



CITY OF
SANFORD
FLORIDA

**CITY OF SANFORD
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
CV -3 (Cares Act) PUBLIC SERVICES
APPLICATION FOR FY 2022-2023**

SUBMITTAL PROCEDURES - INCOMPLETE PROPOSAL ARE INELIGIBLE

TO WHOM AND WHERE:

Nikki Torres, Cares Act Program Coordinator
City of Sanford City Hall
300 N. Park Ave
Sanford, FL 32771
(407) 562-2818

WHEN:

- **FOR CDBG CV- 3 PUBLIC SERVICES FUNDING GRANT, NO LATER THAN 1:00 P.M., Friday, August 19, 2022.**
- Submissions received after 1:00 P.M. on that date **will not** be accepted – No exceptions.

IMPORTANT INFORMATION:

- Applicants must attend a **mandatory technical assistance** workshop. The City will offer two workshop options.
The first will be held **Monday, August 2, 2022 from 9 a.m. – 10 a.m.** 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, First Floor Commission Chambers, located at 300 North Park Ave. Sanford, FL 32771.
A second technical assistance workshop will be held **Monday, August 8, 2022, from 2:00 p.m. – 3:00 p.m.** at Sanford City Hall, First Floor Commission Chambers, located at 300 North Park Ave. Sanford, FL 32771. All interested applicants **must have a representative present at one of the two workshops in order to apply for 2022-2023 funding.**
- Completed Proposals must be mailed or hand-delivered. Faxed or e-mailed submissions will not be accepted.
- The City of Sanford Community Relations & Neighborhood Engagement (CRANE) Division will time and date stamp all proposals.

- Application will be denied if it does not provide all requested information, signatures, notary, and dates.
- There will be no opportunity for amending any funding proposal after submittal.
- The City of Sanford's CRANE staff reserves the right to request additional information or clarification after the submittal due date, when necessary.
- 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.

GRANT CRITERIA

The COVID-19 Relief Fund's intent is to assist essential nonprofits with **increased demand for services** due to COVID-19. Funding will be directed to nonprofits with deep roots in the community and an established track-record serving City of Sanford vulnerable populations. The City of Sanford Community Development Block Grant Program, will consider grant requests from nonprofits serving vulnerable populations with basic needs (food, housing, healthcare, living expenses, etc.) **if they had significant reduction in funding due to COVID-19 or an increased demand in services due to the COVID-19 pandemic.**

COVID – 19 Relief Funds are a flexible source of funding that can be used to pay costs that are not covered by other sources of assistance, particularly to benefit persons of low and moderate income impacted by COVID - 19.

Grants will be considered for organizations with the greatest capacity to serve citizens for each service category.

Applications that meet grant criteria are recommended by staff to the CDBG Advisory Board for approval and funding amount. Approved grants will be awarded as quickly as possible.

ELIGIBILITY

- Registered 501(c) nonprofit organizations
- Other public agencies (serving City of Sanford residents only)
- **For-profits** and individuals are not eligible

EXCLUSIONS

- 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

PROJECT SELECTION IMPERATIVES

The CDBG Advisory Committee will consider the following criteria, as a proper response to the NOFA and the Specific Objectives of the COVID-19 Relief Fund, in the project recommendation process:

- All proposals must submit all required documents listed in the application package. **Proposals that are not complete will be considered unresponsive and will not be forwarded to the Application Review Team for scoring.**
- Grant applicants must be a 501(c) registered organization.
- The Non-Profit must serve vulnerable populations with basic needs (food, housing, healthcare, living expenses, etc.) **if they had significant reduction in funding due to COVID-19 or an increased demand in services due to the COVID-19 pandemic.**
- Reasonableness of cost will be considered in evaluating proposals.
- All applications will be reviewed and ranked based upon the Priorities and Objectives in the City's **COVID -19** Relief Fund grant.
- Awarded applicants will be reimbursed for services provided in their agreement. In some cases the CDBG- CV program 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 need for advancement. **All advancements are subject to proof of service/purchase.**

