

**Collier County
Housing and Human Services**



Request for Proposals

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
HOME INVESTMENT PARTNERSHIP (HOME)**

SUBMIT PROPOSALS TO:

**COLLIER COUNTY HOUSING & HUMAN SERVICES
3301 E. Tamiami Trail,
Bldg. H, Suite 211
Naples, FL 34112**

SUBMIT BY:

2:00 p.m. December 31, 2009



**Collier County
Request for Proposal
Community Development Block Grant**

I. INTRODUCTION

Collier County is soliciting proposals from organizations for projects to be funded under its FY 2010-2011 Community Development Block Grant (CDBG) & HOME programs.

The CDBG and HOME programs are funded by the U.S. Department of Housing and Urban Development (HUD). 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.

II. APPLICATION INFORMATION

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 for profit, non-profit organization or one with an IRS 501 (C) 3 designation.

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

1. Low Mod Income
 - o Area Benefit
 - o Limited Clientele
 - o Housing
 - o Jobs
2. Slum & Blight
 - o Area basis
 - o Spot Basis
 - o Urban renewal
3. Urgent Need

Eligible Activities requested:

- o Infrastructure Projects
- o Acquisition for public facilities
- o Construction of public facilities
- o Job Creation
- o Public Services

Also, proposed HOME projects must meet one of the four HOME National Objectives:
HOME National Objectives:

1. Provide decent affordable housing to lower income households
2. Expand capacity to nonprofit housing providers
3. Strengthen the ability of state and local governments to provide housing
4. Leverage private-sector participation

Eligible Activities requested:

- Energy Efficiency
- Home Owner Rehabilitation
- Home Buyer Activities
- Rental Housing

Agencies and organizations responding to this Request for Proposal (RFP) must complete the attached funding application. **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
3301 E. Tamiami Trail
Bldg. H, Suite 211
Naples, FL 34112**

**APPLICATION MUST BE RECEIVED BEFORE 2:00 P.M.
Thursday December 31, 2009**

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 programs, technical assistance with this application or other help should contact the Collier County Housing and Human Services Department at 239-252-4663. This 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 programs. Funds may not be obligated until the agreement is accepted and signed by all parties.

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 late/mid February 2010 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 for the community 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 programs. The proposed project is economically feasible and implementation will occur in Fiscal Year July 1, 2010 through June 30, 2011. 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. (as applicable)
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 and/or until Certificate of Occupancy (C/O) are obtained and qualified purchasers take possession of the house.
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 this application.

V. CRITERIA FOR EVALUATION OF PROPOSALS
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Proposals for the FY2010-2011 CDBG/HOME programs will be evaluated, scored and ranked based on the following criteria and point system.

Collier County Housing and Human Services Department utilizes evaluation forms with a set of specific criteria to evaluate all requests for competitive grant funding. In addition to the determination of eligibility per HUD regulations, the evaluation form includes the categories as listed below. All applications for grant funding will be scored and ranked based upon the following criteria:

CRITERIA	MAXIMUM POINTS
Demonstrated Need	10
Proposed Outcomes	20
Readiness to Implement	20
Experience & Organizational Capacity	30
Fiscal Feasibility	30
Evaluative Measures	5
Application Completeness	5
TOTAL	120

EVALUATION CRITERIA

A. Description of Categories

1. Demonstrated Need: (Maximum Combined Points: "10")

The category will be evaluated in terms of the documentation and justification of the need for the activity.

- Has articulated a rationale for the project related to the project's purpose(s). The applicant should explain how the project will address the stated national objectives.
- Has determined the demand for the project. This may include a market analysis of the target population and/or community (ies).

2. Proposed Outcomes: (Maximum Points: "20")

The category will be evaluated in terms of the goals, objectives and activities planned to complete the activity, the numbers served versus the cost and the sustainability of the activity.

