

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**PUBLIC FACILITY
REQUEST FOR FUNDING
APPLICATION**

PROGRAM YEAR 2017-18

"Serving Our Community to Create a
Better Future"

DEADLINE FOR APPLICATION SUBMITTAL:

SEPTEMBER 30, 2016 - 5:00 PM

**Submit Completed Application to:
Pasco County Community Development Department
5640 Main Street, Suite 200
New Port Richey, FL 34652-2634
(727) 834-3445 (West)
(352) 521-4274, Ext. 3445 (East)
(813) 996-7341, Ext. 3445 (Central)**

APPLICATION INSTRUCTIONS **PUBLIC FACILITY FUNDING**

Pasco County is an Entitlement Community for Community Development Block Grant (CDBG), federally funded through the U.S. Department of Housing and Urban Development (HUD). On November 5, 2013, HUD approved Pasco County's 2013 - 2018 Consolidated Plan. The Plan serves as our five-year strategic planning document, setting goals and objectives for the use of CDBG funds. Redevelopment of residential neighborhoods on the west side of the County is the first priority. Other priorities include competitive public service applications; fair-share allocations to the cities of New Port Richey, Port Richey, San Antonio, and St. Leo; the Slum & Blight Program; the Section 108 loan payment; and the payment of administrative costs to operate the program.

Currently the CDBG program has a potential of \$400,000.00 of program income to allocate to eligible activities. The Board of County Commissioners has determined funding may be allocated to necessary public facilities. In general, public facilities are interpreted to include all facilities that are publicly owned, or that are owned by a not-for-profit and open to the general public.

The following application is for eligible public facility activities under the CDBG Program.

I. CDBG SUBMITTAL PROCEDURE:

- Submit one original completed application for each funding request. No need to return the instructions in your submission. No facsimile or emailed applications will be accepted.
- The application must be completed in its entirety, including all required attachments. Incomplete applications will not be reviewed for funding.
- Completed applications must be submitted on or before **September 30, 2016, 5:00 P.M.**
- The application must be signed by the appropriate authority.

II. CDBG COUNTY CONTACTS:

Phone: (727) 834-3445 Address: 5640 Main Street, Suite 200, New Port Richey, FL 34652
Kim Newgard, Community Development Specialist: knewgard@pascocountyfl.net
Charlene Daprile, AICP, Asst. Manager: cdaprile@pascocountyfl.net

III. APPLICATION MAILING INFORMATION:

The application proposal may be hand-delivered, mailed, or sent by courier service to:

Pasco County Community Development Department
5460 Main Street, Suite 200
New Port Richey, FL 34652

IV. APPLICATION ELIGIBILITY CHECKLIST:

A. Overall:

1. Is the application complete? Are all required documents attached?
2. Is the proposal an eligible public facility activity according to CDBG regulations?
3. Does the proposal comply with the CDBG National Objective (benefiting low- and moderate-income persons and/or households)? Is the beneficiary section complete?
4. Are the beneficiaries' residents of Pasco County?
5. Is the proposed activity consistent with the Consolidated Plan?

B. Benefit (compared to other proposals):

1. How many persons/households are expected to benefit from the project?
2. What is the percentage of very-low, low- and moderate-income persons or households?
3. What is the cost per beneficiary?

C. Need:

1. Is the local need documented?
2. Is the proposed project adequately described?
3. Has the project been described in quantifiable terms in the proposal?
4. Is the Performance Schedule consistent with the Scope of Services?

D. Budget and Fund Leveraging:

1. Does the budget appear to be cost-effective and provide sufficient information?
2. What other sources of funds are being leveraged?
3. Is a complete project budget provided?
4. Will this activity generate revenue (program income)?

E. Organizational Capacity:

1. Is the agency adequately staffed with qualified personnel, and have adequate financial resources to carry-out the project?
2. How will the agency monitor the progress in implementing the project?

