

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



Public Facilities and Improvements - Activities involving acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements carried out by the City of Hollywood or other public or private non-profit entities. 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 business that hire LMI residents to offer employment or other economic opportunities to the greatest extent feasible. In addition, Davis-Bacon and Related Acts requires that all on-site employees (laborers and mechanics) be paid fair wages, benefits, and overtime (prevailing wage) weekly while working on government-funded construction projects at a minimum threshold of \$2,000.00.

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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 Facilities and Improvements

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 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"/> | Physical Renovations of a Publicly Owned Space | <input type="checkbox"/> | Public Utilities/Infrastructure |
| <input type="checkbox"/> | Physical Renovations of a Privately Owned Space | <input type="checkbox"/> | Historic Preservation |
| <input type="checkbox"/> | ADA Improvements | <input type="checkbox"/> | Other _____ |

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 your 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.
- 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 (attach).
- Summary of professional development opportunities and job growth (attach).

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							

D. APPROACH:

1. The CDBG funding year is October 1, 2020 through September 30, 2021. Provide a narrative (250 words or less) that describes when CDBG funds will be drawn, the uses of CDBG funds and the anticipated completion date of the project.

2. Implementation Schedule. Provide an implementation schedule sorted by tasks:

Construction Schedule and Activity Timeline	
Task	Date to be completed

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):*

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 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 Facilities)

Program: ABC Organization – Community and Service Center

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Staff: 1 Lead Administrator, 1 Construction Manager, 1 General Contractor, and 4 Social Service Case Managers	The activity will provide a Community Center able 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.	The Construction of the Community Center	Access to job training and 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	Longer-term

Quantifiable Goals Table 2

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

F. 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 business 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 Section 3 Compliance requirements, the CDAB requests that each applicant under this category submit a Section 3 Compliance Plan that must include the following;

Marketing Plan:

- 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.

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.)	\$	

2. Was the "Prevailing Wage Rate" taken into account in the development of the budget?

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

3. 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: _____

4. 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>
\$ _____	\$ _____	=	_____ %

5. 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:

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

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

If "yes", explain the purpose:

- 7. From a financial perspective, explain and justify the reason why CDBG funds requested are needed (i.e. financing gap, location, etc.)
- 8. 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).
- 9. Justify and document the reasonableness of cost for the amount of CDBG funds requested per unit of measurement as included in the activity description (250 words or less).

10. 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	\$

11. Matching Contributions

Applicants are 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 to 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 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 etc. Can you provide such documentation, if funded?

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

If "no", explain:

I. MAINTENANCE BUDGET

The maintenance and repair of public facilities and improvements is generally ineligible as a use of CDBG funds. The following table allows the applicant to describe the ongoing maintenance budget for the activity for five years following completion.

Year	Sources of Funds	Annual Budget	Uses of Funds
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	

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