

**CITY OF HOLLYWOOD
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PUBLIC SERVICES APPLICATION
SUBMISSION DEADLINE: February 11, 2021 at 3:00 p.m.**



Public Services - Activities (including labor, supplies and material) which are directed toward improving the community's public services and facilities, including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, welfare, or recreational needs. A public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government in the 12 calendar months before the submission of the action plan. Awards to Public Service activities are limited to 15% of the City's total annual CDBG allocation. **Based on past year allocations, the anticipated amount available for Fiscal Year 2021-2022 is estimated to be \$185,000.00. The actual amount is subject to legislative approval.**

	Content	Page
A.	General Information	2
B.	Organizational Capacity and Activity Scope	3
C.	Project and Activity Description	4
D.	Approach	6
E.	Outcome Measurement Goals for Public Services & Economic Development	7
F.	Three-Year Plan	12
G.	Budget Justification and Leverage of Funds	12
H.	Insurance Requirements	16

	Attachments
A.	List of Board of Directors
B.	Organizational Chart
C.	Resumes
D.	Organizational Business Plan
E.	Letters of Support
F.	Florida Department of Corporations Current Filing
G.	IRS 990 Forms and Schedules
H.	Positions, Salaries, Job Descriptions and Professional development Opportunities
I.	Itemized Project Budget
J.	Itemized Activity Budget
K.	Matching Contributions
L.	Letter of Other Sources of Funding Sought
M.	Certified Independent Audit

A. APPLICATION GENERAL INFORMATION:

1. Name and Address of Entity/Organization:

2. Legal Status of Entity/Organization: Non-Profit Public Agency City Department
 Neighborhood Organization Other (specify) _____

3. Date designated as a 501 (c) (3): _____ 4. Tax ID Number: _____

5. DUNS Number: _____

6. Contact Person (**Agency Contact not Grant Writer**)/ Bus. Ph. / Mobile Ph. / e-mail/ Name and e-mail of Organization's Registered Agent:

Agency Contact: _____

Business Phone: _____

Mobile Phone: _____

Email: _____

Agency's Registered Agent's Name and Email: _____

7. Name of Activity/ Project: _____

8. Activity Type: Public Services

9. Activity/Project Summary to include program description, clientele to benefit from program, specific use of CDBG funds, etc. (*must be 250 words or less*):

10. Activity/Project Location (*list location of activity to include US Census Tract. If activity is held in multiple locations, list all locations and US Census tract numbers. If the activity is Citywide, indicate as such.*):

11. Grant Funds Requested: \$ _____

12. Total number of individuals served at requested funding level: _____

13. Lowest funding level acceptable to operate activity: \$ _____

14. Total number of individuals served at lowest funding level: _____

15. HUD NATIONAL OBJECTIVES:

Each activity must meet one of the National Objectives of the CDBG Program. Check the correct objective.

Low- and Moderate-Income Benefit (Check the appropriate benefit):

Area Benefit: The activity provides a benefit to low/moderate income persons by documenting that 51% or more of the service area of the activity is occupied by low/moderate income households (as per the U.S. Census).

Limited Clientele Activity: The activity benefits a limited clientele, at least 51% of whom are low/moderate income.

If Limited Clientele, The activity must meet one or more of the following criteria (Check the appropriate criteria(s)):

It must benefit a clientele presumed to be low/moderate income e.g. abused children, elderly persons, homeless persons etc.;

Data must be available to document that 51% of the clientele fall within the low/moderate income category;

It must be limited exclusively to low/moderate income persons;

The nature and location of the activity readily demonstrates that the clientele will primarily be low/moderate income persons.

Note: City Staff may modify the stated National Objective based on information provided within this application.

B. ORGANIZATIONAL CAPACITY & ACTIVITY SCOPE:

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

- Unique qualifications or characteristics of staff, the facility or operations (*include specifics that separates your agency from others serving in the same capacity*).
- Number of years of related experience of the organization or key staff.
- Specific key staff assignments/tasks.
- Summary of past client outcomes (*for the past three (3) years*).
- Perceived challenges in meeting the goals of this proposal.
- Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this proposal.
- Provide a Year-End Report of accomplishments from previous funding year.