V. APPLICATION SCHEDULE:

DATE	TIME	ITEM ON SCHEDULE	LOCATION
July 22, 2016	N/A	Publication of Advertisement for Special Public Meeting for Public Facility Applications	Community Development Webpage, E-mail Distribution, Pasco TV Channel, Newspaper
August 29, 2016	3:00 p.m.	Public Meeting	City of New Port Richey – City Hall 5919 Main Street New Port Richey, FL 34652
September 30, 2016	5:00 p.m.	Application Submission Deadline	Community Development Department 5640 Main Street, Suite 200 New Port Richey, FL 34652
November 2016		Advertisement of staff-recommended proposed projects; and public comment period (subject to change)	Community Development Webpage, E-mail Distribution, Pasco TV Channel, Newspaper
January 2017		Board of County Commissioners review and approval of project activities	
January 2017		Amendment adding public facility project(s) to Action Plan submitted to HUD for approval	
February 2017		Funds assigned to agencies after all Federal requirements have been met	
March 2017		Subrecipient agreements presented to Board of County Commissioners for approval of the project activities.	

VI. NATIONAL OBJECTIVES:

In order to be approved for funding, the project must meet one of the following national objectives:

Benefiting L/M-Income Persons: This benefit may be as:

1. **Area Benefit:** The activity serves an area where, at least 60 percent of the residents are from the low- to moderate-income groups. Identify all applicable census tracts and block groups and percentages of persons/households located within the service area.
2. **Limited Clientele:** The activity provides benefits to a specific group of persons, who earn 80 percent or less (L/M) of the median income and are income-qualified by agency application; or are
3. **Presumed Benefit:**
 - a. Abused Children
 - b. Elderly Persons
 - c. Battered Spouses
 - d. Homeless Persons
 - e. Adults Meeting Bureau of Census' Definition of Severely Disabled Persons or Severely Disabled Adults
 - f. Illiterate Persons
 - g. Migrant Farm Workers
 - h. Persons Living with AIDS

VII. ELIGIBLE ACTIVITIES:

The acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are eligible activities under CDBG, in accordance with 24 CFR 570.201. Please contact the Community Development Department with any questions.

VIII. INELIGIBLE ACTIVITIES:

Many activities are not eligible for receipt of CDBG funds. Some of these activities are listed below. Any questions concerning an activity may be directed to the Community Development Department staff prior to the application submission deadline.

1. Funds spent on buildings for the general conduct of government, except for the removal of architectural barriers.
2. The purchase of equipment is generally ineligible.
3. Furnishings and personal property are generally ineligible.
4. Operating and maintenance expenses are generally ineligible.
5. Impact fees associated with construction activities.
6. Administrative costs, other than those associated with the County's administration of the program.

The Community Development Department staff will be available at all times to provide technical assistance.

IX. CDBG RECIPIENT COMPLIANCE:

In return for Federal funding, Pasco County and subrecipients agree to comply with the laws and regulations governing the use of those funds. The CDBG program requires that the County submit a performance and evaluation report concerning the use of funds, together with an assessment of the relationship of the use of funds to the goals and objectives identified in the Consolidated Plan. The achievement of program goals and completion of activities must be supported by adequate documentation of the facts.

END OF INSTRUCTIONS

**PASCO COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
REQUEST FOR FUNDING – PROGRAM YEAR 2017
PUBLIC FACILITY APPLICATION**

AGENCY INFORMATION

1. Name of Agency:
2. Office Address:

3. Mailing Address (if different from above):

4. Federal ID No.: 4a. DUNS: 4b. SAM No.:
5. Fiscal Year Beginning: Ending:
6. Name and Title of Contact Person:
7. Name and Title of Authorized Signatory:
8. Telephone No:
9. FAX No:
10. E-Mail Address of Contact Person:
11. E-Mail Address of Authorized Signatory:
12. Is this a Faith-Based Organization?
Yes No Not applicable
13. Total Amount Requested: \$
New Project Existing Project On-going Project

ACTIVITY DESCRIPTION

THIS SECTION MUST BE COMPLETED IN DETAIL

1. **Name of project:**
2. **Description of the proposed project, including the policies and procedures to be used to implement the activity:**
3. **Attach the problem statement or statement of need, addressing the overall problem that the project will address:**

NOTE: Please substantiate your description with:

