



**Marion County
Board of County Commissioners**

Community Services

3003 SW College Road, Ste. 109
Ocala, FL 34474
Phone: 352-671-8770
Fax: 352-671-8769

2012-2013 CDBG Application

LETTER OF INTENT

DUE DATE: (Friday, Jan. 6, 2012 by 4 p.m.)

APPLICANT (Agency)

CONTACT PERSON

Name

Name

Address

Title

Telephone no.

Address (work)

501-C-3? YES NO

Telephone no. (work)

PROJECT INFORMATION

Project Title

Proposed Location / Service Area (attach map)

How many persons will project serve?

How many of total will be low / moderate income?

Which priority need(s) does this project serve?

TOTAL PROJECT COST: \$ _____ CDBG \$ REQUESTED: \$ _____

"Meeting Needs by Exceeding Expectations"

**Marion County Community Services
2012-2013 CDBG Application**

Overview:

The Marion County Community Services Department is now accepting applications for FY 2012-2013 CDBG projects. A LETTER OF INTENT must be submitted to Marion County for consideration as an eligible project. One original and two copies of each application and any supporting documentation should be sealed in a manila envelope and submitted to:

Marion County Community Services Department – CDBG 2012/13 Application

3003 SW College Road, Suite 109, Ocala, FL 34474

Fax or email submittals ***will not*** be accepted.

**The LETTER OF INTENT must be received no later than
4 p.m. on Friday, Jan. 6, 2012**

Any LETTER OF INTENT that is not filled out completely, or is missing information or supporting documentation, WILL NOT be considered for CDBG funding. All agencies submitting a LETTER OF INTENT will be contacted with the preliminary determination and further information.

The primary objective is the development of viable urban communities by providing one of the below. Please indicate which this project serves:

- Decent housing;
- A suitable living environment; and
- Expanded economic opportunities.

- ***The above must principally benefit persons of low and moderate income.***

Your project MUST address the national objectives: Providing benefit to low- and moderate income persons

The US Dept. of HUD lists eligible activities and national objectives that each activity must meet the key requirements appear as Federal regulations at 24 CFR 570. Please indicate which eligible activity this application is being submitted under:

- Public Facilities & Improvements (New Construction or Acquisition)
- Public Services
- Economic Development
- Other _____

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A. 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.

Please indicate the project beneficiary:

- Area Benefit - Most applicable to community centers, neighborhood facilities, neighborhood based programs
- Limited Clientele - activity benefits a specific segment of the population, who are at least 51% LMI
- Presumed Benefit - activity benefits those presumed by HUD to be low income (select one)
 - abused children,
 - battered spouses,
 - elderly persons,
 - severely disabled adults ,
 - homeless persons,
 - illiterate adults,
 - persons living with AIDS and
 - migrant farm workers

B. Project Description: *Limit two pages – 12 point font, one inch margins.*

The **Project Description** should address three (3) key elements:

- 1) **Need for Project:** Explain the problems this project is intended to help solve, as well as the population and area to be served. Does this project address a gap?
- 2) **Activity:** How will you address the problem/need? Describe the Goals and specific activities you will undertake to address the problem/need. What direct services will be provided to clients? Who will provide those services? When do you anticipate the project will start and be completed? Explain how low income clients, especially those residing in CDBG target areas, will access the service geographically.
- 3) **Outcomes:** How will you measure success?

C. Duplication of Services *(Limit 1/2 page – 12 point font, one inch margins.)*

Explain how this project is unique and avoids duplication of services already being provided in Marion County. If similar services are offered in Marion County, explain the need for this project in addition to existing services

D. Capacity *(Limit 1/2 page – 12 point font, one inch margins.)*

Has your agency undertaken projects of this type and scope before?

YES NO

If “YES” - describe previous experience. If “NO” - explain capacity for successfully administering and carrying out this project

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E. Proposed Project Budget:

There are two budget sections: **1. Physical Improvement Projects Only** and **2. Public Service Projects Only**. Please fill out the appropriate budget.

1. 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 Preparation		\$	\$
Construction / Rehabilitation		\$	\$
Other: (specify)		\$	\$
TOTAL		\$	\$

2. Service Projects Only			
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.