

40 Years



Building Better Neighborhoods

**Public Service  
Application For  
Funding**



**PROGRAM YEAR 2015-2016**



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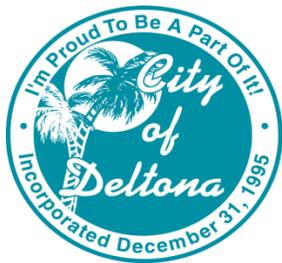
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PROGRAM YEAR 2015-2016



**CITY OF DELTONA**  
**2015-2016**  
**NOTICE OF FUNDING AVAILABILITY (NOFA)**  
**FOR**  
**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS (CDBG)**

On October 1, 2015 the City of Deltona (City) anticipates receiving funding from the U.S. Department of Housing & Urban Development (HUD) to implement activities to benefit low and moderate income families and persons. The anticipated allocation is approximately \$446,459.00 in Community Development Block Grant (CDBG) funds for Federal Fiscal Program Year 2015, which encompasses the period from October 1, 2015 through September 30, 2016. The City, in accordance with Federal regulations, will designate 15% of these funds for public service activities. Proposals are now being solicited for project that may be implemented either by the City or through contracted services with non-profit agencies or other public service organizations.

A workshop for all agencies interested in applying for funds will be held on Thursday, March 12, at 2:00 p.m. in the 2<sup>nd</sup> Floor Conference Room at the Deltona Municipal Complex, 2345 Providence Boulevard. Applications are available online at [www.deltonafl.gov](http://www.deltonafl.gov). Applications must be received by 5:00 P.M. on April 2, to be considered for funding. **Please note- Faxed, emailed or late applications will not be accepted.**

**ELIGIBLE PUBLIC SERVICE ACTIVITES**

Training and Employment Services  
Child Care  
Crime Prevention  
After School Tutorial or Mentoring  
Health Care and Substance Abuse Services  
Homelessness Prevention  
Other types of eligible services

- Funding for public services is reserved for a business or agency providing services to residents of Deltona.
- All funding requests must be either for a new service or a quantifiable increase in the current level of service
- Funding award amounts may be reduced from the agency's proposed amount in order to maximize services provided to the community.

For additional program information, please contact Mrs. Angelia Briggs at 386-878-8614 or email her at [abriggs@deltonafl.gov](mailto:abriggs@deltonafl.gov). Written correspondence may be mailed to:

City of Deltona  
Housing and Community Development  
2345 Providence Blvd  
Deltona, FL 32725



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# SUBMITTAL PROCEDURES

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**All applications must be submitted as follows:**

TO: CITY OF DELTONA  
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT  
2345 PROVIDENCE BOULEVARD  
DELTONA, FLORIDA 32725

WHEN:

- **NO LATER THAN 5:00 P.M., Thursday, April 2, 2015**
- **SUBMISSIONS RECEIVED AFTER 5:00 P.M. WILL NOT BE ACCEPTED; NO EXCEPTIONS.**

IMPORTANT INFORMATION:

- COMPLETED PROPOSAL SUBMISSIONS ARE TO BE MAILED OR HAND-DELIVERED.
- LATE PROPOSALS WILL NOT BE ACCEPTED.
- NO MORE THAN ONE (1) FUNDING REQUEST SUBMITTAL PER AGENCY.
- ALL PROPOSALS WILL BE TIME AND DATE STAMPED UPON RECEIPT BY THE COMMUNITY DEVELOPMENT OFFICE STAFF.
- PLEASE COMPLETE AND PROVIDE THE ORIGINAL APPLICATION AND FOUR COPIES.

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## **TENTATIVE SCHEDULE OF EVENTS**

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Feb. 20, 2015	NOFA advertised on City of Deltona website
Feb. 22, 2015	Public Service Advertisement published in newspaper.
March 12, 2015	Technical Assistance Workshop & Public Hearing / 2:00 p.m.
April 2, 2015	Proposals/Applications for funding due by 5:00 p.m.
April 16, 2015	Presentation by Public Service Entities / 2:00 p.m.
April 23, 2015	Review, Ranking, and Recommendations of Proposals
May 11, 2015	Public Hearing for input on Proposed Projects for 2015-2016
May 1, to June 1, 2015	30-day Public Review / Comments
June 15, 2015	Agenda for Commission Approval of 2015-16 Action Plan

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## **NATIONAL OBJECTIVES**

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1. To primarily benefit low and moderate-income persons or households;
2. To aid in the prevention or elimination of slums or blight;
3. To meet an urgent community need where conditions could pose a serious and immediate threat to health, safety, or welfare.

