

**Collier County  
Housing and Human Services**

**Request for Proposals**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
HOME & SHIP ACTIVITIES**

**SUBMIT PROPOSALS TO:**

**HOUSING & HUMAN SERVICES  
3050 NORTH HORSESHOE DRIVE, SUITE 110  
NAPLES, FL 34104**

**SUBMIT BY:**

**2:00 p.m. December 3, 2007**

**Collier County  
Request for Proposal  
Community Development Block Grant, HOME and SHIP Programs**

**I. INTRODUCTION**

Collier County is soliciting proposals from organizations for projects to be funded under its FY 2008-2009 Community Development Block Grant (CDBG), HOME and SHIP Programs.

The CDBG and HOME Programs are funded by the U.S. Department of Housing and Urban Development. Through these programs, HUD provides entitlement funds to the County to fund a variety of projects which aid in the development of viable communities by providing decent housing, a suitable living environment and expanding economic opportunities, primarily for persons of low and moderate income.

The State Housing Initiative Program (SHIP) is funded by the State of Florida for the purpose of meeting housing needs of the very low, low and moderate income households, to expand production of and preserve affordable housing, and to further the housing element of the local government comprehensive plan specific to affordable housing.

**II. APPLICATION INFORMATION**

**A. General Instructions**

For funding consideration, all projects must meet the general eligibility requirements listed below.

1. Organizations must be located in Collier County or provide services within Collier County.
2. Organizations must be public organizations, a private non-profit organization with an IRS 501 (C) 3 designation or for purposes of job creation, a for-profit business.
3. Organizations must have been in business/providing services for at least one year.

In addition, proposed CDBG/HOME projects must meet one of the three CDBG National Objectives:

1. Benefit low or moderate income persons
2. Prevent or eliminate slum or blight
3. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare

Each project must also meet one of the 2006-2010 Consolidated Plan goals:

- ❖ Decent housing – To assist homeless persons in obtaining appropriate housing and assist persons at risk of becoming homeless; to retain affordable housing stock; and to increase the availability of permanent housing in standard conditions; to increase affordable housing to very low income and low income families, and to increase the supply of supportive housing by combining the structural features and services needed to enable persons with special needs to live with dignity and independence.
- ❖ Suitable living environment – To improve the safety and livability of neighborhoods; to increase access to quality public and private facilities and services; to reduce the isolation of income groups within a community or geographical area through special de-concentration of housing opportunities for persons of lower income; to revitalize deteriorating or deteriorated neighborhoods; to restore and preserve properties of special historic, architectural and aesthetic value; and to conserve energy resources.
- ❖ Expand economic opportunities – To provide jobs to low income persons living in areas affected by HUD programs and activities that are accessible to affordable housing; to make mortgage financing available to low income persons at reasonable rates using non-discriminatory lending practices; to create access to capital and credit for development activities, promoting long-term socio-economic viability to the community; and to empower low-income persons with opportunities for self-sufficiency and provide opportunities to reduce generational poverty in federally assisted and public housing.

Agencies and organizations responding to this Request for Proposal (RFP) must complete the attached funding application. A separate application must be submitted for each activity. One (1) original and five (5) copies of the completed application package and all attachments, exhibits, and supplementary information must be submitted to:

Collier County  
Housing and Human Services Department  
3050 North Horseshoe Drive, Suite 110  
Naples, FL 34104

**APPLICATION MUST BE RECEIVED BEFORE 2:00 P.M. MONDAY, DECEMBER 3, 2007.**

The application must be **typed** (not handwritten). Use a binder clip to secure your application package (do not bind the application). Incomplete applications or applications submitted after the published deadline will not be considered. Once submitted, no proposal shall be amended, unless the amendment has been requested by the County. The County reserves the right to contact the applicant if additional information is required.

Applicants requiring information regarding the regulations governing the CDBG/HOME/SHIP programs, technical assistance with the application or other help should contact the Collier County Housing and Human Services Department at 239-252-2330. The application package is also available on Collier County website at <http://www.colliergov.net>

### **III. GENERAL REQUIREMENTS**

#### **A. Operating Agreement**

Non-profit agencies and organizations approved for funding will be required to sign an agreement with the County in order to insure compliance with Community Development Block Grant, HOME or SHIP Program regulations. CDBG/HOME/SHIP funds may not be obligated until the agreement is accepted and signed by all parties. Funding is disbursed on a reimbursement basis.

