Marion County Board of County Commissioners
Community Services Department

REQUEST FOR APPLICATIONS (RFA)
AND NOTICE OF FUNDING AVAILABILITY (NOFA)

Community Development Block Grant (CDBG)
HOME Investment Partnerships (HOME)
Emergency Solutions Grant (ESG)
State Housing Initiatives Partnership (SHIP)
Neighborhood Stabilization Program (NSP)
Continuum of Care (CoC), HUD Notice of Funding Opportunity

Marion County anticipates receiving, and has available for FY 2023-2024, funding from the U.S. Department of Housing and Urban Development (HUD) and Florida Housing Finance Corporation. Funds will be allocated to projects that are consistent with County identified goals (i.e., Affordable Housing, Community Development, and Homelessness) and the priority needs in the 5 Year 2019-2024 Consolidated Plan, Fiscal Year 2023-2024 Action Plan, Continuum of Care Plan, and 2022-2025 Local Housing Assistance Plan (LHAP), that include, but are not limited to:

1. Affordable Housing (e.g., new housing development, acquisition of land, rental assistance); and
2. Reduce Homelessness (e.g., permanent supportive housing, wrap-around services, rapid rehousing, and homeless prevention).

Projects must meet all Federal grant requirements, State requirements, and the County's objectives, of benefiting low to moderate-income persons in accordance with the Comprehensive Plan.

The amount of funding Marion County anticipates receiving and may have available for FY 2023-2024:

CDBG	$2,078,472	NSP	$2,579,555
ESG	$179,589	SHIP	$3,155,547
HOME	$1,027,080	CoC	$431,189

ALL PROPOSALS

Proposals may be submitted beginning March 7, 2023, at 8:00 a.m. through March 20, 2023, by 11:59 p.m., via ZoomGrants at:

https://www.zoomgrants.com/zgf/Marion_County_Community_Services

Technical Assistance with grant proposals will be scheduled for February 16, 2023, at 9:00 a.m. in the Marion County Growth Services Training Room located at 2701 E. Silver Springs Blvd., Ocala, FL.

All proposals will be reviewed and scored. It is anticipated that Intent to Award notifications will be announced in the month of June, 2023. Proposals receiving Intent to Award notifications must receive Marion County Board of County Commissioners', and the U.S. Department of Housing and Urban Development's approval in the FY 2023-2024 Action Plan and 2022-2025 LHAP before being awarded.

For additional information, please contact: Helen Urie, Scot Quintel, or Charles Rich at 352-671-8770 Helen.Urie@marionfl.org, Scot.Quintel@marionfl.org, or Charles.Rich@marionfl.org

EQUAL HOUSING
OPPORTUNITY

OF-34322810

2023 -2024 APPLICATION REQUIREMENTS

Marion County
FLORIDA

The types of projects that will be eligible to receive funding and how the funding will be allocated are different from past years.

- **Completed by application**

- All Affordable Housing projects **must have** land use and zoning verification letters from all local governments.

- For CoC applicants interested in applying for the HUD Notice of Funding Opportunity (NOFO) this application is a **requirement** and will be used as a prescreening tool.

