



CITY OF  
**SANFORD**  
COMMUNITY RELATIONS &  
NEIGHBORHOOD ENGAGEMENT

**APPLICATION FOR  
PUBLIC SERVICES PROGRAM**

**Program Year  
2024-2025**

**City of Sanford  
Community Relations  
300 N. Park Ave., 2<sup>nd</sup> 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., 2<sup>nd</sup> 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, May 23, 2024, from 9 am to 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, 1<sup>st</sup> Floor Commission Chambers, located at 300 N. Park Ave. Sanford, FL 32771.
  - b. A second technical assistance workshop will be held **Thursday, May 30, 2024, from 3 pm – 4:30 pm** at Sanford City Hall, 1<sup>st</sup> Floor Commission Chambers, located at 300 N. Park Ave. Sanford, FL 32771. All interested applicants **must have a representative present at one of the two workshops to apply for 2024-2025 funding**.
2. **Completed Proposals must be mailed or hand-delivered to the Community Relations Department by Wednesday, July 3, 2024, 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 backup documents, dated and signed 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**

## APPLICATION REVIEW AND RANKING

The CDBG Advisory Committee will consider the following criteria, as a proper response to the NOFA and the Specific Objectives of the 2020-2024 Five-Year 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.
- The 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 CDBG can pay the awarded applicant’s vendor directly for services provided in their agreement. In some cases to avoid placing a financial hardship on smaller agencies up to 50% of funds can be advanced to the awarded applicants by the City of Sanford. The applicant would have to demonstrate the need for advancement. **All advancements are subject to proof of service/purchase.**

## PROJECT AREA CRITERIA

Applications will be accepted for funding of activities that meet one of the following project area criteria:

- Health Services
- Homebuyer Counseling
- Job Training/Youth & Adult
- Mentoring/Education Programs
- Crime Prevention and Public Safety
- Counseling, and Wellness Programs
- Services for the Elderly/Disabled (60+)
- Substance Abuse Services (e.g., counseling and treatment)
- Alternative Education Programs to ensure students graduate from high school

## APPLICATION SCORING

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

	Maximum Points
<b>Organizational Capacity/Experience</b> Applicant's skills, abilities to track and record successful delivery services to the community	15
<b>Activity/Project Description</b> Applicant's ability to clearly describe the activity/project that is being proposed and the need for the service in the City of Sanford.	20
<b>Approach</b> The applicant provides a clear understanding of how it proposes to achieve the delivery of the activity/project.	10
<b>Timeliness</b> The applicant's project is ready to proceed and can begin within six (3) months of award notice and be completed within 12 months.	20
<b>Outcomes</b> Applicant proposed project outcomes are attainable and meet City goals.	15
<b>Budget/Reasonableness of Cost/Leverage</b> Applicant provides a detailed Project and Activity budget, with reasonable costs, and has adequate leverage.	10
<b>Financial Review (Community Development Staff)</b> The agency submitted complete and acceptable audit and financials,	5
<b>Responsiveness</b> Does the agency provide a complete and clear package?	5
<b>Total:</b>	<b>100</b>

## CDBG REQUIREMENTS

- All CDBG projects for public services 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 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.
- If requesting CDBG funding, program recipients must provide Public Services for households or individuals that are at or below 80% of the area median income guidelines with the funding. Please see the 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 the 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.
      - Complete an income certification based on household size, assets, and income by using 24 CFR Section 5.609.
- 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**. The 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 2024-2025 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.

## PUBLIC SERVICES 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)

Grant Funds Requested: \$ \_\_\_\_\_

1. Activity/Project Summary: Provide a 1 – 2 page summary of the project/activity that includes a description of the project, the need for the service, the number of individuals to be served, and their demographics. Also, specify the location where services will be rendered (the 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 the 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
6. Name of Project & Eligible Activity *(check only one)*: \_\_\_\_\_
 

Health Services <input type="checkbox"/>	Alternative Education <input type="checkbox"/>
Crime Prevention and Public Safety <input type="checkbox"/>	Employment/Job Training Services <input type="checkbox"/>
Mentoring/Education Programs <input type="checkbox"/>	Services for Senior Citizens <input type="checkbox"/>
Recreational Services <input type="checkbox"/>	Youth Services <input type="checkbox"/>
Counseling, and Wellness Programs <input type="checkbox"/>	Homebuyer Counseling <input type="checkbox"/>
Energy Conservation <input type="checkbox"/>	Services for Homeless Persons <input type="checkbox"/>
Substance Abuse Services <input type="checkbox"/>	Welfare Services <input type="checkbox"/>

## ORGANIZATIONAL CAPACITY / EXPERIENCE (15 POINTS)

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

- 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 can overcome perceived challenges in meeting the goals of this application.
- g. Provide a Year-End Report of accomplishments from the 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) and interim financial statements (statements since last audit). If no audit has been performed, please provide recent audited financial statement(s) including cash flow statement and balance sheet.
8. Proof of a minimum two **(2) year history serving Sanford** with experience in the District Two area of benefit for which funding is being requested.
9. IRS 990 Forms with Schedules
10. Letters of Support from other agencies demonstrating that the “activity” as conducted by the applicant has impacted the documented need.
11. Florida Department of Corporations Current Filing (print from [www.sunbiz.org](http://www.sunbiz.org))
12. Most recent federal, state, or local monitoring reports (if applicable)
13. Proof of current insurance including liability/worker’s compensation/etc.
14. Legal business name that matches the legal, registered business name in Sunbiz
15. Address: The principal location of the organization must be in the City of Sanford, even if there are multiple locations. No Post Office Box addresses.

