



**COLLIER COUNTY
HOUSING, HUMAN & VETERAN SERVICES
Reprogram of Prior Year Funds**

Request for Applications

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



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

Submitted By: _____

Proposal Title: _____

Submit by Wednesday, February 27, 2013 no later than 3:00 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 the Community Development Block Grant (CDBG) and Home Investment Partnership (HOME).

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.

****PLEASE NOTE** Re-Programmed Funds**

At this time Collier County is requesting applications for projects that can begin quickly and be completed on an expedited schedule.

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, private for profit or non-profit organizations 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
- Economic Development-
- Public Facilities & Infrastructure Improvements
- Energy Efficiency

4. Also, proposed **HOME** projects must meet one of the four 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

***HOME Eligible Activities requested:**

- Homebuyer Programs
- Rental Housing Programs
- Community Housing Development Organization (CHDO)-Operating
- Community Housing Development Organization (CHDO)-Set-Aside

*** 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**

Agencies and organizations responding to this Request for Applications (RFA) must complete the attached funding application.

One (1) original and three (3) 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 3:00 P.M.
Wednesday, February 27, 2013**

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 and HOME 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

Organizations approved for funding will be required to sign an agreement with the County in order to insure compliance with CDBG and HOME grant programs. Funds may not be obligated or expended until the agreement is accepted and signed by all parties.

B. Indemnification

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

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

Organizations 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 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 program funds. **The project will be completed in a timely, cost-effective manner and be completed on an expedited schedule.** 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.

V. CRITERIA FOR EVALUATION OF PROPOSALS
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Proposals for the CDBG/HOME 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:

CRITERIA	MAXIMUM POINTS
Demonstrated Need	10
Proposed Outcomes	20
Readiness to Implement	30
Organizational Capacity	25
Financial Management	30
Evaluative Measures	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: "30")

The category will be evaluated on the basis on the ability to commence the project and expend funds during FY2012-2013.

- 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: "25")

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 reimbursements completed by the Clerk of Courts

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

***Please Note* Applications that are not signed or complete will be rejected. Only complete applications will be scored.**

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 regulations and/ or state regulations.

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 -February 2013
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, Disposition: - Check the activity to be undertaken

Acquisition of Real Property

Matrix Code: 01 Outcome: Acquisition- Public Facility

Economic Development - Check the activity to be undertaken:

Micro-Enterprise Assistance

Matrix Code: 18C Outcome: Low/Mod Area- Business

Housing Programs- Check the activity to be undertaken:

Rehab: Energy Efficiency Improvements

Matrix Code: 14F Outcome: Low/Mod- Housing Units

Rehab: Single Unit Residential

Matrix Code: 14A Outcome: Low/Mod- Housing Units

Rehab: Administration

Matrix Code: 14H Outcome: Low/Mod- Housing Units

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

Homeless Facilities-Rehabilitation

Matrix Code: 03C Outcome: Low/Mod-Clientele

Neighborhood Facilities-Rehabilitation

Matrix Code: 03E Outcome: Low/Mod-Clientele

Public Service Activities - Check the activity to be undertaken:

TBRA Administration

HOME FUNDING- HOME PROJECTS REQUIRE A 25% MATCH.

Housing Activities-Check activity to be undertaken

Homebuyer Programs

Rental Housing Programs

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

CHDO-Operating

CHDO-Set-Aside



**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 #: must provide _____

CCSR#: must be registered _____

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. (Please be brief)

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) (as applicable.) Yes No

Agency agrees to the Data Quality Standard of HMIS as applicable. 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

17. Grievance Policy Yes No

18. Property Control Policy and Records Yes No

17. Drug Free Work Place Policy Yes No

18. Equal Employment Opportunity Policy 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: *Check all that may apply*

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, (i.e. Has the contracted activities been competitively bid? Is the contractor a certified Section 3 business? Has an Environmental Review been performed?)

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 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?

SCOPE OF SERVICES

PROJECT DESCRIPTION (please be brief)

BUDGET:

Line Item	Federal Funds
Salaries	
Operating	
Contractual	
Misc	

Total: _____

***This application is for short term projects only. All projects must be completed no later than 09/30/2013.**

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

Milestone	Deadline 09-30-2013

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

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

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?

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.

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.

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: An Approved Environmental report must be completed prior to commencement of any project.

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. If not properly zoned, please explain.
Yes No
- 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 2013 MEDIAN FAMILY
HUD INCOME GUIDELINES
EFFECTIVE December 11, 2012**

FY 2013 Income Limit Area	Median Income	FY 2013 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		Extremely Low (30%) Income Limits	\$14,550	\$16,600	\$18,700	\$20,750	\$22,450	\$24,100	\$25,750	\$27,400
Naples- Marco Island, FL MSA	\$65,700	Very Low (50%) Income Limits	\$24,250	\$27,700	\$31,150	\$34,600	\$37,400	\$40,150	\$42,950	\$45,700
		Low (80%) Income Limits	\$38,750	\$44,300	\$49,850	\$55,350	\$59,800	\$64,250	\$68,650	\$73,100

Source: http://www.huduser.org/portal/datasets/il/il13/index_il2013.html

Acknowledgement of Religious Organization Requirements

In accordance with the First Amendment of the United States Constitution "church/state principles," 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 _____, 2013

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)

**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
AND VOLUNTARY EXCLUSION AGREEMENTS/SUB-AGREEMENTS**

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