



CITY OF
SANFORD
COMMUNITY RELATIONS &
NEIGHBORHOOD ENGAGEMENT

**APPLICATION FOR
ECONOMIC DEVELOPMENT**

**Program Year
2023-2024**

**City of Sanford
Community Relations
300 N. Park Ave., 2nd Floor
Sanford, FL 32771**

INSTRUCTIONS FOR APPLICATION

General Instructions

- Read the instructions for this application.
- Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- The City of Sanford Community Relations & Neighborhood Engagement (CRANE) office will time and date stamp all proposals.
- Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.
- The City of Sanford's CRANE staff reserves the right to request additional information or clarification after the submittal due date, when necessary.
- Submit application with all the required documentation to: **300 N. Park Ave., Community Relations 2nd Floor Sanford, FL 32771**

Itemized Instructions

1. Applicants **must** attend one of the two orientation workshops. The City will offer two workshop options:
 - a. The first will be held **Thursday, September 14, 2023 from 9 am – 10:30 am**. This workshop will be held to provide technical assistance and to answer questions for all interested applicants. The workshop will be held at Sanford City Hall, Commission Chambers 1st Floor, located at 300 N. Park Ave. Sanford, FL 32771.
 - b. A second technical assistance workshop will be held **Thursday, September 14, 2023 from 3 pm – 4:30 pm** at Sanford City Hall, Sanford City Hall, Commission Chambers 1st Floor, located at 300 N. Park Ave. Sanford, FL 32771. All interested applicants **must have a representative present at one of the two workshops in order to apply for 2023-2024 funding.**
2. **Completed Proposals must be mailed or hand-delivered to the Community Relations Department by Monday, October 2, 2023 at 4 PM.**
3. There will be no opportunity for amending any funding proposal after submittal.
4. Please submit one (1) **original hard copy**, six (6) **duplicated paper copies**, and one (1) PDF copy (USB flash drive) of each completed application with all required back-up documents, dated and signature on all designated areas. Please do not submit applications in binders or folders. Please use binder clips or rubber bands to bind the applications together.

Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office

APPLICATIONS RECEIVED AFTER 4:00 PM WILL NOT BE CONSIDERED

Minimum Threshold Requirements

Projects will be recommended for funding based on applications meeting all minimum threshold requirements listed below and will be ranked in order based on highest score. Please note points will only be awarded when supporting documentation outlined in the Application Checklist is both accurately labeled and attached to your application. Points will not be awarded in cases where supporting documentation is inaccurately labeled and/or attached to the wrong question.

1. **Organizational and Financial Capacity** – Organizations must demonstrate that they are fiscally sound and have the skills and experience required to achieve the proposed activity. Applicant (Developer, Developer Principal, or Sponsor) must provide Audited Financial Statements or a Certified Financial Statement, certified by an independent 3rd party auditor, which cannot be performed by an affiliate or staff member. This is a minimum threshold requirement.
2. **Track Record**—Previously funded applicants must be in good standing, with respect to audit findings and/or failure to complete projects, have a solid track record of submitting progress reports and monitoring findings and completed projects. This is a minimum threshold requirement.
3. **Leveraging**—Applicants must provide supporting documentation showing a firm commitment of ALL sources of funding available for the proposed activity. This is a minimum threshold requirement.
4. **Site Control** – Applicants must demonstrate site control. This is a minimum threshold requirement.
5. **Passing the Due Diligence investigation**- Applicants must pass a Due Diligence investigation; see the Due Diligence Checklist for more information. This is a minimum threshold requirement.

APPLICATION REVIEW AND RANKING

All applications will be reviewed and ranked based upon the Priorities and Objectives in the City's 2020-2024 Consolidated Plan.

PROJECT SELECTION CRITERIA

The CDBG Advisory Committee will consider the following criteria to the NOFA and the specific Objectives of the 2020-2024 Consolidated Plan, in the project recommendation process:

- Applicants must submit all required documents listed in the application NOFA package. Incomplete applications will be deemed unresponsive and will not be scored.
- Program recipients must be a 501(c)(3) as determined by the Internal Revenue Service.
- For-profits and individuals are not eligible
- Project must serve "At-Risk" populations.
- Reasonableness of cost will be considered in evaluating all applications.
- The long-term viability of the project will be considered in evaluating applications; particularly housing projects.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases, the City may pay the awarded applicant's vendor directly for services provided in their agreement. However, funds will not be advanced to awarded applicants.

