



FY2024-2025 REQUEST FOR PROPOSALS

LAKE COUNTY OFFICE OF HOUSING & COMMUNITY SERVICES CDBG GRANT FUNDING

I. Fund Availability

The Lake County Office of Housing and Community Services is requesting proposals for Community Development Block Grant (CDBG) Program grant funding for FY 2024-25. The United States Department of Housing and Urban Development (HUD) has not yet received a budget from Congress for FY 2024 but we are going to begin accepting applications for funds in the expectation that they are received. The cap on eligible projects will no longer apply. Based on funds available, projects will be funded in whole or in part with CDBG funds.

II. Eligibility for CDBG Funds

The enclosed application provides more information on CDBG eligibility and particularly on the National Objectives of the CDBG program. Projects must serve lower income residents. Maps depicting the low-moderate income areas in each Lake County Urban Partner municipality as well as additional mapping of other areas is available upon request. If HUD releases updated income data and if any project that was submitted becomes ineligible, communities will have an opportunity to revise their submissions.

If more than one project is proposed, a separate application must be utilized for each project. If more than one application is submitted, projects must be **numbered by priority** by the municipality at the time of submission.

III. Grant Period

The grant period will be the County's Fiscal Year from October 1, 2024, through September 30, 2025. Funding agreements with selected agencies may be in place on or after October 1, 2024. Projects will be expected to begin construction or final design shortly after being awarded and expected to be completed within one year.

Please note that Federal wage rates (Davis-Bacon Act) apply to all construction or renovation projects under this program. Renovation and construction of

buildings used for the general conduct of government (borough halls or township buildings or garages), **except for handicap accessibility** in compliance with ADA requirements, are **NOT** eligible activities.

The application must include a complete project description, with a current cost estimate prepared by an individual knowledgeable in the preparation of such estimates, using federal construction requirements, including, but not limited to, Federal wage rates.

IV. Submit CDBG proposals to:

Please note the mailing address and the hand delivery address are different.

Proposals may be mailed to:

Lake County Office of Housing and Community Services
Program/Attn: CDBG / Amy Elliott
P.O. Box 7800,
Tavares, FL 32778

Use the address listed below to hand-deliver only. Do not mail to this address:

Lake County Office of Housing and Community Services
2008 Classique Lane,
Tavares, FL 32778
Phone: 352-742-6540
Contact: Amy Elliott / CDBG Program
352-741-6551
(TDD Users: 7-1-1 FL Relay Service)
Email: amy.elliott@lakecountyfl.gov

Copies - Three original proposals (with original signatures signed IN **BLUE INK**) and a digital storage device is required for funding consideration. All documents must be stapled or clipped.

Alterations/Modifications/Withdrawal - A proposal may be withdrawn by the submitting organization upon written request of the Director or authorized representative of the organization. If HUD releases updated income data and if any project that was submitted becomes ineligible, communities will have an opportunity to revise their submissions.

APPLICATION SUBMITTAL DEADLINE IS
FRIDAY, MAY 17, 2024, AT 3:00 P.M.

V. Review and Award Notification

Proposal review committees will be established to review each category of proposals received and will have sole responsibility for making recommendations for funding to the Lake County Board of County Commissioners (the Board). The Board has the final decision in selecting or rejecting of proposals. Each applicant will be notified of the Board's decision in writing.

VI. Agreement/Contract

Organizations selected for funding should expect to enter into a written CDBG subrecipient agreement for the provision of services or activities as outlined in the proposal or negotiated as alterations to the proposal. The agreement will specify the expectations of both parties, define financial and progress report requirements, and establish payment parameters. A person who can legally bind the organization will be the required signatory on the agreement.