All eligible CDBG funded activities must meet one of the three National Objectives. All eligible CDBG activities will be reviewed and ranked in order of priority as identified in the 2015-2016 Consolidated Plan and is listed on the next page.

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## **FUNDING PRIORITIES**

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### **Housing & Non-Housing Community Development Priorities**

- Improve health and safety of residents with needed infrastructure improvements and public services.
- Create and expand jobs and the City's tax base.
- Provide for affordable housing opportunities.
- Coordinate public services and facilities for lower income households.

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## **STRATEGIC PLAN**

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### **GENERAL SUBRECIPIENT REQUIREMENTS**

The City of Deltona Housing and Community Development Unit has set funding standards to be used in the project selection process and operational imperatives in order to qualify for funding.

- Organizations should demonstrate that CDBG funds will be matched or leveraged from other federal, state, local or private sources. The match or leveraged funds must be identified in the budget. The match must be in place at the time of project implementation and be available during the project period (October 1<sup>st</sup> through September 30<sup>th</sup>).
- Activities will not be funded unless the organization has developed realistic cost estimates and timeliness and is financially stable.
- Projects must be ready to proceed (implement) at the time of funding.
- Non-Profit organizations will be required to obtain insurance coverage which includes a provision forbidding cancelations, changes, or alterations without providing a 30 days notice to the City.
- Recipient organizations must have an acceptable past and/or current performance record on City-funded projects.

# **Request for Funds Application**

## **PROJECT SUBMISSION SHEET**

1. Name of project: \_\_\_\_\_  
\_\_\_\_\_

2. Contact Person: \_\_\_\_\_

3. Telephone number: \_\_\_\_\_

4. Name of applicant: \_\_\_\_\_

5. Business office address: \_\_\_\_\_  
\_\_\_\_\_

6. Project site address: \_\_\_\_\_  
\_\_\_\_\_

**All projects must meet a National Objective as outlined on page 4.**

7. Public Service Activity: \_\_\_\_\_  
\_\_\_\_\_

What National Objective (as identified on page 4), does it meet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Who will administer and implement the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Estimated number of people to benefit from the project:**

	NUMBER TO BE SERVED
Total	
Low/Moderate Income (No More than 80% of the area median income for the Deltona/Daytona/ Ormond Beach Metropolitan Statistical Area)	
% Low/Moderate served	

**10. Please describe what efforts will be utilized in getting project participants? \_\_\_\_\_**

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**11. Where will the participants come from? \_\_\_\_\_**

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**12. What area of the City will be your target area? \_\_\_\_\_**

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## PROJECT INFORMATION

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1. Description of Project (how grant funds will be used) (Attach additional sheets if necessary); \_\_\_\_\_

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2. Does this activity presently exist? \_\_\_\_ Yes or \_\_\_\_ No  
If Yes, where? \_\_\_\_\_

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3. Justification: Exactly why is this project needed? Identify methods and data used to determine that this project is needed? \_\_\_\_\_

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4. How will your goals, performance, and success be measured if you are awarded CDBG funds? \_\_\_\_\_

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**ADDITIONAL FUNDING**

Please list other sources of funds which have been sought and indicate the status of the requests. [Provide documentation that other sources of funds have been sought or are in place and committed to the project. Please submit the Certificate of Governmental and Non-governmental Assistance Form that is found on Page 13.]

Please be aware that other sources of funding awarded, in place or committed to a potential sub-recipient will have a positive impact in the funding decision (award) process.

<u>Funding Source</u>	<u>Status of Request</u>
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE LIST DONATIONS, IN-KIND SERVICES, ETC.**

<u>Source</u>	<u>Value of Services</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If volunteers will be used, please indicate the service to be provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## DISCLOSURE FORM

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Answer the following questions by placing an "X" after "YES" or "NO". If you answer "YES" to any one of the following questions, please be advised that your application will not be considered for funding.

Has your agency, any member of your agency or any officer of your agency received a reprimand or a sanction or warning of any nature or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency (e.g. Department of Community Affairs, Florida Housing Finance Corporation, etc.) or the US Department of Housing and Urban Development or professional association within the last five (5) years?

YES                       NO

Has your agency, any member of your agency or any officer of your agency, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES                       NO

Has your agency, any member of your agency or any officer of your agency had filed against it, him, or her or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES                       NO

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement has been misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Inter-local Agreement or Sub-recipient Agreement or CHDO Agreement is to be declared null and void and terminated immediately.

