



**COLLIER COUNTY  
HOUSING, HUMAN & VETERAN SERVICES  
FISCAL YEAR 2012-13**

**Request for Application**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
HOME INVESTMENT PARTNERSHIP (HOME)  
EMERGING SOLUTIONS GRANT (ESG)**



Submit to:  
**Housing Human & Veteran Services  
3339 Tamiami Trail East Suite 211, Naples FL 34112  
Attn: Margo Castorena**

Submitted By: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

**SUBMIT BY MAY 1, 2012 BY 4:00 PM**

**FOR OFFICE USE ONLY**

Proposal ID: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_  
Date Received: \_\_\_\_\_ Recommendation: \$ \_\_\_\_\_

# Collier County Request for Application Entitlement Funds

## I. INTRODUCTION

Collier County is soliciting proposals from organizations for projects to be funded under its FY 2012-2013 Community Development Block Grant (CDBG), Home Investment Partnership (HOME) & Emerging Solutions Grant (ESG) programs.

The CDBG, HOME & ESG 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.

**\*\*PLEASE NOTE\*\***

AT THIS TIME COLLIER COUNTY HAS RECEIVED TENATIVE FUNDING LEVELS FROM THE GRANTOR AGENCY (HUD) PLEASE CONSIDER SCALEABLE PROJECTS WITH DIFFERENT ACHIEVABLE FUNDING LEVELS.

<b>FL-FY12-13 Allocations</b>				
NAME	CDBG12	HOME12	ESG12	TOTAL
Collier County	\$1,818,153	\$456,777	\$168,745	\$2,443,675
Marco Island City	\$80,508	\$0	\$0	
Naples	\$105,835	\$0	\$0	
<b>Total</b>	<b>\$2,004,496</b>	<b>\$456,777</b>	<b>\$168,745</b>	<b>\$2,630,018</b>
Reduction Cirrus Pointe payback		-\$160,000		-\$160,000
<b>Total</b>		<b>\$296,777</b>		<b>\$2,470,018</b>

<http://www.hud.gov/offices/cpd/about/budget/budget12/index.cfm>  
 Content current as of 1 February 2012

## 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.
3. In addition, proposed **CDBG** projects must meet one of the three CDBG National Objectives:

**Low Mod Income**

Area Benefit  
 Limited Clientele  
 Housing  
 Jobs

**Slum & Blight**

Area basis  
 Spot Basis  
 Urban renewal

**Urgent Need**

**CDBG Eligible Activities requested:**

Acquisition of Real Property/buildings  
 Economic Development (job creation/micro enterprise)  
 Public Facilities (construction or improvements)  
 Infrastructure Improvements (sidewalks, streets, water & sewer improvements)  
 Public Service Activities (education, counseling, social services, mental health services)  
 Rehabilitation of other publicly owned residential building or public facilities  
 Energy Efficiency Projects  
 Housing-TBRA administration

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

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

**HOME\*Eligible Activities requested:**

Energy Efficiency Projects  
 Tenant Based Rental Assistance (TBRA)  
 Community Housing Development Organization (CHDO)-Operating\* (5%)  
 Community Housing Development Organization (CHDO)-Set-Aside\*(15%) FY 11-12 & FY12-13 funding are available

**\* HOME projects require a 25% match which MUST be provided by the recipient from non-federal funds.**

**\*CHDO's must be certified at time of application**

**ESG\*Eligible Activities requested:**

Renovation/Rehabilitation or Conversion of Shelter Facilities  
 Social Services  
 Operating costs  
 Homeless Prevention  
 Grant Administration

\*Please note only Homeless Shelters may apply

\*Upon award, grantees, must match dollar-for-dollar the ESG funding provided by HUD with funds from other public or private sources.

\*Matching funds must be provided after the date of the grant award to the grantee. Funds used to match a previous ESG grant may not be used to match a subsequent grant award.

Agencies and organizations responding to this Request for Application (RFA) 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, Human & Veteran Services Department  
3339 Tamiami Trail East  
Suite 211  
Naples, FL 34112**

**APPLICATION MUST BE RECEIVED BEFORE 4:00  
P.M.  
Tuesday may 1, 2012**

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 & ESG programs, or technical assistance with this application or other help should contact the Collier County Housing, Human & Veteran 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 CDBG, HOME & ESG grant 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 with an award or denial notification. 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/ESG programs. The proposed project is economically feasible and implementation will occur in Fiscal Year October 1, 2012 through September 30, 2013. 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. Applicant has the administrative capacity and experience to plan and implement the proposed activity or service.
7. 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.
8. Applicant has the financial capacity to continue operations until pay requests are processed by the Clerk of Court.

