

# **CITY OF SANFORD COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM SPECIAL ECONOMIC DEVELOPMENT FUNDING**

The City of Sanford is officially soliciting proposals for eligible economic development activities to assist in the accomplishment of objectives stated in the 2015-2019 Five Year Consolidated Plan.

The goal of the program is to provide business owners within District 2 with financial assistance and technical support that will result in improved access to goods and services in the area, increased revenue and economic development of the area, in order to revitalize and stabilize businesses, while supporting income generation and wealth creation among residents. Economic Development is defined as to attract and support existing businesses, to promote and improve the economic wellbeing and quality of life for the community; by building local wealth, diversifying the economy, creating, and retaining jobs, growing small businesses in the area.

City of Sanford is accepting proposals from businesses in District 2 as follows:

## **Economic Development Project Criteria:**

### **Minimum Requirements:**

- Small businesses located in District 2 within the City of Sanford as defined on the most current map of District 2.
- The business must have been in business for at least two years (registered with the State of Florida and with the City), be in an existing commercial zone, or be an approved, home-based business.
- Applicant must be current in all financial obligations with the City of Sanford, Seminole County, State of Florida and the Federal government.
- The small business must meet the micro-enterprise definition of having five or fewer employees, including the business owner(s).
- Business has not received a CDBG Economic Development grant within the last three (3) years.
- Existing Businesses must not be the subject of chronic Nuisance complaints with the Sanford Police Department and/or Code Enforcement (As stipulated in Ordinance Number 3947 adopted by the City Commission on July 25, 2005) Article IV. Chronic Nuisance Premises Section 78-115 to 124.

## Eligible Projects:

- Building rehabilitation both interior and exterior (Up to 40% of grant can be used for interior renovation) (not available for homebased businesses)
- Training and technical assistance including business plans, marketing, Peer support, coaching and counseling.
- Advertising and promotion
- Technology infrastructure upgrades. (equipment, software and related training)
- Commercial Equipment (No motor vehicles, personal or portable equipment)
- Maximum grant amount of \$15,000 (maximum grant for a Home Based Business is \$5000)

***Businesses in a CRA district are not eligible to apply. For businesses in the CRA district please contact the City of Sanford Community Redevelopment Agency (CRA) Department at (407)562-2820 for grant opportunities.***

***No more than ONE (1) funding proposal will be accepted from any business. Application process is open as long as funding is available.***

*The City of Sanford reserves the right to deny any and all application at its discretion for reasonable cause.*

Application forms will be available from the City of Sanford Community Development Office, in the Office of the City Manager and on the City's webpage at [www.sanfordfl.gov](http://www.sanfordfl.gov) effective Wednesday, March 3, 2021.

For further information call or e-mail **Andrew Thomas, Community Relations & Neighborhood Engagement Director** at 407-688-5132 or [Andrew.thomas@sanfordfl.gov](mailto:Andrew.thomas@sanfordfl.gov).

## **CDBG PROJECTS MUST MEET 1 OF 3 NATIONAL OBJECTIVES**

1. Benefit low and moderate income persons or households; or
2. Aid in the prevention or elimination of slums or blight; or
3. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare. For example, a major catastrophe such as a flood or tornado might meet the national objective. This national objective is rarely used.

After meeting a National Objective, the project must properly respond to the **Priorities** listed below:

- To revitalize business economy in District 2.
- Improve access to goods and services in the neighborhood; and
- Diversify local economy

Requests not responding to the priorities will not be considered for funding. Any application that does not provide all request information will be denied. There will be opportunity for amending any funding proposal after submittal. The Application Review Team reserves the right to request additional information or clarification, when necessary.

### **SUBMITTAL PROCEDURES**

#### **TO WHOM AND WHERE:**

Mr. Andrew Thomas, Community Relations & Neighborhood Engagement Director  
CDBG Program  
CITY OF SANFORD  
CITY MANAGER'S OFFICE  
300 N PARK AVENUE, SANFORD, FL 32771  
(407) 688-5132  
EMAIL: [Andrew.thomas@sanfordfl.gov](mailto:Andrew.thomas@sanfordfl.gov)

#### **WHEN:**

- Applications will be accepted based on funding available.

