

# Rebuild Florida CFHP Checklist



Project Name: \_\_\_\_\_

This Checklist is designed to aid the applicant through the application process. As such, it does not need to be submitted with the completed application to DEO.

<b>✓</b>	<b><u>Application Information Required</u></b>
	<b>Application is signed, dated and complete</b>
	<b>FEIN and DUNS numbers are provided</b>
	<b>Application is from an eligible UGLG, state agency, or non-profit or non-governmental entity that applied in partnership with a UGLG or state agency</b>
	<b>Project title, primary contact name, address and contact methods are provided</b>
	<b>Application project is clearly described with the critical facility to be hardened identified</b>
	<b>Application project addresses what risks will be mitigated</b>
	<b>Application project addresses the community lifelines being served</b>
	<b>Application project demonstrates how it will enhance community resilience</b>
	<b>Application project's goals, stakeholders, work plan, resources, and monitoring/quality controls are identified</b>
	<b>Staff members and their responsibilities are identified</b>
	<b>Contractors or third-party entities are identified</b>
	<b>The Implementation Plan Template is completed and attached to the application</b>
	<b>The Budget Template is completed and attached to the application</b>
	<b>This project has no duplication of benefits</b>
	<b>Leveraged funds/ service usage is outlined in the application</b>
	<b>Each county that benefits from this project is selected</b>
	<b>Application identifies the LMI Census Tract and block groups numbers the project area will benefit</b>
	<b>Special designations, if applicable, are identified within the application</b>
	<b>Compliance and Maintenance Agreement sections are completed</b>

## Filling out the Rebuild Florida CFHP Application

### Applicant Information:

1. First write in the CFHP project title under “Official Project Title”.
2. Under Local Government Information, fill in the official applicant entity name, meaning the primary UGLG, agency or entity who is applying for this program. Use your official entity name, as this will be the name used for disbursing funds.
3. Next fill in the primary project contact name, title, e-mail, mailing address, and phone number. This person will be the first individual to be contacted by DEO regarding the proposed CFHP project, should the need arise.
4. Be sure to fill in both the entity’s FEIN and DUNS number.
5. Lastly, if there are any other UGLG, agencies, or entities who are co-applicants for this proposed project, list their official entity name, person of contact name and email.

### Project Description:

1. Attach a word document titled: EntityNamePD\_CFHP of the project overview that is not to exceed 2,500 words. An example of the document title being submitted by the Leon County City Fire Department would look like:  
LeonCountyFirePD\_CFHP

### Community Value:

1. In a zip folder, attach a Word document titled: EntityNameCV\_CFHP of the overall community value of the proposed project without exceeding 1,500 words. You will also need to submit photographs of both the interior and exterior views of the critical facility to be hardened. Attach these photos through a zip folder with your word document included. The zip folder will be titled with your EntityNameCV\_CFHP.
2. A maximum of ten (10) photographs of the critical facility to be hardened may be submitted per application. Photos must be clear and in focus, in color, taken at a high resolution and saved as .jpeg files. For printed applications, photos must be at least 4”x6” in size.
3. Please see this link to create zip files: <https://support.microsoft.com/en-us/help/14200/windows-compress-uncompress-zip-files>

### Capacity Plan:

1. Provide a plan overview, not to exceed 1,500 words, that outlines your proposed CFHP project. You will label the document titled: EntityNameCP\_CFHP.

### Implementation Plan:

1. Use the provided Implementation Plan template found in Appendix D of the CFHP Guidelines to fill out the information. Rename the template: EntityNameIP\_CFHP.

- You will fill out the timeline to outline the proposed project's life, accounting for manageable tasks and deliverables with approximate dates included.

**Implementation Plan Template Instructions:**

Enter project name, official applicant entity name and primary contact name and phone number in the header space at the top of the template.

This template is customizable to fit your project. Feel free to edit the segments and add notes when needed.

- The box titled "CFHP Implementation Plan Timeline" will display a visual timeline of the data that you enter into the "Tasks" box.
- The "Tasks" box should list the major manageable tasks and deliverables of the proposed project and include the entire life of the project. Enter the approximate start and end dates of each task and/ or deliverable under the tabs "Start" and "End". "Duration" encompasses the number of days the task runs for. Excel should already calculate the duration based on the start and end dates you enter. If this is not the case, enter in the number of days as the duration of each task and/ or deliverable. Label each task and/ or deliverable appropriately under the "Label" section.
  - Within the "Tasks" box, there are 15 available slots for project timeline tasks. When adding/changing tasks within the box, select the row (select the values under "Start" to "Label").