INSTRUCTIONS FOR THE LAKE COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

1.	Prepare your FY 2024-25 CDBG application in a clear, comprehensive and concise manner. Remember to <u>complete all sections</u> and provide sufficient documentation to ensure fair <u>consideration of your application</u> . <u>If possible, please provide a complete electronic version of your application upon submission.</u>
2.	When appropriate, provide current Architect and Engineer cost estimates (as applicable). No application will be reviewed proposing construction activities without this information and will be cause for rejection of the application.
3.	All applicants must provide an <u>area map</u> noting the location of the project. Please provide enough detail to describe your service area. Note street names and other landmarks for ease of identification.
4.	Please provide a photograph of the project site and surrounding buildings. (<u>Photographs in an electronic/digital format are required along with print versions</u>). If the building is historic, all work must be done in compliance with the US Secretary of the Interior's Standards. Please note if the project is located in an historic area.
5.	<u>Project leveraging</u> is not required but is suggested. Please complete the <u>Budget Narrative Attachment</u> , using actual or prospective funding. A written agreement means you have funding approval. Without a written agreement, funding is considered tentative or prospective.
6.	Use the budget page from the application or an equivalent form. Please be advised that Lake County CDBG Program funds WILL NOT pay for the following: <ul style="list-style-type: none"> • Salaries of supervisory personnel – only the salaries of direct staff involved in the project are eligible • Overhead – office space, utilities, telephone, etc. will not be paid for unless dedicated EXCLUSIVELY to the use of the CDBG funded activity. There will be no pro-rating of such expenses. • Food – Unless essential to the client services such as nutrition and food preparation classes or a food bank, no food or entertainment may be purchased with CDBG funds. • For public service activities – Facility maintenance or repair is not eligible. Apply for public improvement funds if your building is in need of rehabilitation. • Work that is contracted for prior to the execution of the agreement with the County or that has not been competitively procured and incorporated federal contract provisions cannot be paid with CDBG funds. This includes construction as well as professional services. All work paid for with CDBG funds must comply with 2 C.F.R. Part 200.
8.	Please ensure that your application has been signed by the appropriate agency official. Approval by your governing body is required for submission of the application. Please provide a copy of the resolution. A sample is included for your use or you may use your own. (Exhibit "E")

All applications will be reviewed by the staff of the Office of Housing and Community Services to determine eligibility. If additional information is required, you will be contacted by a representative of the Office.

APPLICANT INFORMATION AND PROJECT ABSTRACT

1.	Project Name:		
2.	Title of CDBG Activity:		
3.	CDBG Funding Year: FY 2024-25		
4.	Name of Applicant (Municipality or Non-profit):		
5.	Address:		
6.	Telephone:	7.	Facsimile:
8.	Federal Tax ID No.:	8a.	DUNS No.:
8b.	Attach SAM.gov Proof of Registration and CAGE Number	8c.	Non-Profits: Attach: 501(c)(3) documentation and SAM registration
9.	Type of Organization: <input type="checkbox"/> Municipality <input type="checkbox"/> Non-profit		
10.	Name of Principal Contact Person:		
11.	Title:	12.	Email address: Telephone:
13.	Amount of CDBG funds requested: \$		
14.	Funds committed from other sources: \$		
15.	Total project cost (Line 13 + Line 14): \$		
16.	Location of proposed project: (For purposes of GIS mapping, please provide a specific, US Post Office recognized address in or near the project site – i.e.: 132 Main St. Please do not provide a range or intersection) _____		
17.	Attach electronic copies of Photographs of the project site if rehab or construction.		

The applicant certifies that to the best of its knowledge and belief, the information included in this application is true and correct, and that the applicant will comply with all federal requirements should this application be approved for funding.

Signature

Date

Typed Name and Title

PROJECT DESCRIPTION

Briefly describe the proposed project. The narrative should include: 1) the need or problem to be addressed, 2) the population to be served or the area to benefit, 3) the work to be performed, including the activities to be undertaken or the services to be provided, 4) the method of approach, and 5) the implementation schedule. **Attach additional sheets if necessary (no more than 3 please).**

Check here if the structure is historic Year constructed _____

Check here if the project is located in a flood plain , attach flood plain map as applicable.

