

**PINELLAS COUNTY PLANNING DEPARTMENT
COMMUNITY DEVELOPMENT DIVISION
2017-2018 PUBLIC FACILITY GRANT APPLICATION**

This application MUST be RECEIVED by 4:30 p.m., Friday, February 17, 2017.

MAIL or bring ONE original plus SEVEN copies to

Community Development Division, Pinellas County Planning Department

440 Court Street, 2nd Floor, Clearwater, FL 33756.

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.

Please note: Lobby doors lock promptly at 4:30 p.m.

NAME OF AGENCY/ORGANIZATION

LEGAL ADDRESS (INCLUDE ZIP CODE)

MAILING ADDRESS, IF DIFFERENT THAN LEGAL ADDRESS (INCLUDE ZIP CODE)

FEDERAL ID NUMBER

D-U-N-S NUMBER

AUTHORIZATIONS/CONTACT INFORMATION

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

TELEPHONE NUMBER

FAX NUMBER

EMAIL

CONTACT PERSON/TITLE (IF GRANT IS AWARDED, PERSON TO CONTACT FOR DAY-TO-DAY OPERATIONS)

TELEPHONE NUMBER

FAX NUMBER

EMAIL

NAME/TITLE OF OFFICIAL REPRESENTATIVE (WHO IS AUTHORIZED TO MAKE APPLICATION FOR THIS GRANT)

SIGNATURE OF OFFICIAL REPRESENTATIVE (ABOVE)

DATE

NAME/TITLE OF OFFICIAL REPRESENTATIVE (WHO IS AUTHORIZED TO SIGN AGREEMENT/S ACCEPTING AWARD-NO SIGNATURE REQUIRED)

AMOUNT OF FUNDING REQUESTED FROM COUNTY: \$ _____

PROJECT STREET ADDRESS: _____

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

_____ Transitional Housing

_____ Emergency Housing

_____ Other _____

_____ Special Purpose Facility

_____ Community Facility

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

_____ Acquisition

_____ Conversion

_____ Rehabilitation/Reconstruction

_____ Energy Efficiency Upgrade

_____ New Construction

_____ Other _____

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 (*Income Limits chart, see Attachment A*)? _____ 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 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.

AGENCY INFORMATION

Number of persons employed by agency: _____ Full-Time Employees _____ Part-Time Employees

Does agency utilize electronic signatures: _____ Yes _____ No

If yes, please note, electronic signatures are required for person executing agreements as well as for each of the two witnesses. NOTE: Pinellas County has adopted electronic signatures to execute contracts and agreements, and encourages agencies to sign electronically, if able.

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 a schedule for anticipated expenditure of funds requested.
- 5) Pinellas County encourages the use of affirmative steps to assure that minority business and women's business enterprises, as defined in Executive Order 12138, have an equal opportunity to obtain or compete for contracts and subcontracts as sources of supplies, equipment, construction and services. Attach a list of minority or women's business enterprises you plan to use for the project.
- 6) 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, if other than Agency: _____

Flood Zone: _____ Flood Map Panel No: _____
(Call the property insurance agent)

1) 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

2) 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:

3) When was the oldest portion of the structure built?

4) Are there lien/s or mortgage/s on the real property? _____ Yes _____ No

Existing Land Use Restriction Agreements with County? _____ Yes _____ No

If so, what is the amount of all encumbrance/s? _____

5) Is the property occupied? _____ Yes _____ No

A. Number of current residential tenants? _____ B. Current business tenants? _____

6) 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? _____

7) 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 copy of option/contract)

8) Estimated date of project completion: _____

PROJECT COST AND FINANCING

Identify in the table below the costs of completing this project and all sources of funds. Add items as necessary; the total of **AMOUNT REQUIRED** should equal the total cost of the project.

USE OF FUNDS		SOURCE OF FUNDS			
PROJECT COSTS	AMOUNT REQUIRE D FOR ENTIRE PROJECT	PINELLAS COUNTY GRANT FUNDS REQUESTED	TOTAL AMOUNT OF OTHER FUNDS	SOURCE OF OTHER FUNDS (INCLUDE AMOUNT FOR EACH SOURCE)	
Example: Acquisition	\$250,000	\$125,000	\$125,000	\$75,000	Agency Contribution
				\$25,000	Private Grant
				\$25,000	Other Federal Grant (Please specify)
Soft Costs* for Acquisition					
Acquisition					
Demolition					
Rehabilitation (including Energy Efficient)					
New Construction					
Site Work					
Soft Costs* for Construction/Rehabilitation					
TOTALS					

*Soft Costs may include required surveys, platting, environmental, and architectural/engineering fees

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, providing services to non-English speaking and hearing or speech impaired clients, 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, including non-English speaking and hearing or speech impairments, which 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 and examples for the outcome statement is attached to this application as Attachment B. NOTE: In addition to any narrative you may provide in this section, a sentence following the required outcome statement format must be used for this application to be considered complete.

ADDITIONAL REQUIRED DOCUMENTS FOR THIS APPLICATION

Submission of the following items is required for an application to be considered complete. To separate each of the required documents, please use a cover sheet or tab identifying each item. 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) Annual Report.
- ☐ 4) Copy of the Articles of Incorporation and By Laws, signed and dated as to date of adoption.
- ☐ 5) Resolution or minutes, properly signed and dated, passed by the Board of Directors, authorizing the application.
- ☐ 6) If not included in above documents, please provide documentation, properly signed and dated, identifying staff member authorized to accept grant award and execute necessary agreements.
- ☐ 7) Internal rules, regulations, agreements, or covenants which clients are required to observe or comply with as a condition of obtaining housing and or services.
- ☐ 8) A copy of the agency's 501(c) (3) letter from IRS.
- ☐ 9) Name, address and phone number of each Officer/Director/Board Member on agency letterhead. If agency serves the homeless, HUD requires that the agency provide for the participation of homeless individuals on its policymaking entity (i.e. Board).
- ☐ 10) A copy of the survey and deed for the project address. If property is not owned by the agency, attach lease agreement permitting use of project address.

NOTE: All recipients of funding through the Pinellas County Planning Department are required to register with the System for Award Management at www.sam.gov. The System for Award Management (SAM) is combining federal procurement systems and the Catalog of Federal Domestic Assistance into one new system. The first phase of SAM includes the functionality from the following systems: Central Contractor Registry (CCR); Federal Agency Registration (Fedreg); Online Representations and Certifications Application; and Excluded Parties List System (EPLS).

At the time of award and as a condition of award acceptance, you will be required to complete a Federal Funding Accountability and Transparency Act (FFATA) form. See <https://www.fsrc.gov> for additional information.

ATTACHMENT A

PINELLAS COUNTY, FLORIDA INCOME LIMITS BY HOUSEHOLD SIZE*

Number of Persons	30% County Median Income (Extremely Low Income)	50% County Median Income (Very Low Income)	80% County Median Income (Low Income)
1	\$12,450	\$20,750	\$33,150
2	\$16,020	\$23,700	\$37,900
3	\$20,160	\$26,650	\$42,650
4	\$24,300	\$29,600	\$47,350
5	\$28,440	\$32,000	\$51,150
6	\$32,580	\$34,350	\$54,950
7	\$36,730	\$36,750	\$58,750
8	\$39,100	\$39,100	\$62,550

* Based on 2016 Median Income -- \$59,200. 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 Community Development at 727-464-8210 for an update as needed.

ATTACHMENT B

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 Brook Gajan at Community Development at 727-464-8210.

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.