PRIORITIES FOR 2023 -2024

Affordable Housing Priority-
- Incentivize New and Existing developments by increasing development portions by 20% to become affordable.
- Housing and Land acquisition to increase/develop housing in the Community Redevelopment Area (CRA) and Urban Service Growth Boundary (USGB).
- Housing rehabilitation with an intentional focus on project(s) within the CRA, USGB, and Low-Mod Benefit Area (LMA) areas.
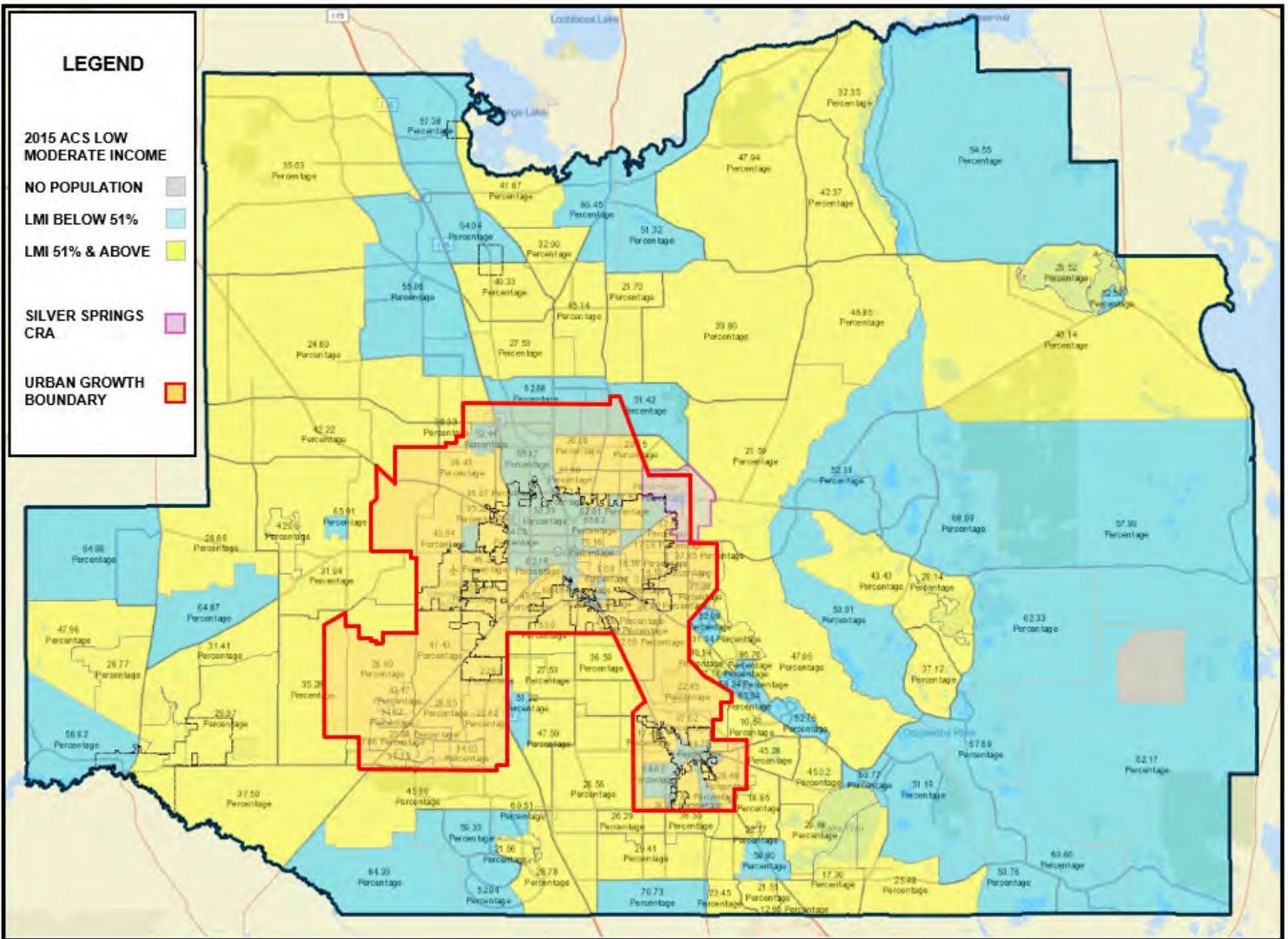
Homelessness Assistance Priority-
- Increase Permanent Supportive Housing (PSH).
- Support Expansion of Wrap-Around Services for the Homeless including non-congregate sheltering.
- Support Rapid Re-Housing (RRH) and Homelessness Prevention (HP) programs.

Note: See the Marion County Interactive Map available at:
https://marioncountyfl.maps.arcgis.com/apps/webappviewer/index.html?id=83214c006f4247cea3f68867496a0e4e

Priority Areas:

ANTICIPATED TIMELINE

- **Application Deadline is March 20**
- Application scoring in April
- **Invitation to negotiate letters sent in May**
- County budget workshops in July
- May through September contracts are drafted **(depending on funding source)**
- October – BCC's agreements are executed contingent on approval from HUD and the state.

AFFORDABLE HOUSING EXAMPLE

Marion County FLORIDA

Activity Type: Rental acquisition and rehabilitation

Beneficiaries: Low to moderate-income persons

Project Total: $1,200,000

HOME/SHIP Funds: $475,000

Key Result: 50 rental apartment units for workforce housing.

Eligible activities include creating affordable housing units, housing rehabilitation, rental acquisition and new construction, homebuyer purchase assistance, and tenant-based rental assistance (TBRA).

HOMELESSNESS EXAMPLE

Activity Type: Permanent supportive housing, rapid rehousing, homeless prevention, and wrap-around services, i.e. street outreach

Beneficiaries: actually homeless

CDBG/HOME/SHIP/ESG Funds: Key Result: Provided funding for outreach, case management that allows for wrap-around services to house the homeless.

Eligible activities include homeless prevention for at-risk homeless persons, housing relocation and stabilization, rapid rehousing for homeless persons, homeless outreach workers, and emergency shelter.

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. **Funding Sources will be determined by the scoring committee based on the priorities selected below.**

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: https://marioncountyfl.maps.arcgis.com/apps/webappviewer/index.html?id=83214c006f4247cea3f68867496a0e4e
   - 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**

2023-2024 Application

(This is a requirement of the application software 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 All Federally funded** 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 **All Federally Funded** activities 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.