CDBG ELIGIBLE ACTIVITIES

1. Place a checkmark in one or more of the following boxes that describes your proposed activity.

Public Facilities:

- | | |
|--|--|
| <input type="checkbox"/> Streets, curbs, sidewalks | <input type="checkbox"/> Community centers, senior centers |
| <input type="checkbox"/> Storm and sanitary sewers | <input type="checkbox"/> Parking lots |
| <input type="checkbox"/> Water lines | <input type="checkbox"/> Fire Stations |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Other, specify |

Public Services:

- | | |
|--|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Health care |
| <input type="checkbox"/> Recreation programs | <input type="checkbox"/> Education programs |
| <input type="checkbox"/> Public safety services | <input type="checkbox"/> Fair housing activities |
| <input type="checkbox"/> Services for senior citizens | <input type="checkbox"/> Services for homeless people |
| <input type="checkbox"/> Drug abuse counseling | <input type="checkbox"/> Energy conservation counseling and testing |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Other, specify |
| <input type="checkbox"/> Paying for the cost of operating and maintaining that portion of a facility in which one or more of the above services are provided | |

Other:

- | | |
|---|--|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Homeownership assistance (down payment and closing costs) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Housing Rehabilitation | <input type="checkbox"/> Economic Development |

CDBG STATUTORY OBJECTIVE JUSTIFICATION

LMI Area Benefit | # Persons Served: _____

Census Data – (Please reference the **LMI Area map**)

Census Tract and Block Group #: _____

Area population: _____ LMI Population: _____ Percent LMI: _____

OR

Survey Data – Check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. Note: at least 51% of the program beneficiaries must be persons whose family income does not exceed the limits summarized in **Exhibit C – National Objective Qualifiers**.

****Note:** Public service activities CANNOT be qualified through the Area Benefit National Objective.

LMC Limited Clientele | # Persons Served: _____

If the proposed activity is a public service and is limited to a specific group of people, at least 51% of whom are low- and moderate-income persons, indicate which of the three categories of limited clientele activities best describes the activity by placing a checkmark in the appropriate box.

Presumed benefit - place a checkmark in the box that describes the beneficiaries of the proposed service: (**NOTE: Handicap Barrier Removal Projects should check Presumed Benefit/Severely Disabled Adults below**).

- | | |
|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Battered spouses |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Severely disabled adults (use census population report definition) |
| <input type="checkbox"/> Homeless persons | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant farm workers |

Family size and income – check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. Note: at least 51% of the program beneficiaries must be persons whose family income does not exceed the limits summarized in **Exhibit C – National Objective Qualifiers**.

Nature and location of activity – check this box if the nature and location of the activity are such that it will be used predominantly by low- and moderate-income persons. For example, a day care center designed to serve residents of a public housing development. Attach an explanation of how the activity meets this objective.

LMH Housing | # Households Served: _____

Housing – check this box if you will use funds to benefit low – and moderate Income homeowners or renters. Each unit must be occupied by a low- and moderate income household.

Slums/Blight | # Buildings Assisted: _____

Only Public Facility building rehabilitation or demolition can be qualified as a “slums and blight” activity.

LINE ITEM BUDGET FORM – SERVICE PROJECTS

Name of Applicant:

Project Name:

Instructions: Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project.

Budget Item		CDBG Request
PERSONNEL		
Salaried Positions – Job Titles	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
Salaries Total		
Fringe Benefits		
PERSONNEL TOTAL	Total of Personnel & Fringe Benefits	
OPERATING COSTS	Provide description of how you arrive at total for each line item	
Supplies		
Equipment		
Rent/Lease		
Insurance		
Printing		
Telephone		
Travel		
Other		
TOTAL OPERATING COSTS		
CONTRACT SERVICES		
TOTAL CONTRACT SERVICES		
BUDGET TOTAL		

LINE ITEM BUDGET FORM – CONSTRUCTION/ACQUISITION PROJECTS

Name of Applicant:

Project Name:

Instructions: Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project.

A Budget Item	B Calculation	C CDBG Request
DETAIL SCOPE OF WORK AND COST ESTIMATE FOR EACH ITEM		
BUDGET TOTAL		

BUDGET NARRATIVE ATTACHMENT

1. Describe your plans to use other funds on this project. In this section, only describe funds that have been secured. Provide the source of funds, amounts, and how these funds will be used. Describe your use of donated goods and services. Estimate the value of these goods and services. (Note: Engineering costs must be paid for by the municipality or agency. All construction projects require an engineer to prepare bid specifications and documents required by federal funding).