<b>V. CRITERIA FOR EVALUATION OF PROPOSALS</b>
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Proposals for the FY2012-2013 CDBG/HOME/ESG programs will be evaluated, scored and ranked based on the following criteria and point system.

Collier County Housing, Human & Veteran 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:

<b>CRITERIA</b>	<b>MAXIMUM POINTS</b>
<b>Demonstrated Need</b>	<b>10</b>
<b>Proposed Outcomes</b>	<b>20</b>
<b>Readiness to Implement</b>	<b>20</b>
<b>Organizational Capacity</b>	<b>30</b>
<b>Financial Management</b>	<b>30</b>
<b>Evaluative Measures</b>	<b>5</b>
<b>Application Completeness</b>	<b>5</b>
<b>TOTAL</b>	<b>120</b>

## 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. 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. Financial Management: (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 financial ability to fund the project until reimbursement

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



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

To the best of my knowledge and belief, data in this proposal is 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/HOME/ESG regulations and/ or state regulations.

I agree to provide all HMIS information as required and in the format and collected each time a person uses provider's services.

I grant Collier County HHVS 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:** \_\_\_\_\_

(Insert your Organization's Name and Project Name)

**COLLIER COUNTY FISCAL YEAR 2011/2012  
HHVS 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
- Experience & Capacity**
- Evaluative Measures**
- Budget/Financial Feasibility**
  - Budget
- Exhibits (#1-13)**
  - 1. 501 (c) (3) IRS Tax Exemption Letter
  - 2. Articles of Incorporation
  - 3. By-Laws
  - 4. Organizational Chart
  - 5. List of Board of Directors
  - 6. Resumes, Pay Scales with Job Descriptions
  - 7. State of Florida Certificate of Good Standing
  - 8. Board Resolution authorizing submittal of grant application
  - 9. Most recent financial statement
  - 10. Acknowledgement of Religious Organization Requirements (attached)
  - 11. Debarment letter (attached)
  - 12. Match/Leverage Award Letters/Evidence of Fund Availability (if applicable)
  - 13. Procurement Policy (if applicable)

Select Category and funding source for this application

## **CDBG FUNDING**

### **Acquisition**

Acquisition of Real Property/Buildings

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

Job Creation for low income persons

Micro-Enterprise Assistance

### **Public Facilities and Infrastructure Improvements-** Check the activity to be undertaken:

Construction of Public Facilities & Improvements

### **Infrastructure Improvements-** Check the activity to be undertaken:

Sidewalks/Streets/Water & Sewer improvements

### **Public Service Activities** - Check the activity to be undertaken:

Public Service (education, counseling, social services, mental health services, etc)

### **Rehabilitation-** Check the activity to be undertaken:

Rehabilitation of other publicly owned residential buildings or public facilities

Infrastructure/Site Improvements

Energy Efficiency Projects

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

TBRA Administration

## **HOME FUNDING- HOME PROJECTS REQUIRE A 25% MATCH.**

### **Energy Efficiency** - Check the activity to be undertaken:

Energy Efficiency Improvements for Affordable Housing Units or Public Facilities

### **Tenant Based Rental Assistance-**Check activity to be undertaken:

TBRA

### **Community Housing Development Organization (CHDO)-**Check activity to be undertaken:

CHDO-Operating

CHDO-Set-Aside \* FY11-12 & FY12-13 Funding available

## **ESG FUNDING**

### **Emergency Solutions Grant** -Check activity to be undertaken:

Homeless Shelter Operations

**COLLIER COUNTY  
HOUSING, HUMAN & VETERAN SERVICES  
GRANT APPLICATION**

**APPLICANT INFORMATION**

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

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

**Physical Address if different:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**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 10)**

3. List recent agency accomplishments.

**Agency Organizational Information:**

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

5. Agency has written personnel, fiscal/procurement & implemented policy?\* Yes       No   
\*Housing, Human & Veteran Services will review item 5 upon award.

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

7. Agency agrees to participate in the Continuum of Care Homeless Management Information System (HMIS) process? Yes  No

Agency agrees to the Data Quality Standard of HMIS? Yes  No

8. If currently funded by HHVS, has the agency submitted monthly reports and met its contractual requirements in a timely manner?

- 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?

- Agrees to submit audits every year during contract.
- Latest Audit attached

**PROJECT DESCRIPTION**

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

**Type of Funding Requested:** CDBG \_\_\_\_\_ HOME \_\_\_\_\_ ESG \_\_\_\_\_

**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. (ie. has the contracted activities been competitively bid? Is the contractor a certified Section 3 business?)
  