**PROJECT / ACTIVITY DESCRIPTION (20 POINTS)**

\*Please attach additional sheets if necessary

1. Has this agency previously received City of Sanford funding? YES  NO

a. If YES, when were the funds received and how much did you receive?

Allocation Year \_\_\_\_\_ Sub-award Amount \$ \_\_\_\_\_

Describe services provided for each year funding received:


b. Were all of the funds spent within the given timeframe per your agreement with the City of Sanford? YES  NO

If NO, please explain:


2. Provide at least three (3) recent projects (completed within the last two (2) years)

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3. Provide a description of the activity:


4. Who will implement the activity and how will it be implemented?


5. Does your project EXCLUSIVELY serve any of the following groups? (The categories listed below are provided by HUD and are "presumed" to be low-income groups)

- Abused children     Homeless persons     Illiterate adults     Migrant farmworkers
- Persons living with HIV/AIDS     Adults meeting the Bureau of Census definition of severely disabled
- None of these groups are exclusively served by this program



6. Area to be served, please be very specific in identifying the area/s to be served:


7. Number of persons to benefit from the project:

Total persons benefitting: \_\_\_\_\_

Lower income persons benefitting: \_\_\_\_\_

Percent of lower income persons benefitting: \_\_\_\_\_

Source of data: \_\_\_\_\_


Please provide research and resource identifying data information.

8. Provide a schedule of activities or an activity timeline that addresses the proposal:


9. Explain why this project is needed and how the residents in District Two will benefit:


10. Is this a new Community Development Block Grant (CDBG) activity/service? YES  NO

If the answer is NO, then explain how it is a quantifiable increase in current services (If in past years funded by Seminole County/City of Sanford Public Service grant/s, please provide year/s, amount of subaward and service):


11. Describe how will your goals, performance and success be measured if awarded City of Sanford CDBG funds (in this section please provide how your organization tracks goals and outcomes, monitors performance and evaluates successful service/s):


12. Describe what expenditures the CDBG grant will pay for:




**TIMELINESS (20 POINTS)**

Provide an implementation schedule sorted by tasks. Applicant must be able to begin the project within three (3) months of award and complete it within 12 months.

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)

The 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, conditions, 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 the City of Sanford Commission as backup 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 – Job Training

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long Term
Staff: (1) Program Administrator (1) Admin. Specialist (1) Director (4) Social Service Case Managers	The activity will provide job training services including resume building, job search, etc. to the surrounding LMI population.	(1) Job Training Program  (1) Referral location for a variety of social services.	Access to job training, life skills training, programs and services.	Confidence in oneself.	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:

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Second Quarter:

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Third Quarter:

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Fourth Quarter:

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**PROJECT / ACTIVITY BUDGET (10 POINTS)**

1. Attach documentation for funds you are providing (grant awards, letters of credit, cash, in-kind, etc.).
2. List these sources on the Certification of other Funding.
3. Provide a description of all funds that will be used to pay for staffing and operational costs.
4. Provide a breakdown and description of any expenses listed as Miscellaneous on the 2024-2025 CDBG Funding Request Detail Form.

<b>TOTAL PROGRAM BUDGET:</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Funding Source</b>	<b>Category*</b>	<b>Current 2023/2024</b>	<b>Proposed 2024/2025</b>	<b>Secured 2024/2025</b>
<b>Federal Sources</b>				
<b>State Sources</b>				
<b>City Of Sanford CDBG request</b>				
<b>General</b>				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
<b>Business Contributions</b>				
<b>Foundations/Trust</b>				
<b>Other Grants</b>				



DETAIL OF 2024/2025 CDBG FUNDING REQUEST	Current 2023/2024	Proposed 2024/2025
<b>Program Personnel *20%</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
PERSONNEL EXPENSES:		
<b>Program Occupancy *10%</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY:		
<b>Program Operating/Program Expenditures *70%</b>		
Office Supplies		
Direct Client Services		
Office Expense/Computer		
Communication		
Printing		
Advertising		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Program Materials		
Miscellaneous (provide detailed descriptions and breakdowns separately)		
TOTAL OPERATING/PROGRAM EXPENSES:		
<b>TOTAL 2024-2025 CDBG REQUEST:</b>		

Note: Agencies that received CDBG funding in 2023-2024 must show past award amounts for comparison of requests. 2023-2024 awards must be listed in the "current 2023-2024" column.

## Certificate of Other Funding or Match Funds

### Determination of leverage and/or matching funds to be used for the requested project

Please show all other sources of funding to be used on this project. This 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 CDBG Program, funds from other sources will  or 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:

Source of Funds	Amount	Status

Provide documentation that other sources of funds have been sought or are in place, and are committed to the project.

**Please list donations, in-kind, etc.**

Source	Value	Description of Service

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

- a. 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.
- b. Will your agency receive and expend \$750,000.00 or more in Federal funds for the Funding Year 2024-2025?  
 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

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:

\_\_\_\_\_  
Signature of Applicant CEO/Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant CEO/Executive Director

**CITY OF SANFORD COMMUNITY RELATIONS & NEIGHBORHOOD ENGAGEMENT**  
**FY 2024-2025 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: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF SEMINOLE**

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_  who is/are personally known to me or  who produced a Florida driver's license(s) as identification and acknowledged before me that she/he/they executed the same. Sworn and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2024, the said person(s) did take an oath and was/were first duly sworn by me, on oath, said person(s), further, deposing and saying that she/he/they has/have read the foregoing and that the statements contained herein are true and correct.

***WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_\_, day of \_\_\_\_\_, A. D. 2024.*

Printed Name: \_\_\_\_\_  
Notary Public; State of Florida