- a. **Information from valid studies completed in similar projects or fields**
- b. **Statistical evidence (local data/national data is not acceptable for local funding)**
- c. **Statements by experts**
- d. **Other data**
- e. **Sources of the statistics/information/statements/data used above**
4. **Describe specific area(s) of the overall problem that the project will focus on:**
5. **Explain why financial assistance from CDBG is necessary to address the problem, including other funding sources that have been sought or will be sought concurrently with this proposal to supplement the project:**
6. **Identify the proposed clientele for the project:**
7. **Identify the methods of outreach that will be used to identify potential clientele:**
8. **Describe the proposed work plan, including quantitative indicators, performance measures and outcomes that will be used for the project:**

TABLE 1

PERFORMANCE MEASUREMENTS (What will the project do to fulfill its mission)	INDICATORS (Direct products of the project)	OUTCOME (Benefits from the project)

9. Identify the location of the project (include the Street Number, Street Name, City, Zip Code, Parcel ID, AND attach a map showing the site location clearly):

10. Answer the following and attach the requested documentation:

Acquisition (only)

Mitigation may be required to resolve environmental issues based on the findings in the Environmental Review Report (ERR) completed by the Pasco County Community Development Department prior to the initiation of the project.

*Has the property been identified?

Yes No Not applicable

Physical Address of the property: _____

Parcel ID No.: _____

Has property been appraised within the past 6 months? If yes, attach copy of appraisal.

Yes No Not applicable

Please attach:

- ~ proof of proper land use and zoning for intended purpose(s)
- ~ location map
- ~ photograph(s) of the property
- ~ flood zone certification/or proof of flood zone

If applicable, will the building on the property be used as a residence?

Yes No Not applicable

If the building was constructed prior to 1978, was it inspected for lead-based paint? Submit the inspection results with this proposal, if one is available.

Yes No Not applicable

Is there a heavily traveled street within 1,000 feet or a railroad within 3,000 feet of the project site?

Yes No Not applicable

Are there any above-ground containers of petroleum fuels, hazardous gases, or chemicals of a flammable nature located within the acceptable separation distance of the project site, as per 24 CFR 51.200 to 24 CFR 51.205?

Yes No Not applicable

Are there any dumps, landfills or industrial locations containing hazardous waste located within the acceptable separation distance of the project site, as per 24 CFR 51.200 to 24 CFR 51.205?

Yes No Not applicable

List all individual sources and amounts of other funds to be applied toward the project. **Please attach documentation showing the grant(s) that were approved or are waiting for approval from other sources.**

NOTE: Pasco County will require the following documents as a condition(s) of funding:

Execution of a promissory note and mortgage.

Proof of continued use of the property for the project or activity stated in the proposal for **up to 50 years**, or as stated in the mortgage and note, whichever is longer.

Required property inspections for radon, asbestos, termite, and/or lead-based paint, if available. Inspections must be certified through Southern Building Code Congress International (SBCCI). An estimate of repairs based on inspection results must be attached.

Public Facilities and Improvements to include transitional housing and emergency shelters (may include acquisition).

Mitigation may be required to resolve environmental issues based on the findings in the Environmental Review Report (ERR) completed by the Pasco County Community Development Department prior to the initiation of the project.

*Has the property been identified?

Yes No Not applicable

* Physical Address of the property: _____

Parcel ID No.: _____

Has property been appraised within the past 6 months? If yes, attach copy of appraisal.

Yes No Not applicable

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Will this project provide a new service?

Yes No Not applicable

Is this an increase to an existing service?

Yes No Not applicable

Are these services provided by another agency?

Yes No Not applicable

If yes, please explain.

BENEFICIARY INFORMATION

1. Mark the appropriate national objective the project will meet. Attach required documentation.

Benefit to Low- and Moderate-Income Persons

A. **Area Benefit:** Attach a map depicting the service area boundary, and describe the indicator(s) used for determining this boundary. Include the percentage of L/M-income persons who will benefit within the service area, substantiated with census tract, block group, and other data supporting this determination. Include income characteristics of households in the service area. _____

B. **Limited Clientele:** A limited clientele project or activity must meet one of the following:

Exclusively benefit a clientele presumed by HUD to be principally L/M-income persons (as defined in Section VI.3).

Have income-eligibility requirements that limit the service to persons meeting the L/M-income requirements. **Attach a copy of the application/intake form used by your agency to determine income eligibility of your clientele.** Documentation must show the size of the family/household, annual income of the family, and each person receiving the benefit.

