

**PROPOSAL INFORMATION FORM**

<b>Applicant Project</b>	Date:
<b>Name Location</b>	
<b>Address Project</b>	
<b>Description</b>	
<b>Total CDBG DR Funds Requested</b>	Use Budget template to calculate total units served and estimated CDBG-DR funds per unit

**I. CDBG DR THRESHOLD COMPLIANCE**

NOTE: DEO will not approve proposals where a CDBG-DR National Objective is not met and Eligible Activities are not included.

**A. National Objective:** Please mark "Yes" in box next to which National Objective:

Low- / Mod-Income Area                      Urgent Need

**1 List all the Florida Congressional and Legislative districts to be serviced by this project.**

**2 List the total population, Low-Mod population and the percent of the population that is Low Mod for the service area.**

Total Service Area Population:	# Low-Mod Income Households:	% Low-Mod Households:
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**3 Provide a brief description of how the service area was determined.**

**B. Eligible Activity**

Please mark "Yes" in box next to the **Eligible Activity** your program or project will serve:

- Restoration of infrastructure (e.g. water and sewer facilities, streets, generators, debris removal, drainage, bridges, etc.);
- Public facilities such as emergency community shelters;
- Demolition, rehabilitation of publicly or privately owned commercial or industrial buildings; and
- Re-nourishment of protective coastal dunes systems

Please mark "Yes" to specify **Vulnerable Populations** to be served:

- Transitional housing, permanent supportive housing, and permanent housing needs of individuals and families that are homeless and at-risk of homelessness
- Prevention of low-income individuals and families with children from becoming homeless
- Special needs of persons who are not homeless but require supportive housing

**C. Unmet Needs**

**NOTE:** All CDBG-DR activities must clearly address an impact of the disaster. Mitigation or preparedness activities that are not part of rebuilding efforts are generally ineligible as CDBG-DR recovery activities.

**Unmet Need Tied to the Hurricane Irma Disaster Event.**

Describe how the proposed activity will address an Unmet Need tied to the impact of damage from the disaster.

- 1**
- 2 Describe how proposed program or project primarily addresses Unmet Housing Needs as specified in CDBG-DR Action Plan.**

**3 Specify Units and Funding Serving LMI Populations and Cost Benefit Analysis**

Proposed CDBG-DR Contract Amount	Total Estimated Units	Maximum CDBG-DR Assistance Per Unit	% of Units Serving LMI Populations	# Units Serving LMI Populations	Grant \$ Serving LMI Populations

4 Describe how proposed program or project **primarily serves Low- and Moderate-Income populations** as specified in CDBG DR Action Plan.

5 **Infrastructure Improvements**, provide a brief description of how proposed improvements **primarily serves housing serving Low- and Moderate-Income populations** as specified in CDBG-DR Action Plan.

6 Describe how the proposed infrastructure improvements aligns with local mitigation and resilience plans.

## II. MANAGEMENT CAPACITY

1 Describe roles of key staff, contractors and/or vendors in operations management of the proposed CDBG-DR funded program and/or project. List any additional staff to be hired and/or procured and for what roles.

2 a. What is the *experience and capacity of key members of the management team?*

b. Describe any projects comparable to the one in this application that the applicant has administered in the last five (5) years.

c. Please provide an assessment of what worked well, what needed improvement and steps taken to resolve such capacity gaps.

3 If the management team is not fully formed, please provide a description of the **procurement process** the Applicant will follow to cultivate program and project management capacity.

4 If allocated CDBG-DR funds and if needed, what is your strategy to augment staff and operations management capacity? What is your plan for program and project management in terms of hired staff, contractors and/or vendor?

✓ Organization Charts and description of roles are encouraged, but not required for this Application.

5 **Citizen Complaint Policy**

Does the applicant have a citizen complaint policy, acquisition and relocation policy, housing assistance plan and procurement policy in place that meets HUD guidelines?

Citizen Complaint Policy

As this is a requirement for funding, please see the CDBG website for examples:

Acquisition and Relocation Policy

<http://floridajobs.org/docs/default-source/office-of-disaster-recovery/hurricane-irma/irma-comprehensive-policies-and-procedures-draft-5-3-2019.pdf?sfvrsn=2>

Housing Assistance Plan

Procurement Policy

**III. READINESS TO PROCEED**

A. Select "Yes" or "No" for key factors achieved to support that the program or project is ready to proceed:

Supporting Documentation

Site Control:

Zoning & Community Approval:

Environmental Clearance:

Procured and Contracted Members of Development and Construction Team:

Commitment of Matching Funds:

B. Describe any issues and proposed solutions to address Readiness To Proceed:

C. Confirm you submitted a **Production Work Plan** that shows on a month-by-month basis how much time and staff needed to achieve key Milestones

**IV. COST REASONABLE BUDGET**

**A.** Proposal budgets must reflect cost reasonableness and affirmative efforts to leverage CDBG-DR funds with additional funding to address unmet needs. Budget narrative reflects research, quotes and/or contracted pricing for proposed programs and projects.

Provide a **Budget Narrative** that describes:

1. Cost estimates and sources of funding. Approach to managing and paying for proposed program or project.

2. Basis of cost estimates and method for generating cost reasonable budget. Provide quotes, bids, schedules and/or estimates from other comparable projects.

3. Description of how proposed project shall not duplicate benefits as specified in CDBG-DR Action Plan.

**B. Leverage and Committed Additional Sources.**

Source	Amount	Committed (Yes / No)	If not committed, list status towards reaching commitment
<b>total:</b>			▪ List \$ value of Waiver of Local Impact Fees if available.
If additional funds committed, provide copies of commitment letters or other evidence of commitment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm that the proposed funding request is for <b>FEMA PA program or project match</b> and submit PA commitment			<input type="checkbox"/> Yes <input type="checkbox"/> No

**V. STORM DISASTER RESILIENCE**

**1** Describe how the proposed CDBG DR-funded program and/or project will pro-actively invest in resilience to damage from future storms as specified in the Federal Register and Action Plan.

**VI. SUPPORTING DOCUMENTATION**

**A. Service Area Maps**

For Infrastructure and Economic Revitalization proposals, please provide a Map with an overlay that clearly shows:

- 1 Project Location and/or Service Area
- 2 Low- and Moderate-Income Service Area
- 3 Most Recent Flood Plain Map

**B. Other Considerations**

Describe any other regulatory reviews such as Federal or State review or regulatory system which may have jurisdiction over the proposed activity(s), such as, federal programs of the Corps of Engineers and the Environmental Protection Agency; and State programs.

**VI. CERTIFICATION**

As authorized Executive Officer, I certify that staff, contractors, vendors and community partners of our storm recovery initiative:

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

Signature:

Name:	Date