

**PINELLAS COUNTY COMMUNITY DEVELOPMENT
2009-10 APPLICATION FOR SERVICES/OPERATIONS
AND 2009 AMERICAN RECOVERY AND REINVESTMENT ACT APPLICATION**

This application MUST be RECEIVED by 5:00 p.m. Friday, April 3, 2009. MAIL or bring ORIGINAL plus FOUR 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 _____

MAILING ADDRESS (INCLUDE ZIP CODE) _____

NAME/TITLE OF OFFICIAL REPRESENTATIVE _____

SIGNATURE _____

DATE _____

PROJECT STREET ADDRESS: _____

TYPE OF FACILITY: (check all that apply)

_____ Emergency Housing
_____ Transitional Housing
_____ Other _____

_____ Special Purpose Facility
_____ Not Tied to a Facility
_____ Community Facility

TYPE OF PROJECT:

_____ Services for the Homeless
_____ Homeless Shelter Operations

_____ Other Services
_____ Other

AMOUNT OF FUNDING REQUESTED FROM COUNTY: \$ _____

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 how you will document that the persons served fall into one of the following categories. If no, go on to question 2.*)

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

How will you document project beneficiaries?

1. If answer to #1 above is 'no,'

a) 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, give percentage and documentation for this determination)

OR

b) does the majority of the clientele reside in a low- and moderate-income targeted area, i.e., Dansville, Greater Ridgecrest, Wind Tree Village, or Central Lealman? (if yes, name area).

_____.

SERVICES TO BE PROVIDED

Describe the services to be provided or operating expenses to be reimbursed with funding requested from the County.

FACILITY AND SERVICE INFORMATION

- 1) Name of facility where funds will be used: _____
2) Street address of facility: _____
3) Year built: _____ 4) Is configuration zero bedroom? _____ 5) Do you house children under 6? _____
6) Number of beds available to persons at this facility (*if applicable*): _____
7) Number of persons or households expected to benefit from the grant :
_____ households, or _____ persons (*be sure not to double count*).

8) If you are requesting funds for services, will your project:

Establish new services?	_____ Yes	_____ No
Expand Services?	_____ Yes	_____ No
Continue existing services?	_____ Yes	_____ No

OPERATING SYSTEMS AND QUALIFICATIONS

Please write a brief explanation of the agency's qualifications for delivering these services. If your request is for salaries, please list the positions below. Attach job descriptions for these positions and resumes for the individuals who hold these positions.

If this is a new or expanded service, please provide details of where future operational funds will be obtained for continuation of the service, should the County not be able to support the service in future years.

Please list any professional certifications held by your organization.

If your project is located in St. Petersburg, Clearwater or Largo, explain how the project will 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), including a breakdown by place of residence of clients served over the past. Note: Youth and ex-offender programs may be located anywhere.

FAIR HOUSING/CIVIL RIGHTS

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 or civil rights violations for which your agency has been cited.

ACCOMMODATIONS

Please briefly describe accommodations made for people with disabilities or language barriers that will allow such individuals to access your services. (Please include a statement as to whether or not the building where your services are offered is accessible to people with disabilities and, if not, how you will accommodate such individuals.)

PERFORMANCE MEASUREMENT

Please write an outcome statement that summarizes the expected results if the project or activity 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 to the 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. Job description(s) and resumes **if** applying for payment of salaries.

PINELLAS COUNTY, FLORIDA
INCOME LIMITS BY HOUSEHOLD SIZE*

Number of Persons	30% County Median Income	50% County Median Income	80% County Median Income
1	\$11,850	\$19,800	\$31,650
2	\$13,550	\$22,600	\$36,150
3	\$15,250	\$25,450	\$40,700
4	\$16,950	\$28,250	\$45,200
5	\$18,300	\$30,500	\$48,800
6	\$19,650	\$32,750	\$52,450
7	\$21,000	\$35,050	\$56,050
8	\$22,350	\$37,300	\$59,650

* Based on February 2009 Median Income -- \$56,500. 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.