



Marion County, FL FFY 2010/2011 CDBG Application

Community Services Department
3003 SW College Road, Suite 109
Ocala, FL 34474
Telephone: (352) 671-8770

Formal Application

DUE DATE: Friday, June 18, 2010 - 4 PM



Please review the contents of this application package carefully and call the Community Services Department if you have any questions about the application process or requirements. Staff will answer any questions you may have but impartiality dictates that we cannot write or complete the application on your behalf.

Submittal Procedures:

- Submit one original and two copies of each application and any supporting documentation in a sealed manila envelope along with an electronic copy to the address shown above.
- Completed submissions may be mailed or hand-delivered. Faxes will not be accepted.
- Submissions received after 4 PM on the appointed day will not be accepted - no exceptions.
- Time used will be the Community Services Clock which is set according to *Ocala Time & Temperature.*

Notice: Applications that are incomplete, missing documentation required on page 4, or lacking any other supporting documentation will be immediately disqualified and WILL NOT be considered for CDBG funding. NO EXCEPTIONS.

PROJECT INFORMATION

Project Title

Proposed Location / Service Area (attach map)

How many people/households will project serve?

How many of total will be low / moderate income?

CDBG \$ REQUESTED: \$ _____
APPLICANT (Agency)

TOTAL PROJECT COST: \$ _____
CONTACT PERSON

Name

Name

Address

Title

Telephone no.

Address (work)

501-C-3 ? YES NO

Telephone no. (work)

PROJECT BENEFICIARIES

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the requested funding. Check all applicable categories below.

- A low/moderate income community or area
- Homeless: Individuals Families
- Elderly: Individuals Families
- Persons with HIV/AIDS
- At-risk children and youth Specify type of risk: _____
- Illiterate adults
- Severely disabled adults
- Victims of domestic violence
- Migrant farm workers
- Low/moderate income individuals: Specify: _____
- Low/moderate income households: Specify: _____

CAPACITY

Has your agency undertaken projects of this type and scope before? YES NO

If "YES" - describe your previous experience

If "NO" - explain your agency's capacity for successfully administering and carrying out such a project

1. Staff Person responsible for administering this project:

Name: _____ Title: _____

Phone: _____ E-mail: _____

Address: _____

2. Organizational Information

How long has the agency been in operation? _____ Date of Incorporation: _____

Type of corporation? 1. _____ Public _____ Private

(answer both 1 & 2)

 2. _____ For Profit _____ Not-for-profit

What is your mission statement?

Describe (or attach a brochure) of all services / programs provided by your agency.

Describe the agency's fiscal management operation, include financial reporting methods, record maintenance procedures, accounting system, payment/invoice procedures, and audit requirements.

Do you have written policies and procedures for handling your finances?

NOTE - If other organizations will be involved in implementing your project, provide the above information for them as well.

3. Required Documents Checklist

- () Organizational Chart for Agency
Chart must also identify where the proposed project will fit into the organizational structure, and which staff will work on the project.
- () List of Board of Directors (or other governing body of agency).
List must include the name, phone number, and occupation/affiliation of each member, identify the principal officers of the governing body, and list the salaries of any paid members.
- () Governing body's authorization to request funds
Documentation consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.
- () Designation of authorized official
Documentation consists of a signed letter from the chairperson of the governing body identifying the agency representative, by name, and authorizing them to negotiate for and contractually bind the agency.
- () Resume of Project Administrator for proposed project
- () Resume of Chief Fiscal Officer with qualifications
- () Most recent audit/financial statement
Auditor's independent report for the end of the latest fiscal year or a licensed accountant's assessment and summary of the financial stability of the organization
- () Current Organizational Budget broken down into Administrative and Program costs, to include the salaries of administrative staff.
- () Proof of non-profit status (if applicable)
State and Federal tax-exemption determination letters
- () Articles of Incorporation and Bylaws
- () Board Meeting Minutes for last 12 months
- () Annual Report for last 12 month period
- () Conflict of Interest Questionnaire - page 4
- () Disclosure Form - page 5
- () Certification of Governmental and Non-Governmental Assistance - page 6
- () Project Description - page 7
- () Project Outcomes & Performance Measurement - page 8
- () Detailed Budget Proposal / Part A OR Part B - pages 9 & 10
- () Implementation Schedule - page 11
- () ADA Requirements Certification - page 12

Failure to comply with any of the above items will result in an immediate disqualification of the funding request. NO EXCEPTIONS

Conflict of Interest Questionnaire

Disclosure of people in a position to participate in the decision making process for approval of this application. Disclosure of people in a position to gain inside information with regard to approval of this application.

1. Do any County Commissioners, County Employees, or their respective family members participate on your board or work for your agency in any way?

YES NO

Disclosure of people in a position to benefit financially from this project.

2. Will any employees, agents, consultants, officers, or elected officials of the agency obtain a financial interest from this activity?

YES NO

3. Will any employees, agents, consultants, officers, or elected officials of the agency requesting funds have an interest in any contract, subcontract, or agreement with respect to this project, either for themselves or those with whom they have family or business ties during the current grant year and one year thereafter?

