

Rebuild Florida Mitigation GIP Checklist



Project Name: _____

This Checklist is designed to aid applicants through the application process. It does *not* need to be submitted to DEO.

✓ <u>Required Application Information</u>
Applicant is an eligible municipality, county or state agency, or a non-profit or an eligible non-governmental entity that applied in partnership with a municipality, county or state agency.
Project title, primary & secondary contact names, addresses and contact methods are provided
Project site address is included
FEIN and DUNS numbers are provided
Co-Applicant, if applicable, is noted
Project meets HUD National Objective criteria
Project Description section is complete
Community Value section is complete
Capacity Plan section is complete
Public Notice evidence has been uploaded (including translations)
The Implementation Plan Template is completed and uploaded
The Budget Template is completed and uploaded
No duplication of benefits status is confirmed
Leveraged funds/service usage section is completed, if applicable
Selection has been made of each county that benefits from this project
Application identifies the LMI Census Tract and block groups numbers or Survey Place Data for the project's area of benefit
Special designations, if applicable, are identified
Compliance and Maintenance Agreement sections are completed
Application is signed, dated and complete

Instructions

Applicant Information:

1. Write the project title under “Official Project Title”.
2. Under Local Government Information, fill in the applicant entity’s name. This should be the name of the eligible city, town, county, or state agency that is applying for this program. Use official entity name, as this will be the name used for disbursing award funds.
3. Enter the primary and secondary project contact name, title, e-mail, mailing address and phone number. These persons will become DEO’s first and alternate points of contact (if needed) regarding the proposed project.
4. Enter your FEIN and DUNS number.
5. If there is a co-applicant for this proposed project, list their official entity name, a contact name, and an email address.

Project Description:

1. Attach a Word document that describes your project in 1,500 words or less and addresses all six numbered instructions. Title it: EntityNamePD_GIP. For example, a document title being submitted by Taylor County would be entered as TaylorCountyPD_GIP

Community Value:

1. Create a Word document that describes the project’s value to your community in 1,000 words or less. Also submit photographs of both interior and exterior views of the project *site* as well photos of the project *area*. Use a zip folder to provide both the Word document and the photos. Title it: EntityNameCV_GIP.

A maximum of ten photographs of the project site and its surroundings may be submitted per application. Photos must be clear and in focus, in color, taken at a high resolution and saved as .jpeg files.

2. Use this link for information on how to create zip files: <https://support.microsoft.com/en-us/help/14200/windows-compress-uncompress-zip-files>

Capacity Plan:

1. Attach a capacity plan overview Word document, not to exceed 1,000 words, that outlines your proposed GIP project. Be sure to address all eight numbered instructions. Title it: EntityNameCP_GIP.

Public Notice

1. Attach a zip folder with all requested Public Notice information including translations of notice documents and a copy of any public comments received. Title it: EntityNamePN_GIP.

Implementation Plan:

1. Use the Implementation Plan template located in Appendix B, to fill out the information. Complete the timeline to outline the proposed project’s life, accounting for deliverables and tasks with approximate dates and date ranges included. Rename the template: EntityNameIP_GIP.

Implementation Plan Template Instructions:

Enter project name, official applicant entity name, primary contact name and phone number in the header space at the top of the template. Also enter the publication dates of your project's Public Notice. This template is customizable to fit your project. You may edit the segments and add notes as needed.

Note: DEO recognizes that Implementation Plans submitted in awarded applications may need to be updated/modified during the development of a contractual Scope of Work.

1. The "Deliverables and Tasks" box should list your project's major deliverables and the tasks associated with each for the entire life of the project. Enter the approximate start and end dates of each deliverable and task under the "Start" and "End" tabs. "Duration" refers to how many days you anticipate each task will require to complete. Excel should automatically calculate the duration based on the start and end dates you enter. If this does not happen, enter in the number of days manually. Label each milestone and task appropriately under the "Label" section.

You may add rows within the "Tasks" section below an existing task by highlighting the complete row, right clicking, and then selecting "Insert". A dialogue box will appear; select "Shift cells down" and then select "Ok". This will shift all boxes below the selected row down the excel sheet.

2. The "Deliverables" row may be used to list major project milestones such as the completion of a phase of the project. Any changes to this box can be made by following the directions above for adding tasks. The label for a new deliverable will need to be added in manually. Enter a title for every deliverable.

Budget:

1. Use the Budget Worksheet located in Appendix C to complete your budget information. Rename the template with: EntityNameBudget_GIP.
2. Select either Yes or No regarding whether your project includes a duplication of benefits (DOB). Any project that includes a DOB will not be eligible for this program.
3. Select either Yes or No regarding whether you anticipate receiving any funds other than CDBG-MIT funds. If the answer is Yes, use the "Leveraged Dollars" section of the application to provide details on any applications made for funds and when those funds will, or may be, committed to your project. Include the percentage of the project that will be covered by leveraged dollars. Provide the name of the agency/entity from whom the funds are expected, and the total amount anticipated.

Budget Template Instructions:

Enter project name, official applicant entity name, and primary contact name and phone number in the header space at the top of the template. This template can be customized to accommodate your budget. You may edit the segments and add notes as needed.

If a section does not have enough cells for the category that you are working on, you can add additional cells by highlighting a complete row and right clicking. A dialogue box will appear that permits you to add a row of cells. Click "Insert" and then select either "Insert Above" or "Insert

Below”, depending on where you would like the new row to be placed. The new row will appear above or below the row you highlighted.

