

Welcome to the Fiscal Year 2023-2024 Marion County Community Services Application

Please read this application very carefully. You may notice this funding cycle has numerous changes to the way funds have been previously allocated and for what types of projects will be able to receive funds. Community Services has received direction from the U.S. Department of Housing and Urban Development (HUD), the Marion County Board of County Commissioners, and the Continuum of Care (CoC), to direct grant funding to the below-listed priorities.

1. Affordable Housing Priority

- Incentive for New and Existing developments by increasing portions of development by 20% to become affordable.
- Acquire housing, or acquire land, to increase/develop housing in the Community Redevelopment Area (CRA) and Urban Service Growth Boundary (USGB). See the Marion County Interactive Map available at: marionfl.org/maps
- Housing rehab with an intentional effort to do rehabilitation project(s) within the CRA, USGB, and Low-Mod Benefit Area (LMA) areas.

2. Homelessness Assistance Priority

- Increase Permanent Supportive Housing (PSH).
- Expand and Engage in Wrap-Around Services for the Homeless to include non-congregate sheltering.
- Rapid Re-Housing (RRH), and Homelessness Prevention (HP) through the CoC.

(NOTE: if you choose the CoC option below this application becomes a Pre-Application for a future HUD Notice of Funding opportunity).

Community Services expects that your program/project/services will be directed toward the priorities listed above. You will need to choose one area for each application. If you have more than one project type, you will need to complete an additional application utilizing a separate ZoomGrants Account created and associated with a different email address.

(This is a requirement of the application to separate the application types)

Certifications Required from Applicant: (Applicants must check each box to acknowledge/accept the requirement)

- All applicants must certify that they have an understanding and will comply with the requirements of 2 CFR § 570.200(j), 24 CFR § 5.109. Religious Activities; funds will not be utilized for inherently religious activities such as worship, religious instruction, or proselytization.
- HUD Form SF-LLL for compliance and Disclosure of Lobbying Activities in accordance with 31 U.S.C. § 1352.
- Conflict of Interest (24 CFR § 84.42 and § 570.611 and 2 CFR § 200). Certify and agree that no covered persons who exercise, or have exercised, any functions or responsibility with respect to CDBG-assisted activities or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest in any contract, or have a financial interest in any contract, subcontract, or agreement with respect to the CDBG assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for a period of one year thereafter. A "covered person" includes any person who is an employee, agency, consultant, officer, or elected or appointed official of the agency.
- All applicants agree to have an annual audit conducted in accordance with current Marion County policy regarding audits and OMB Super Circular 2 CFR § 200.501. Applicants shall comply with current Marion County policy concerning the purchase of equipment and shall maintain inventory records of all non-expendable personal property as defined by such policy as may be procured with funds provided through the grant.
- Americans with Disabilities Act, certify that your agency has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Title II, Americans with Disabilities Act of 1990. Civil Rights Act, certify that your project/activity/service(s) complies with and prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.
- Applicants agree to comply with 2 CFR § 200, 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. Cost Principles, applicants shall administer their program in conformance with OMB Super Circular 2 CFR § 200.500.

Applicants certify that they will comply with real property standards (24 CFR § 570.505) applicable for any property within the owner's control that is acquired or improved in whole, or in part, using CDBG funds in excess of \$25,000.

Applicants certify that they will provide a drug-free workplace, and, to the best of their knowledge and belief, which it and its principals will not knowingly enter into any subcontract with a person who is, or organization that is debarred, suspended, proposed for debarment, or declared ineligible from award of contracts by any federal, state, or local agency.

Minority Business Enterprise (MBE) Women's Business Enterprise (WBE) Small Business Contracting. Applicants certify that they will comply with 24 CFR § 85.36(e) to take all necessary affirmative steps to assure that minority firms, women-business enterprises, and labor surplus area firms are used when possible. Further certify that they will submit to Marion County at the time of project completion a report of the MBE and WBE status of all subcontractors to be paid with CDBG funds with contracts of \$10,000 or greater, in a format that will be provided by the County.

Applicants certify that they have read and understand all of their obligations under Section 504 of the Rehabilitation Act of 1973 to prohibit discrimination against persons with disabilities in the operation of programs receiving federal financial assistance.