CDBG Requirements:

- All CDBG C-V 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-CV program. At least 70% of all CDBG-CV 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. **COVID-19** is a national threat to health and welfare and considered a National Urgent Need.
- If requesting CDBG-CV funding, Grant Recipients must provide public services 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 clientele 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.
 - Complete an income certification based on household size, assets, and income by using 24 CFR Section 5.609 guidelines.
- CDBG-CV grant recipients are expected **to provide matching or leveraged funds** in the cost of any project.
- Projects that require CDBG-CV 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-CV 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 2022-2023 CDBG-CV request.
- CDBG-CV grant 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.

1. Please indicate National Objective the project will meet:

Low Moderate Income Benefit Slum/Blight Urgent Need

2. Name of Project & Eligible Activity:(Check only one): _____

Youth Services

Elderly Services

Employment/Job Training Services

Crime Prevention and Public Safety

Health Services

Substance Abuse Services

Fair Housing Counseling

Education Programs

Energy Conservation

Services for Senior Citizens

Services for Homeless Persons

Recreational Services

Welfare Services (except income payments)

Other Explain: _____

3. Name of Organization/Agency: _____

4. Address of Applicant (No Post Office Box addresses):

5. Applicant's Website Address: _____

6. Applicant EIN:
Applicant Unique Entity ID created in SAM.gov: _____

7. Contact Person
- a. Name: _____
 - b. Title: _____
 - c. Address: _____
 - d. Telephone Number: _____
 - e. E-Mail Address: _____
 - f. Fax Number: _____

8. **Has this agency previously received City of Sanford CDBG, CDBG CARES ACT CV1 or 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 the funds spent within the given timeframe per your agreement with City of Sanford?** YES NO

If you answered No, please explain:

9. **Provide at least three (3) references and a history of recent projects (completed within the last two (2) years).**

4. **Area to be served, please be very specific in identifying the area/s or target population to be served:**

5. **Number of persons to benefit from the project:**

Total persons benefitting: _____

Lower income persons benefitting: _____

Percent lower income persons benefitting: _____

Source of data:

Please provide statistical research and resource identifying data information

6. **Provide a schedule of activities or an activity timeline that addresses the proposal (include location, days/hours of operation. Leased space provide copy of fully executed lease):**

7. **Explain why this project is needed and how the residents of the City of Sanford will benefit:**

8. Is this a new activity? YES NO

Please explain:

9. Describe how will your goals, performance and success be measured if awarded City of Sanford CDBG - CV grant (in this section please provide how your organization tracks intake data, record keeping, goals & outcomes, monitors performance standards and evaluates successful service/s):

10. Describe what expenditures the CDBG-CV3 grant will pay for (*Administration cost/budget that exceed 20% of grant will be given low priority*):

CDBG – CV PROGRAM BUDGET

TOTAL PROGRAM BUDGET:				
		\$	\$	\$
Funding Source	Category*	Current 2021/2022	Proposed 2022/2023	Secured 2022/2023
Federal Sources				
State Sources				
City Of Sanford CDBG – CARES Act CV3				
CDBG/CARES Act – CV3(Requested Amount)				
General				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
Business Contributions				
Foundations/Trust				
Other Grants				
TOTAL				

DETAIL OF 2022/2023 CDBG/CARES Act (CV3) FUNDING REQUEST	Agencies Previously/ Currently awarded (if not awarded, leave blank) 2021/2022	Proposed 2022/2023
PROGRAM PERSONNEL (must NOT exceed 20% of grant request)		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
PERSONNEL EXPENSES:		
PROGRAM OCCUPANCY		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY:		
PROGRAM OPERATING/PROGRAM EXPENDITURES *(requires supporting cost/licensing documentation)		
*Office Supplies		
Direct Client Services (Cost total for person/s benefitting/served)		
*Office Expense/Computer		
Communication		
Printing		
Advertising		
*Professional Fees/Outside Consultants		
*Staff Travel (requires supporting travel documentation)		
*Staff Development/Training (requires supporting cost/licensing documentation)		
*Volunteer Expenses		
*Licenses, Taxes, Insurance		
*Equipment Lease/Maintenance		
*Vehicle Maintenance		
*Program Materials		
Miscellaneous (provide detailed descriptions and breakdowns separately)		
TOTAL OPERATING/PROGRAM EXPENSES:		
TOTAL 2022-2023 CDBG/CARES Act –CV3 REQUEST:		
*(requires supporting cost/licensing documentation)		