CDBG REQUIREMENTS

- All CDBG projects for Economic Development must meet **one** of the following **National Objectives**:
 1. Benefit low and moderate income persons or households (This is the primary objective for the CDBG program. At least 70% of all CDBG funding must meet this objective).
 2. Meet a 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.
 3. Prevention of Slum and Blight- and historic preservation activities that aid in the prevention or elimination of slums or blight in a designated area.
- If requesting CDBG funding, program recipients must provide public facilities for households or individuals that are at or below 80% of area median income guidelines with the funding. Please see current income guidelines used for income eligibility.
 1. Awarded agencies will be required to complete one of the following to document that recipients are at or below 80% of area median income.
 - Provide a benefit to low and moderate income persons by area, by serving a Low Moderate Income Area (LMA). To qualify under this category, services must benefit **all** residents in a residential neighborhood area in which at least 51 percent of the residents are Low or Moderate Income persons (80% of area median income). This should be documented by census tract block group data or an approved survey can be completed by the agency if the application is approved.
 - Provide a benefit to low moderate Limited Clientele (LMC) to a minimum of 51 percent of the beneficiaries of an activity.
 - Document that the clientele is generally presumed to be principally Low Moderate Income (LMI). This covers abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.
- CDBG recipients are expected **to provide matching or leveraged funds in the cost of any project.**
- Projects that require CDBG funds for salaries or other administrative expenses will be given a **lower priority for funding-recommendation**. City of Sanford seeks to fund requests that use CDBG funds for programming (materials, supplies and services).
 - If administrative funds are sought, applicants are asked to limit their requests to no more than 20% of their total 2023-2024 CDBG request.
- CDBG recipients will be paid on a per unit basis, meaning that funds will be released in proportion to the amount of units or activities provided.

GRANT CRITERIA

ELIGIBLE ACTIVITIES

- Job creation.
- Employment/Job training services.
- Job retention.
- Acquiring, constructing, reconstructing, rehabilitating, or installing commercial or industrial buildings, structures, and other real property equipment and improvements.
- Technical assistance to businesses.
- Commercial rehabilitation.
- Public facilities and improvements

INELIGIBLE ACTIVITIES

- Administrative expenses.
- Expenses covered by a Payroll Protection Program forgivable loan or other government relief.
- Academic or medical research.
- Funding to schools and public agencies that would supplant tax-supported, mandated services.
- Annual fundraising campaigns or events.
- Creation of, or addition to, endowment funds.
- Payment of debt or legal settlements.
- Political or partisan purposes.
- Subcontracting services.
- Capital projects.
- Event sponsorships.

APPLICATION SCORING

The CDBG Advisory Committee will score all applications based on how well the applicant responds to the following scoring criteria:

	Maximum Points
Organizational Capacity/Experience Applicant's skills, abilities to track, record and successfully deliver services to the community	15
Activity/Project Description Applicant's ability to clearly describe the activity/project that is being proposed and the need for the service in City of Sanford.	20
Approach Applicant provides a clear understanding on how it proposes to achieve the delivery of the activity/project?	10
Timeliness Applicant's project is ready to proceed and has the ability to begin within six (6) months of award notice and completed within the 18 months.	20
Outcomes Applicant proposed project outcomes are attainable and meet City goals.	15
Budget/Reasonableness of Cost/Leverage Applicant provides a detailed Project and Activity budget, with reasonable costs, and has adequate leverage.	10
Financial Review (Community Relations Staff) Agency submitted complete and acceptable audit and financials.	5
Responsiveness Does the agency provide a complete and clear package?	5
Total:	100

ECONOMIC DEVELOPMENT PROJECT SUBMISSION SHEET

APPLICANT NAME AND ADDRESS

Name:		
Address:		
City:	State:	Zip:
Federal Employer Identification Number:		
Unique Entity ID/DUNS Number:		

CONTACT INFORMATION (Agency Contact not Grant Writer)

Name:	Title:
Phone:	Fax:
E-mail:	
Relationship to Applicant:	

Legal Status of Entity/Organization: Non- Profit ☐ Public Agency ☐ Neighborhood Organization ☐
Other (specify) ☐ _____

Project Name: _____

Proposed Project: _____

Grant Funds Requested: \$ _____

1. Activity/Project Summary: Provide a 1- 2 page summary of the project/activity that includes a description of the project, need for the service, the number of individuals to be served, and their demographics. Also, specify location where services will be rendered (location should include the U.S. Census Tract). If activity is held in multiple locations, list the census tract numbers for each location. (<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>).
2. Total number of individuals served at requested funding level: _____
3. Lowest funding level acceptable to operate activity: \$ _____
4. Total number of individuals served at lowest funding level: _____
5. Please indicate National Objective the project will meet:
Low Moderate Income Benefit ☐ Slum/Blight ☐ Urgent Need ☐

