



Florida Entitlement Community Development Block Grant Coronavirus Relief Funding (CDBG-CV)

Application for Funding

Applicant: _____

(Name of Local Government)

Mailing Address: Department of Economic Opportunity
Bureau of Small Cities and Rural Communities
107 East Madison Street – MSC 400
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Web: <http://www.floridajobs.org/CDBG-CV>

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****Parts IV-XII must be completed for each project/activity***

Supporting Documentation will be uploaded separately, per part online through our Qualtrics application. For a supporting documentation checklist and more information on submitting your application through Qualtrics go to www.floridajobs.org/CDBG-CV.

Throughout the application try to keep responses limited to the space provided, but if more space is needed include a supplementary document in your supporting documentation upload on Qualtrics.

Part I – Applicant Information

Local Unit of Government Applicant:		
CEO Name:		Title:
Address:		
City, State, Zip Code:		
Telephone No:	Ext:	Fax Number:
E-Mail Address:		

Applicant Contact Name:		Title:
Direct Telephone No:	Ext:	
E-Mail Address:		

Federal ID/Tax Number:	
DUNS Number:	
CAGE Code:	SAM Expiration Date:

Demographics		
U.S. Congressional District Number:	Florida Senate District Number:	Florida House District Number:
Service Area Census Tract(s) and Block Group(s):		

<p>State of Financial Emergency</p> <p>Is the local government currently identified as being in a State of Financial Emergency pursuant to Section 218.50 – 218.504, Florida Statutes?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Part II – Grant Request Information

<p>Total Grant Requested Amount:</p>	
<p>Total Number of Activities Requested with Budget (maximum 5 activities):</p>	
<p>Activity 1 Name</p>	<p>Budget</p>
<p>Activity 2 Name</p>	<p>Budget</p>
<p>Activity 3 Name</p>	<p>Budget</p>
<p>Activity 4 Name</p>	<p>Budget</p>
<p>Activity 5 Name</p>	<p>Budget</p>

Part III - Citizen Participation

Two public hearings must be held at different stages of project development. The first public hearing will be used to collect information on the COVID related housing and community development needs of the jurisdiction. The second public hearing will be used to collect citizen input on the proposed sources and uses of funds. Both hearings must be conducted prior to submission of the final application. Documentation of the citizen participation activities must be uploaded in Appendix II: Citizen Participation Supporting Documentation. (See instructions.)

Please provide dates for the following:

List the date that the public notice for the first public hearing was published:	List the date when the first public hearing was held:
List the date that the public notice for the second public hearing was published:	List the date when the second public hearing was held:

Recipients are required to take reasonable steps to ensure meaningful access to LEP persons. This "reasonableness" standard is intended to be flexible and fact dependent. It is also intended to balance the need to ensure meaningful access by LEP persons to critical services while not imposing undue financial burdens on small businesses, small local governments, or small nonprofit organizations. As a starting point, a recipient may conduct an individualized assessment that balances the following four factors:

- The number or proportion of LEP persons served or encountered in the eligible service population ("served or encountered" includes those persons who would be served or encountered by the recipient if the persons received adequate education and outreach and the recipient provided sufficient language services);
- The frequency with which LEP persons come into contact with the program;
- The nature and importance of the program, activity, or service provided by the program; and
- The resources available and costs to the recipient.

Examples of applying the four-factor analysis to HUD-specific programs are located in [Appendix A of the LEP Final Guidance](#).

Describe the outcomes of the 4-Factor Analysis for Limited English Proficiency:

Describe the methods used to solicit participation of low-and moderate-income persons:

Denote any adverse comments/complaints received and describe resolution:

If no comments were made by the residents during the public hearing, describe the efforts to obtain input from residents on the project:

Sections IV through XII must be completed for each activity proposed (maximum of 5). For additional activities complete the supplemental application pages provided online at <http://www.floridajobs.org/CDBG-CV>.

Part IV – Activity Description

Project/Program Title:

Describe the proposed project in no more than 3 sentences using the guidelines in the instructions.

Applicants must also clearly summarize the proposed project and intended outcomes in no more than 500 words. The information below must be included in the project summary:

- Activity description;
- Justification of need for CDBG-CV funding (tie to COVID-19);
- Description of the service area;
- Identification of all project partners;
- Information on leveraged funds included in project; and
- Beneficiaries (Total, VLI and LMI) of the activities.

*Include the 500 word summary on a separate document along with other supporting documentation, if applicable, in Part IV through the online Qualtrics application.

CDBG National Objective:

CDBG Eligible Activity:

IDIS Matrix Code:

Projected Timeline. Please provide projected dates/timeframes for completion of the following:

Months from Award to Execution of Activity Contracts:

Months from Activity Contracts to Activity Implementation:

Months from Activity Implementation to Completion:

Briefly explain the timeline provided above:

Part V – Sub-recipient Information

Will the Activity be carried out by a Sub-recipient? Yes No

If no, skip to Part VI –Budget Information

Briefly explain all sub-recipient relationships necessary to carry out the activity.

Commitment letter(s), applications or other supporting documentation, if applicable should be uploaded in Part V of your online Qualtrics application. (See instructions.)