## **B. Indemnification**

Non-profit agencies and organizations approved for funding must agree to defend, indemnify, and hold harmless the County, its officers, agents and employees from and against all liability, claims, demands, damages, losses and expenses, including attorneys' fees, original and on appeal, arising out of, or related in any way to the performance of the agreement.

## **C. Insurance**

Agencies and organizations approved for funding will be required to obtain insurance coverage, which shall contain a provision, which forbids any cancellation, changes or material alterations without prior notice to the County at least thirty (30) days in advance. The insurance coverage shall be evidenced by an original certificate of insurance provided to the County prior to the execution of the agreement. The required insurance will be specified in the written agreement.

## **D. Program Monitoring**

Applicants approved for funding will be required to maintain documentation of project implementation and submit required information necessary to monitor program accountability and progress in accordance with the terms and conditions of the agreement. Monitoring will include, at a minimum, monthly monitoring reports, on-site monitoring and compliance reports and records as specified in the contractual agreement.

## **E. Notification**

All applicants will be notified in early February 2008 of funding ranking and awarding. Receipt of an award letter is not a guarantee of funding. Please be aware that past funding does not guarantee future funding or funding at the same level as previous awards.

#### **IV. PROJECT CONSIDERATIONS**

Applicants are encouraged to develop a program that has a substantial and comprehensive effect on the needs and conditions identified in their application(s). The following factors must be taken into consideration before preparing an application and should be clearly demonstrated in the application.

1. The proposed project will produce a substantial impact within a reasonable period of time that will have a long-term effect and not rely on future federal funding to implement or maintain the activity, program or service.
2. The proposed project leverages funds other than CDBG/HOME/SHIP funds. The proposed project is economically feasible and implementation will occur in Fiscal Year July 1, 2008 through June 30, 2009. The project will be completed in a timely and cost-effective manner. The project has sufficient funds identified and/or allocated to complete the project.
3. The proposed activity complies with one of HUD's national objectives and one of the County's Consolidated Plan goals. (see Application Information, General Instructions) In addition, the application and proposed activity are consistent with the County's Growth Management Plan and/or adopted neighborhood master plan.
4. The proposed activity or service will complement and not duplicate planned or existing activities or services.
5. The proposed activity does not require displacement of individuals or produce any adverse effects to the community or environment.
6. The applicant has the necessary funds to operate the agency and has demonstrated a commitment to the proposed project for at least three (3) years.
7. Applicant has the administrative capacity and experience to plan and implement the proposed activity or service.
8. Applicants that are faith based or religious organizations agree to follow the guidelines established in the accompanying "Acknowledgement of Religious Organization Requirements" form by fully executing and including the document with the application.

**V. CRITERIA FOR EVALUATION OF PROPOSALS**

Proposals for the FY2008-2009 CDBG/HOME/SHIP Program will be evaluated, scored and ranked based on the following criteria and point system.

<b>CRITERIA</b>	<b>MAXIMUM POINTS</b>
Benefit to Low-Mod Persons (National Objective)	5
Benefit to Target Area	10
Activity Need/Justification: (a) Need (b) Consolidated Plan Priority	(a) 15 (b) 5
Cost Reasonableness & Effectiveness	10
Activity Management & Implementation	20
Experience & Past Performance	20
Demonstrate Other Contributions: (a) Efforts to Secure Other Financing (b) Match/Leverage	(a) 10 (b) 10
Adverse Environmental Impact	-5 or 0 points
Application Completeness	5
Project Readiness	10
<b>TOTAL</b>	<b>120</b>

**COLLIER COUNTY FISCAL YEAR 2008/2009  
GRANT APPLICATION COVER CHECKLIST**

Please place this checklist on top of your application. Submit the following pages in the order outlined below plus required exhibits and any attachments.