3. Explain why CDBG/HOME/ESG funds are needed for this activity.
  
4. List any MBE/WBE (minority business enterprises/woman business enterprises) or DBE (disadvantaged business enterprises or Section 3) 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/ PROPOSED 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?

<b>SCOPE OF SERVICES</b>
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PROJECT DESCRIPTION (please be brief)

BUDGET:

Line Item	Federal Funds
<b>Salaries</b> <b>Operating</b> <b>Construction</b>	

Total: \_\_\_\_\_

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

Milestone	Deadline

OUTCOME PERFORMANCE MEASUREMENTS:

PERFORMANCE OBJECTIVE	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.

**ORGANIZATIONAL CAPACITY**

1. Explain how your organization’s experience in completing the activity listed in your application. Explain how your organization has sufficient capacity to administer the proposed project. Include staffing level, qualifications of key staff and organizational structure.



2. Explain your organizations ability to comply with grant reporting requirements.
  
3. Comment on your organization's knowledge of and ability to follow federal/state project guidelines.
  
4. Include a summary of your organization's past participation in federally/state funded programs as well as the number of clients assisted, location of each project and total dollars expended per project.
  
5. Explain the ability of your organization to provide programmatic oversight for this grant funded program.

**BUDGET**

**TOTAL PROJECT BUDGET**

	<b>Federal funds</b>	<b>In-Kind</b>	<b>Other Funds</b>	<b>Funding Sources</b>
	\$			
	\$			
	\$			
	\$			
	\$			
<b>TOTAL PROJECT COST:</b>				

**FINANCIAL MANAGEMENT/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/ESG?

$$\begin{array}{l} \text{CDBG/ HOME/ESG Funding (divided by) Total Project Cost} = \text{Percentage} \\ \$ \underline{\hspace{2cm}} \text{ (divided by) } \$ \underline{\hspace{2cm}} = \underline{\hspace{1cm}} \% \\ (\$ \text{ amount requested}) \qquad \qquad \qquad (\text{Total project cost}) \end{array}$$

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.
6. Explain the management and financial ability of your organization to provide financial oversight for grant funds.
7. Explain how your organization will provide funding for your proposed project during the reimbursement process. Include all funding sources for your proposed project.

**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.***

*Check with the HHVS staff to determine eligible forms of match.*

Please check one or more of the following eligible contributions:

cash contributions                       state or local grants\_\_\_\_\_

private loans                               fund-raising monies

other federal grants \*(cannot be used for match)

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 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 for your project from your 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
- h. Is the proposed activity expected to impact the environment in any negative manner or pose a hazard or nuisance? Yes  No
- i. Are any endangered or threatened or listed species located on the proposed project site? Yes  No
- j. Are there any environmental concerns or impediments associated with the proposed activity? If yes, please provide detail. Yes  No
- k. Is the proposed activity expected to adversely affect the environment? Yes  No
- l. Project/property is on a properly zoned site. Yes  No   
If not properly zoned, please explain.
- m. 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.**

## 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. Resumes, Pay Scales with job Descriptions
- Exhibit 7. State of Florida Certificate of Good Standing
- Exhibit 8. Board Resolution authorizing submittal of grant application
- Exhibit 9. Most recent financial statement
- Exhibit 10. Acknowledgement of Religious Organization Requirements
- Exhibit 11. Debarment letter
- Exhibit 12. Match/Leverage Award letters/Evidence of Fund Availability (if applicable)
- Exhibit 13. Procurement Policy (if applicable)

### NAPLES FL. FY 2012 MEDIAN FAMILY HUD INCOME GUIDELINES EFFECTIVE December 1, 2011

Household Size	30% of MFI	50% of MFI Very Low	80% of MFI Low
1	15,300	25,500	40,800
2	17,500	29,150	46,600
3	19,700	32,800	52,450
<b>4</b>	<b>21,850</b>	<b>36,400</b>	<b>58,250</b>
5	23,600	39,350	62,950
6	25,350	42,250	67,600
7	27,100	45,150	72,250
8	28,850	48,050	76,900

**Exhibit 10**

**Acknowledgement of Religious Organization Requirements**

In accordance with the First Amendment of the United States Constitution "church/state principles," CDBG/HOME/ESG 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/ESG 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/ESG 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 \_\_\_\_\_, 2012

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

Signature of Notary Public \_\_\_\_\_  
Print Name \_\_\_\_\_

**Exhibit 11**

**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, Human & Veteran 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, Human & Veteran Services may rely upon a certification by a nonprofit 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  
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**Exhibit 11**

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, Human & Veteran 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