

SEMINOLE COUNTY COMMUNITY DEVELOPMENT DIVISION
Community Development Block Grant (CDBG) Public Services
FY2021-2022 Notice of Funding Availability (NOFA)
SUBMISSION DEADLINE: April 2, 2021 at 4:00 p.m.



Public Services - On February 28, 2021, the Seminole County Community Development Division published a Notice of Funding Availability (NOFA), listing activities the County will consider funding during the 2021-2022 Program Year. Activities (including labor, supplies and material) which are directed toward improving the community's public services and facilities, including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, welfare, or recreational needs. A public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government in the 12 calendar months before the submission of the action plan. Applications must address one (1) of three (3) priorities detailed in the 2020-2024 Consolidated Plan. Applications that do not address at least one (1) of the priorities will not be considered for funding.

Table of Content		
Section		Page No.
A.	General Information	4
B.	Organizational Capacity & Activity Scope	6
C.	Project & Activity Description	7
D.	Approach	8
E.	Timeliness	9
F.	Outcome Measurement Goals	10
G.	Three-Year Plan	14
H.	Budget Justification and Leverage of Funds	15
I.	Insurance Requirements	18
J.	Certification of Accuracy and Compliance	17

Attachments	
A.	List of Board of Directors
B.	Organizational Chart
C.	Resumes
D.	Organizational Business Plan
E.	Letters of Support
F.	Florida Department of Corporations Current Filing (www.sunbiz.org)
G.	IRS 990 Forms and Schedules
H.	Positions, Salaries, Job Descriptions and Professional Development Opportunities
I.	Itemized Project Budget
J.	Itemized Activity Budget
K.	Matching Contributions
L.	Letter of Other Sources of Funding Sought
M.	Certified Independent Audit

APPLICATION REVIEW AND RANKING

All applications will be reviewed and ranked based upon the Priorities and Objectives in the County's draft 2020-2024 Consolidated Plan.

PROJECT SELECTION CRITERIA

The Application Review Committee will consider the following criteria a proper responses to the NOFA and the specific Objectives of the 2020-2024 Consolidated Plan, in the project recommendation process:

- Applicants must submit all required documents listed in the application NOFA package. Incomplete applications will be deemed unresponsive and will not be scored.
- Program recipients must be a 501(c)(3) as determined by the Internal Revenue Service.
- Project must serve "At-Risk" populations.
- Reasonableness of cost will be considered in evaluating all applications.
- The long-term viability of the project will be considered in evaluating applications; particularly housing projects.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases, the County may pay the awarded applicant's vendor directly for services provided in their agreement. However, funds will not be advanced to awarded applicants.

CDBG Requirements

- All CDBG Public Services projects must meet one (1) of the following National Objectives:
 - a. Benefit low and moderate income persons or households (70% of the CDBG allocation must meet this objective).
 - b. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare. *This National Objective is rarely used.*
- If requesting CDBG funding, Program Recipients must provide public services for households or individuals with annual incomes at or below 80% of area's median income.
 - a. Awarded agencies will be required to complete one of the following to document that recipients are at or below 80% of area median income guidelines:
 - 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 a service.

- 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.

Seminole County 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 10% of their total 2021-2022 CDBG Activity request.

A. APPLICATION GENERAL INFORMATION:

1. Name and Address of Applicant:

2. Legal Status of Entity/Organization: ☐ Non-Profit ☐ Public Agency ☐ County Department
☐ Neighborhood Organization ☐ Other (specify) _____

3. Date designated as a 501 (c) (3): _____ 4. Federal Tax ID Number: _____

5. DUNS Number: _____

6. Contact Person (Agency Contact not Grant Writer)/ Bus. Ph. / Mobile Ph. / e-mail/ Name and e-mail of the organization's Registered Agent:

Agency Contact: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Agency's Registered Agent's Name and Email: _____

7. Name of Activity/Project: _____

8. Activity Type: Public Services

9. Activity/Project Summary: Include program description, clientele to benefit from program, specific use of CDBG funds, etc. (must be 250 words or less):

10. Activity/Project Location (list location of activity to include U.S. Census Tract. If activity is held in multiple locations, list all locations and U.S. Census Tract Numbers (<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>). If the activity is County-wide, indicate as such.):

11. Grant Funds Requested: \$ _____

12. Total number of individuals served at requested funding level: _____

13. Lowest funding level acceptable to operate activity: \$ _____

14. Total number of individuals served at lowest funding level: _____

15. HUD NATIONAL OBJECTIVES:

Each activity must meet one of the National Objectives of the CDBG Program. Check the correct objective.