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
OFFICER TITLE

\_\_\_\_\_  
PRINTED OR TYPED NAME

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## REQUIRED DOCUMENTS CHECKLIST

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1. Organizational Chart.
2. 501 (c) 3 IRS Tax Exemption Letter
3. Articles of Incorporation
4. Resumes of Staff
5. List of Board of Director's
6. Financial statement (Auditor's Independent Report for the end of the latest fiscal year or an accountant's assessment and summary of the financial stability of the organization)
7. Proposed Budget
8. Proof of nonprofit status (if applicable)
9. Disclosure Form (Page 11)
10. Certificate of Governmental and Non-Governmental Assistance (Page 13)
11. Form 990-Return of Organizations Exempt for Income Tax



**FAILURE TO SUPPLY THE INFORMATION REQUESTED ON PAGES 6-15 WILL  
RESULT IN AN IMMEDIATE DISQUALIFICATION OF THE FUNDING REQUEST.**

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**FOR CITY OF DELTONA COMMUNITY DEVELOPMENT OFFICE USE ONLY:**

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Date Received: \_\_\_\_\_

Eligible Activity: \_\_\_\_\_

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**CERTIFICATION OF GOVERNMENTAL/NON-GOVERNMENTAL ASSISTANCE**

**DETERMINATION OF LEVERAGING AND/OR MATCHING FUNDS**

Governmental and non-governmental assistance includes any loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the federal, state or local government as well as private market funds for use in, or in connection with, a specific CDBG project.

I, \_\_\_\_\_ being a duly authorized representative of \_\_\_\_\_ hereby certify that, in addition to the assistance being sought through City of Deltona Government, other forms of financial assistance  Will or  Will not be provided for the project referred to as:

The following financial assistance will be sought for the project referenced above:

Type of Assistance	Funded by	To be used for:

The information above is a true and complete representation of the financial assistance being sought for this project.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
Title

**State of Florida**

**County of: Volusia**

Sworn to (or affirmed) and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_. He/she is personally known to me or has produced FL DL or ID \_\_\_\_\_ as identification.

\_\_\_\_\_  
[Notary's Signature]

\_\_\_\_\_  
[Printed Name]

# EVALUATION OF FUNDING REQUESTS

## EVALUATION METHOD

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The evaluation committee consists of Community Development Staff experienced with the federal CDBG Program and the five year 2013-2017 Consolidated Plan approved by the City of Deltona City Commissioners and the US Department of Housing and Urban Development. The committee will make its recommendation to the City Commissioners. Applicants for funding requests shall be aware that their requests will be evaluated in accordance with the evaluation criteria point system as illustrated on the next two (2) pages. Applicants are hereby notified and advised to structure their proposal in such a manner as to properly address each of the evaluation criteria.

## EVALUATION CRITERIA

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The selection for recommended funding will be based upon the criteria listed on here and page 15 which are listed in random order of importance:

<b><u>CRITERIA</u></b>	<b><u>POINTS</u></b>
<b>PROJECT DESCRIPTION:</b> <i>Extent to which project goals and objectives are clearly identified; how project will improve level of service or is identified as a new service. Are services offered by another agency? How will the target population be reached?</i>	Maximum points 30
<b>MATCHING AND/OR LEVERAGING OF FUNDS</b> <i>Applications leveraging the requested funds with other local, state, federal, or private funds.</i>	10 points
<b>MEETING THE FIVE YEAR FUNDING PRIORITIES FOR THE CITY OF DELTONA</b> <ul style="list-style-type: none"><li><i>Application is consistent with the priority of needs</i></li></ul>	10 points

<p><b>PROJECT BUDGET/TIMELINESS</b></p> <ul style="list-style-type: none"> <li>• <i>Extent to which applicant has provided a balanced budget breakdown of income/revenue, personnel and operating costs and specific project costs (up to 10 points)</i></li> <li>• <i>Projected timelines for implementation/completion of the project. (up to 10 points)</i></li> </ul>	Maximum points 20
<p><b>SUFFICIENT CAPACITY/STAFF</b></p> <ul style="list-style-type: none"> <li>• <i>Organizational profile (resumes of staff including such things as: licenses, certifications and other documentation indicating experience for the activity that applicant has proposed.</i></li> </ul>	Maximum points 10
<p><b>ACCEPTABLE PAST AND/OR CURRENT PERFORMANCE WITH CITY OF DELTONA-FUNDED PROJECTS</b></p> <ul style="list-style-type: none"> <li>• <i>Applicant's experience with knowledge of the rules as they apply to the CDBG Project (10 Points);</i></li> <li>• <i>Applicant's experience working with other local governments in the successful delivery of acceptable CDBG Projects. (10 Points)</i></li> </ul>	Maximum points 20
<p><b>TOTAL MAXIMUM POINTS AVAILABLE FOR FUNDING AWARD RECOMMENDATION</b></p>	<b>100</b>