ORGANIZATIONAL CAPACITY / EXPERIENCE (15 POINTS)

Briefly describe your track record and prior experience in the proposed activity and include the following information on a separate sheet:

- a. Unique qualifications or characteristics of staff, the facility or operations (include specifics that separate your organization from others serving in the same capacity).
- b. Number of years of related experience of the organization or key staff.
- c. Specify key staff skills, assignments, and/or tasks.
- d. Summary of past outcomes (for the past two (2) years).
- e. Perceived challenges in meeting the goals of this application.
- f. Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this application.
- g. Provide a Year-End Report of accomplishments from previous funding year.

Attachments 1-12 (required):

1. List of Board of Directors and offices held
2. Organizational Chart (operation of organization)
3. Resumes of Chief Executive Officer, Chief Fiscal Officers, and key staff members assigned to the proposed project/activity
4. Organizational Articles of Incorporation
5. Organizational By-laws
6. IRS Determination Letter (Proof of Non-Profit Status)
7. Most Recent Certified Audited Financial Statement (within the past two (2) years with Management Letter, if applicable)
8. IRS 990 Forms with Schedules
9. Letters of Support from other agencies demonstrating that the "activity" as conducted by the applicant has impacted the documented need
10. Florida Department of Corporations Current Filing (print from www.sunbiz.org)
11. Most recent federal, state, or local monitoring reports (if applicable)
12. Proof of current insurance including liability/worker's compensation/etc.

PROJECT / ACTIVITY DESCRIPTION (20 POINTS)

1. Check the type of activity:

- ☐ Job Creation ☐ Employment/Job Training Services
☐ Physical Renovations of Privately Owned Space ☐ Other: _____
☐ Microenterprise Development

Is the activity for which funds are being requested part of a larger overall project?

- ☐ YES ☐ NO

If "YES", please describe the "activity", in detail, and be very specific regarding how CDBG funds are proposed to be used. Be certain to include the following information:

- Identify and document the need or problem.
- Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that are quantifiable and supported by appropriate data.
- Affected population and percentage of low- and moderate-income persons to be benefited (Area of service).
- Geographic area to be served. Include activity location, U.S. Census Tract. If activity is held in multiple locations, list all locations and the Census Tract Numbers (<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>).
- State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.

2. Are CDBG funds proposed to be used for the payment of salaries?

- ☐ YES ☐ NO

If "YES", use the table below to provide the following information:

- Title of position to be charged for this proposal
- Number of pay periods per year
- Gross pay per period
- Annual Gross pay
- Total of salary to be charged as administration cost (CDBG funds) as part of this application
- Percentage of the position's annual gross (CDBG funds) to be charged as part of this application
- Total percentage of the salary charged to this application percentage of position's annual gross not charged to this proposal.
- Percentage of the position annual gross not to be charged as part of this proposal.
- Job description of each position for which CDBG funds are being requested

Job Title (a)	# of Pay Periods (b)	\$ Gross Pay per pd. (c)	Annual Gross (d)	\$CDBG (e)	% CDBG (f)	\$Non-CDBG (g)	%Non CDBG (h)
Total:							

APPROACH (10 POINTS)

The CDBG funding year is October 1, 2022 through September 30, 2024. Provide a narrative (250 words or less) demonstrating the use of CDBG funds, how and when CDBG funds will be drawn, and the anticipated completion date of the project.

[illegible]

TIMELINESS (20 POINTS)

Provide an implementation schedule sorted by tasks. Applicant must be able to begin the project within six (6) months of award and completed within 18 months.

Construction Schedule / Activity Timeline	
Task	Date to be Completed

1. Describe outreach and marketing initiatives that will be implemented to inform potential clients about the services to be provided.

2. Are there other services that address the same need in the area?

☐ YES ☐ NO

If "yes", describe:

3. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances (If none, indicate N/A):

4. Identify any cooperative approaches and describe how they will improve the performance of the activity (If none, indicate N/A):

OUTCOME MEASUREMENT GOALS (15 POINTS)

City of Sanford Community Relations & Neighborhood Engagement Department determines actual benefits of funded activities by using Outcome Measurement Goals. The CDBG Advisory Board will review these goals closely when recommending applications for funding to the City of Sanford Commission.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section of the application is to identify these outcomes in measurable terms.

Table 1 of this section is designed to allow the applicant to briefly describe the proposed activities initial, intermediate, and long-term outcomes.