Tasks				
Start	End		Duration	Label
02/03	03/03		29	DEO Award and subrecipient Agreement
03/03	04/03		30	Sample Action and ADA Design
03/03	04/03		30	Equipment Evaluation
04/04	05/04		25	Environmental Review
05/06	07/06		60	Sample Construction Phase 1
07/08	08/08		31	Sample Construction Phase 2
05/06	07/06		60	Second Sample Construction Phase 1
07/08	08/08		31	Second Sample Construction Phase 2
08/20	09/01		12	Project Closeout
09/01	12/25		115	Maintenance and Monitoring
10/01	10/10		9	Sample Text
10/10	10/27		17	Sample Text

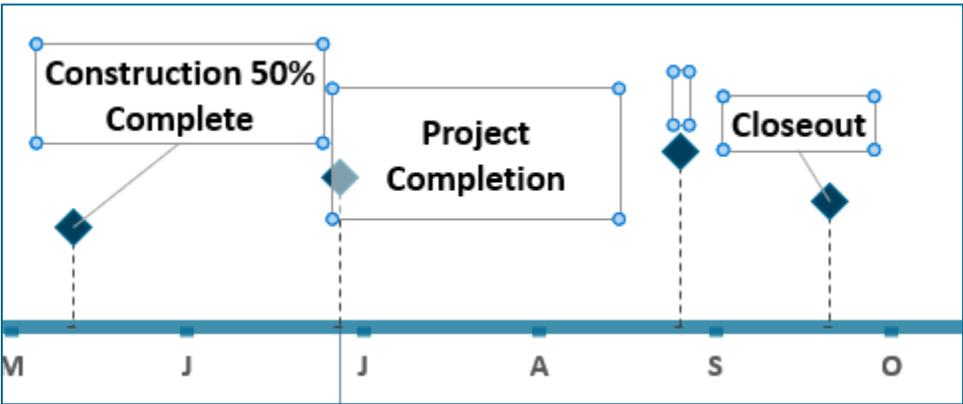
- For this example, the highlighted "Sample Text" task needs to be moved under the "Equipment Evaluation". Once you select the row, right click, select "Cut", a dotted line around your selected row should appear. Next, select the "Environmental Review" row. Right click and select "Insert Cut

Cells". Now "Sample Text" will appear under "Equipment Evaluation". The visual timeline above the "Tasks" will also reflect these changes.

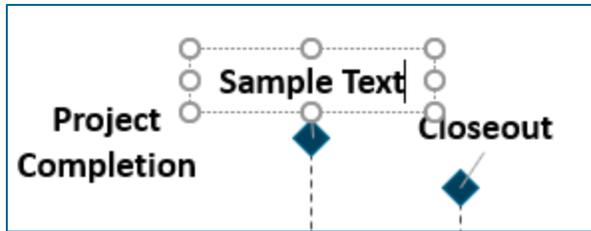
Tasks				
Start	End		Duration	Label
02/03	03/03		29	DEO Award and subrecipient Agreement
03/03	04/03		30	Sample Action and ADA Design
03/03	04/03		30	Equipment Evaluation
10/01	10/10		9	Sample Text
04/04	05/04		25	Environmental Review
05/06	07/06		60	Sample Construction Phase 1
07/08	08/08		31	Sample Construction Phase 2
05/06	07/06		60	Second Sample Construction Phase 1
07/08	08/08		31	Second Sample Construction Phase 2
08/20	09/01		12	Project Closeout
09/01	12/25		115	Maintenance and Monitoring
10/10	10/27		17	Sample Text

Follow these guidelines for customizing your timeline. You may add lines within the "Tasks" section below existing tasks by highlighting the complete box rows, right click, select "Insert...", a dialogue box will appear, select "Shift cells down", select "OK". This will shift all boxes below the selected row down the excel sheet.

3. The "Milestones" box may be used to list major project milestones such as the start or completion of the project. Any changes to this box can be made by following the directions described previously. The label for your new milestone may needed to be added in manually. You can do this by clicking on one of the existing milestone texts in the visual timeline. For example, you may click "Closeout" above the diamond icon. All other text boxes for milestones should be outlined by boxes.



Next, select the box that does not have a label. Now enter in the label for this milestone.



You may move and change the size of each text box.

4. The “Notes” box allows you to list any additional notes about the project timeline that may be necessary for DEO to read.