2. Explain why you consider your program to be a local priority.

NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

Project Administration

Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. Provide an organization chart, including employee names and titles, to characterize how this program/service fits into the overall organizational structure. Describe overall program delivery strategy.

Monitoring

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Insurance/Bonding/Workers' Compensation

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

CONTINUED

Financial Capacity

Describe the agency's current operating budget, itemizing revenues, and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Please attach the following information to your application:

Application Checklist: (non-profit applicants only)

- Articles of Incorporation / Bylaws
- Non-profit determinations (501(c)(3) tax exempt letter from IRS and/or state)
- List of Board of Directors
- Organizational chart
- Resumes of chief program administrator and chief fiscal officer
- Financial statement and audit
- W-9 Form
- Resolution from Board of Directors authorizing grant application (Exhibit "E")
- SAM.gov proof of registration and CAGE number

APPLICATION CHECKLIST

PUBLIC FACILITIES PROJECTS

	Yes	No	N/A
• Application completed and certification signed			
• Project location map attached			
• Architect / Engineer cost estimates			
• Provide photographs in print and electronic format			
• Municipal Council Resolution approving submission of application			
• SAM.gov proof of registration and CAGE number			

EXHIBIT "A" - CDBG BASIC ELIGIBLE ACTIVITIES

The following activities may be funded by the CDBG Program, so long as they meet one or more of the National Objectives (see 24 C.F.R. Part 570, Subpart C for a complete list).

1. Acquisition of real property by purchase, long-term lease (15+ years), donation, or otherwise, of real property for any public purpose, subject to limitations.
2. Disposition of real property acquired with CDBG funds through a lease or donation, or otherwise; or its retention for public purposes.
3. Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, except buildings for general conduct of government. Eligible facilities include those serving persons having special needs such as homeless shelters, convalescent homes, hospitals, nursing homes, battered spouse shelters; half-way houses for runaway children, drug offenders or parolees, group homes for mentally retarded persons; and temporary housing for disaster victims.
4. Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites.
5. Provision of public services (including labor, supplies and materials) such as those concerned with child care, health care, education, job training, public safety, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. The services must meet each of the following criteria:
 - A service must either be new or be a quantifiable increase in the level of a service above that which has been provided with state or local funds in the previous twelve calendar months; and
 - The amount obligated for public services shall not exceed 15 % of the annual grant, plus 15% of the program income received from the previous year.
6. Removal of material and architectural barriers, which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned buildings, facilities, and improvements.
7. Rehabilitation of privately and publicly owned buildings and improvements for residential purposes.
8. Rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvements to the exterior of the building and the correction of code violations.
9. Improvements to buildings to increase energy efficiency.
10. Rehabilitation, preservation, or restoration of historic properties.
11. Provision of credit, technical assistance, and general support (including peer support programs, counseling, child care, transportation, etc.) for the establishment, stabilization, and expansion of micro enterprises. A micro enterprise is a business with five or fewer employees, one or more of whom owns the business.
12. Provision of assistance to private for-profit business where appropriate to carry out an economic development project. Any project funded must be able to document the creation or retention of a certain number of jobs, depending on the type of project proposed.

EXHIBIT “B” - National Objective Qualifiers

In order to be considered as benefiting a low or moderate-income person, an activity must fall into one of the categories below (see 24 C.F.R. Part 570, Subpart C for a complete list).

Area Benefit: Lake County is an “exception level” community. Census areas with 41.26% low-moderate income or above qualify for funding. However, smaller areas may qualify based on an income survey. When surveys are needed, at least 51% of the residents within the targeted activity area must be low-moderate income persons. The activity may also be available to all persons in the area regardless of income.

Limited Clientele: To qualify under this subcategory, a limited clientele activity must fulfill one of the following tests.