#### **HOW:**

- COMPLETED PROPOSALS MUST BE MAILED or HAND-DELIVERED. **FAX or EMAILED SUBMISSIONS WILL NOT BE ACCEPTED.** THE COMMUNITY DEVELOPMENT PROGRAM WILL TIME AND DATE-STAMP ALL PROPOSALS.
- Each proposal must be submitted as one (1) original paper document (original signatures), four (4) copies, and one (1) digital copy (PDF file) on USB flash drive.

## PROJECT SELECTION IMPERATIVES

The Application Review Team will use the following criteria in the review and project recommendation process.

- Projects that require funds primarily for salaries will be given a **very low priority** for funding recommendation.
- Projects where the applicant is requesting physical renovations to the property and is not the property owner, must submit approval in writing that the property owner concurs with the proposed work.
- Businesses in leased property with less than two years left on the lease term will be given a low priority for funding.
- All mortgages, taxes, and special assessments on the property must be current and paid.
- Timeframe to complete project.
- Any matching funds that will be leveraged by the grant must be identified.
- Business history of services to the community.
- Financial solvency of the business.
- Potential to increase sales/service as a result of the grant.
- No Chronic nuisance complaints within the past twelve (12) months.
- Quantify the cost benefit of the project to District 2.
- Participation in (1) one mandatory application orientation session

# **CDBG SPECIAL ECONOMIC DEVELOPMENT FUNDING APPLICATION**

**PLEASE INCLUDE THIS COVER PAGE WITH YOUR APPLICATION**

**Include the following documents in the listed order.**

## **CDBG-REQUIRED DOCUMENTS CHECKLIST**

- Project Description Form and additional sheets and/or photos.
- Organization Summary Sheet
- Occupational License and Tax Receipt
- Copy of lease if business is operated out of a leased space.
- Articles of Incorporation/Date of Incorporation
- Bylaws/Purpose of Organization/Business
- Organization Chart, including a list of the Board of Directors and their occupations (if appropriate)
- IRS designation letter (If Non-Profit)
- Resume of Chief Financial Officer/Accountant/Bookkeeper
- Resumes of staff directly responsible for project administration.
- Certified Audit (most recent), year-end, & interim financial statements (statements since last audit) If no audit has been performed, please provide a recent audited financial statement. If neither of these are available, a copy of the most recent tax return and a financial statement can be submitted. The more information provided by the applicant will be beneficial in demonstrating financial solvency.
- Proof of current insurance including liability/worker's compensation/etc.
- Proof of a minimum 2-year history serving the City of Sanford community with experience in the area for which funding is being requested
- Project/Program Budget form
- Detailed Project/Program Budget
- Any quotes for work to be done or equipment to be purchased.
- Disclosure Form
- Certification of Other Funding Form

BUSINESS/ORGANIZATION: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED OR TYPED NAME: \_\_\_\_\_

OFFICER TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PROJECT DESCRIPTION

If necessary, attach additional sheets.

1. Please provide a description of the project/scope of work to be done. Attach pictures or drawings showing proposed work.

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2. Is this an item replacement or repair of an existing item? \_\_\_ Yes \_\_\_\_\_ No.  
Please explain.

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3. Justification: Why is this project/work needed and how will it benefit your business?

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4. How will your goals, performance and success be measured if you are awarded CDBG Economic Development funds? Include expected increase in business revenue.

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5. Will work require permits? \_\_\_\_ Yes \_\_\_\_ No

6. Number of months needed to complete the project \_\_\_\_\_

Expected start date \_\_\_\_\_

7. When was business founded? \_\_\_\_\_

8. Give a brief history of the business including any changes in ownership or location.

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9. How does the proposed project meet one of the three National Objectives?

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10. How does the proposed project meet one of the three Priorities?