☐ Low- and Moderate-Income Benefit (*Check the appropriate benefit*):

- ☐ Area Benefit: The activity provides a benefit to low/moderate income persons by documenting that 51% or more of the service area of the activity is occupied by low/moderate income households (as per the U.S. Census).
- ☐ Limited Clientele Activity: The activity benefits a limited clientele, at least 51% of whom are low/moderate income.

If Limited Clientele, The activity must meet one or more of the following criteria (*Check the appropriate criteria(s)*):

- ☐ It must benefit a clientele presumed to be low/moderate income e.g. abused children, elderly persons, homeless persons etc.;
- ☐ Data must be available to document that 51% of the clientele fall within the low/moderate income category;
- ☐ It must be limited exclusively to low/moderate income persons;
- ☐ The nature and location of the activity readily demonstrates that the clientele will primarily be low/moderate income persons.

☐ Slum & Blight (*Check the appropriate benefit*):

- ☐ Area Basis: The activity aids in the prevention or elimination of slums or blight in a designated area.
- ☐ Spot Basis: The activity aids in the elimination of specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.

B. ORGANIZATIONAL CAPACITY & ACTIVITY SCOPE (15 POINTS)

1. Briefly describe your track record and prior experience in the proposed activity and include the following information:
 - i. Unique qualifications or characteristics of staff, the facility or operations (*include specifics that separate your organization from others serving in the same capacity*).
 - ii. Number of years of related experience of the organization or key staff.
 - iii. Specify key staff skills, assignments, and/or tasks.
 - iv. Summary of past client outcomes (*for the past three (3) years*).
 - v. Perceived challenges in meeting the goals of this application.
 - vi. Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this application.
 - vii. Provide a Year-End Report of accomplishments from previous funding year.

ATTACHMENTS A-G (REQUIRED):

- A. List of Board of Directors and offices held
- B. Organizational Chart (*operation of organization*)
- C. Resumes of Chief Executive Officer, Chief Fiscal Officers, and key staff members assigned to the proposed activity
- D. Organizational Business Plan (If activity is in operation for less than 3 years)
- E. Letter of Support from other agencies demonstrating that the “activity” as conducted by the applicant has impacted the documented need
- F. Florida Department of Corporations Current Filing (*print from www.sunbiz.org*)
- G. IRS 990 Forms with Schedules

C. PROJECT & ACTIVITY DESCRIPTION: (20 POINTS)

1. List the title of the activity: _____

2. Check the type of activity:

<input type="checkbox"/>	Employment	<input type="checkbox"/>	Fair Housing Counseling	<input type="checkbox"/>	General Welfare
<input type="checkbox"/>	Energy Conservation	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Drug Abuse
<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Education	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Crime Prevention		

3. The word "activity" as used in this application denotes the action for which funds are being requested. The word "project" as used in this application denotes all of the activities that constitute the project. In some instances, the activity is the same as the project.

Is the activity for which funds are being requested part of a larger overall project?

(Check "Yes" or "No") ☐ Yes ☐ No

If "Yes", describe the project in detail and explain how the activity relates to the project. In addition, be very specific about how CDBG funds will be applied:

4. Describe the "activity", in detail, and be very specific about how the CDBG funds are proposed to be used. Be certain to include the following information:
- Identify and document the need or problem.
 - Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that is quantifiable and supported by appropriate data.
 - Affected population and percentage of low- and moderate-income persons to be benefited (*Area of service*).
 - State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.
 - If requesting funds for more than one (1) activity, indicate numerically which is priority and, if separate applications are being submitted for each activity, but the activities are interrelated, include agency name, number of interrelated activities, the title and type of activity:

5. Are CDBG funds proposed to be used for the payment of salaries?

(Indicate "Yes" or "No") ☐ Yes ☐ No

If "Yes", use the table below to provide the following information:

- Title of position to be charged for this proposal.
- Number of pay periods per year.
- Gross pay per period.
- Annual Gross pay.
- Total of salary to be charged as administration cost (CDBG funds) as part of this proposal.
- Percentage of the position annual gross (CDBG funds) to be charged as part of this proposal.

- Total salary not charged to this proposal Percentage of position annual gross not charged to this proposal.
- Percentage of the position annual gross not to be charged as part of this proposal.
- Job description of each position for which CDBG funds are being requested (Attachment H).
- Summary of professional development opportunities and job growth (Attachment H).

1	2	3	4	5	6	7	8
Job Title	# of Pay periods	\$ Gross pay per pd.	Annual Gross	\$ CDBG	% CDBG	\$ Non-CDBG	% Non-CDBG
Totals							

D. APPROACH (10 POINTS)

The CDBG funding year is October 1, 2021 through September 30, 2022. Provide a narrative (250 words or less) that describes when CDBG funds will be drawn, the uses of CDBG funds and the anticipated completion date of the project.

