CITY OF SANFORD COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM 2015-2016 ECONOMIC DEVELOPMENT PROJECTS

On October 1, 2013, City of Sanford received \$428,791 for Program Year 2013/2014 in Federal funding from the U.S. Department. of Housing & Urban Development (HUD) for activities that benefit low and moderate income persons/households. <u>The City of Sanford has allocated</u> \$55,000 for economic development activities for Program Year 2013/2014.

The City of Sanford is officially soliciting proposals for eligible economic development activities to assist in the accomplishment of objectives stated in the 2010-2015 Five Year Consolidated Plan.

The goal of the program 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 in Georgetown and Goldsboro and diversify the local economy.

City of Sanford is accepting proposals as follows:

Economic Development Project Criteria:

- Small for-profit businesses located in the Georgetown and Goldsboro neighborhoods of the City of Sanford. The boundaries of Georgetown are defined as follows (*Sanford Ave on the West, 2nd Street on the North, Mellonville Ave on the East and Celery Ave on the South*) and the boundaries for Goldsboro are defined as 18th Street on the South, 2nd Street on the North and U.S. 17/92 on the east and Persimmons Ave to Southwest Road on the west. (Property must be within City limits)
- The for-profit business must be located in the Georgetown and/or Goldsboro community and 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.
- Business must not be the subject of chronic Nuisance complaints to the police department and/or code enforcement (As stipulated in Ordinance Number 3947 adopted by the City Commission on)
- The small business must meet the micro-enterprise definition: have five or fewer employees, one or more who own the business.
- Business has not received a CDBG Economic Development within the last three (3) years.

- 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 \$10,000
- Request for assistance for **Home-Based Business** include:
 - o Technical assistance that includes business plans and/or marketing plan,
 - Technology infrastructure upgrades (software and related training)
 - Advertising and promotion
 - Forgivable/Repayment loan for commercial equipment (No motor vehicles or personal equipment)
- Maximum grant/loan amount of \$5,000 for Home Based Businesses

No more than ONE (1) funding proposal will be accepted from any business, organization or agency. Proposals will be accepted by the Seminole County Community Services Department based on funding availability. 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.

Application forms will be available from the Seminole County Community Services Department, on the County's web page at <u>www.seminolecountyfl.gov</u>; the City of Sanford City Manager's Office or on the City's web page at <u>www.sanfordfl.gov</u> on July 1, 2016.

For further information call or e-mail Sylvia Johnson, CDBG Project Manager at: 407-665-2311.

IMPORTANT INFORMATION FOR INTERESTED PARTIES REQUESTING CDBG FUNDING

SUBMITTAL PROCEDURES

TO WHOM AND WHERE:

SYLVIA JOHNSON, PROJECT MANAGER CDBG PROGRAM COMMUNITY DEVELOPMENT DIVISION SEMINOLE COUNTY 534 W. LAKE MARY BOULEVARD SANFORD, FL 32773 (407) 665-2311 EMAIL: <u>sjohnson03@seminolecountyfl.gov</u>

WHEN:

• Applications will be accepted based on funding available.

IMPORTANT INFORMATION:

• COMPLETED PROPOSALS MUST BE MAILED, HAND-DELIVERED, OR EMAILED. *FAX SUBMISSIONS WILL NOT BE ACCEPTED.* THE COMMUNITY DEVELOPMENT PROGRAM WILL TIME AND DATE-STAMP ALL PROPOSALS.

Any application will be denied if it does not provide all requested information. However, the application review team reserves the right to request additional information on any application submitted. Each proposal must be submitted as one (1) original paper document (original signatures), four (4) copies, and one (1) digital copy (PDF file) on a compact disc or USB flash d

IMPORTANT INFORMATION FOR INTERESTED PARTIES REQUESTING CDBG FUNDING

Requests not responding to the priorities will not be considered for funding. There will be no opportunity for amending any funding proposal after submittal. However, the Application Review Team reserves the right to request additional information or clarification, when necessary. The priorities are:

- To revitalize business economy in the Georgetown and Goldsboro neighborhoods
- Improve access to goods and services in the neighborhood; and
- Diversify local economy

CDBG PROJECTS MUST MEET ONE OF 3 NATIONAL Objectives

To meet a National Objective, the project must:

- 1. Benefit low and moderate income persons or households; or
- 2. Aid in the prevention or elimination of slums or blight; or
- 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.

After meeting a National Objective, the project must properly respond to the priority.

PROJECT SELECTION IMPERATIVES

The Application Review Team will use the following criteria in the review and project recommendation process:

- Projects that require funds for salaries or other administrative expenses will be given a very low priority for funding recommendation.
- Projects where the applicant is requesting physical renovations to the property and is not the property owner, the applicant must obtain approval in writing that the property owner concurs with the proposed work.
- Home businesses do not qualify for landscaping, façade or building renovations
- Leased property with less than two years left on the lease term will be given a low priority for funding
- All mortgages, taxes, and special assessments on the property must be current and paid.
- Work that require permits must be noted in application
- Timeframe to complete project must be included
- Any matching funds that will be leveraged by the grant must be identified
- Business history of services to the community
- Experience and history of grant administration
- Financial solvency of the business
- Potential to increase sales/service as a result of the grant
- No Chronic nuisance complaints within the past two-years
- Estimate the cost benefit of the project to the Georgetown and/or Goldsboro neighborhood
- Participation in a mandatory application orientation session

PROJECT DESCRIPTION

1. Please provide a description of the Project/scope of work to be done with pictures (If necessary, attach additional sheets):

- 2. Is this a new construction item replacement/repair of an existing item?____Yes ____No. Please explain.
- 3. Justification: Why is this project/work needed and how will it benefit the community? (please provide statistical and other relevant data and information for justification)

