Date: 04/09/2020

Rebuild Florida CDBG - Mitigation
Critical Facilities Hardening Program Application

Official Project Title

Sample Regional Hospital Floodproofing

Applicant Information

Official Applicant Entity Name:	Sample Board of County Commissioners	FEIN #:	123456789
Primary Project Contact Name:	Mitch Planner	DUNS #:	123456789
Title:	Planning Director	E-mail:	Mitch.Planner@xcountyfl.gov
Mailing Address:	123 Main Street	Phone Number:	555-123-1234
City:	Mitigation City	State: FL	Zip Code: 12345

Please list co-applicant entities if any:	Contact Person:	E-mail Address:
County X Board of County Commissioners	First Last, Project Manager	Frist.Last@xcountyfl.gov
County Y Board of County Commissioners	First Last, Project Coordinator	Frist.Last@ycountyfl.gov
County Z Board of County Commissioners	First Last, Project Coordinator	Frist.Last@zcountyfl.gov

Project Description

Write an overview/summary, not to exceed 2,500 words, of the project being proposed.
1) State the project purpose and include a description of the critical facility to be hardened.
2) Specify the risk(s) that will be mitigated by completion of this project. 3) Describe how the work will be completed and the team that will be responsible. 4) Explain the method used to determine project funding requirements. 5) Describe anticipated outcomes. 6) Describe how the facility will be maintained after it is hardened.

Insert Attachment:		Please title doc: EntityNamePD_CFHP

Community Value

Describe, in 1,500 words or less, the critical facility's value to the community in normal circumstances and in times of natural disasters. Which of the seven community lifelines will be served by completion of this project? How does this project enhance community resilience? Does the facility have any cultural or historical significance? Attach a maximum of ten photographs that provide both interior and exterior views.

Insert Attachment:		Please title zip folder: EntityNameCV_CFHP

Capacity Plan		
Provide a strategic plan overview of 1,500 words or less that addresses goals, stakeholders, the work plan, (major tasks and deliverables), resources (staffing and budget) and monitoring/quality controls. Identify the staff members who will be responsible and/or positions that will be filled for CFHP project management and maintenance. Provide a short profile on each person on your current staff who perform project-related tasks and a position description for any new hires who will be assigned to project responsibilities. Have any project contractors been identified? If so, briefly describe your selection process.		
Insert Attachment:		Please title doc: EntityNameCP_CFHP

Implementation Plan		
Prepare a chronological timeline for the entire life of the project that organizes work into logical, manageable tasks and deliverables. The Implementation Plan Template has been provided in Appendix D of the CFHP Guidelines.		
Insert Attachment:		Please rename template: EntityNameIP_CFHP

Budget		
Include your project budget using the Budget Template found in Appendix E in the CFHP Guidelines. Ensure your budget is reasonable, appropriate and accurate. Are the budgeted items consistent with the project description and tasks? Does the amount requested fall within the CFHP applicant's allowable minimum ($50,000) and maximum ($15,000,000)? Ensure there is no duplication of benefits.		
Insert Attachment:		Please rename template: EntityNameBudget_CFHP
Is there any duplication of benefits?	Yes: ☐	No: ☑
All funds identified for use on your project must be fully disclosed and detailed to ensure budget accuracy and no duplication of benefits.		
Do you anticipate receiving any funds for this project that will not be supplied by the CDBG-MIT program? If yes, detail the anticipated or committed funds in the Leveraged Dollars section.	Yes: ☑	No: ☐

Leveraged Dollars

If your project involves the qualified use of matching or leveraged funds or services in any capacity, (see Part 4.6 in the CFHP Guidelines) then describe the specifics of leveraged fund/service usage. Answer: 1) Are there local or other funds available to address the proposed project in whole or in part? If yes, report all sources of funding and the amount available. 2) Disclose sources and uses of non CDBG-MIT funds. 3) What other federal, state and/ or local entities have you contacted concerning funding for the proposed project and what were the results? Put "N/A" if this section is not applicable to your project.

1) Yes, We will be utilizing $350,000 in Disaster Recovery funds received for the purpose of relocating mechanical equipment at Sample Regional Hospital.
2) HUD Disaster Recovery Grant as stated above in the amount of $350,000.
3) We have been unable to locate additional funds for this project.

County Selection

Select each county that your project benefits. DEO will use this information to assess MID, social vulnerability, rural and fiscally-constrained areas. Only counties eligible for CDBG-MIT funds are listed below.

- ☐ 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
- ☐ Union
- ☐ Volusia

Overall LMI Benefit
Identify and list the Census Tract number followed by all LMI Block Groups your project benefits. Example: Tract: 200, Block group: 2, 3; Tract: 2902, Block group: 1, 3, 4, 5, etc.
Tract: 350, Block Group: 1, 2, 3, 4 Tract: 360, Block Group: 1, 2, Tract: 370, Block Group: 1, 2, 4 Tract: 820, Block Group: 1,4, 5, 6 Tract: 840, Block Group: 1, 3, 4 Tract: 1300, Block Group: 1, 2, 3 Tract: 1450, Block Group: 1, 2, Tract: 2000, Block Group: 1, 3, 5 Tract: 2600, Block Group: 1, 2, 3, 4 Tract: 3300, Block Group: 1, 2, 3, 4, 5 Tract: 3400, Block Group: 5, 6

Special Designations		
Does your project benefit an Area of Critical State Concern according to Florida Statutes 380.05?	Yes: ☐	No: ☑
What is the area of critical state concern?	Not Applicable	

Compliance		
According to 84 FR 45838 August 30, 2019 Section V.A.(18), “The State shall make reviews and audits, including on-site reviews of any subrecipients, designated public agencies, and local governments, as may be necessary or appropriate to meet the requirements of section 104(e)(2) of the HCDA, as amended, as modified by this notice. In the case of noncompliance with these requirements, the State shall take such actions as may be appropriate to prevent a continuance of the deficiency, mitigate any adverse effects or consequences, and prevent a recurrence. The State shall establish remedies for noncompliance by any designated subrecipients, public agencies, or local governments.”		
Can you certify to comply with state and federal register regulations as outlined in 84 FR 45838?	Yes: ☑	No: ☐

Maintenance Agreement		
According to 84 FR 45838 August 30, 2019 Section V.A.2.a(10), “Each grantee must plan for the long-term operation and maintenance of infrastructure and public facility projects funded with CDBG-MIT funds. The grantee must describe in its action plan how it will fund long-term operation and maintenance for CDBG-MIT projects. Additionally, the grantee must describe any State or local resources that have been identified for the operation and maintenance costs of projects assisted with CDBG-MIT funds.” As such, Federal Register expectations on maintenance for CDBG-MIT projects are expected to be maintained by each entity who proposes a CFHP project.		
Can you certify that your entity will comply with state and subrecipient monitoring and maintenance requirements as outlined by 84 FR 45838?	Yes: ☑	No: ☐

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
Signature: Date: 04/09/2020

Print button will only print application and not attached documents. Submit button will deliver application to email to the cdbg-mit@deo.myflorida.com. Please attach all relevant documents to this email.

Print Application Submit Application