- Clientele must be one of the following groups:
 - Abused children
 - Elderly persons
 - Battered spouses
 - Homeless persons
 - Adults meeting the US Census Bureau’s definition of severely disabled persons
 - Illiterate living with AIDS
 - Migrant farm workers, or
- At least 51% of the clientele must be low-moderate income persons; or
- The activity must be of such a nature and in such a location that it may reasonably be concluded that the clientele will be low-moderate income persons; or
- The activity must serve to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults; or
- The activity must take the form of micro enterprise assistance carried out in accordance with 24 CFR 570.201(o); or
- The activity must provide job training and placement and/or other employment support services, including, but limited to peer support programs, counseling, childcare and other similar services, in which the percentage of low-moderate income persons assisted is less than 51%. This situation qualifies under the limited clientele objective only in the following circumstance:

“In such cases where such training or provision of supportive services assist business(es), and the only use of CDBG assistance received by the business is to provide the job training and/or supportive services; and the proportion of the total cost of the services borne by CDBG funds is no greater than the proportion of the number of persons benefiting from the services who are low-or moderate income”.

Housing – The activity must result in housing that will be occupied by low-moderate income persons upon completion. The housing can be either owner- or renter occupied and can be either one family or multi-unit structures. Rental housing must be occupied at affordable rents.

Jobs – “Special economic development” activities may meet the low-moderate Income Benefit national objective only in the following three ways:

- Be located in a predominately low-moderate neighborhood and serve the low-moderate income residents (e.g., a grocery store serving a low-moderate income neighborhood qualifies as area benefit); or
- Involve the employment of persons, the majority of who are low-moderate income persons (e.g., a retail clothing store which creates or maintains jobs principally for low-moderate income persons).

Exhibit “C”

Low and Moderate Income Limits Summary Lake County FL (2023 Income Limits – effective 6/15/2023)

To be used for income intake or Income survey purposes. Subject to change when HUD issues revised figures.

FY 2023 Income Limit Category			
Persons in Family	Low Income (80% Income Limit) (Dollars)	Very Low Income (50% Income Limit) (Dollars)	Extremely Low Income (30% Income Limit) (Dollars)
1 person	\$49,150	\$30,750	\$18,450
2 person	56,200	35,150	21,100
3 person	63,200	39,550	23,750
4 person	70,200	43,900	26,350
5 person	75,850	47,450	28,500
6 person	81,450	50,950	30,600
7 person	87,050	54,450	32,700
8 person	92,700	57,950	34,800

EXHIBIT "D" - RECORDKEEPING RESPONSIBILITIES

Successful applicants will be required to sign a contract with the County, which will state all the requirements to be placed on the applicant. In general, the following will apply to all applicants:

1. Written records to justify all expenditures must be maintained for a period not less than three (3) years after the full amount of the grant is expended. Your records will be subject to review by Lake County and US HUD.
2. You will be required to maintain the County's minimum insurance standards, to be evidenced by a copy of the policy provided to Lake County within 10 days of execution of the contract.
3. You must comply with 2 CFR Part 200.302 and agree to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. You must comply with 2 CFR Part 200.203 and maintain effective internal controls over the funds awarded herein. You must administer its program in conformance with 2 CFR Part 200, Subpart E, "Cost Principles". These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.
4. In accordance with 2 CFR Part 200, the federal government requires that organizations expending \$750,000 or more in federal financial assistance in a fiscal year must secure an audit. Agencies spending \$750,000 or more must choose one of the following ways of meeting this requirement and state which method they choose:
 - a. If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
 - b. If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.
5. Projects requiring income intake or presumed benefit must provide annual reports stating the total number of persons served, by race and Hispanic ethnicity origin, and whether they are female heads of household and/or disabled. Annually the County must report on program beneficiaries to HUD.
6. You will be required to obtain written proof of income of each person or household which you assist, unless your clients are presumed low income: abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, or migrant farm workers.
7. You must have a written policy designed to ensure your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
8. If any income is derived from the activities funded by CDBG, that **income must be returned to Lake County as program income**.
9. In the event that HUD should determine that CDBG funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.

EXHIBIT "E"
MUNICIPAL COUNCIL AUTHORIZING RESOLUTION

At a meeting held on _____(date), the (Governing Body) of _____
(name of Municipality), adopted the following resolution:

The (Governing Body) authorizes an application to the Lake County Community Development Block Grant (CDBG) Program for _____(name of project) described in the proposal. If awarded CDBG funds, the Municipality shall implement the activities in a manner to ensure compliance with all applicable federal, state, and local laws and regulations.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Telephone Number