### **Budget:**

1. Use the provided Budget Worksheet found in Appendix E of the CFHP Guidelines to fill out the information. Rename the template with your EntityNameBudget\_CFHP.
2. Select either Yes/No on whether your project includes a duplication of benefits. Any project that includes a duplication of benefits will not be eligible for this application.
3. Select either Yes/No on whether you anticipate on receiving any funds other than CDBG-MIT funds. If the answer is yes, then in the “Leveraged Dollars” section you will need to detail any application for funds and when those funds will be committed for your project. Include the agency/ entity who the funds are coming from and the total amount.

### **Budget Template Instructions:**

Enter project name, primary contact name and phone number and the official applicant entity name.

This template is customizable to fit the budget proposal for your project. Feel free to edit left-hand segments and add notes when needed.

If a section does not have enough cells for the category that you are working on, you can add additional cells by highlighting a complete row and right clicking. A dialogue box will appear that permits you to add a row of cells. Click “Insert” and then select either “Insert Above” or “Insert Below”, depending on where you would like the new row to be placed. The new row will appear above or below the row you highlighted.

1. On the left-hand side of the template there is a list of major project items numbered 1 to 3. Beneath each major project are related sub-groups. You may edit each of these areas to fit your proposed budget plan. For example, if you do not have Mechanical Hardening, you may delete that numbered row and the related subgroups.
2. List anticipated and committed sources of other project funding sources in the “Sources of Other Funds” category. These funds are non-CDBG-MIT funds.

Include entities you have contacted, even if a funding commitment has not yet been made. Disclose the amount you requested or expect to receive. If you need to add rows in this section, follow the directions for adding rows outlined above.

3. You can use the right-side "Notes" column to elaborate on budgeted items as needed.

### **Leveraged Dollars:**

1. If you suspect your project includes the use of matching or leveraged funds or services, read the CFHP Guidelines, Part 4.6 to ensure your project is eligible for this section.
2. Describe the specifics of leveraged funds or services that your project uses in the space provided. Identify and answer:
  - a. Are there local or other funds available to address the proposed project in whole or in part?
    - i. If Yes, report all sources of funding and the amount available.
  - b. Disclose sources and uses of non CDBG-MIT funds.
  - c. What other federal, state, and/ or local entities have you contacted concerning funding for the proposed project, and what were the results?
3. If your project does not involve matching or leveraged funds, then write "N/A" in this section.

### **County Selection:**

1. This section pertains to the areas that benefit from your project. Select all counties your project benefits so that DEO may determine to what extent your project benefits MID, social vulnerability, rural, and fiscally constrained areas.
2. All Eligible Florida Counties: Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Flagler, Gilchrist, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lafayette, Lake, Lee, Leon, Levy, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla
3. HUD MID areas: Brevard, Broward, Clay, Collier, Duval, Hillsborough, Lee, Miami Dade, Monroe, Orange, Osceola, Palm Beach, Polk, St. Johns, St. Lucie, and Volusia
4. State MID areas: Alachua, Baker, Bradford, Charlotte, Citrus, Columbia, DeSoto, Dixie, Flagler, Gilchrist, Glades, Hardee, Hendry, Hernando, Highlands, Indian River, Lafayette, Lake, Leon, Levy, Manatee, Marion, Martin, Nassau, Okeechobee, Pasco, Pinellas, Putnam, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Wakulla
5. Rural counties: Baker, Bradford, Columbia, DeSoto, Dixie, Gilchrist, Glades, Hardee, Hendry, Highlands, Lafayette, Levy, Monroe, Okeechobee, Suwannee, Taylor, Union, Wakulla

6. Fiscally Constrained Counties: Baker, Bradford, Columbia, DeSoto, Dixie, Gilchrist, Glades, Hardee, Hendry, Highlands, Lafayette, Levy, Okeechobee, Putnam, Suwannee, Taylor, Union, Wakulla