- Project Goals and Objectives respond to identified problems, needs, and community demand as determined by the applicant.
- Project Goals, Objectives and Activities should be achievable, measurable, time-limited, and clearly stated.
- Project Goals, Objectives and Activities evidence the project's value and facilitate the applicant's organizational goals and objectives.
- Work Plan clearly constructed and complete; to provide a clear understanding as to how the project will be implemented.
- Has demonstrated an understanding of the obstacles that may be encountered in developing and implementing the project, and describes, in detail, the approaches that will be employed to overcome such obstacles

3. Readiness to Implement : (Maximum Points: "20")

The category will be evaluated on the basis on the ability to commence the project and expend funds within the program year.

- Has listed tasks in a logical order that demonstrate a feasible work plan
- Has identified staff, board members, partners responsible for implementation
- Has available resources needed to implement proposed activity
- Has demonstrated ability to complete projects or tasks in a timely manner

4. Experience and Organizational Capacity: (Maximum Points: "30")

The category will be evaluated on the basis on the experience of the applicant, and experience in undertaking projects of similar complexity as the one for which funds are being requested.

- Demonstrates capability, experience, and knowledge (i.e. managerial and technical) to implement the project.
- Roles and responsibilities are clearly defined and there is documentation that each member understands and accepts its role.

- Identifies and describes contributions of key project personnel, including the specific respective roles, time commitment., contributions, services provided and memorandums of agreement may be provided
- Demonstrates success from past performance with grant funding
- Commitment to the project by participating institutions, professional staff or other key institutions or individuals.
- Anticipated cost participation including direct funding, in-kind and staffing support after federal funding ends.
- Evidence of long-term commitment/project “buy in” at high levels and community support

5. Fiscal Feasibility: (Maximum Points: “30”)

The category will be evaluated by the applicant’s ability to demonstrate their plans to sustain the project; utilize funds and manage them appropriately and leverage sources of funds.

- Costs of implementing the work plan are congruent with the proposed budget
- Budget reflects an understanding of the required costs to implement and maintain the project.
- Need for equipment, supplies, contractual services, and other budget items are well justified in terms of the project goal(s), objectives, and proposed activities.
- Outlines a realistic plan for sustainability after government support ends
- Documents ability to secure other sources of funding
- Demonstrates an established accounting system
- Demonstrates the ability to leverage government funds with other contributions

6. Evaluative Measures: (“5” Points)

The category will be evaluated on the applicant’s ability to collect data to measure the outcomes of the activities and the project as a whole.

- Provides a clear evaluation plan with performance measurements
- Demonstrates long term support of project
- Demonstrates how outcome measures will meet national or program objectives
- Evaluation plan demonstrates “value-added” or “community value” to Collier County

7. Application Completeness: (Maximum Points: “5”)

The category will be evaluated on the applicant’s thoroughness and completeness. Applications that have not been signed by the appropriate person or handed in on deadline will not be considered.

- Application is signed
- Application received by deadline
- All necessary exhibits are attached
- All questions have been answered

(Insert your Organization's Name)

**COLLIER COUNTY FISCAL YEAR 2010/2011
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 Information**
- Project Description**
 - Map
- Demonstrated Need/Project Outcomes**
- Scope of Services**
- 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
 - Federal debarment letter
- Evaluative Measures**
- Budget/Financial Feasibility**
 - Budget
 - Match/Leverage Award Letters/Evidence of Fund Availability
 - Financial Feasibility
 - Most recent Audit or Financial Statement
- Exhibits (#1-11)**
- 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: _____

Contact Person/Title: _____

Contact Email Address: _____

Phone: _____

Federal Tax ID #: _____

DUNS #: _____

CCSR#: _____

1. Is your organization a private non-profit with 501(c) (3) status? Yes ___ No ___
Years in Operation: _____

2. If your organization or agency faith based? Yes ___ No ___

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. (Exhibit 9)

3. List recent agency accomplishments.

Agency Organizational Information:

4. Agency has annual board orientation & training policy? Yes ___ No ___

5. Agency has written personnel policies?* Yes ___ No ___

* Housing & Human Services will review item 5 upon award.

6. Agency has a written operating procedures manual? Yes ____ No ____
* Housing & Human Services will review item 6 upon award.