Sub-recipient Name:

CEO Name:

Address:

City, State, Zip Code:

Telephone No:

Ext:

Fax Number:

E-Mail Address:

Federal ID/Tax Number:

DUNS Number:

Part VI – Activity Budget

ACTIVITY	CDBG	LOCAL	IN-KIND	TOTAL
Administration (1)				
Engineering (2)				
Additional Engineering (3)				
Construction (4)*				
Acquisition (5)*				
Public Services (6)*				
Public Assistance (7)*				
Business Assistance (8)*				
Planning (9)*				
TOTAL				

(1) Administration: 8% of total award not to exceed \$50,000. May include professional services and/or salaries and benefits for positions delivering grant administration services; general expenses including supplies, postage, advertising, costs related to environmental record review; etc.

(2) Engineering: May include professional services for construction planning and design, construction engineering, and inspections.

(3) Additional engineering services subject to review and approval by DEO.

(4) Construction: Includes the cost of construction services for allowable construction activities.

(5) Acquisition: Cost of acquisition of real property in support of a CDBG-CV funded activity.

(6) Public Services: May include cost of nursing assistance, viral testing for infection, meals on wheels, community outreach services, etc.

(7) Public Assistance: May include cost of rental assistance, payroll assistance, etc.

(8) Business Assistance: Includes both microenterprise and assistance to businesses. May include the cost of technical assistance, direct financial assistance or physical improvements.

(9) Planning: Includes planning-only activities and may be limited by the total available CDBG-CV planning and administration funds per 24 CF 570.489. This category does not include planning that is associated with another activity. This planning-only activity must meet a National Objective per 24 CFR 570.483.

* May also include cost of professional services and/or salaries and benefits for activity delivery costs (i.e., Davis Bacon compliance, client screening, case management, etc.).

Part VI – Activity Budget (Continued)

Detailed Budget Assumptions

Explain the proposed project budget, explaining how you derived costs for each activity cost of the budget form. Your assumptions should include:

- How this budget is reasonable and appropriate considering the scope, substance, and duration of the proposed project.
- The basis and the assumptions behind the activity cost calculations. Be detailed and specific.
- Detail on any equipment purchases using CDBG funds over \$300.
- Source documentation of the costs, such as an engineer's preliminary cost estimate.

Part VII – Acquisition

Does the proposed project require the applicant to acquire real property? Yes No

If yes, please explain the status of acquisition (i.e., no site identified, option to purchase executed)

If no, briefly explain the status of site control in all properties necessary to complete the project (i.e., activities will be carried out on property owned by the sub-recipient or local government).

Part VIII – National Objective

Select the CDBG National Objective the project/program is intended to meet. Choose one (1) of the following national objectives and the specific benefit for that national objective:

- Benefit to Low- and Moderate- Income Persons
- Area Benefit Limited Clientele
- Jobs Housing
- Prevention or Elimination of Slums or Blight
- Area Basis Spot Basis
- Urgent Need

Explain why the National Objective was selected and how this project meets the criteria of that Objective. **Refer to the instructions, on pages 8-11, for further guidance on the criteria and information that must be included.** Specifically, make sure to address the questions listed for the chosen national objective.

Accomplishments

Enter the proposed accomplishments for this activity according to only one (1) of the following unit types.

Unit Type	# of Units	Unit Type	# of Units	Unit Type	# of Units
People		Jobs		Household	

Part XI – Activity Experience

Describe the applicants, and/or the subrecipients experience and qualifications for performing the proposed activity.

Key Personnel: Using the [Key Personnel template](#), identify key personnel (applicant staff, sub-recipient staff, consultants, etc.), who will be involved in the proposed project (Please complete a separate template for each activity).

Please upload resumes or narratives, as necessary in Part XI of your online Qualtrics application. (See instructions.)

Part XII – Duplication of Benefits

CDBG funds cannot be used to pay for eligible costs that have already been paid for, or will be paid for, by another Federal program, insurance, or other sources. If this occurs, the grantee must repay its CDBG-CV grant. Grantees must prepare a Duplication of Benefits Worksheet to determine the level of CDBG-CV assistance that is considered non-duplicative.

Grantees must ensure that subrecipients, assisted individuals or families, businesses, and other entities that receive CDBG-CV assistance have not previously received, or will not receive, duplicative assistance from another source before CDBG-CV assistance is provided.

Will the activity be providing a direct benefit to individuals, households or businesses? Yes No

If yes, describe how the applicant will ensure that duplication of benefits requirements have been met and documented.

Part XIII - Applicant Capacity

Describe the applicants experience in administering the CDBG program.

Prior Project Compliance. Indicate any instances of audit or HUD monitoring findings in the last five (5) years. Include the funding source, finding, and the status of each finding.

Part XIV – Application Authorization

The CDBG-CV Entitlement application must be signed by an authorized representative of the Unit of Local Government Applicant.

I, the undersigned chief elected official or authorized representative of the Applicant, certify that, to the best of my knowledge, this Florida Community Development Block Grant-Coronavirus Entitlement Application for Funding was prepared in accordance with state and federal rules and regulations, contains information that is true and correct, and has been approved by the local governing body.

Signature of Chief Elected Official or Designee
Signature: _____
Typed Name and Title:
Date:
If signed by a person other than the chief elected official, a copy of the resolution authorizing the person to sign the application must be included in Part I.

Signature of Application Preparer if not an employee of the Local Government
Signature: _____
Typed Name and Title:
Name of Firm or Agency: