

**PINELLAS COUNTY COMMUNITY DEVELOPMENT  
2012-2013 PUBLIC FACILITY GRANT APPLICATION**

**This application MUST be RECEIVED by 5:00 p.m., Friday, March 2, 2012.**  
**MAIL or bring ONE original plus SEVEN copies to**  
Pinellas County Community Development Department, 600 Cleveland Street #800, Clearwater, FL 33755.  
**FAX COPIES WILL NOT BE ACCEPTED. DO NOT BIND APPLICATIONS OR SUBMIT ADDITIONAL MATERIAL UNLESS REQUESTED.**  
**Applications received after the deadline will not be considered.**

NAME OF AGENCY/ORGANIZATION \_\_\_\_\_

CONTACT PERSON/TITLE (*PERSON WHO CAN BEST ANSWER QUESTIONS ABOUT THIS APPLICATION*) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_ D-U-N-S NUMBER \_\_\_\_\_

MAILING ADDRESS (*INCLUDE ZIP CODE*) \_\_\_\_\_

NAME/TITLE OF OFFICIAL REPRESENTATIVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PROJECT STREET ADDRESS:** \_\_\_\_\_

**TYPE OF FACILITY:** (*check all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Special Purpose Facility |
| <input type="checkbox"/> Emergency Housing    | <input type="checkbox"/> Community Facility       |
| <input type="checkbox"/> Other _____          |   |

**TYPE OF PROJECT:** (*check all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> Acquisition                   | <input type="checkbox"/> Energy Efficiency Upgrade |
| <input type="checkbox"/> Conversion                    | <input type="checkbox"/> New Construction          |
| <input type="checkbox"/> Rehabilitation/Reconstruction | <input type="checkbox"/> Other _____               |

**AMOUNT OF FUNDING REQUESTED FROM COUNTY: \$** \_\_\_\_\_

## **PURPOSE OF FUNDING REQUEST**

- 1) Give the purpose of the proposed project activity, emphasizing whom it serves and why it is needed.

## **DESCRIPTION OF PROJECT AND SCHEDULE**

Note: Projects should be able to be completed within a year. Large projects may need to be broken into phases that can be completed within a year's time, such as acquisition, design, and construction/reconstruction.

- 1) Attach a description of the physical aspects of the work to be done for renovation, conversion, rehabilitation, construction, etc. as applicable. Give the full scope of the project including all phases in a multiyear project while identifying that portion of the project for which funding is requested in this application. Include "before" pictures of the facility or project area. If funding is for design, will construction funds be requested next year?
- 2) Attach a copy of the architectural plans for the facility. If the funding request is for design, attach a conceptual drawing (floor plan) or any other materials that further describe the work to be done to accomplish your project.
- 3) Attach a work schedule for completing the project. Construction project schedules should include bid award, permitting, construction start and completion.
- 4) Attach additional pages as necessary to fully explain your project.

## PROJECT DATA

Street Address of Project: \_\_\_\_\_ Census Tract: \_\_\_\_\_

(Attach a small map showing location of project)

Parcel Number (Call Property Appraiser's Office 727 464-3207): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Flood Map Panel No: \_\_\_\_\_

(Call the property insurance agent)

I. Zoning: \_\_\_\_\_

(Call the Zoning Dept. of the municipality or county)

A. Is the proposed use permitted in this zoning district? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Check with City or County Zoning Department)

B. Does your project require site plan review? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Has your site plan been submitted to applicable City or County for approval? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Has an environmental audit on site been completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please attach one copy of the audit)

C. Does your project require a variance or special exception? \_\_\_\_\_ Yes \_\_\_\_\_ No

II. Has the building(s) on your site been checked for:

A. Lead-based paint? \_\_\_\_\_ Yes \_\_\_\_\_ No      B. Asbestos? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. If yes, please provide details of findings:

III. When was the oldest portion of the structure built?

IV. Is the property occupied? \_\_\_\_\_ Yes \_\_\_\_\_ No

A. Number of current residential tenants? \_\_\_\_\_      B. Current business tenants? \_\_\_\_\_

V. If your project involves the rehabilitation or construction of a building(s):

A. What is the total square footage of the building? \_\_\_\_\_

B. What is the square footage if the portion of the building(s) to be altered? \_\_\_\_\_

VI. If your project involves the acquisition of a property, does your agency have an option or contract on the property you wish to acquire? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach a copy of the option contract)

VII. Estimated date of project completion: \_\_\_\_\_



## PROJECT BENEFICIARIES

- 1). Will the project principally benefit persons who fall into one or more of the following categories? (If yes, check each that applies and indicate the facility configuration and how you will document that the persons served fall into one of the categories. If no, go on to question 2).

\_\_\_\_\_ Homeless      \_\_\_\_\_ Severely Disabled      \_\_\_\_\_ Battered Spouses  
\_\_\_\_\_ Elderly      \_\_\_\_\_ Persons Living with AIDS      \_\_\_\_\_ Abused Children

If this facility will house people, will it be configured as zero-bedroom units and will it house children under 6 years of age?

Documentation of project beneficiaries:

- 2). If answer to No. 1 above is 'no,' will at least 51% of the households or persons served by the project be of low or moderate income (*an Income Limits chart is attached to this application*)? \_\_\_ No \_\_\_ Yes  
If yes, what percent will be low and moderate income, and how will you document it?

- 3). Number of persons or households expected to benefit from this grant:  
\_\_\_\_\_ Households or \_\_\_\_\_ Single Persons

- 4). IF YOUR PROJECT IS LOCATED WITHIN THE LIMITS OF THE CITIES OF CLEARWATER, LARGO, OR ST. PETERSBURG, explain how the project will benefit residents of the balance of the county, including a breakdown by place of residence of clients served over the past year. You must also apply for funding to the relevant city.

## FUTURE OPERATION OF FACILITY

If this project will result in a new or expanded facility or program, please provide details of where future operational funds will be obtained:

## FAIR HOUSING

If this project involves housing, please briefly describe your organization's efforts to affirmatively further fair housing, including, but not limited to, staff training, policies and procedures, client intake procedures, etc. Please also discuss any fair housing violations or civil rights violations for which your agency has been cited.

## ACCOMMODATIONS/ACCESSIBILITY

Please briefly describe your organization's scope of accommodations made for people with disabilities or language barriers that will allow such individuals to access your services. Briefly describe how this project will meet accessibility standards.

## PERFORMANCE MEASUREMENT

Please write an outcome statement that summarizes the expected results if the project proposed by this application is funded. The required format for the outcome statement is attached to this application.

## ADDITIONAL REQUIRED DOCUMENTS FOR THIS APPLICATION

**PLEASE ATTACH ONE COPY OF THE FOLLOWING ITEMS TO ORIGINAL APPLICATION ONLY:**

- 1). Agency's most recent audit **and** management letter. If no audit has been done, IRS 990 form and attachments.
- 2). Current financial statement, with budget to actual comparisons.
- 3). Copy of the Articles of Incorporation and By Laws, signed and dated as to date of adoption.
- 4). Resolution or minutes passed by the Board of Directors, authorizing the application.
- 5). In house rules, regulations, agreements, or covenants which clients are required to observe or comply with as a condition of obtaining housing and or services.
- 6). A copy of the agency's 501(c)(3) letter from IRS.
- 7). Name, address and phone number of each Officer/Director/Board Member. If agency serves the homeless, HUD requires that the agency provide for the participation of homeless individuals on its policymaking entity.
- 8). Annual Report.
- 9). A copy of the survey and deed for the project address.

**Note:** All recipients of funding through Pinellas County Community Development are required to register with the Central Contractor Registration at [www.ccr.gov](http://www.ccr.gov). The Central Contractor Registration is a highly secure, single repository of vendor data providing common data in one central location.

**PINELLAS COUNTY, FLORIDA**  
**INCOME LIMITS BY HOUSEHOLD SIZE\***

<b>Number of Persons</b>	<b>30% County Median Income</b>	<b>50% County Median Income</b>	<b>80% County Median Income</b>
1	\$11,850	\$19,750	\$31,600
2	\$13,550	\$22,600	\$36,100
3	\$15,250	\$25,400	\$40,600
4	\$16,900	\$28,200	\$45,100
5	\$18,300	\$30,500	\$48,750
6	\$19,650	\$32,750	\$52,350
7	\$21,000	\$35,000	\$55,950
8	\$22,350	\$37,250	\$59,550

\* Based on December 2011 Median Income -- \$56,400. Median income by household size has been adjusted by U.S. Department of Housing and Urban Development (HUD) for historical exception. HUD revises median income each year; please contact the Pinellas County Community Development Department at 464-8210 for an update as needed.

**Location:** Project must benefit residents of the Urban County (i.e., unincorporated areas and the cities of Belleair, Belleair Beach, Belleair Bluffs, Dunedin, Gulfport, Indian Rocks Beach, Indian Shores, Kenneth City, Madeira Beach, North Redington Beach, Oldsmar, Pinellas Park, Redington Beach, Redington Shores, Safety Harbor, St. Pete Beach, Seminole, South Pasadena, Tarpon Springs and Treasure Island).

# HUD's Performance Outcome Measurement System

## Outcome Statements

HUD has designed a new outcome performance measurement system for the purposes of aggregating results and better reporting outcomes to Congress and the public. The new system uses three outcomes and three objectives; most projects should fall into one of the nine possible outcome combinations created by this system. The three possible outcomes and three possible objectives are shown below, as is the outcome statement format required by HUD.

For further information, visit <http://www.hud.gov/offices/cpd/about/performance/index.cfm> or call \_\_\_\_\_ at Community Development at \_\_\_\_\_.

### Output + Outcome + Activity + Objective

How many?  
Who?

- Choose 1:
- Availability/ Accessibility
  - Affordability
  - Sustainability (livable/viable)

What?

- Choose 1:
- Creating a suitable living environment
  - Decent affordable housing
  - Economic Opportunity

### REQUIRED FORMAT:

\_\_\_\_\_ will have \_\_\_\_\_ to/through \_\_\_\_\_ for the purpose of \_\_\_\_\_

### Examples:

- 2000 homeless persons will have new access to a shelter for the purpose of creating decent affordable housing.
- 52 households will have a sustainable neighborhood through construction of a public sewer for the purpose of creating a suitable living environment.
- 75 very low-income persons living with HIV/AIDS will have accessibility to housing with on-going (monthly) housing subsidies for the purpose of providing decent affordable housing.
- 50 households have affordable housing through a down payment assistance program for the purpose of creating decent affordable housing.