**APPLICATION CHECKLIST**

- Applicant/Organization Information
  
- Project Summary
  
- Project Description
  - Map
  
- Demonstrated Need/Outcomes
  
- Readiness to Implement
  - Proposed Project Timetable
  
- Demonstrated Experience and Capacity
  - Resumes, Pay Scales and Job Descriptions
  - Articles of Incorporation
  - By-Laws
  - Organizational Chart
  - 501 (c) (3) IRS Tax Exemption Letter
  - List of Board of Directors
  
- Budget/Financial Feasibility
  - Budget
  - Match/Leverage Award Letters/Evidence of Fund Availability
  - Financial Feasibility
  - Most recent Audit or Financial Statement
  
- Exhibits (#1-9)
  
- Acknowledgement of Religious Organization (if applicable)



**COLLIER COUNTY  
HOUSING AND HUMAN SERVICES  
GRANT APPLICATION**

**APPLICANT INFORMATION**

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address, if different: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Organization in Operation: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

1. Is your organization a private non-profit with 501(c)(3) status? Yes \_\_\_ No \_\_\_
2. If your organization or agency is faith based, please identify national or state affiliation and provide your mission statement. Please state the primary activities currently provided by your organization. All faith-based organizations must complete and attach Acknowledgement of Religious Organization Requirements.
3. Explain how your organization has the capacity to carry out the proposed activity (i.e. Staff qualifications and years of experience related to this type of activity, etc).

4. List recent agency accomplishments.

5. Define your agency's mission statement, vision or purpose. If agency has a strategic plan please attach a copy.

**Agency Organizational Information:**

6. Agency has annual Board orientation & training policy? Yes \_\_\_ No \_\_\_

7. Agency has written personnel policies? Yes \_\_\_ No \_\_\_

8. Agency has a written operating procedures manual? Yes \_\_\_ No \_\_\_

9. Agency plans to participate in the Continuum of Care Homeless Management Information System (HMIS) process? Yes \_\_\_ No \_\_\_ N/A \_\_\_\* If N/A or No please explain briefly:

10. If currently funded by HHS, has the agency submitted monthly reports and met its contractual requirements in a timely manner? (Check One)

- Submitted all reports and met all performance objectives.
- Submitted most of the required reports on time and met some performance objectives.
- Submitted less than half of the required reports on time; have had project delays or unresolved monitoring findings

**Agency Financial Information**

Agency maintains the following records:

11. Cash Receipts Journal Yes \_\_\_ No \_\_\_

12. Cash Disbursements Journal Yes \_\_\_ No \_\_\_

13. General Ledger Yes \_\_\_ No \_\_\_

- |     |  |         |        |
|-----|--|---------|--------|
| 14. | Charts of Accounts   | Yes ___ | No ___ |
| 15. | Payroll Journal and Individual Payroll Records   | Yes ___ | No ___ |
| 16. | Individual Personnel Files   | Yes ___ | No ___ |
| 17. | Written Procurement Procedures   | Yes ___ | No ___ |
| 18. | Capital Inventory  | Yes ___ | No ___ |
| 19. | Written Travel Policy  | Yes ___ | No ___ |
| 20. | Property Control Policy and Records  | Yes ___ | No ___ |
| 21. | Has the agency submitted a prior year external audit and resolved any audit findings?            |         |        |
|     | <input type="checkbox"/> Submitted required audits and resolved findings, if any.                |         |        |
|     | <input type="checkbox"/> Submitted an audit but has unresolved audit findings.                   |         |        |
|     | <input type="checkbox"/> Has not submitted an audit. Audit for FY _____ will be available _____. |         |        |

**CERTIFYING REPRESENTATIVE**  
(Person authorized to sign contract, if approved)

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency. I understand that this grant funding is conditioned upon compliance with federal CDBG and/or HOME regulations and/or state SHIP regulations.

I grant Collier County access, with notice, to review agency records, make site visit(s), and make other inquiries related to this application.

**Name/Signature:**

\_\_\_\_\_

(Please Print)

(Signature)

**Title:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**PROJECT INFORMATION**

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

Brief Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Funding Requested: CDBG \_\_\_\_\_ HOME \_\_\_\_\_ SHIP \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

**PROJECT DESCRIPTION**

Check the appropriate box:

- Housing Development     Economic Development     Public Facilities  
 Public Service     Other \_\_\_\_\_

**Housing** - Check the activity to be undertaken:

- Land Acquisition     Rehabilitation  
 Housing Infrastructure     Other/Describe:  
 Housing Construction  
 Tenant Based Rental Assistance (TBRA)

**Public Facilities - Check the activity to be undertaken:**

- Construction of Public Facility       Other/Describe:  
 Construction of Infrastructure

**Economic Development - Check the activity to be undertaken:**

- Job Creation  
 Commercial or Industrial Improvements  
 Technical Assistance       Other Describe:  
 Public Service/Describe:  
 Other/Describe:

1. Provide a summary of the proposed activity. Include a description of the problem, your proposed solution and expected results. Describe the proposed activity in detail, including specific geographic location area, if applicable. Include map if site specific.