E. TIMELINESS (20 POINTS)

1. Provide an implementation schedule sorted by tasks. Applicant must be able to begin the project within six (6) months of award and completed within 18 months.

Project / Activity Timeline	
Task	Date to be Completed

1. Describe outreach and marketing initiatives that will be implemented to inform potential clients about the services to be provided:

2. Are there other services that address the same need in the area?

(Indicate "Yes" or "No") ☐ Yes ☐ No

If "Yes", describe:

3. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. (If none, indicate N/A):
4. Identify any cooperative approaches and describe how they will improve the performance of the activity. (If none, indicate N/A):

F. OUTCOME MEASUREMENT GOALS: (15 POINTS)

Seminole County Community Development Division determines actual benefits of funded activities by using Outcome Measurement Goals. The Application Review Committee will review these goals closely when recommending applications for funding to the Board of County Commissioners.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section of the application is to identify these outcomes in measurable terms.

Table 1 of this section is designed to allow the applicant to briefly describe the proposed activities initial, intermediate, and long term outcomes.

Table 2 of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

A copy of this section will be given to the Review Committee and to the Seminole County Board of County Commissioners as back-up material.

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits – new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

Initial Outcomes – first benefits or changes participants experience.

Longer-term Outcomes – ultimate benefits of the program.

Intermediate Outcomes – benefits that connect initial outcomes and Longer-term Outcomes.

Quantifiable Measurement Goals – a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills- certifications, etc.)

SAMPLE:

OUTCOME MEASUREMENT TABLE 1 (Public Services)

Program: ABC Organization – Tutoring in Math and Science

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Staff: 1 Lead Administrator and 4 Instructors who are certified teachers	The activity will provide Hollywood LMI children with tutoring in the areas of Math and Science	4 successive 9 week tutoring sessions. 100 Students each session	Testing of current academic skills (pre-testing)	Improved academic proficiency (monitoring of academic proficiency)	Improved academic proficiency and increased test scores

OUTCOME MEASUREMENT TABLE 1

Program:

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term

Quantifiable Goals Table 2

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

G. THREE-YEAR PLAN. In order to evaluate the overall sustainability of your program, each applicant must submit a three-year plan that describes your projected progress over the next three years. It is important to note that the Review Committee is paying particular attention to your agency's ability to reduce dependency on Seminole County CDBG funds. Indicate whether your organization received CDBG funds within the past three years. If "Yes", provide details on the prior funded program or activities. If "No", submit a three-year plan. This information may be included within the overall business plan (Attachment D). If so, indicate which pages or sections.

At a minimum, the three-year plan must also include the following:

Client projection profile, to include the following:

- Number of Clients to be served per year.
- Projected improvement in the cost of service delivery per client.
- Projected client improvement (i.e. test scores, abilities, certifications, etc.).

Service Delivery Profile:

- Staff qualifications and/or certifications.
- Changes in staffing levels.
- New services or programs.
- Identification of additional funding sources.
- Uses of additional funding.
- Projected improvement in the ratio between CDBG funding and other funding

H. BUDGET JUSTIFICATION AND LEVERAGE OF FUNDS (10 POINTS)

1. Is the activity for which CDBG funds are being requested part of an overall project?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", **attach** an **itemized total project budget (Attachment I)**, and complete the following:

- a. Total Project Cost: \$
- b. Does the total project cost include funds from other federal, state or local programs?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", provide the name of the agency or agencies, program(s), amount(s), and year(s) awarded:

	<u>Agency</u> <u>Amount</u>	<u>Program</u> <u>Year</u>
1.)	\$	
2.)	\$	
3.)	\$	
4.)	\$	

2. Has this project received Seminole County funds in the past three (3) years?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", provide the name of the program(s), amount(s), and year(s) funded:

<u>Program</u>	<u>Amount</u>	<u>Year</u>
1.)	\$	
2.)	\$	
3.)	\$	
4.)	\$	

Disclose any previous awarded, but unused, CDBG funds and the reason.

FY _____ unused amount _____

Reason for unused funds: _____

3. Of the total project cost, what percentage has been, or will be financed with CDBG funds?

<u>CDBG Funding</u>	<u>Total Project Cost</u>	=	<u>Percentage</u>
\$ _____	\$ _____	=	_____ %

4. **Activity Budget**

- a. **Attach an itemized activity budget (Attachment J), including any necessary supplemental information.** The itemized activity budget must include a detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salary, fringes and related costs are allowed, as long as the salaries are related to specific activity tasks. Narrative justification for each line item (including each salary item) must be provided. The narrative should justify each salary by describing the activity tasks associated with each salary.

b. Complete the following budget summary:

- i. Total Activity Cost \$ _____
- ii. Breakdown of Total Activity Cost:
- a) Activity Cost \$ _____
(Enter the total cost of the activity, excluding administrative expenses, for which funds are being requested)
- b) Activity Administration (if applicable)..... \$ _____
(Enter the amount of administrative expenses involved with the activity.)
- iii. Total Funding Sources: \$ _____
- iv. Breakdown of Total Funding Sources:
- a) Total CDBG Funds Requested \$ _____
(Enter the amount of CDBG funds requested for the activity.)
- b) Other Activity Funding..... \$ _____
(Enter the total amount of non-CDBG funds to be used for this activity.)
- c) Are CDBG funds being requested for travel?
(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", explain the purpose of the travel, and estimated mileage:

5. **Are CDBG funds being requested for attendance to conferences or training events?**

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", explain the purpose:

6. From a financial perspective, explain and justify the reason why CDBG funds are needed (i.e. financing gap, location, etc.)

7. Determine the amount, per person, by dividing the total funds requested by the number of persons directly benefitting (i.e. Funding Amount \$15,000.00, 125 clients served per month at a rate of \$10.00 per client for the program year).
8. Justify and document the reasonableness of cost for the amount of CDBG funds being requested per unit of measurement, as included in the activity description (*250 words or less*).

9. Program Income/Revenue

- a. Does the activity and/or project for which CDBG funds are being requested propose to generate program income and/or revenue, either directly or indirectly?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", list the source(s) of all anticipated program income from the project/activity:

<u>Program/Activity</u>	<u>Projected Annual Income/Revenue</u>
1.)	\$
2.)	\$
3.)	\$
4.)	\$
TOTAL	\$

10. Matching Contributions

Applicants are encouraged to provide matching funds. Matching contributions will positively impact the application. (County Departments are exempt; matching contributions are optional.) Applications that include matching contributions must attached evidence that the matching contribution is available, or will be available, at the beginning of the fiscal year for which CDBG funds are applied.

- a. Check the appropriate eligible form(s) of matching contribution for the activity:

- ☐ Cash contributions;
- ☐ Other federal, state, or local grants or programs;
- ☐ Fund-raising monies;

- b. Detail all matching contributions to the activity. Include the source, the type of contribution (i.e., grants, loans, own source of funds, real estate, etc.) and the value:

<u>Source of Contribution</u>	<u>Type of Contribution</u>	<u>Value of Contribution</u>
1.)		\$
2.)		\$
3.)		\$
4.)		\$
	TOTAL	\$

- c. Explain the method utilized to establish the fair market value of land or real estate as a matching contribution:
- d. Are the matching contributions selected above available now or to be made available at the beginning of the fiscal year for which funds are being applied?

(Check "Yes" or "No") ☐ Yes ☐ No

If "yes", evidence of availability must be attached. If "no", explain the availability of the matching contribution:

- e. Non-municipal applicants must describe all steps taken to secure other funding for the activity.

Attach at least one (1) letter demonstrating that the activity or project has been submitted to other agencies for funding within the last twelve (12) months prior to submission to the Seminole County Community Development Division (Attachment L). The agencies determination on those submissions must be included. If no other sources of funding have been sought, provide an explanation:

- f. Agency Accounting Information:

List the name, address, e-mail address and phone number of the Agency's Chief Financial Officer, Accountant, Bookkeeper, and/or Certified Public Accountant that's responsible for the agency's financial records.

- g. Attach a copy of your most recent Certified Independent Audit and management letter which expresses the opinion that the agency's or organizations internal controls are adequate to safeguard assets.
- h. Will your agency receive and expend \$750,000.00 or more in Federal funds for the program year (FY 21-22)?

(Check "Yes" or "No") ☐ Yes ☐ No

I. AGENCY INSURANCE REQUIREMENTS:

Seminole County requires awarded Agencies or organizations to provide a **Certificate of Insurance** which reflects current liability insurance, naming **Seminole County Board of County Commissioners as an additional insured**; current workers' compensation insurance; automobile insurance etc. Can you provide such documentation, if funded?

(Check "Yes" or "No") ☐ Yes ☐ No

J. CERTIFICATION OF ACCURACY AND COMPLIANCE

I hereby certify that all facts, figures, and representations made in the application(s) are true and correct. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control, including but not limited to, those contained in the Bid Solicitation and Core Contract will be implemented to ensure proper accountability of contracts. I certify that the funds requested in this application(s) will not supplant funds that would otherwise be used for the purposes set forth in this project(s) and are a true estimate of the amount needed to operate the proposed project(s). The filing of this application(s) has been authorized by the contracting entity and I have been duly authorized to act as the representative of the agency in connection with this application(s). I also agree to follow all Terms, Conditions, and applicable federal and state statutes.

Authorized Official's Signature	Date
Print Authorized Official's Name	Title