7. 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:

8. 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:

- 9. Cash Receipts Journal Yes ____ No ____
- 10. Cash Disbursements Journal Yes ____ No ____
- 11. General Ledger Yes ____ No ____
- 12. Charts of Accounts Yes ____ No ____
- 13. Payroll Journal and Individual Payroll Records Yes ____ No ____
- 14. Individual Personnel Files Yes ____ No ____
- 15. Written Procurement Procedures Yes ____ No ____
- 16. Capital Inventory Yes ____ No ____
- 17. Written Travel Policy Yes ____ No ____
- 18. Property Control Policy and Records Yes ____ No ____

19. Has the agency submitted a prior year external audit and resolved any audit findings?
- Submitted required audits and resolved findings, if any.
 - Submitted an audit but has unresolved audit findings.
 - Has not submitted an audit. Audit for FY _____ will be available _____.
 - Agrees to submit audits every year during contract.

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 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

- | | |
|---|---|
| <input type="checkbox"/> Housing Programs | <input type="checkbox"/> Homebuyer Activities |
| <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Energy Efficiency |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Public Service |

Housing Programs- Check the activity to be undertaken:

- Rehabilitation of Multi Family units
- Rehabilitation of Single Family units
- Site Improvements

Economic Development - Check the activity to be undertaken:

- Job Creation for low income persons

Public Service- Check the activity to be undertaken:

- Public Service

Infrastructure Projects- Check the activity to be undertaken:

- Construction of Public Facilities & Improvements

Energy Efficiency - Check the activity to be undertaken:

- Energy Efficiency Improvements for Affordable Housing Units or Public Facilities

Homebuyer Activities

- Down Payment Assistance

PROJECT DESCRIPTION

Project Name: _____

Type of Funding Requested: CDBG _____ HOME _____

Amount of Funding Requested: \$ _____

Total Project Cost: \$ _____

1. Provide a brief summary of the proposed activity. Include map if site specific.

2. Has work begun on any part of this project? Yes ____ No ____
If yes, please describe.

3. Explain why CDBG/HOME funds are needed for this activity.

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

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

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?

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

DEMONSTRATED NEED/ PROJECT OUTCOMES

1. What is the need or problem your agency intends to address?
Describe the problem using local data & information.

2. List your goals/objectives, activities to implement and expected outcomes.
(# of units; # of individuals; etc).

3. Describe the service area/neighborhood and how you will reach out to the target population.
4. Please describe any anticipated obstacles you may encounter and how you expect to overcome them?

SCOPE OF SERVICES

○ PROJECT DESCRIPTION (please be brief)

○ BUDGET:

Line Item	CDBG Funds

Total: _____

○ WORK SCHEDULE: Time frame for completion of the outlined activities shall be:

Milestone	Deadline

o

OUTCOME PERFORMANCE MEASUREMENTS:

Example

PERFORMANCE OBJECTIVE/OUTCOME	PERFORMANCE MEASURE	ACTIVITY	INDICATORS/NUMBERS PROJECTED
Sustainability for the purpose of creating a suitable living environment.	Number of persons benefiting from the public facility	Improvement of Public Facility	1 (Public Facility)

Please note that if any of these activities exceed the timelines by two months a revised work schedule must be submitted to HHS.

PERFORMANCE OBJECTIVE/OUTCOME	PERFORMANCE MEASURE	ACTIVITY	INDICATORS/NUMBERS PROJECTED

READINESS TO IMPLEMENT

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

Project Tasks	Start Date	End Date

2. Who will be responsible to carry out these special steps?

3. What are the resources you currently have available to implement this activity?

4. What projects have your organization completed in the past two years in a timely manner? Be specific.

DEMONSTRATED EXPERIENCE AND CAPACITY

1. 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).

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

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

3. Was the previously funded activity successfully completed? Yes ___ No ___
If No, please explain:

4. 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.