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11. Number of persons to benefit from the project: \_\_\_\_

## ORGANIZATION SUMMARY SHEET

1. Name of Business: \_\_\_\_\_
2. Federal Employer Identification Number: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Contact Person (Business owner): \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. Business DUNS Number: \_\_\_\_\_

Apply for a DUNS Number at <https://www.dnb.com/duns-number.html>

8. Business Classification:  
\_\_\_\_\_ Manufacturing \_\_\_\_\_ Warehouse \_\_\_\_\_ Services \_\_\_\_\_ Retail \_\_\_\_\_ Tourism  
\_\_\_\_\_ Administrative Mgmt. \_\_\_\_\_ Telecommunication \_\_\_\_\_ Research  
\_\_\_\_\_ Other \_\_\_\_\_

9. Type of Business/Organization:

\_\_\_\_\_ Sole Partnership \_\_\_\_\_ General Partnership \_\_\_\_\_ Limited Partnership  
\_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Limited Liability Partnership

10. Has your business previously received CDBG funds? \_\_YES\_\_ NO

If yes, when were the funds received and how much did you receive?

Date received: \_\_\_\_\_ Amount of CDBG \$ \_\_\_\_\_

11. Provide at least three references (Name, Address, Phone Number, Name of Organization)  
References should be familiar with your business history and/or history of grant funded projects  
you have administered.



12. Attach the following:

- Copy of your occupational license and current local, county and state business tax receipt.
- Copy of your lease if the business is operated from a leased space.
- Copy of your articles of incorporation. (Attach printout of Florida Department of State, Division of Corporations Registration)
- Copy of your bylaws/purpose of organization. (if applicable)
- Organizational chart of your agency.
- IRS designation letter if organization is a non-profit.
- Copy of the resume of the chief financial officer/accountant/bookkeeper.
- Copy of resumes of staff directly responsible for administering the project.
- Copy of year-end audit of financials (A certified audit is preferred, or the most recent tax return completed by independent party. If neither of these are available, a copy of the most recent tax return and a financial statement can be submitted.)
- Copies of your current insurance policies (including liability/worker's compensation, property insurance, etc.).
- Proof that your business has been serving the City of Sanford residents for a minimum of two years in the capacity similar to the funding request.

## Project/Program Budget

### ESTIMATED PROGRAM COSTS:

- |     |   |          |
|-----|---|----------|
| (a) | Estimated design/engineering costs:                                     | \$ _____ |
| (b) | Estimated cost construction/material:                                   | \$ _____ |
| (c) | Total estimated training costs:   | \$ _____ |
| (d) | Total estimated technology costs:                                       | \$ _____ |
| (e) | Total other equipment costs:  | \$ _____ |
| (f) | Total Advertising and Promotion costs:                                  | \$ _____ |
| (g) | Total estimated other costs:  | \$ _____ |
| (h) | <b>(e) Total project costs:</b> (sum of a – g)                          | \$ _____ |
| (i) | Total requested CDBG Funds:   | \$ _____ |
| (j) | Total project funds applicant is leveraging*:                           | \$ _____ |
| (k) | Total Funding available for project: (f+g)                              | \$ _____ |
| (l) | Cost per person<br>(h/total number of persons benefitting from project) | \$ _____ |

\* Leveraged funds – total funding available from other sources. Provide details on Certification of Other Funding form.

### Attach the following:

A detailed budget showing expected expenses. This should match the budget summary above.

Any quotes for work to be done or equipment to be purchased, if available.

# DISCLOSURE FORM

Answer the following questions by placing an "X" after "YES" or "NO".

Has your agency, any officer or employee, or anyone involved in the operation, management, direction or decision making of your agency, received a reprimand or a sanction or 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

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making 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

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making 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 accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with City of Sanford is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the City.

\_\_\_\_\_  
BUSINESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT OR TYPED NAME

## **CERTIFICATION OF OTHER FUNDING**

### **Leveraging and/or Matching Funds To Be Used For The Requested Project**

**Name of Project:** \_\_\_\_\_

Please show all other sources of non-federal funding to be used on this project which includes any cash, loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, or individual, or any other source of funds for use in, or in connection with the requested CDBG project.

I \_\_\_\_\_, being a duly authorized representative of

\_\_\_\_\_, hereby certify that, in addition to the assistance being sought through City of Sanford Government, other funds  will  will-not be provided for the project. Maintenance and operation costs are not considered match or leverage.

The following financial assistance will match or leverage the project referenced above:

<b>Leveraging Amount</b>	<b>Source</b> (Cash, loans, grants, in-kind, etc.)	<b>Use of Funds</b>

The information provided above is a true and complete representation of the financial assistance being provided for this project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ (Name of Person Making Statement).

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_