Table 2 of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

A copy of this section will be given to the CDBG Advisory Committee and to the City of Sanford Commission as back-up material.

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits – new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

Initial Outcomes – first benefits or changes participants experience.

Longer-term Outcomes – ultimate benefits of the program.

Intermediate Outcomes – benefits that connect initial outcomes and longer-term outcomes.

Quantifiable Measurement Goals – a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills- certifications, etc.)

EXAMPLE OUTCOME MEASUREMENT TABLE

Program: ABC Organization - Community and Service Center

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long Term
Staff: (1) Lead Administrator (1) Construction Mgr. (1) General Contractor (4) Social Service Case Managers	The activity will provide a community center with the ability to provide a variety of social services to the surrounding LMI population.	(1) Job Training Program (1) Referral location for a variety of social services.	Construction of the Community Center	Access to job training, life skills training, programs and services.	Higher wages within the surrounding LMI community. Improved academic success within the surrounding LMI community

OUTCOME MEASUREMENT TABLE #1

Program: _____

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long Term

QUANTIFIABLE GOALS TABLE #2

First Quarter:

●
●
●
●
●
●

Second Quarter:

●
●
●
●
●
●

Third Quarter:

●
●
●
●
●
●

Fourth Quarter:

●
●
●
●
●
●

SECTION 3 COMPLIANCE PLAN

Congress established the Section 3 policy to guarantee that the employment and other economic opportunities created by Federal Financial Assistance for Housing and Community Development Programs should, if possible, be directed toward low- and very-low income persons, particularly those who are recipients of government assistance for housing. Activities funded under this category will be expected to reach out to LMI residents, businesses owned by LMI residents, and/or businesses that hire LMI residents to offer employment or other economic opportunities to the greatest extent feasible. In order to evaluate the applicant's ability to adhere to the Section 3 compliance requirements, each applicant under this category shall submit a Section 3 Compliance Plan that includes the following:

Marketing Plans:

Explain in detail how the organization will inform Section 3 compliant residents of employment or training opportunities in conjunction with the funded activity;

Explain what procurement methods the organization shall use to select contractors (general or subcontractors) that will participate in the activity;

Explain in detail what efforts the organization will undertake to avail contract opportunities to Section 3 compliant businesses;

Explain in detail what training opportunities, if any, the organization will avail to Section 3 compliant residents.

Section 3 Goals:

State the estimated number of new hires that will be generated by the activity;

--

State the numerical goal for Section 3 compliant new hires related to the activity;

--

State the numerical goal to contract with Section 3 complaint businesses related to this activity.

--

PROJECT / ACTIVITY BUDGET (10 POINTS)

1. Is the activity for which CDBG funds are being requested part of an overall project?

☐ YES

☐ NO

If "YES", provide an itemized Project Budget, listing all other sources including federal, state, or local funding.

Also provide responses to the following:

a. Total Project Cost: \$ _____

b. Does the total project cost include funds from other federal, state, or local programs?

☐ YES

☐ NO

If "YES", provide the name of the agency or agencies, program(s), amount(s), and year(s) awarded:

Agency	Program	Amount	Year

2. Has this project received City of Sanford funds in the past three (3) years?

☐ YES

☐ NO

If "YES", provide the name of the program(s), amount(s), and year(s) funded:

Program	Amount	Year

Disclose any previous awarded CDBG funds and the reason why the funds went unused.

Include the funding year(s) _____ and the unused amount _____

Reason for unused funds:

3. Of the total project cost, what percentage has been, or will be financed with CDBG funds?

CDBG Funding	Total Project Cost	=	Percentage
\$ _____	\$ _____	=	_____ %

4. Activity Budget

- a. Provide an itemized Activity Budget and include a detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salaries, fringes, and related costs are allowed, as long as the salaries are related to specific activity tasks. Also, provide a narrative justification for each line item (including each salary item). The narrative should justify each salary by describing the activity tasks associated with each salary.
- b. Complete the following budget summary:

i. Total Activity Cost \$ _____

ii. Breakdown of Total Activity Cost:

1. Activity Cost \$ _____

(Enter the total cost of the activity, excluding administrative expenses, for which funds are being requested)

2. Activity Administration (if applicable) \$ _____

(Enter the amount of administrative expenses involved with the activity.)

iii. Total Funding Sources: \$ _____

iv. Breakdown of Total Funding Sources:

1. Total CDBG Funds Requested..... \$ _____

(Enter the amount of CDBG funds requested for the activity.)

2. Other Activity Funding..... \$ _____

(Enter the total amount of non-CDBG funds to be used for this activity.)