YES NO

If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15 day public comment period must be held prior to execution of the current year's grant agreement or release of funds.

Agency Name

Date

Signature of Authorized Representative

Title

Printed or Typed Name

Disclosure Form

1. Has your agency, any member of your agency, or any officer of your agency received a reprimand, a sanction or a 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

2. Has your agency, any member of your agency, or any officer 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

3. Has your agency, any member of your agency, or any officer 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 agree and understand that any misstatement or misrepresentation, or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. We also agree that should this agency receive funding and it is determined at a later date that this statement has been misstated, misrepresented or contains falsification of facts, the agency understands and agrees that our grant agreement is to be declared null and void and terminated immediately.

If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15 day public comment period must be held prior to execution of the current year's grant agreement or release of funds.

Agency Name

Date

Signature of Authorized Representative

Title

Printed or Typed Name

Certification of leveraging and/or matching funds

Other sources of funding awarded, in place, or committed to a potential subrecipient will have a positive impact on the funding decision (award) process.

Includes any loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect (in-kind) assistance from the federal, state or local government as well as private funds for use in or in connection with a specific CDBG project.

I, _____ being a duly authorized representative of _____ hereby certify that, in addition to the assistance being sought through Marion County, other forms of financial assistance () **will** or () **will not** be provided for the project referred to as _____.

The following financial assistance will be/has been sought for the project referenced above: *(include denied funding requests)*

Source	Type of Assistance	To be used for	Status of Funding

Agency Name *Date*

Signature of Authorized Representative *Title*

Printed or Typed Name

4. Detailed Project Description

Priority will be given to projects that are clearly described, well researched and documented, sound and complete.

A. Description of Proposed Activity

What will the project accomplish?

B. Eligibility – Income Limits

Projects must verify household size and income to support that at least 51% of the population to be served is income eligible or must limit the eligibility to persons who meet the criteria. The income limits currently in effect are listed in Appendix #1. Also listed are groups determined to be “presumed” low-income. Describe how you will document the eligibility of clients served.

C. Goals & Objectives

1. What are the project’s overall goals and objectives?
2. How does this project respond to the priority goals in the County’s Consolidated Plan?
3. Complete the Project Outcome and Performance Measurement Chart on page 9

D. Geographic Area Served (Attach maps)

1. What is the geographic area that will benefit from this project (Service area)?
2. What is the location from which this project will be conducted?

E. Statement of Need (Are you reinventing the wheel?)

1. Document the nature, extent, and impact of the unmet need that your project addresses.
2. Identify other organizations/programs currently providing the same or a similar service. What past and current efforts have been taken by your organization and others to address these needs? How will the proposed project interface/enhance current services OR succeed where others have failed?

F. Long Term Strategy

1. If the project addresses persistent/recurring needs, describe your long term strategy (3-5 years) to address those needs.
2. Provide a detailed plan for program sustainability.
(How will one year of funding impact the need? Will future CDBG funding be critical for project success? When will the project be self-sufficient – not dependant on CDBG funding?)

5. Project Outcomes and Performance Measurement

Outcomes address the specific impact of the program on the problem being addressed, and should be quantifiable.

Examples:

- *90% of participants successfully pass GED exam*
- *Provide services to 50% of people on current waiting list*
- *All graduating clients use skills learned in training program to successfully obtain employment and remain gainfully employed for at least three years after graduation from program.*

NOT an Outcome: - *Served 50 people*

Outcome Measures provide a detailed performance evaluation plan explaining how and when outcomes will be measured as to effectiveness. Describe evaluation tools, methods and benchmarks used to measure achievement of outcomes.

- *How will data be collected to assess outcomes?*
- *How often?*
- *What follow-up tracking will be provided to ensure outcomes are met, and for how long?*
- *How will the projects impact on participants/beneficiaries be evaluated?*

Effective outcome measures should relate to the stated priorities, program goals or core mission, and should indicate a desired direction for change. Focus on outcomes within the organization's control, utilize reasonable available data and have conditions and terms that are well defined and measurable.

Example:

Outcomes:

- *Clients will attend a 12-week self-sufficiency training.*
- *Within the training period, clients must obtain employment.*
- *Within 18 months from initial class, clients must find housing.*

Outcome Measures:

- *Clients must develop weekly and monthly goals*
- *Life coaches will meet with clients on a weekly basis for first 6 months to review progress compared to goals.*

Attach a detailed description of your Outcomes and Performance Measurement System.

6. Detailed Budget Proposal

A. Construction / Physical Improvement Projects Only

Line Item	✓ all that apply	Total Project Amount (including CDBG)	CDBG Portion Only
Acquisition		\$	\$
Demolition		\$	\$
Relocation		\$	\$
Architectural Services		\$	\$
Lead-based Paint Assessment / Abatement		\$	\$
Insurance / Bonding		\$	\$
Construction Management		\$	\$
Site Design			
Site Preparation		\$	\$
Construction / Rehabilitation		\$	\$
Other: (specify)		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

Scope of Work and Probable Project Cost must be broken down into two distinct sections: **Site Development** and **Building Construction**. The Site Development Section must include a preliminary geotechnical analysis of the site conducted by a professional firm.