2. Who will be served and/or benefit from this activity? What are your objectives? Be specific. Identify the number of housing units created, number of individuals to be served, number of jobs to be created, etc.

3. Explain how this activity will improve the community; meet a national objective or Consolidated Plan goal.

4. Is the proposed activity a new service? Yes \_\_\_ No \_\_\_

5. Is the proposed activity expanding an existing service? Yes \_\_\_ No \_\_\_

6. Is the proposed activity part of a phased project? Yes \_\_\_ No \_\_\_

If yes, please describe the phases and provide a timeline for the entire project:

MILESTONE/TASK	START DATE	DATE COMPLETED

7. Has work begun on any part of this project? Yes \_\_\_ No \_\_\_

If yes, please describe.

8. Explain why the CDBG/HOME/SHIP funds are needed for this activity.

9. Will a fee be charged for this activity? Yes \_\_\_ No \_\_\_

If yes, attach fee structure or explain here.

10. List any MBE/WBE (minority business enterprises/woman business enterprises) or DBE (disadvantaged business enterprises) expected to be utilized in this activity.

11. Total number of persons to benefit directly from this activity:

# persons \_\_\_\_\_ served each month/year (circle one).

What is the targeted income range for this activity?

How will applicants/beneficiaries be deemed eligible for this activity?

How will applicants/beneficiaries be income qualified for this activity?

12. If a waiting list of clients to be served is maintained, please describe the method of selection, ranking or preference if any.



**DEMONSTRATED NEED/OUTCOMES**

1. What is the need or problem your agency intends to address? Describe the problem, list your goals/objectives, activities to implement and expected outcomes. (# of units; # of individuals; etc).

Goal	Activity	Outcome

2. Describe the service area/neighborhood and how you will reach out to the target population.

**READINESS TO IMPLEMENT**

1. Describe specific steps the organization will take to implement the proposed project.

Project Tasks	Start Date	End Date

2. If this is a housing construction activity, do you have construction/conceptual plans prepared?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please submit a copy of the plans.

**DEMONSTRATED EXPERIENCE AND CAPACITY**

1. Please indicate if you have received funding from the following sources in the past five years:

FUNDS	YEAR	AMOUNT	YEAR	AMOUNT	YEAR	AMOUNT
CDBG						
HOME						
CoC/SHP						
ESG						
Other Federal Funds (please list)						
State Funds (please list, SHIP, SAIL, etc)						

2. Was the previously funded activity successfully completed? Yes \_\_\_ No \_\_\_  
 If No, please explain:

3. Provide qualifications of all staff that will be responsible for implementing the proposed project. If additional staff is to be retained for this project, or if you propose to contract with other organizations, please describe. Attach resumes or additional pages if necessary.

4. See required Agency/Organizational Exhibits. Attach as instructed.

**BUDGET**

**HOUSING PROJECT BUDGET**

	CDBG / HOME	In-Kind	Other Funds	Funding Sources
Acquisition	\$			
Architectural Design/ Engineering	\$			
Construction	\$			
Site Improvements/ Infrastructure	\$			
Other	\$			
<b>TOTAL PROJECT COST</b>	<b>\$</b>			

**NON-HOUSING ACTIVITY BUDGET**

ITEM	CDBG/HOME/SHIP	In-Kind	Other Funds	Funding Sources
	\$			
	\$			
	\$			
	\$			
<b>TOTAL PROJECT COST</b>	<b>\$</b>			

**FINANCIAL FEASIBILITY/LEVERAGING**

1. Have other funding sources been identified and secured? Yes \_\_\_ No \_\_\_

Indicate status of each funding request from other sources and whether or not the implementation of this activity is contingent on receiving funds from other sources.