3. Are CDBG funds being requested for travel?

☐ YES ☐ NO

If "YES", explain the purpose of the travel, and estimated mileage:

5. Are CDBG funds being requested for attendance to conferences or training events?

☐ YES ☐ NO

If "YES", explain the purpose:

6. From a financial perspective, explain and justify the reason why CDBG funds are needed (i.e. financing gap, location, etc.).

7. Determine the amount, per person, by dividing the total funds requested by the number of person, directly benefitting (i.e. Funding Amount \$15,000.00, 125 clients served per month at a rate of \$10.00 per client for the program year).

8. Justify and document the reasonableness of cost for the CDBG funds being requested per unit of measurement, as included in the Activity Description (250 words or less).

9. Program Income / Revenue

- a. Does the activity and/or project for which CDBG funds are being requested propose to generate Program Income and/or revenue, either directly or indirectly?

☐ YES

☐ NO

If "YES", list the source(s) of all anticipated program income from the project/activity:

Program / Activity	Projected Annual Income / Revenue
	\$
	\$
	\$
	\$
Total	\$

10. Matching Contributions

Applicants are encouraged to provide matching funds. Matching contributions will positively impact the application. Applications that include matching contributions must attached evidence that the matching contribution is available, or will be available, at the beginning of the fiscal year for which CDBG funds are applied.

- a. Check the appropriate eligible form(s) of matching contribution for the activity:
- ☐ Cash contributions
 - ☐ Other federal, state, or local grants or programs
 - ☐ Other non-governmental funding sources
- b. Detail all matching contributions to the activity. Include the source, the type of contribution (i.e., grants, loans, own source of funds, real estate, etc.) and the value:

Source of Contribution	Type of Contribution	Value of Contribution
		\$
		\$
		\$
		\$
	Total	\$

- c. Explain the method utilized to establish the fair market value of land or real estate as a matching contribution.

- d. Are the matching contributions listed above currently available or will be available during the fiscal year for which funds are being applied?

☐ YES ☐ NO

If "YES", include evidence of availability as an attachment. If "no", explain the availability of the matching contribution.

- e. Non-municipal applicants must describe all steps taken to secure other funding for the activity.

Attach at least one (1) letter demonstrating that the activity or project has been submitted to other agencies for funding within the last twelve (12) months. If no other sources of funding have been sought, provide an explanation.

- f. Agency Accounting Information:

List the name, address, e-mail address and phone number of the Agency's Chief Financial Officer, Accountant, Bookkeeper, and/or Certified Public Accountant that's responsible for the agency's financial records.

- g. Attach a copy of your most recent Certified Independent Audit and management letter which expresses the opinion that the agency's or organizations internal controls are adequate to safeguard assets.
- h. Will your agency receive and expend \$750,000.00 or more in Federal funds for the Funding Year 2023-2024?
- ☐ YES ☐ NO

AGENCY INSURANCE REQUIREMENTS:

City of Sanford requires awarded agencies or organizations to provide a Certificate of Insurance which reflects current liability insurance, naming City of Sanford as an additional insured. In addition, awardees must also maintain Workers' Compensation insurance, automobile insurance, etc. throughout the funding agreement. If funded, are you willing to comply with these requirements?

☐ YES ☐ NO

CITY OF SANFORD COMMUNITY RELATIONS & NEIGHBORHOOD ENGAGEMENT

FY 2022-2023 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

CERTIFICATION OF ACCURACY

ALL APPLICANTS

This page must be signed by the authorized representative of the applicant as to the accuracy and completeness of this application. No application will be accepted without this document.

I hereby certify that this application is complete, and all information included herein is true and accurate.

Name of Applicant: _____

Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

CITY OF SANFORD COMMUNITY RELATIONS & NEIGHBORHOOD ENGAGEMENT

DUE DILIGENCE AFFIDAVIT

ALL APPLICANTS

Applicant Name: _____

Address: _____

Telephone Number: _____

The undersigned certifies, to the best of his or her knowledge and belief, that:

- Within the past five (5) years, neither the entity nor its directors, partners, principals, members or board members:
- Have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
 - Have been cited by a funding source for non-compliance or default under a contract;
 - Have been a defendant in a lawsuit based upon a contract with a funding source;
 - Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any City program.

Please list any matters which prohibit the entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

This is certified by my signature:

Applicant's Signature

Print Name

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____ by _____.

He/she is personally known to me or has presented _____ as identification number:

_____ (Print or Stamp of Notary):

Expiration Date: _____ **Notary Public – State of** _____ **Notary Seal**