- C. An activity removes material or architectural barriers to the mobility or accessibility of elderly person(s) or adult(s), as defined by the Bureau of Census Current Population Report for “severely disabled” person(s).

Using the income table provided in Attachment 1, show the *estimated* number of beneficiaries in the following Tables 2, 3, and 4 that will be served by your agency:

TABLE 2

BENEFICIARY INFORMATION (REQUIRED FOR ALL APPLICATIONS)		
CHECK BOX	CATEGORY	ESTIMATED TOTAL
<input type="checkbox"/>	Number of families:	_____
<input type="checkbox"/>	Number of persons:	_____
<input type="checkbox"/>	Low/Mod Income Persons (80% or less of area median income)	_____
<input type="checkbox"/>	Low Income Persons (50% or less of the area median income)	_____
<input type="checkbox"/>	Extremely Low Income Persons (30% or less of the area median income)	_____
<input type="checkbox"/>	Female-Headed households	_____

TABLE 3

DEMOGRAPHIC INFORMATION (REQUIRED FOR ALL APPLICATIONS)			
CHECK BOX	RACE/ETHNICITY	ESTIMATED HISPANIC	ESTIMATED TOTAL (including Hispanic)
<input type="checkbox"/>	White	_____	_____
<input type="checkbox"/>	Black/African American	_____	_____
<input type="checkbox"/>	Asian	_____	_____
<input type="checkbox"/>	American Indian / Alaskan Native	_____	_____
<input type="checkbox"/>	Native Hawaiian / Other Pacific Islander	_____	_____
<input type="checkbox"/>	White & Black / African American	_____	_____
<input type="checkbox"/>	White & Asian	_____	_____
<input type="checkbox"/>	White & American Indian / Alaskan Native	_____	_____
<input type="checkbox"/>	Black / African American & American Indian / Alaskan Native	_____	_____
<input type="checkbox"/>	Other Multi-racial	_____	_____
All Races and Ethnicities		_____	_____

TABLE 4

BENEFICIARY INFORMATION (REQUIRED FOR ALL APPLICATIONS)		
CHECK BOX	CATEGORY	PROPOSED TOTAL
<input type="checkbox"/>	Total Persons:	_____
<input type="checkbox"/>	Youth	_____
<input type="checkbox"/>	Elderly	_____
<input type="checkbox"/>	Persons with Special Needs	_____
<input type="checkbox"/>	Persons with HIV/AIDS	_____
<input type="checkbox"/>	Persons who are Homeless	_____
<input type="checkbox"/>	Persons at Risk of Homelessness	_____
<input type="checkbox"/>	Total Households:	_____
<input type="checkbox"/>	Female-headed households	_____
<input type="checkbox"/>	Businesses	_____
<input type="checkbox"/>	Organizations	_____
<input type="checkbox"/>	Housing Units	_____
<input type="checkbox"/>	Public Facilities	_____
<input type="checkbox"/>	Jobs	_____

2. **Residency:** Describe the criteria that will be used to determine that the clients will be Pasco County residents. Attach documentation/form that will be used to verify eligibility:

3. Table 5 lists the objectives and outcomes for the project activities that will be supported during the Program Year:

TABLE 5

Objectives	Outcome 1: Availability/Accessibility	Outcome 2: Affordability	Outcome 3: Sustainability
Objective 1: Suitable Living Environment	Accessibility for the purpose of creating suitable living environments	Affordability for the purpose of creating suitable living environments	Sustainability for the purpose of creating suitable living environments
Objective 2: Decent Housing	Accessibility for the purpose of providing decent housing	Affordability for the purpose of providing decent housing	Sustainability for the purpose of providing decent housing
Objective 3: Economic Opportunity	Accessibility for the purpose of creating economic opportunities	Affordability for the purpose of creating economic opportunities	Sustainability for the purpose of creating economic opportunities

Suitable Living Environments: This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income, from physical problems with their environment, to social issues such as crime prevention.

Decent Affordable Housing: This objective focuses on housing activities whose purpose is to meet individual family or community housing needs.

Creating Economic Opportunities: Development activities that are related to economic development, commercial revitalization, and job creation, but do not include job training or educational services.