4. How will your goals, performance and success be measured if you are awarded CDBG Economic Development funds?

ORGANIZATION SUMMARY SHEET

1.	Name of Business:
2.	Federal Employer Identification Number:
3.	Business Address:
4.	Business Telephone Number:Fax Number:
5.	Contact Person (Business owner):
6.	Telephone Number:
7.	Business DUNS Number:

8. Business Classification:

Manufacturing	Warehouse	Services	Retail	Tourism
Administrative Mg	gmt Telecon	nmunication	Research	
Other				

- 9. Type of Business/Organization:
 - Sole Partnership____General Partnership____Limited Partnership____Limited Liability Company____Limited Liability Partnership
- 10. Submit the following:
 - Copy of your articles of incorporation. (Attach printout of Florida Department of State, Division of Corporations Registration)
 - Copy of your occupational license and current local, county and state business tax receipt.
 - Copy of your bylaws/purpose of organization. (if applicable)
 - Organizational chart of your agency.
 - Copy of the resume of the chief financial officer/accountant/bookkeeper.
 - Copy of resumes of staff directly responsible for administering the project.
 - Copy of year-end certified audit of financials (most recent audit).
 - Copy of your current insurance (including liability/worker's compensation, property insurance, etc.).
 - Proof that your business has been serving the City of Sanford residents for a minimum of 2 years in the capacity similar to the funding request.
 - Statement indicating that your funding request meets a National Objective, and meets eligibility based upon the grant priorities.
- 11. Has your business previously received CDBG funds?

CDBG \$_____

12. Based upon stated priorities please explain how the proposed project will meet the three goals?



- 13. Provide at least three references (Name, Address, Phone Number, Name of Organization) references on business history and/or history of grant funded projects you have administered.
- 14. Number of persons to benefit from the project:

PROGRAM BUDGET

PROPOSED PROGRAM COSTS:

(a)	Total proposed design/engineering costs
	\$
(b)	Total proposed construction/material costs
	\$
(c)	Total land acquisition costs
	\$
(d)	Total other costs
	\$
(e)	Total project costs
	\$
(f)	Total requested CDBG Funds
	\$
(g)	Total project funds applicant is leveraging*
	\$

Attach the following:

- Independent quote for proposed work if appropriate
- Pictures detailing proposed work project.
- Documentation showing your leveraged funds (grant awards, loans, letters of credit, cash, in-kind, etc.). Also list these sources on the Certification of Other Funding on page 11 of the application.
- Per person or per unit cost benefit is determined by dividing the total cost by the number of persons or units served. What is the cost benefit per person or per unit?

• List all sources of funds other than CDBG that will be used to pay for operational costs (CDBG will not pay for operational costs). Those sources are

ADDITIONAL FUNDING

What other funds have been sought for this project, and what is the status of those requests? Provide documentation that other sources of funds have been sought or are in place, and are committed to the project. (Please be aware that other sources of funding awarded, in place, or committed to an eligible project, and meeting a National Objective, will have a positive effect in the funding recommendation process).

FUNDS	AMOUNT	STATUS

CERTIFICATION OF ACCEPTANCE OF CDBG REGULATIONS AS THEY APPLY TO REAL PROPERTY

(THIS APPLIES TO ALL REQUESTS FOR CDBG FUNDING)

24 CFR 570.505 applies to the use of real property which is acquired or improved in whole or in part using CDBG funds in excess of \$25,000. This requirement applies from the date CDBG funds are first spent for the property until five years (at its option, the City may require a longer period of compliance) after closeout of the corresponding CDBG allocation.

During that time period, anyone awarded CDBG funds may not change the original intended or planned use of any such property, or the beneficiaries for which the original improvement was funded.

Therefore, subrecipients awarded more than \$25,000 in CDBG funds shall continue to use the improved property for the original purpose and to serve the same beneficiaries for a minimum of five years, unless the City requires a longer period. The City and the Subrecipient will execute and record appropriate legal documents (legal agreements, deed restrictions, land covenants, etc.) to ensure compliance.

BUSINESS

DATE

AUTHORIZED SIGNATURE

TITLE

PRINTED OR TYPED NAME

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 (e.g. Department of Community Affairs, Florida Housing Finance Corporation, etc.), the U.S. Department of Housing and Urban Development, or 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 🗌

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 City of Sanford is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the City.

BUSINESS/ORGANIZATION

DATE

AUTHORIZED SIGNATURE

OFFICER TITLE

PRINTED OR TYPED NAME

CERTIFICATION OF OTHER FUNDING

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

Name of Project:

Please show all other sources of non-federal funding to be used on this project which 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 City of Sanford Government, other funds □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:

Leveraging Amount	Source (cash, loans, grants, etc.)	Use of Funds

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

[Signature]

State of Florida County of:

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

[Title]

[Notary's Signature]

[Printed Name]

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH EVERY APPLICATION CDBG-REQUIRED DOCUMENTS CHECKLIST

- Articles of Incorporation/Date of Incorporation
- Occupational License and Tax Receipt
- Bylaws/Purpose of Organization/Business
- Organization Chart, including a list of the Board of Directors and their occupations (if appropriate)
- □ IRS designation (If No-Profit)
- Resume of Chief Financial Officer/Accountant/Bookkeeper
- Resumes of staff directly responsible for project 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. The more information provided by the applicant will be beneficial in demonstrating financial solvency.
- Proof of current insurance including liability/worker's compensation/etc.
- Proof of a minimum 2 year history serving the City of Sanford community 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 Specific Priorities
- Detailed Project/Program Budget
- Information regarding current year grants received and any proposed grant applications for this project
- Disclosure Form
- Certification of Acceptance of CDBG Regulations
- Certificate 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.