5. Are there other organizations or key individuals who have given support to this project?

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

BUDGET

TOTAL PROJECT BUDGET

	CDBG	In-Kind	Other Funds	Funding Sources
	\$			
	\$			
	\$			
	\$			
	\$			
TOTAL PROJECT COST:				

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?

CDBG/ HOME 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:

5. Can you provide evidence of long term support for this project? Can this project continue after this round of funding? Explain how the project is sustainable.

MATCH/LEVERAGE

All applicants are encouraged to provide leverage funds. Leverage will positively impact the application. Leverage must 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.

EVALUATIVE MEASURES

1. Provide an evaluation plan that includes specific performance measurements?
2. What strategies will you implement to collect the data necessary to analyze your results?
3. What impact do you expect to have on your target audience and the community?
4. Include any letters of support or evidence of the support and buy in of the community or local partners.

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 ___
- f. Project/property is on or near soil contaminated by diesel/fuel or gasoline. 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
- Exhibit 10. Debarment letter
- Exhibit 11. Procurement Policy
(if applicable)

FY 2009 Income Limits Documentation System
FY 2009 Income Limits Summary

Naples-Marco Island, FL MSA										
FY 2009 Income Limit Area	Median Income	FY 2009 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Naples-Marco Island, FL MSA	\$70,800	Very Low (50%) Income Limits	\$24,800	\$28,300	\$31,850	\$35,400	\$38,250	\$41,050	\$43,900	\$46,750
		Extremely Low (30%) Income Limits	\$14,900	\$17,000	\$19,150	21,250	22,950	24,650	26,350	28,050
		Low (80%) Income Limits	\$39,650	\$45,300	\$51,000	\$56,650	\$61,200	\$65,700	\$70,250	\$74,800

NOTE: Naples-Marco Island, FL MSA contains Collier County, FL.

Exhibit 9

Acknowledgement of Religious Organization Requirements

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant CDBG/HOME 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/HOME 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/HOME 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 _____, 2009

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

Signature of Notary Public _____
Print Name _____

Exhibit 10

**INSTRUCTIONS
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION AGREEMENTS/SUB-AGREEMENTS**

1. Each non-profit/contractor of federal financial and non-financial assistance that equals or exceeds \$100,000 in federal monies must sign this debarment certification prior to agreement execution. Independent auditors who audit federal programs regardless of the dollar amount are required to sign a debarment certification form. Neither Collier County Housing and Human Services nor its agreement non-profit/contractors can contract with subcontractors if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract is entered into. If it is later determined that the signed knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The non-profit/contractor shall provide immediate written notice to the grant manager at any time the non-profit/contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred," "suspended," "ineligible," "person," "principal," and "voluntarily excluded," as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549 and 45 CFR (Code of Federal Regulations), Part 76. You may contact the grant manager for assistance in obtaining a copy of those regulations.
5. The non-profit/contractor further agrees by submitting this certification that, it shall not knowingly enter into any sub-agreement with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract unless authorized by the Federal Government.
6. The non-profit/contractor further agrees by submitting this certification that it will require each subcontractor of agreements and/or contracts referencing this contract whose payment will equal or exceed \$100,000 in federal monies, to submit a signed copy of this certification with each sub-agreement.
7. Collier County Housing and Human Services may rely upon a certification by a non-profit/contractor or subcontractor entity that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting or subcontracting unless the department knows that the certification is erroneous.

8. The non-profit/contractor may rely upon a certification by a subcontractor entity that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless the non-profit/contractor knows that the certification is erroneous.
9. The signed certifications of all subcontractors shall be kept on file with non-profit/contractor.

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION AGREEMENTS/SUB-AGREEMENTS**

Exhibit 10

This certification is required by the regulation implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

- (1) The prospective non-profit/contractor certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in contracting with Collier County Housing and Human Services by any federal department or agency.

- (2) Where the prospective non-profit/contractor is unable to certify to any of the statements in this certification, such prospective non-profit/contractor shall attach an explanation to this certification.

Signature _____

Date _____

Name and Title of Authorized Individual
(Print or type)

Name of Organization