

# COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

## PUBLIC & NON-PROFIT FACILITIES AND PUBLIC INFRASTRUCTURE REQUEST FOR FUNDING APPLICATION

PROGRAM YEAR 2018-19



*"Serving Our Community to Create a Better Future"*

**Submit Completed Application to:  
Pasco County Community Development Department  
5640 Main Street, Suite 200  
New Port Richey, FL 34652-2634  
(727) 834-3447**





**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
- f. Please state how it is consistent with the goals in the Community Development's Consolidated Plan. Located at <http://www.pascocountyfl.net/388/Public-Hearings-Public-Notices>.
- g. What goals will be achieved with this project and how will this project enhance the community.

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 and tell us what clientele will be served in this facility and what methods will be used to identify these clientele:

7. Describe the proposed construction work plan, including quantitative indicators, performance measures and outcomes that will be used for the project:

**TABLE 1**

<b>PERFORMANCE MEASUREMENTS</b> (What will the project do to fulfill its mission)	<b>INDICATORS</b> (Direct products of the project)	<b>OUTCOME</b> (Benefits from the project)
<b>i.e. Construction of sidewalks</b>	<b>Sidewalks for Pedestrian Access</b>	<b>Provide safe passage for residents within the area</b>

8. 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):

9. 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 & Non-Profit Facilities and Public Infrastructure 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

Please attach:

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## 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"/>	<b>Low/Mod</b> Income Persons (80% or less of area median income)	_____
<input type="checkbox"/>	<b>Low</b> Income Persons (50% or less of the area median income)	_____
<input type="checkbox"/>	<b>Extremely Low</b> Income Persons (30% or less of the area median income)	_____
<input type="checkbox"/>	<b>Female-Headed</b> 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	_____	_____
<b>All Races and Ethnicities</b>		_____	_____

**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
<b>Objective 1:</b> 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
<b>Objective 2:</b> 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

<b>Objective 3:</b> 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
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**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 infrastructure, public facilities, housing, or shelter available.

**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?

## BUDGET DESCRIPTION

1. Submit a complete annual budget for your agency; include all proposed and confirmed: revenues, expenditures, and anticipated revenues and expenditures by funding sources and amounts. Submit a summary of your agency's significant accounting policies and procedures. A copy of agency's written procurement policy needs to be attached.
  
2. In Table 6, provide a breakdown of funding details: **indicate the amount budgeted for each item using CDBG and other funds, along with actual/proposed date of receipt of funding. List the total amount for the project including CDBG requested funds and other funding sources. Other funding sources include Other Federal funds, State and Local funds, Private funds and Donations or Other sources. List each source of funding with amounts and date funding was received or will be received. Attach a detailed budget with synopsis of the project.** A timeline of the project is also required. Attach appropriate documentation and estimates to substantiate the amount of funding required for viability of the program:

**TABLE 6**

ITEM ACTIVITIES	CDBG AMOUNT	ESTIMATED PROGRAM INCOME
<b>Total</b>		

OTHER FUNDING SOURCES (Examples: State/Local Funds)	AMOUNT OF OTHER SOURCES	DATE FUNDING RECEIVED
<b>Total</b>		

**TOTAL AMOUNT OF THE PROJECT (includes CDBG and other sources): \$**



9. Has any project or activity been funded through CDBG previously? If yes, attach a description of the project(s), its location, how much was allocated in CDBG funds, the Program Year of approval, the funding amount expended, its status, and if any of them are currently open.

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

10. Does your agency have fund raising activities or events?

11. 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 showing all projects and their funding sources.	<input type="checkbox"/>	
Copy of the most recent financial audit.	<input type="checkbox"/>	
Policies and Procedures applicable to the project. Written procurement policies and procedures as it relates to financial management.	<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"/>	
Provide the agency Organizational Chart and list of employees with titles and responsibilities.	<input type="checkbox"/>	
Agency letter indicating the persons who have legal signing authority to make decisions or sign on behalf of the agency ( <a href="http://www.sunbiz.org">www.sunbiz.org</a> ).	<input type="checkbox"/>	
Provide evidence of liability insurance.	<input type="checkbox"/>	
Have all disclosures been included (Conflicts of Interest)?	<input type="checkbox"/>	
Has a detailed budget, synopsis of project and timeline been attached?	<input type="checkbox"/>	
Provide a copy of IRS 501(c)(3) tax determination letter and IRS 990 form.	<input type="checkbox"/>	
Copy of active SAM and DUNS number for agency.	<input type="checkbox"/>	
Complete Conflict of Interest Statement (Attachment 3)		

**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 2018

Pasco County, Florida										
FY 2018 Income Limit Area	<u>Median Income</u>	FY 2018 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>Pasco County</b>	<b>\$63,900</b>	<b><u>Extremely Low (30%) Income Limits</u></b>	\$13,450	\$16,460	\$20,780	<b>\$25,100</b>	\$29,420	\$33,740	\$38,060	\$42,200
		<b><u>Very Low (50%) Income Limits</u></b>	\$22,400	\$25,600	\$28,800	<b>\$31,950</b>	\$34,500	\$37,100	\$39,650	\$42,200
		<b><u>Low (80%) Income Limits</u></b>	\$35,800	\$40,900	\$46,000	<b>\$51,100</b>	\$55,200	\$59,300	\$63,400	\$67,500

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 2019 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. Please indicate the estimated beginning and ending month and year of implementation. Please estimate cost and any relevant remarks.

ACTIVITY	STARTING DATE	ENDING DATE	ESTIMATED COST	REMARKS
i.e. Engineering Plan	June 1, 2019	August 1, 2019	\$10,000.00	Contract with ABC Engineering
i.e. Permits	August 1, 2019	September 1, 2019	\$500.00	Permit requests to be submitted first week of August.

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.).

**ATTACHMENT 3**  
**2018 CDBG Application**  
**Conflict of Interest**  
**Statement**

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who is or has

been, within one year of the date of this questionnaire, (a) a Pasco County Community Development (PCCD) employee or consultant, or (b) a County Commissioner, relative or employee affiliated with a County Commissioner?

Yes

No

If yes, please list the name(s) and information requested below:

Name of person:

Job Title of person:

Indicate: PCCD employee or consultant; County Commissioner, Relative of County Commissioner or Direct Employee of County Commissioner

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has been, within one year of the date of this questionnaire, (a) a Pasco County Community Development (PCCD) employee or consultant, or (b) a County Commissioner, relative or employee affiliated with a County Commissioner?

Yes

No

If yes, please list the name(s) and information requested below:

Name of person:

Job Title of person:

Indicate: PCCD employee or consultant; County Commissioner, Relative of County Commissioner or Direct Employee of County Commissioner

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of: (a) a Pasco County Community Development (PCCD) employee or consultant, or (b) a County Commissioner, relative or employee affiliated with a County Commissioner?

Yes

No

If yes, please list the names(s) and information requested below:

Name of member:

Indicate: PCCD employee or consultant; County Commissioner, Relative of County Commissioner or Direct Employee of County Commissioner

Indicate type of tie: Family or Business

If family, indicate relationship:

**Authorized Signature:**

Signature of Applicant's Representative

Date

Title

Agency