

<b>PROPOSAL INFORMATION FORM</b>			
<input type="checkbox"/> <b>Prepare separate Proposal Information Forms and Budgets for Housing and Non-Housing programs and /or projects for which Applicant requests funds.</b>			
<b>Applicant:</b>		<b>Date:</b>	
<b>Program or Project Name:</b>			
Location Address:			
Program or Project Description:			
<b>CDBG DR Funds Requested per program or project:</b>		Use Budget template to calculate total units served and estimated CDBG-DR funds per unit	

**I. CDBG DR THRESHOLD COMPLIANCE**

**NOTE:** DEO will not approve proposals where a CDBG-DR National Objective is not met and Eligible Activities are not included.

**A. National Objective:** Please mark "Yes" in box next to all National Objectives your program or project will serve.

<input type="checkbox"/> Low- / Mod-Income Individuals	<input type="checkbox"/> Low- / Mod-Income Buyout & Housing Incentives	<input type="checkbox"/> Urgent Need
<input type="checkbox"/> Low- / Mod-Income Area		<input type="checkbox"/> Slum / Blight Area
<input type="checkbox"/> Low- / Mod-Income Jobs		<input type="checkbox"/> Slum / Blight Spot

If Low- and Moderate-Income Area, Answer Questions 1-3 below

**1 List the Census Tracts and/or Block Groups that make up the service area.**


**2 List the total population, Low-Mod population and the percent of the population that is Low Mod for the service area.**

Total Service Area Population:		# Low-Mod Income Households:		% Low-Mod Households:	
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**3 Provide a brief description of how the service area was determined.**

**B. Eligible Activity** Please mark "Yes" in box next to the **Eligible Activity** your program or project will serve:

<input type="checkbox"/> <b>Housing</b>	<input type="checkbox"/> <b>Infrastructure</b> (which includes Public Facilities)	<input type="checkbox"/> <b>Economic Revitalization</b>
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If **HOUSING** is selected activity, please mark "Yes" to specify disaster related **Eligible Housing Activities**.  
For housing, Applicants can mark "Yes" multiple eligible activities that are related to coordinated service delivery.

<input type="checkbox"/> Temporary Relocation	<input type="checkbox"/> Shelter Housing for the Homeless
<input type="checkbox"/> Buyouts/Acquisitions	<input type="checkbox"/> Repair or replacement of manufactured housing units
<input type="checkbox"/> Demolition / Clearance	<input type="checkbox"/> Hazard mitigation
<input type="checkbox"/> Single-Family Housing Rehabilitation / Repair	<input type="checkbox"/> Elevation
<input type="checkbox"/> Multi-Family Housing Rehabilitation / Repair	<input type="checkbox"/> Planning activities related to housing and
<input type="checkbox"/> Housing Construction	<input type="checkbox"/> Other activities serving recovery of impacted housing
<input type="checkbox"/> Public Housing	

If Proposal is for **NON-HOUSING** activity, please mark "Yes" to specify disaster related **Eligible Non-Housing Activities** :

<input type="checkbox"/> Restoration of infrastructure (e.g. water and sewer facilities, streets, generators, debris removal, drainage, bridges, etc.);
<input type="checkbox"/> Public facilities such as emergency community shelters;
<input type="checkbox"/> Demolition, rehabilitation of publicly or privately owned commercial or industrial buildings;
<input type="checkbox"/> Economic revitalization and small business assistance
<input type="checkbox"/> Public services (e.g. job training services, healthcare, child care, and crime prevention within 15 % cap);
<input type="checkbox"/> Re-nourishment of protective coastal dunes systems; and

Please mark "Yes" to specify **Vulnerable Populations** to be served:

<input type="checkbox"/> Transitional housing, permanent supportive housing, and permanent housing needs of individuals and families that are homeless and at-risk of homelessness
<input type="checkbox"/> Prevention of low-income individuals and families with children from becoming homeless
<input type="checkbox"/> Special needs of persons who are not homeless but require supportive housing

**C. Unmet Needs**

**NOTE:** All CDBG-DR activities must clearly address an impact of the disaster. Mitigation or preparedness activities that are not part of rebuilding efforts are generally ineligible as CDBG-DR recovery activities.

**1 Unmet Need Tied to Hermine or Matthew Hurricane Disaster Events.** Describe how the proposed activity will address an Unmet Need tied to the impact of damage from the disaster.

**2** Describe how proposed program or project primarily addresses **Unmet Housing Needs** as specified in CDBG-DR Action Plan.

**3** Specify Units and Funding **Serving LMI Populations and Cost Benefit Analysis**

Proposed CDBG-DR Contract Amount	Total Estimated Units	Maximum CDBG-DR Assistance Per Unit	% of Units Serving LMI Populations	# Units Serving LMI Populations	Grant \$ Serving LMI Populations
				<b>0</b>	<b>\$0</b>

**4** Describe how proposed program or project **primarily serves Low- and Moderate-Income populations** as specified in CDBG DR Action Plan.

For homeowner and rental housing, list number of Households to be assisted:	Rental	Owner-Occupied	Total
Very Low-Income (<30% AMI) Households to be Assisted			
Low-Income (<50% AMI) Households to be Assisted			
Moderate Income (<80% AMI) Households to be Assisted			
Non-LMI Households to be Assisted (if any)			
<b>Total Number of Households to be Assisted:</b>			

**5 Non-Housing Activities Narrative**

HUD requires each grantee to primarily consider and address its unmet housing recovery needs. Grantees are allowed to allocate funds to address unmet economic revitalization and infrastructure needs, but in doing so, the grantee must identify how unmet housing needs will be addressed or how its economic revitalization or infrastructure activities will contribute to the long-term recovery and restoration of housing in the most impacted and distressed areas.