Marion County
FLORIDA

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2023-2024 Application

☐ 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. **Any request over $750,000 will require a single audit upon completion and any organization whom has recieved over $750,000 in a calendar year will also be require a single audit.**

☐ 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/Other Federal 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.

Marion County FLORIDA

☐ 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

Additional Applications will be required if seeking to apply for more than one option.

Homelessness Assistance:

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

2023-2024 Application

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☐ RRH – Rapid Re-Housing
☐ Homeless Prevention
☐ CoC - Continuum of Care

2023-2024 Application

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.

2023-2024 Application

Project Demographics

1. What is the population that will benefit from your program/project/service? **Must be low to moderate income or homeless**
2. What is the geographic area that will be served by your program/project/service? **Must be located within Marion County.**
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. **example: how many people housed by a specific date**
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? **Please provide Total Program cost .**
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. **Please describe in detail. If you are unsure please indicate that you are unsure.**
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?

2023-2024 Application

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) **This is mandatory if applying for Homeless Assistance!**

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? *if yes, please list source and amount for each funding source.*

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)? see interactive map located at : https://marioncountyfl.maps.arcgis.com/apps/webappviewer/index.html?id=83214c006f4247cea3f68867496a0e4e

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?

2023-2024 Application

Required Documentation: *(Necessary to complete this application)* Application will be consindered <u>INCOMPLETE</u> if below info is not provided

Required

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

Budget Details – Please Provide information based upon the Total Project.	Income
Amount of this grant request:	
Income Description	
Income: – *Include all additional funding received for this project (commitment letters, other grants Local, State, and Federal)*	
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	

Applicant Name:			
Reviewer:		Date:	
		Possible	Score
Rating Criteria		Maximum Points	Given
Project Description		65	
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.		20	
What is the location of your program/project/service? (address or parcel identification number, if applicable).		n/a	
Provide a clear and specific problem statement that your program/project/service addresses.		10	
What quantifiable and appropriate documentation justifies this community need?		5	
Describe how your program/project/services have an impact on the identified objective.		10	
How does your organization identify prospective clients and make them aware of the services you provide?		5	
What are the eligibility requirements (if any) for your services?		5	
Will funding of this program/project/service result in the provision of existing, new, or expanded services?		10	
Does your program/project/service include housing renovations and/or purchase assistance? If so, fully describe the performance measures and outcomes.		n/a	
Project Demographics		15	
What is the population that will benefit from your program/project/service?		5	
What is the geographic area that will be served by your program/project/service?		5	
How many people do you anticipate this program/project/service serving?		5	
Measurement/Outcomes		20	
Share the performance measures and outcomes that are anticipated for this program/project/service.		10	
What is the methodology or process used to measure the anticipated outcomes?		5	
How often is this measurement data collected?		5	
Planning/Budgeting		50	
Budget detail: (program)		20	
What expenses will covered by Marion County grant funds?		5	
How does your organization plan to sustain your proposed program/project/service?		10	
Explain how your program/project/service will benefit low and moderate income families and how will you handle income verification.		5	
Are there any 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	

Criteria	Possible	Score
How do you propose to leverage your program/project/service with other organizations performing the same services?	5	
Administrative/Financial Capacity	65	
Identify who will be responsible for planning, implementation, follow-up and reporting.	5	
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?	5	
Does your organization have a formal process for a client to file a grievance?	5	
Is your organization faith-based? If yes, describe how the organization plans to demonstrate compliance with regulations which prohibit religious activities.	5	
Do you have the technology and capacity to work within the Homeless Management Information System? (if applicable)	5	
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?	5	
Describe your organization's experience administering Federal, State and or local grants.	5	
Was the project completed and were funds expended satisfactorily?	10	
Has your organization spent Federal, State or local funding during its most recent fiscal year?	n/a	
Have you received Marion County grant funding in the last 5 years?	n/a	
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.	20	
Project Readiness (Bonus Questions)	45	
Can the project adequately be implemented within the grant period?	10	
Describe the plan for how the grant funding will be implemented, operated and administered.	5	
What additional resources are needed for the implementation of this program/project/service?	5	
What is the timeline and significant milestones for the implementation of this program/project/service?	10	
Is your project in a Community Redevelopment Area (CRA)?	5	
Is your project within the Urban Growth Boundary?	5	
Is your project ready to proceed, and does your organization presently control ownership of the property in which the project/activity will be conducted upon?	5	
Total score (260 points possible)		0.00

For additional questions please contact:
Helen Urie Helen.Urie@marionfl.org
Scot Quintel Scot.Quintel@marionfl.org
Charles Rich Charles.Rich@marionfl.org