Affordable Housing: (CHOOSE ONLY ONE OF THE EIGHT (8) OPTIONS BELOW FOR THIS APPLICATION)

- New Housing Development
- Acquire Land for Housing/Homeless Project
- Rental Assistance

Homelessness Assistance:

- PSH – Permanent Supportive
- Housing Wrap-around Services
- RRH – Rapid Re-housing
- Homeless Prevention
- CoC – Continuum of Care

Project Description

1. Provide a detailed description of your proposed program/project/service. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives of the activity and the method of approach.
2. What is the location of your program/project/service? (address or parcel identification number, if applicable).
3. Provide a clear and specific problem statement that your program/project/service addresses.
4. What quantifiable and appropriate documentation justifies this community need?
5. Describe how your program/project/services have an impact on the identified objective.
6. How does your organization identify prospective clients and make them aware of the services you provide?
7. What are the eligibility requirements (if any) for your services?
8. Will funding of this program/project/service result in the provision of existing, new, or expanded services?
9. Does your program/project/service include housing renovations and/or purchase assistance? If so, fully describe the performance measures and outcomes.

Project Demographics

1. What is the population that will benefit from your program/project/service?
2. What is the geographic area that will be served by your program/project/service?
3. How many people do you anticipate this program/project/service serving?

Measurement/Outcomes

1. Share the performance measures and outcomes that are anticipated for this program/project/service.
2. What is the methodology or process used to measure the anticipated outcomes?
3. How often is this measurement data collected?

Planning/Budgeting

Budget detail: (program) - **Please complete the Budget Page within this application.**

1. What expenses will be covered by Marion County grant funds?
2. How does your organization plan to sustain your proposed program/project/service?
3. Explain how your program/project/service will benefit low- and moderate-income families and how will you handle income verification.
4. Are there other organizations performing the same services that you are proposing in this request? Describe any differences between what you are proposing and other organizations providing the same service.
5. How do you propose to leverage your program/project/service with other organizations performing the same services?

Administrative/Financial Capacity

1. Identify who will be responsible for planning, implementation, follow-up and reporting.
2. Does your organization have written policies and procedures in place to ensure that no eligible person(s) are excluded, including those with disabilities and on a non-discriminatory basis?
3. Does your organization have a formal process for a client to file a grievance?
4. Is your organization faith-based? If yes, describe how the organization plans to demonstrate compliance with regulations that prohibit religious activities.
5. Do you have the technology and capacity to work within the Homeless Management Information System (HMIS)? (if applicable)
6. Regulations require grantees and subrecipients to collect and report demographic information, as well as to document income. How will your organization collect the required information?
7. Describe your organization's experience administering Federal, State and or local grants.
8. Was the project completed and were funds expended satisfactorily?
9. Has your organization spent Federal, State or local funding during its most recent fiscal year?
10. Have you received Marion County grant funding in the last 5 years?
11. Is your organization able to work within the guidelines of the County's reimbursement process? You will be required to have sufficient funds available to purchase/provide payment and submit request for reimbursement to the County. Please explain in detail your ability and process.

Project Readiness (Bonus Questions)

1. Can the project adequately be implemented within the grant period?
2. Describe the plan for how the grant funding will be implemented, operated and administered.

3. What additional resources are needed for the implementation of this program/project/service?
4. What are the timeline and significant milestones for the implementation of this program/project/service?
5. Is your project in a Community Redevelopment Area (CRA)?
6. Is your project within the Urban Service Growth Boundary?
7. Is your project ready to proceed, and does your organization presently control ownership of the property on which the project/activity will be conducted upon?

Required Documentation: *(Necessary to complete this application)*

1. Agency Organization Chart.
2. List of current Board of Directors.
3. List of Chief Operating and Financial Officers.
4. Copies of 501(c)(3) IRS Tax Exemption Letter of Determination.
5. Agency Articles of Incorporation. Florida (or other state) incorporation certification.
6. Agency By-Laws.
7. Documentation of Authorization to apply for these funds (board minutes, letter).
8. Project Timeline.
9. Most recent organizational, financial/profit & loss statement(s), audits, and balance sheet.
10. Funding Letter(s) of commitment.
11. Property Zoning Letter.
12. Property Appraisal (no older than 18 months).
13. Property Mortgage, and ownership documentation.
14. Budget worksheet

Budget Details – Include the total grant request and total project cost:	Income
Amount of this grant request:	
Income Description	
Income: - <i>Include all additional funding received for this project (commitment letters, other grants Local, State, and Federal)</i>	
On-hand	
Contributions	
Any in-kind donations	
Events, Program Income, Fees	
Miscellaneous income: Required match funds	
Total Income:	
Costs	
Personnel: Include administration support, per diem, etc.	
Salaries	
Benefits	
Payroll Taxes	
Conferences/Meetings	
Travel	
Membership(s)	
Training & Development Tools	
Total	
Supplies: Include equipment, maintenance, consumables, etc.	
Supplies	
Telephone	
Postage & Shipping	
Printing & Publications	
Total	
Equipment, Building(s), property acquisition, Rental(s), etc.	
Total	
Other	
Total	
Grand Total	