If proposing **Non-Housing improvements**, describe how any unmet housing needs will be addressed or how any proposed non-housing activities will contribute to the long-term recovery and restoration of housing in the most impacted and distressed areas.

**6** If proposing **Infrastructure Improvements**, provide a brief description of how proposed improvements **primarily serves housing serving Low- and Moderate-Income populations** as specified in CDBG-DR Action Plan.

**7** Describe how the proposed infrastructure improvements aligns with local mitigation and resilience plans.

**II. MANAGEMENT CAPACITY**

**1** Describe **roles of key staff, contractors and/or vendors in operations management** of the proposed CDBG-DR funded program and/or project. List any additional staff to be hired and/or procured and for what roles.

a. What is the **experience and capacity of key members of the management team** ?

**2** b. Describe any projects comparable to the one in this application that the applicant has administered in the last five (5) years.  
 c. Please provide an assessment of what worked well, what needed improvement and steps taken to resolve such capacity gaps.

**3** If the management team is not fully formed, please provide a description of the **procurement process** the Applicant will follow to cultivate program and project management capacity.

**4** If allocated CDBG-DR funds and if needed, what is your strategy to augment staff and operations management capacity? What is your plan for program and project management in terms of hired staff, contractors and/or vendor?

Organization Charts and description of roles are encouraged, but not required for this Application.

**5 Citizen Complaint Policy**

Does the applicant have a citizen complaint policy, acquisition and relocation policy, housing assistance plan and procurement policy in place that meets HUD guidelines?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If not, please see CDBG web site for examples:  
<http://www.floridacommunitydevelopment.org/cdbg/index.cfm> as this is a requirement for funding.

**III. READINESS TO PROCEED**

A. Mark "Yes" or "No" for key factors achieved to support that the program or project is ready to proceed:

**For Programs** (e.g. Home Repair / Reconstruction) Yes/No

Documentation to Support Status

Updated Unmet Needs Data:	
Identified # of Clients (e.g. homeowners in need of home repair or reconstruction):	
Inhouse Staff and/or Engaged Contractor Members of Team:	
Program Operations Budget:	
Commitment of Matching Funds if any:	


**For Projects:**

Documentation to Support Status

Site Control:	
Zoning & Community Approval:	
Environmental Clearance:	
Procured and Contracted Members of Development and Construction Team:	
Commitment of Matching Funds :	


B. Describe any issues and proposed solutions to address Readiness To Proceed:

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C. Confirm you submitted a **Production Work Plan** that shows on a month-by-month basis how much time and staff needed to achieve key Milestones

Yes

No

**IV. COST REASONABLE BUDGET**

A. Applicants must submit budgets for their proposed Eligible Activities. Check "yes" for the budget submitted with this Application.

- Homeowner Services Program Budget (Repair, Elevation, Reconstruction, Manufactured Home Replacement, Relocation, Mortgage Assistance, Buyouts & Replacement Housing)
- Rental Housing Budget and Operating Pro Forma (Unit Mix, Sources & Uses, Development Budget, Operating Cash Flow)
- Infrastructure Improvements, Non-Housing Demolition, Economic Revitalization and Small Business Assistance Budget

Proposal budgets must reflect cost reasonableness and affirmative efforts to leverage CDBG-DR funds with additional funding to address unmet needs. Budget narrative reflects research, quotes and/or contracted pricing for proposed programs and projects.

B. Provide a **Budget Narrative** that describes:

1. Cost estimates and sources of funding. Approach to managing and paying for proposed program or project.
2. Basis of cost estimates and method for generating cost reasonable budget. Provide quotes, bids, schedules and/or estimates from other comparable programs.
3. Description of how proposed program or project shall not duplicate benefits as specified in CDBG-DR Action Plan.

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C. **Leverage and Committed Additional Sources.**

Source	Amount	Committed (Yes / No)	If not committed, list status towards reaching commitment
<b>total:</b>			▪ List \$ value of Waiver of Local Impact Fees if available.

If additional funds committed, provide copies of commitment letters or other evidence of commitment.

Yes

No

Confirm that the proposed funding request is for **FEMA HMGP program or project match** and submit HMGP commitment

Yes

No

**V. STORM DISASTER RESILIENCE**

- 1 Describe how the proposed CDBG DR-funded program and/or project will pro-actively invest in resilience to damage from future storms as specified in the Federal Register and Action Plan.

**V. SUPPORTING DOCUMENTATION**

**A. Service Area Maps**

For infrastructure and Economic Revitalization proposals, please provide a Map with an overlay that clearly shows:

- 1  Project Location and/or Service Area
- 2  Low- and Moderate-Income Service Area
- 3  Most Recent Flood Plain Map

County-wide or City-wide service areas are not required to submit maps.

**B. Other Considerations**

Describe any other regulatory reviews such as Federal or State review or regulatory system which may have jurisdiction over the proposed activity(s), such as, federal programs of the Corps of Engineers and the Environmental Protection Agency; and State programs.

**VI. CERTIFICATION**

As authorized Executive Officer, I certify that staff, contractors, vendors and community partners of our storm recovery initiative:

- A. Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-DR funded activities;
- B. Will work in a cooperative manner to execute the Subrecipient Agreement that provides the pathway for successful CDBG-DR program(s) and/or project(s) and;
- C. Certify that all information submitted in this Application is true and accurate.

Signed:

Name:

Date