ATTACHMENTS A-G (REQUIRED):

- List of Board of Directors, and their respective position
- Organizational Chart (*operation of organization*)
- Resumes of Chief Administrator, Chief Fiscal Officers and Staff assigned to the proposed activity
- Organizational Business Plan
- Letter of Support from other agencies demonstrating that the “activity” as conducted by the applicant has impacted the documented need
- Florida Department of Corporations Current Filing (*print from www.sunbiz.org*)
- IRS 990 Forms with Schedules

C. PROJECT & ACTIVITY DESCRIPTION:

1. List the title of the activity: _____

2. Check the type of activity:

- | | | | | | |
|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Employment | <input type="checkbox"/> | Fair Housing Counseling | <input type="checkbox"/> | General Welfare |
| <input type="checkbox"/> | Energy Conservation | <input type="checkbox"/> | Childcare | <input type="checkbox"/> | Drug Abuse |
| <input type="checkbox"/> | Healthcare | <input type="checkbox"/> | Education | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Recreation | <input type="checkbox"/> | Crime Prevention | | |

3. The word "activity" as used in this application denotes the action for which funds are being requested. The word "project" as used in this application denotes all of the activities that constitute the project. In some instances, the activity is the same as the project.

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

(Check "Yes" or "No") Yes No

If "Yes", describe the project in detail and explain how the activity relates to the project. In addition, be very specific about how CDBG funds will be applied:

4. Describe the "activity", in detail, and be very specific about how the CDBG funds are proposed to be used. Be certain to include the following information:
- a. Identify and document the need or problem.
 - b. Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that is quantifiable and supported by appropriate data.
 - c. Affected population and percentage of low- and moderate-income persons to be benefited (*Area of service*).
 - d. State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.
 - e. If requesting funds for more than one (1) activity, indicate numerically which is priority and, if separate applications are being submitted for each activity, but the activities are interrelated, include agency name, number of interrelated activities, the title and type of activity:

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

(Indicate "Yes" or "No") 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 proposal.
- Percentage of the position annual gross (CDBG funds) to be charged as part of this proposal.

- Total salary not charged to this proposal Percentage of position 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 (Attachment H).
- Summary of professional development opportunities and job growth (Attachment H).

1	2	3	4	5	6	7	8
Job Title	# of Pay periods	\$ Gross pay per pd.	Annual Gross	\$ CDBG	% CDBG	\$ Non-CDBG	% Non-CDBG
Totals							

5. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. *(If none, indicate N/A):*
6. Identify any cooperative approaches and describe how they will improve the performance of the activity. *(If none, indicate N/A):*

E. OUTCOME MEASUREMENT GOALS FOR PUBLIC SERVICES AND THREE-YEAR PLAN:

The City of Hollywood determines actual benefits of funded activities by using Outcome Measurement Goals. The CDAB will review these goals closely in recommending which proposals to fund to the Hollywood City 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 forwarded to the CDAB and to the Hollywood City 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.)

SAMPLE:

OUTCOME MEASUREMENT TABLE 1 (Public Services)

Program: ABC Organization – Tutoring in Math and Science

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Staff: 1 Lead Administrator and 4 Instructors who are certified teachers	The activity will provide Hollywood LMI children with tutoring in the areas of Math and Science	4 successive 9 week tutoring sessions. 100 Students each session	Testing of current academic skills (pre-testing)	Improved academic proficiency (monitoring of academic proficiency)	Improved academic proficiency and increased test scores

OUTCOME MEASUREMENT TABLE 1

Program:

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term

Quantifiable Goals Table 2

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

F. THREE-YEAR PLAN. In order to evaluate the overall sustainability of your program the CDAB requests each applicant to submit a three-year plan that describes your projected progress over the next three years. It is important to note that the CDAB is paying particular attention to your agency's ability to reduce dependency on City of Hollywood CDBG funds. **Indicate whether your organization received CDBG funds within the past three years. If "Yes", include the initial three-year plan with updated information. If "No", submit a three-year plan. This information may be included within the overall business plan (Attachment D). If so, indicate which pages or sections.**

At a minimum, the three-year plan must also include the following:

Client projection profile, to include the following:

- Number of Clients to be served per year.
- Projected improvement in the cost of service delivery per client.
- Projected client improvement (i.e. test scores, abilities, certifications, etc.).