1. On the left side of the template there is a list of major project items. Beneath each major project are related sub-groups. You may edit each of these areas to fit your proposed budget plan. For example, if you do not have Drawings/Blueprints, you may delete that row.
2. List anticipated and committed sources of other project funding sources in the “Sources of Other Funds” category. These funds are non-CDBG-MIT funds. Include entities from which you have requested funding assistance, even if a funding commitment has not yet been made. Disclose the amount you requested or expect to receive. If you need to add rows in this section, follow the directions for adding rows as outlined above.
3. Use the right-side “Justification” column to describe how funding amounts being requested were determined.

Leveraged Dollars:

1. If your project includes the use of matching or leveraged funds or services, read the Guidelines, Part 5 to ensure these funds are eligible.
2. In the space provided, describe the specifics of leveraged funds or services that your project will use. Identify and answer:
 - A. Are other funds committed to your project in whole or in part?
 - i. If yes, report all source/s of funding, percentage of project the funding covers, and the amount committed.
 - B. Have you applied for funds for this project that *may* be awarded?
 - i. If yes, report all source/s of funding, the percentage of the project the funding would cover, and the amount available.
3. If your project does not involve matching or leveraged funds, then write “N/A” in this section.

County Selection:

1. This section pertains to the areas that will benefit from your project. Select all counties your project assists so that DEO may determine the extent to which your project serves MID, social vulnerability, rural and fiscally constrained areas.
2. Eligible Florida Counties: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Wakulla, Washington
3. HUD MID areas: Bay, Calhoun, Franklin, Gadsden, Gulf, Jackson, Liberty, Wakulla, Washington
4. State MID areas: Holmes
5. Rural counties: Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Wakulla, Washington
6. Fiscally Constrained Counties: Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Wakulla, Washington

Overall LMI Benefit:

1. Use the latest updated version of your preferred search engine (Chrome, Explorer, Firefox).
2. Go to the HUD ACS 5-Year 2011-2015 Low and Moderate Income Summary Data website: <https://www.hudexchange.info/programs/acs-low-mod-summary-data/>
3. Watch the 24-minute webinar which explains the tools and resources available on this webpage. Below are directions from the Webinar on how to identify block groups and Census Tract numbers:
 - On the right sidebar, click on “Map Application”.
 - A new tab will open to the HUD Web Mapping Application. In the top right corner, click on “View Application”. A map of the United States will appear.
 - In the top right corner, enter a county or city located within the Area of Benefit and press enter to search. The map will zoom to the searched area.
 - In the top left corner, click on the Layer button (which looks like a stack of papers). Uncheck the LMISD by Place, LMISD by County Subdivision, and LMISD by County boxes. Only one box should remain checked – LMISD by Block Group. Click the X to close the layer box.
 - In the top left corner, click on the Service Area button (which includes a pointer arrow icon). In the “Select” box, click on the downward arrow to select shape style. Be sure to leave this box open while you highlight the block groups within your project’s Area of Benefit.
 - Highlight all block groups within the Area of Benefit. Leave the Service Area box open while you highlight the block groups within the Area of Benefit or you may only be able to select one block group at a time, instead of selecting the complete Area of Benefit.
 - In the Service Area box, click on the “...” to the right of “LMISD by Block Group”.
4. Click “Export to CSV File”. A CSV file will download to your computer.
5. Upload this CSV file to the application section titled Overall LMI Benefit.

Special Designations:

1. If your project benefits an Area of Critical State Concern, as outlined in Florida Statutes 380.05, select “Yes” and specify the specific area under the drop-down menu.
2. The Designated Areas of Critical State Concern, per Florida Statutes 380.05, are:
 - A. Big Cypress Area (portions of Collier, Miami-Dade, and Monroe Counties)
 - i. Big Cypress Area of Critical State Concern Map
 - B. Green Swamp Area (portions of Polk and Lake Counties)
 - i. Green Swamp area of Critical State Concern Map
 - C. City of Key West and the Florida Keys Areas (Monroe County)
 - i. Florida Keys Area of Critical State Concern Map

- ii. Key West Area of Critical State
Concern Map Florida Keys
Hurricane Evacuation
Florida Keys Hurricane Evacuation Presentations
Florida Keys Hurricane Clearance Time Memorandum of Understanding
- D. Apalachicola Bay Area (Franklin County)
 - i. Apalachicola Area of Critical State Concern Map

Compliance:

1. By selecting “Yes” in this section, you certify that your entity and co-applicants will comply with all DEO and state requirements as outlined in 84 FR 45838.

Maintenance Agreement:

1. By selecting “Yes” in this section, you certify that your entity and co-applicants will comply with all DEO and state subrecipient monitoring and maintenance requirements as outlined in 84 FR 45838.

Sign and Date:

As the primary entity contact for this project, you certify that staff, contractors, vendors and community partners of your mitigation initiative:

1. Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-MIT funded activities;
2. Will work in a cooperative manner to execute the Subrecipient Agreement that provides the pathway for successful CDBG-MIT program(s) and/or project(s) and;
3. Certify that all information submitted in this application is true and accurate

Application Submission:

Select the green arrow on the lower right-hand corner of the screen to have your application submitted directly to the Rebuild Florida Mitigation team. An automated email will be sent confirming receipt of the application.

If you have any questions or concerns, please email the Mitigation team at: CDBG-MIT@deo.myflorida.com.