Availability/Accessibility: Applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available.

Affordability: Activities that provide affordability, such as assistance with payment of rent/mortgage, utilities, and first month rent/security deposit for rented unit and landlord/tenant mediation/legal services to prevent homelessness.

Sustainability: Activities that promote livable or viable communities and neighborhoods by removing slums or blighted areas.

Which of these Objectives best describe your proposal?

Which of the Outcome Measures best describe your proposal?

How will you measure the success of your objectives?

What activities will you use to measure outcomes of the program?

Total Number of Persons:

- With new access to this public facility or infrastructure?
- With improved access to this public facility or infrastructure?
- With access to a public facility or infrastructure that is no longer substandard?

NOTE: Funding considerations will be based on a history of timely expenditure and outcomes of any current or previous CDBG funding.

- 13. Does your agency have fund raising activities or events?
- 14. What type of record keeping and accounting system(s) does your agency have?

REQUIRED ATTACHMENTS

1. Attach the following documents with this application and use the check boxes in Table 7 to indicate the documents that are attached; otherwise state the reason the document is not attached.

TABLE 7

DOCUMENT NAME	ATTACHED	REASON DOCUMENT IS NOT ATTACHED
Latest Agency budget	<input type="checkbox"/>	
Copy of the most recent financial audit.	<input type="checkbox"/>	
Policies and Procedures applicable to the project.	<input type="checkbox"/>	
Affirmative Action Plan: In keeping with the principles as provided in President’s Executive order 11246 of September 24, 1966, provide affirmative action guidelines for approval.	<input type="checkbox"/>	

I certify that I have reviewed the application instructions, and all the information provided in this application is true to the best of my knowledge and belief.

PRINT NAME OF SIGNATORY PERSON

PRINT TITLE OF SIGNATORY PERSON

SIGNATURE OF SIGNATORY PERSON

DATE

ATTACHMENT 1

CDBG INCOME GUIDELINES FOR FY 2016

Pasco County, Florida										
FY 2016 Income Limit Area	<u>Median Income</u>	FY 2016 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Pasco County	\$59,200	<u>Extremely Low (30%) Income Limits</u>	\$12,450	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580	\$36,730	\$39,100*
		<u>Very Low (50%) Income Limits</u>	\$20,750	\$23,700	\$26,650	\$29,600	\$32,000	\$34,350	\$36,750	\$39,100
		<u>Low (80%) Income Limits</u>	\$33,150	\$37,900	\$42,650	\$47,350	\$51,150	\$54,950	\$58,750	\$62,550

NOTE: Pasco County is part of the **Tampa-St. Petersburg-Clearwater, FL MSA**. The **Tampa-St. Petersburg-Clearwater, FL MSA** contains the following areas: Hernando County, FL; Hillsborough County, FL; Pasco County, FL; and Pinellas County, FL. Income Limit areas are based on FY 2016 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see <http://www.huduser.org/portal/datasets/fmr.html>

*The FY2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services, provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low-income limits may equal the very-low (50%) income limits <http://www.huduser.org/portal/datasets/il.html>

ATTACHMENT 2

PROJECT IMPLEMENTATION SCHEDULE

NOTE: The table below may be used to document the project implementation schedule over a period of 12 months. Please indicate the estimated beginning and ending month and year of implementation. CDBG funding is normally awarded starting October 1st and is available until September 30th of the next year. Please attach an additional sheet if your project involves construction or rehabilitation for the 2nd year of funding.

Beginning Date: _____							Ending Date: _____					
Implementation Steps	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
	<input type="checkbox"/>											
	<input type="checkbox"/>											
	<input type="checkbox"/>											
	<input type="checkbox"/>											
	<input type="checkbox"/>											

1. **Implementation Steps:** Please list (in sequence) all major steps necessary to complete the project (for example: start-up planning, acquisition, design, bids, construction, procurement, final closeout, etc.).
2. **Schedule:** Please check the appropriate month boxes to show the proposed schedule from start through completion of the project for each of the implementation steps.

If the project cannot be completed within a 12-month time frame, please explain why and submit a second Implementation Schedule to document the additional time needed to complete the project successfully.