Note: Agencies that received CDBG/CAES Act CV funding in prior years must show past award amounts for comparison of requests. 2019 – 2021 or 2021-2022 awards must be listed in the “current 2021-2022” column.

In addition:

- (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 2022-2023 CDBG-CV Funding Request Detail Form
-

ADDITIONAL FUNDING

What other funds have been sought for this project, and what is the status of those requests?

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 SERVICES, ETC.

SOURCE	VALUE	DESCRIPTION OF SERVICE

DISCLOSURE FORM
(MUST BE INCLUDED IN PROPOSAL PACKET)

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

1. 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, the U.S. Government, or any professional association within the last five (5) years? **YES** **NO**
If you have answered yes, please provide explanation and outcome:

2. 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**
If you have answered yes, please provide explanation and outcome:

3. 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**
If you have answered yes, please provide explanation and outcome:

4. Has your agency, any officer, employee, or anyone involved in the operation, management, direction and/or decision making of your agency, had filed against it, him, or her any liens (property liens, tax liens, mechanic's liens) for non-payment in the past five (5) years?
YES NO If you have answered yes, please provide explanation and outcome:

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 the 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 of Sanford's Community Development Block Grant CARES Act program (CDBG –CV3).

AGENCY/ORGANIZATION

DATE

AUTHORIZED SIGNATURE

OFFICER TITLE

PRINTED OR TYPED NAME

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 Government, 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:

Funding Amount	Source	Use of Funds

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

[Signature]

[Title]

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 _____, 2022, 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. 2022.

Printed Name: _____
Notary Public; State of Florida

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH EVERY
CDBG APPLICATION- INCOMPLETE PROPOSAL ARE INELIGIBLE

- ONLY ONE (1) PROPOSAL** per organization/agency.
- Public Services Project Submission Sheet.
- Project/Activity Information.
- Articles of Incorporation / Date of Incorporation.
- Occupational License.
- Bylaws / Purpose of Organization.
- Organization Chart, including a list of the Board of Directors and their occupations.
- For Nonprofit organization, submit **IRS designation as tax exempt**.
- Resume of Program Administrator.
- Resume of Chief Financial Officer.
- Resumes of staff directly responsible for program administration.
- Certified Audit (**most recent**), year-end, & 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. The more information provided by the applicant will be beneficial in demonstrating financial capacity.
- Proof of **current** insurance including liability/worker's compensation/etc.
- Proof of a minimum **2 year history serving Sanford** with experience in the District Two area of benefits for which funding is being requested.
- A detailed Project Budget.
- Information regarding current year grants received and any proposed grant applications for this project.
- Disclosure Form.
- Documentation of Other Funding including copies of approved loans, grants, donations, guarantees, rebates, subsidies, credits, tax benefits, or any other form of direct or indirect assistance from any government, foundation, financial institution or individual or any other source of funds.
- Legal business name that matches the legal, registered business name in Sunbiz: [Division of Corporations - Florida Department of State \(myflorida.com\)](#)
- On April 4, 2022**, the federal government ***stopped using the DUNS Number*** to uniquely identify entities. Now, entities doing business with the federal government **MUST** use the **Unique Entity ID** created in **SAM.gov**. This transition allows the government to streamline the entity identification and validation process.
- Address: The principle location of the organization must be in City of Sanford, even if there are multiple locations. No Post Office Box addresses.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of an application and/or agreement. The information provided is subject to verification by the city or eligible municipality.

Signature of Applicant CEO/Executive Director

Date

Print Name of Applicant CEO/Executive Director