, the County and/or the CDBG Advisory Board 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.

Application forms will be available from the Seminole County Community Services Department, on the County's website at www.seminolecountyfl.gov; the City of Sanford City Manager's Office or on the City's website at www.sanfordfl.gov on March 11, 2019.

For further information call or e-mail **E. Nikki Torres, CDBG Project Manager** at: **407-665- 2311 or etorres@seminolecountyfl.gov**

NOTE: Applications will be accepted based on funding availability.

PROJECT SELECTION IMPERATIVES

The CDBG Advisory Committee will consider the following criteria, as a proper response to the NOFA and the Specific Objectives of the 2015-2019 Consolidated Plan, in the project recommendation process:

- Proposals must submit all required documents listed in the application package. Proposals that are not complete will be considered incomplete and will not be forwarded to the Application Review Team for scoring.
- The project must further the transformation and revitalization of the Goldsboro neighborhood.
- 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.
- No more than **ONE (1)** funding proposal will be accepted from any business. All proposals are due to the Seminole County Community Development Office no later than **Friday, March 29th, 2019 at 4:00 p.m.** Faxed proposals will not be accepted. Proposals will be time-stamped and must be complete. Incomplete proposals will be rejected.
- The City of Sanford reserve the right to deny any and all application at its description for reasonable cause.

Awarded applicants will be reimbursed for improvements to their business as provided for under their agreement. To avoid placing a hardship on the business, in some cases, the City can pay the awarded applicant's vendor directly for services provided under their agreement.

CRITERIA FOR SUBMISSION OF APPLICATION

- Small for-profit businesses located on Historic Goldsboro Boulevard between William Clark Avenue and Persimmons Avenue.
- The for-profit business must have been in business for at least two years.
- Applicant must be current in all financial obligations with the City of Sanford, Seminole County, State of Florida and the Federal government.
- All mortgages, taxes, and special assessments on the property must be current and paid.
- Business must not be the subject of chronic Nuisance complaints with the Sanford Police Department and/or Code Enforcement (As stipulated in Ordinance Number 3947 adopted by the City Commission on July 25th, 2002)
- Projects where the applicant is requesting physical renovations to the property and is not the property owner, the applicant must obtain approval in writing from owner that the property owner concurs with the proposed work.
- Leased property with less than three (3) years left on the lease agreement will be given a low priority for funding.
- The small business must meet the micro-enterprise definition: have five or fewer employees, one or more who own the business.
- The business has not received a CDBG Economic Development grant within the last three (3) years.
- Special consideration may be given to businesses that are an active member of the Seminole State College Small Business Development Center.
- At the discretion of the Advisory Board, the business may be required to affiliate with the Small Business Development Center for a defined period to be stipulated in the agreement.
- Request for assistance to include
 - Façade improvements,
 - Technical assistance that included business plans and/or marketing,
 - Technology infrastructure upgrades
 - Building rehabilitation both interior and exterior (Up to 40% of grant can be used for interior renovation)
 - Commercial Equipment (No motor vehicles, personal or portable equipment)

- **Maximum grant amount of \$18,300**

The following are not eligible for assistance:

- **Home-Based Business**
- **Non-Profits 501 (c) (3) organizations**

NATIONAL OBJECTIVE – MICROENTERPRISE ASSISTANCE

Provides services to a residential area that has a sufficiently high percentage of low and moderate income persons

1. The microenterprise assistance is provided to a low or moderate income person who owns or is developing a microenterprise.
 2. The microenterprise will create or retain jobs, 51% or more of which will benefit low or moderate persons.
 3. The business is in a designated slum or blighted area and addresses one or more of the conditions which contributes to the deterioration of the area.
 4. The business is located outside of a designated slum or blighted area where:
 - The assistance is designated to eliminate specific conditions of blight or physical decay; and
 - The assistance is limited to the following activities:
 - Acquisition
 - Clearance
 - Relocation
 - Historic Preservation; and
 - Building rehabilitation, rehabilitation must be limited to the extent necessary to eliminate specific conditions detrimental to public safety.
- CDBG recipients are expected to **provide matching or leveraged funds** in the cost of any project.

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. 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

8. Provide at least three (3) references, name, address and contact information.

Project/Activity Information

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

1. Provide a description of the activity.

2. Who will implement the activity and how will it be implemented?

3. What is the population to be served (Area-Wide Benefit, i.e. Project benefits all residents OR Limited Clientele, i.e. 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. Please be very specific in identifying the area (s) to be served.

5. Number of persons to benefit from the project:

Total persons benefitting: _____

Lower income persons benefitting: _____

Percent lower income persons benefitting: _____

Source of data: _____

6. Provide a schedule of activities or an activity timeline that addresses the proposal.

7. Explain why this project is needed?

8. Explain how the activity will result in a quantifiable increase to your business.

9. Describe how will your goals, performance and success be measured if you are awarded funds?

10. State what expenditures the grant will pay for. (Attach additional sheet if necessary)

PROGRAM BUDGET

TOTAL PROGRAM BUDGET:		\$	\$	\$
Funding Source	Category*	Current 2017/2018	Proposed 2018/2019	Secured 2018/2019
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 2017/2018	Proposed 2018/2019
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 2018/2019 CDBG REQUEST:		

Note: Agencies that received CDBG funding in 2017-2018 must show past award amounts for comparison of requests. 2018/2019 awards must be listed in the "current 2018/2019" 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 2018/2019 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.

Please list Donations, IN-KIND SERVICES, ETC.

SOURCE	VALUE	DESCRIPTION OF SERVICE

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

CERTIFICATE OF OTHER FUNDING OR MATCH FUNDS

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 or 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 Project Submission Sheet
- Project/Activity Information
- 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.
Statement indicating that the funding request meets a National Objective, and meets eligibility based upon the City's Objectives
- A detailed Project Budget.
- Information regarding current year grants received and any proposed grant applications for this project.
Certificate of Acceptance of CDBG Regulations
- 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.