

Rebuild Florida Hometown Revitalization Program for Hurricane Michael



Applicant Information Form									
Type of Eligible Entity Applying:	Unit of General Local Government (UGLG)	State Agency	Community Based Development Organization (CBDO)	Community Development District (CDD)	Community Revitalization Agency (CRA)				
Name of Entity Submitting Application: <small>(i.e. Green County, Green Park Community Development District)</small>									
Official Project Title:									
DUNS #:									
Qualifying County the Project is Located:	Bay	Calhoun	Franklin	Gadsden	Gulf	Holmes			
	Jackson	Leon	Liberty	Wakulla	Washington	Taylor			
Application Preparer Name: <small>(This is the person that DEO will contact regarding any questions within your submitted application)</small>									
Title:		Phone Number:		Email Address:					
Mailing Address:			City:		State:		Zip:		
Local Project Manager/Lead Contact Name: <small>(If different from Application Preparer)</small>									
Title:		Phone Number:		Email Address:					
Total CDBG-DR Requested (in dollars)			Total Project Budget (in dollars)						
Will this project use CDBG-DR funds to meet a match, share, or contribution requirement for another federal program?			YES	NO					
If yes, select which matching funds have been procured for the program or project, if any (select all that apply):			FEMA	LOCAL MATCH	STATE FUNDS	PRIVATE FUNDS	OTHER		
If other, please specify which leveraged funds have been procured:									
Does the proposed recovery activity reside within any tribal governments?			YES	NO					
If yes, please state with tribal government:									
Is the proposed recovery activity located entirely within the applying entity's jurisdiction?					YES	NO			
Is the proposed recovery activity located in one (1) contiguous commercial area?					YES	NO			

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Are there any co-applicants involved in this project?	YES	NO	
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If yes, list all co-applicants below (if additional space is needed, attach list to application as an addendum)

PARTNER INFORMATION

PROPOSED PARTNERSHIP(S) (LWDBs, educational organizations, non-profits, private vendors, government entities, etc.)	PROPOSED ACTIVITIES AND SERVICES PARTNER WILL PROVIDE	LIST PARTNER QUALIFICATIONS AND EXPERIENCES IN IMPLEMENTING THE PROPOSED ACTIVITIES AND SERVICES

Location of Proposed Project

Street Address:			
City:		Zip:	
If more than one address involved in proposed project, please list:			
Street Address 2:			
City:		Zip:	
Street Address 3:			
City:		Zip:	

If more than 3 addresses are involved in proposed project, please attach a list to this application as an addendum.

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Give a brief description of the proposed project (3-4 sentences max):													
Select which National Objective the project addresses:	Low- and Moderate Income Persons	Slum and Blight			Urgent Need								
Total service area population served by project:				Total LMI population served by project:									
Total number of households served by project:				Total number of LMI households served by project:									
How was the LMI data obtained for this project?				Survey Data		Census Block Data							
If Census Block Data used, specify which census blocks were used:													
If Survey Data used, please attach LMI Survey template used to collect the data to application as addendum.													
Select which Congressional District the project resides in (select all that apply):													
District 1			District 2			District 5							
Select which Florida Senate District the project resides in (select all that apply):													
District 1			District 2			District 3							
Select which Florida House District the project resides in (select all that apply):													
District 3		District 4		District 5		District 6		District 7		District 8		District 9	
Please select the Eligible Activity that best describes the proposed program or project (select all that may apply):													
Public facility improvements, including streetscapes, lighting, sidewalks, and other physical improvements to commercial areas				Acquisition, demolition, site preparation, or rehabilitation of commercial structures carried out by a unit of general local government									
Assistance to small businesses for rehabilitation and physical improvements to their places of business				Façade improvements to private or public structures in commercial areas									
Other		If other, specify what Eligible Activity best describes your project in box below:											

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Project Description

Please provide a written overview/summary of the project being proposed.

- State the project purpose and description of the proposed activity
- Specify the businesses and respective FEIN that will be assisted by completion of this project
- Describe the tie-back to Hurricane Michael
- Describe how the work will be done and the team assembled to complete work
- Explain the method used to determine project funding requirements
- Describe anticipated outcomes
- Describe how the project will be maintained after it is completed
- Provide justification if using slum or blight or urgent need national objective

Attach the Project Description to this application as an addendum (limit to 2,500 words)

Damage Summary

Please provide a written overview/summary of how Hurricane Michael’s damage impacted the service area.