Service Delivery Profile:

- Staff qualifications and/or certifications.
- Changes in staffing levels.
- New services or programs.
- Identification of additional funding sources.
- Uses of additional funding.
- Projected improvement in the ratio between CDBG funding and other funding

G. BUDGET JUSTIFICATION AND LEVERAGE OF FUNDS

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

(Check "Yes" or "No") Yes No

If "yes", **attach an itemized total project budget (Attachment I)**, and complete the following:

a. Total Project Cost: \$

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

(Check "Yes" or "No") Yes No

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

	<u>Agency</u>	<u>Program</u>
	<u>Amount</u>	<u>Year</u>
1.)	\$	
2.)	\$	
3.)	\$	

4.) \$

2. Has this project received City of Hollywood General Funds in the past three (3) years?

(Check "Yes" or "No") Yes No

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

<u>Program</u>	<u>Amount</u>	<u>Year</u>
1.)	\$	
2.)	\$	
3.)	\$	
4.)	\$	

Disclose any previous awarded, but unused, CDBG funds and the reason.

FY _____ unused amount _____

Reason for unused funds: _____

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

<u>CDBG Funding</u>	<u>Total Project Cost</u>	=	<u>Percentage</u>
\$ _____	\$ _____	=	_____ %

4. **Activity Budget**

a. **Attach an itemized activity budget (Attachment J), including any necessary supplemental information. The itemized activity budget must include** a detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salary, fringes and related costs are allowed, as long as the salaries are related to specific activity tasks. Narrative justification for each line item (including each salary item) must be provided. 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:

a) Activity Cost \$ _____

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

b) Activity Administration (if applicable)..... \$ _____
(Enter the amount of administrative expenses involved with the activity.)

iii. Total Funding Sources: \$ _____

iv. Breakdown of Total Funding Sources:

a) Total CDBG Funds Requested\$ _____
(Enter the amount of CDBG funds requested for the activity.)

b) Other Activity Funding \$ _____
(Enter the total amount of non-CDBG funds to be used for this activity.)

c) Are CDBG funds being requested for travel?

(Check "Yes" or "No") 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?

(Check "Yes" or "No") 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 persons 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 amount of 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?

(Check "Yes" or "No") Yes No

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

<u>Program/Activity</u>	<u>Projected Annual Income/Revenue</u>
1.)	\$
2.)	\$
3.)	\$
4.)	\$
TOTAL	\$

10. Matching Contributions

Applicants are strongly encouraged to provide matching funds. Matching contributions will positively impact the application. (City Departments are exempt; matching contributions are optional.) Applications that include matching contributions must evidence attached 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;
- Fund-raising monies;

b. Detail all matching contributions for the activity. Include the source, the type of contribution (i.e., grants, loans, own source of funds, real estate, etc.) and the value:

<u>Source of Contribution</u>	<u>Type of Contribution</u>	<u>Value of Contribution</u>
1.)		\$
2.)		\$
3.)		\$
4.)		\$
	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 selected above available now, or to be made available at the beginning of the fiscal year for which funds are being applied?

(Check "Yes" or "No") Yes No

If "yes", evidence of availability must be attached. 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 prior to submission to the City of Hollywood Community Development Division (Attachment L). The agencies determination on those submissions must be included. 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 Financial Advisor, Accountant, Bookkeeper or Certified Public Accountant who is responsible for financial records:

- g. Attach a copy of your most recent Certified Independent Audit and a 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 program year (FY 21-22)?

(Check "Yes" or "No") Yes No

H. Agency Insurance Requirements:

The City will require the Agency or organization to provide a **Certificate of Insurance** which reflects current liability insurance, **naming the City as additional insured**; current workers' compensation insurance; current fidelity bond (applicable for persons authorized to receive or disburse funds); automobile insurance. Can you provide such documentation, if funded?

(Check "Yes" or "No") Yes No

If "no", explain:

APPLICATIONS MUST BE SIGNED BY AUTHORIZED ENTITY/ ORGANIZATION REPRESENTATIVE:

I certify to the best of my knowledge, that the information provided in this application reflects accurate data regarding need and estimates of planned services. This application was considered and approved for submission by the Board of Directors on _____ **(date)** and the respective meeting minutes are included in this submission. By signing this application, the undersigned agrees that if the application is accepted, items or services for which prices are quoted will be provided, subject to final negotiation and acceptance by City of Hollywood, and subsequent contract award.

Signature of Authorized Representative	Date
Print Name	Title