2. Attach award letter and/or letter of intent for each funding commitment and date of funding availability.

3. Of the total project cost, what percentage has been, or will be financed with CDBG/HOME/SHIP funds?

CDBG/HOME/SHIP Funding (divided by) Total Project Cost = Percentage

\$ \_\_\_\_\_ (divided by) \$ \_\_\_\_\_ = \_\_\_\_\_ %

(\$ amount requested)

(Total project cost)

4. Determine the amount of funds used per person, by dividing the total funds requested by the number of persons directly benefiting:

## MATCH/LEVERAGE

All applicants are encouraged to provide matching and/or leverage funds. Match/leverage will positively impact the application. Match/leverage must relate directly to the CDBG/HOME/SHIP activity and be provided during the term of the agreement. *Please note: HOME projects require a 25% match.*

Please check one or more of the following eligible contributions:

- cash contributions                       other federal, state or local grants-source \_\_\_\_\_
- private loans                               fund-raising monies
- value of land or real property (specify who owns the land or real property)
- value of in-kind contribution, including donated material or building; and value of lease on a building (staff time is excluded)

## AUDIT/FINANCIAL STATEMENTS

1. Does your organization have an established accounting system? Yes \_\_\_ No \_\_\_  
If yes, please provide a CPA certification from a Certified Public Accountant to that effect or a HUD-approved audit summary.
2. Attach one copy of the signed annual financial statement for each of the past two years.

## Environmental Issues

*Check the appropriate item to the best of your knowledge as it pertains to the proposed activity.*

- a. Project/property is located on a historical or archeological site. Yes \_\_\_ No \_\_\_
- b. Project/property is in the 100-year flood plain. Yes \_\_\_ No \_\_\_
- c. Project/property is in a wetlands area. Yes \_\_\_ No \_\_\_
- d. Project/property is in a coastal barrier area. Yes \_\_\_ No \_\_\_
- e. Project/property is within a half-mile of an airfield. Yes \_\_\_ No \_\_\_
- f. Project/property is near storage or manufacturing facility of industrial products. Yes \_\_\_ No \_\_\_
- g. Project/property is on or near soil contaminated by diesel/fuel or gasoline. Yes \_\_\_ No \_\_\_

Note: If any of the above items is marked yes, please provide an explanation of how the proposed project is affected and the expected impact on the surrounding environment.

- a. Is the proposed activity expected to impact the environment in any negative manner or pose a hazard or nuisance? Yes \_\_\_ No \_\_\_
- b. Are any endangered or threatened or listed species located on the proposed project site? Yes \_\_\_ No \_\_\_
- c. Are there any environmental concerns or impediments associated with the proposed activity? If yes, please provide detail. Yes \_\_\_ No \_\_\_
- d. Is the proposed activity expected to adversely affect the environment? Yes \_\_\_ No \_\_\_
- e. Project/property is on a properly zoned site. If not properly zoned, please explain. Yes \_\_\_ No \_\_\_

## REQUIRED EXHIBITS

Please attach and label as follows:

- Exhibit 1. Copy of 501(c) (3) Certificate from IRS
- Exhibit 2. Articles of Incorporation
- Exhibit 3. By-Laws
- Exhibit 4. Organizational Chart
- Exhibit 5. List of Current Board of Directors
- Exhibit 6. State of Florida Certificate of Good Standing
- Exhibit 7. Board Resolution authorizing submittal of grant application
- Exhibit 8. Most recent financial statement
- Exhibit 9. Acknowledgement of Religious Organization Requirements  
(if applicable)



**Acknowledgement of Religious Organization Requirements**

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant (CDBG) assistance may not, as a general rule, be provided to primarily religious entities for any secular or religious activities.

Therefore, the following restrictions and limitations apply to any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which is supervised or controlled by or operates in connection with a religious or denominational institution or organization.

A religious entity that applies for and is awarded CDBG funds for public service activities must agree to the following:

1. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference to persons on the basis of religion.
2. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion.
3. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.
4. The portion of a facility used to provide public services assisted in whole or in part under this agreement shall contain no sectarian or religious symbols or decorations; and
5. The funds received under this agreement shall be use to construct, rehabilitate or restore any facility, which is owned by the provider and in which the public services are to be provided. However, minor repairs may be made if such repairs are directly related to the public services located in a structure used exclusively for non-religious purposes and constitute in dollar terms, only a minor portion of the CDBG expenditure for the public services.

I hereby acknowledge that I have read the specific requirements contained in this attachment and that eligibility of my organization's project depends upon compliance with the requirements contained in this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name and title \_\_\_\_\_

**Notary**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

by \_\_\_\_\_ who is (personally known) or (produced  
identification) state type of identification \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

State of Florida  
County of Collier

(stamp)