- () Preliminary Geotechnical Analysis of Site Attach qualifications of firm used.
- () Detailed Scope of Work
- () Probable Project Cost prepared by a professional cost estimator
Attach qualifications of professional used
- () Zoning Compliance (attach documentation)
 - Project structure type is:
() Residential () Commercial () Other: _____
 - Current zoning classification of proposed project site is:

 - Is site zoned correctly for the proposed project? YES NO
- () Site Ownership Status
Indicate status of the project site and attach documentation of site control (property deed, purchase option, lease agreement).
- () Appraisal
If funding request includes property acquisition, has appraisal been done within the past 18 months?
() YES - attach copy of appraisal
() NO - what is the source of acquisition cost estimate?
- () Relocation
Does the project require temporary/permanent relocation or moving of occupants of a structure? YES NO

If yes, project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Costs must be included.

6. Detailed Budget Proposal (cont.)

B. Service Projects Only

Priority will be given to service proposals that are unique, address critical needs and are short term or can demonstrate self-sufficiency within three to five years.

Detailed Budget

- Provide a detailed estimate of all resources to be used and all costs associated with this project for the first year.
- If staff or equipment is being split between this project and others, indicate what percentage of their total costs are dedicated to this project.

Line Item	✓ all that apply	Total Project Amount (including CDBG)	CDBG Portion Only
Staff Salaries		\$	\$
Staff Fringe Benefits		\$	\$
Rental / Lease		\$	\$
Equipment Purchase (specify)		\$	\$
Materials / Supplies (specify)		\$	\$
Utilities		\$	\$
Insurance / Bonding		\$	\$
Audit		\$	\$
Contractual Services (specify)		\$	\$
Other: (specify)		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

If applicable, indicate below the total number of staff positions (including titles & salaries) included under the “Salaries and Fringes” portion of the Proposed Budget. If some staff are split between this project and others, indicate which staff and what percentage of their salary would be dedicated to this project.

() Documentation of New or Expanded Service
Identify where statistical information was obtained or how it was determined, as well as how current the information is.

- If a NEW Service - document the need for this service
- If an EXPANDED Service - document the need to increase service

7. Implementation Schedule

Provide a general time line for program implementation and expenditure of CDBG funds requested. Priority is given to projects that have a realistic and efficient production schedule.

8. Accessibility Requirements

Federal regulations require that all facilities and/or services assisted with CDBG/HOME funds be accessible to the disabled, including serving the blind and deaf, whenever feasible.

A. Physical Improvement / Construction Projects

Will completed project meet ADA standards for accessibility? YES NO

B. Service Programs

Is facility / location where program is occurring in compliance with ADA accessibility standards?

YES NO

If you responded "NO" to either of the above, describe accessibility problems and methods you will use to address the problems, including funding and timetable:

9. Certifications (Attach documentation)

Non-Discrimination - Do you currently notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age, or disabilities in hiring practices or provision of services?

YES NO

Drug-Free Workplace - Do you currently have a policy in place and publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition?

YES NO

Separation of Church & State -

Will services related to CDBG - funded activities be available to all regardless of religion?

YES NO

Is any religious proselytizing, instruction, counseling, worship service or religious influence of any type required as part of the provision of CDBG funded activities / services?

YES NO

FY 2009 Federal CDBG Eligibility Income Limits

<u>CDBG INCOME LIMITS:</u>			
Family Size	Very Low Income	Low Income	Moderate
1	\$10,250	\$17,100	\$27,350
2	\$11,700	\$19,500	\$31,250
3	\$13,200	\$21,950	\$35,150
4	\$14,650	\$24,400	\$39,050
5	\$15,800	\$26,350	\$42,150
6	\$17,000	\$28,300	\$45,300
7	\$18,150	\$30,250	\$48,400
8	\$19,350	\$32,200	\$51,550

Presumed Benefit - This objective is met if the activity is designed to benefit a specific group of persons, and those persons can be documented as belonging to the following list of persons who are "*presumed statistically*" to be principally composed of persons who have low and moderate-incomes.

- | | |
|--|--------------------------|
| Abused Children | Illiterate Adults |
| Battered Spouses | Persons living with AIDS |
| Elderly persons | Migrant Farm Workers |
| Homeless persons | |
| Severely Disabled Adults as defined by the Bureau of Census* | |

***Census definition of Severely Disabled Adult**

Persons are classified as having a severe disability if they:

- a. Used a wheel chair or another special aid for six months or longer;
- b. Are unable to perform one or more "functional activities" or need assistance with activities of daily life such as getting around the home, bathing, cooking, eating, toileting. It includes seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking;
- c. Are prevented from working at a job or doing housework; or
- d. Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation.

Persons under 65 years of age and who are covered by Medicare or receive SSI are considered to meet the definition of "severely disabled".