**Overall LMI Benefit:**

1. Please use the latest updated version of your preferred search engine (Chrome, Explorer, Firefox).
2. Go to the HUD ACS 5-Year 2011-2015 Low- and Moderate-Income Summary Data website: <https://www.hudexchange.info/programs/acs-low-mod-summary-data/>
3. It would be a good idea to watch the 24-minute webinar, as this video explains the tools and resources available on this webpage. Listed below are directions from the Webinar on how to identify block groups and Census Tract numbers.
4. On the right sidebar, click on “Map Application”
5. A new tab will open to the HUD Web Mapping Application. In the top right corner, click on “View Application”. A map of the United States will appear.
6. In the top right corner, enter a county or city located within the Area of Benefit and press enter to search. The map will zoom to the searched area.
7. In the top left corner, click on the Layer button (looks like a stack of papers). Uncheck the LMISD by Place, LMISD by County Subdivision, and LMISD by County boxes. Only one box should remain checked – LMISD by Block Group. Click the X to close the layer box.
8. In the top left corner, click on the Service Area button (includes a pointer arrow in icon). In the “Select” box, click on the downward arrow to select shape style. Be sure to leave this box open while you highlight the block groups within the Area of Benefit.
9. Highlight all block groups within the Area of Benefit. Be sure to leave the Service Area box open while you highlight the block groups within the Area of Benefit. Otherwise you may only be able to select one block group at a time, instead of selecting the complete Area of Benefit.
10. If one block group is highlighted:
  - a. Click on the block group. A data box will pop up.
  - b. The “Tract” is the Census Tract and the “Blckgrp” is the Block Group. Note these in the application.
11. If multiple block groups are highlighted:
  - a. In the Service Area box, click on the “...” to the right of “LMISD by Block Group”
  - b. Click “Export to CSV File”
  - c. Open the excel file.
  - d. The “Tract” is the Census Tract and the “Blckgrp” is the Block Group. Note these in the application.
  - e. Some areas may have more than one Tract and Blckgrp number. If this is the case, first list the Tract number and the corresponding block group numbers, then list the next Tract number and corresponding block group

numbers. Example: Tract: 200, Block group: 2, 3; Tract: 1000, Block group: 1, 2, 3; Tract: 2902, Block group: 1, 3, 4, 5, etc.

12. Within the box provided on the application, list the Census Tract number(s) followed by all the LMI Block Groups your project benefits. DEO will then identify the Overall LMI Benefit score.

**Special Designations:**

1. If your project benefits an Area of Critical State Concern, outlined in Florida Statutes 380.05, select “Yes” and proceed to select the specific area under the drop-down menu.
2. Designated Areas of Critical State Concern according to Florida Statutes 380.05:
  - a. Big Cypress Area (portions of Collier, Miami-Dade, and Monroe Counties)
    - i. Big Cypress Area of Critical State Concern Map
  - b. Green Swamp Area (portions of Polk and Lake Counties)
    - i. Green Swamp area of Critical State Concern Map
  - c. City of Key West and the Florida Keys Areas (Monroe County)
    - i. Florida Keys Area of Critical State Concern Map
    - ii. Key West Area of Critical State Concern Map

Florida Keys Hurricane Evacuation

Florida Keys Hurricane Evacuation Presentations

Florida Keys Hurricane Clearance Time Memorandum of Understanding
  - d. Apalachicola Bay Area (Franklin County)
    - i. Apalachicola Area of Critical State Concern Map

**Compliance:**

1. By selecting “Yes” in this section, you certify that your entity and co-applicants will comply with all DEO and state requirements as outlined in 84 FR 45838.

**Maintenance Agreement:**

1. By selecting “Yes” in this section, you certify that your entity and co-applicants will comply with all DEO and state subrecipient monitoring and maintenance requirements as outlined in 84 FR 45838.

**Sign and Date:**

As the primary entity contact for this project, I certify that staff, contractors, vendors and community partners of our mitigation initiative:

- A. Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-MIT funded activities;

B. Will work in a cooperative manner to execute the Subrecipient Agreement that provides the pathway for successful CDBG-MIT program(s) and/or project(s) and;

C. Certify that all information submitted in this Application is true and accurate

**Print and Submit Buttons:**

Select "Print" to print out your completed application. Attached files will not print with the application when selecting the "Print" button. Print all attached documents separately and mail the complete application to:

Attention: Rebuild Florida Mitigation Team  
Florida Department of Economic Opportunity  
107 East Madison Street  
Caldwell Building, MSC 400  
Tallahassee, FL 32399

Select "Submit Application" to have your application emailed directly to the Rebuild Florida Mitigation team at: [CDBG-MIT@deo.myflorida.com](mailto:CDBG-MIT@deo.myflorida.com). A dialog box will appear that will allow you to email the application and attach all required files.

If you have any questions or concerns, please email the Mitigation team at: [CDBG-MIT@deo.myflorida.com](mailto:CDBG-MIT@deo.myflorida.com)