- Include impacts other than physical
- Describe if and how Hurricane Michael exacerbated any previous service area issues
- Describe the project impact in expanding permanent employment opportunities, including opportunities for LMI individuals

Attach the Damage Summary to this application as an addendum (limit to 2,500 words)

For the following questions, please attach the written response as an addendum to the application (limit to 2,500 words for each question, please answer each question separately in sequential order):

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 I the Federal Register and State Action plan.
2. Describe how the proposed activity will address the Unmet Need tied to the impact of damage from the disaster (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).
3. Provide a strategic plan overview that addresses goals, stakeholders, the work plan (major tasks and deliverables), resources (staffing and budget) and monitoring/quality controls. Describe any community partnerships and roles.
4. Identify the staff members who will be responsible and/or positions that will be filled for the HRP project management and maintenance. Provide a short profile on each person on your current staff who perform project-related tasks and a brief description for any new hires who will be assigned to project work.
5. Describe any projects comparable to the one in this application that the applicant has administered in the last five (5) years.

Is the management team fully formed?	YES	NO
Do you plan to augment existing staff with contractors or vendors in any aspect of the project?	YES	NO

List any contractors or vendors who will augment staff:

Have your participated in the CDBG Small Cities Program in the past five (5) years?	YES	NO
Are you a CDBG entitlement community?	YES	NO

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Are you a Rural Economic Development Initiative (REDI) eligible county or community?		YES	NO
Provide a description of the procurement process the Applicant will follow to cultivate program and project management capacity. Attach written response (2,500 word limit) to application as an addendum.			
Does the applicant have a citizen complaint policy, acquisition and relocation policy, housing assistance plan and procurement policy in place that meets HUD guidelines? (select all that apply)			
Citizen Complaint Policy	Acquisition and Relocation Policy	Housing Assistance Plan	Procurement Policy
Project Readiness			
Do you have Site Control?	YES	NO	If yes, attach supporting documentation to application. Types of documentation acceptable include: Property Deed, Easement Agreement, Lease.
Is Zoning complete?	YES	NO	Attach supporting documentation to application. Types of documentation acceptable include: Zoning maps.
Does project have Environmental Clearance?	YES	NO	If yes, attach supporting documentation to application. Types of documentation acceptable include: Initial Assessment, Phase I.
Budget			
Attach a completed budget using the Budget Template found on: http://floridajobs.org/community-planning-and-development/assistance-for-governments-and-organizations/disaster-recovery-initiative/hurricane-michael/hometown-revitalization/			
<ul style="list-style-type: none"> • Attach any quotes related to the project; • Attach any bids related to the project; • Attach any schedules related to the project; and • Attach any estimates related to the project 			
Duplication of Benefits			
Describe how the proposed project shall not duplicate benefits as specified in the CDBG-DR Action Plan. Attach written response (2,500 word limit) to application as an addendum.			
Additional Required Documentation			
Attach the following additional required documents to the application as an addendum. Please respond and attach in sequential order.			
Map showing the total service area	Map showing the proposed project area	Map showing zoning of proposed project area	Map showing most recent flood plain of the proposed project area
Attach a projected Work Plan using the Work Plan Template found on: http://floridajobs.org/community-planning-and-development/assistance-for-governments-and-organizations/disaster-recovery-initiative/hurricane-michael/hometown-revitalization/			
Attach a projected Organizational Chart using the Organizational Chart Template found on: http://floridajobs.org/community-planning-and-development/assistance-for-governments-and-organizations/disaster-recovery-initiative/hurricane-michael/hometown-revitalization/			

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	Attach up to ten (10) photos of the service area and proposed project or other relevant photos showing tie-back to Hurricane Michael.
	Attach the project’s public meeting notice, meeting minutes, meeting agenda, and any received public comments.
Authorized Signature	
As authorized Executive Officer, I certify that staff, contractors, vendors and community partners of our storm recovery initiative:	
	Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-DR funded activities;
	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
	Certify that all information submitted in this Application is true and accurate.
Signature of Executive Officer	
Date	