



Capital Projects Fund (CPF)  
Multi-Purpose Community Facilities Program  
Grant Application

June 2023

## Capital Projects Fund Multi-Purpose Community Facilities Program Grant Application

The Florida Office of Broadband (“Office”) appreciates your interest in the Florida Capital Projects Fund – Multi-Purpose Community Facilities Program (“MPCF”). These projects are being supported, in whole or in part, by federal award number CPFFN0205 awarded to Florida by the U.S. Department of the Treasury. To make an application for grant funding, please complete this Application Packet in its entirety and include supporting documentation. A list of required documentation to be submitted is set forth in the Appendix.

Applicants may designate portions of information provided on their application and/or any supporting documentation as “**Proprietary Confidential Business Information**” or “**Trade Secret**” under Florida Statutes. Such claims of confidentiality must be clearly articulated, made at the time of submittal, and include the citation allowing exclusion. The Applicant must identify each portion of the application and/or supporting documentation deemed confidential **and** provide a redacted version of the same material which may be disclosed, pursuant to Chapter 119, Florida Statutes, to the Office concurrent with when the claim of confidentiality or proprietary protection is asserted. All sections claimed confidential by an Applicant will be kept confidential by the Department.

To maximize your chances of receiving an award, please be mindful of two key objectives as you prepare your application:

- **Level of Responsiveness:** Provide all required information for the questions below, along with the specified attachments. The responses should be comprehensive, detailed, and clear.
- **Grant Selection Criteria:** Review the Multi-Purpose Community Facility Program Scoring and Evaluation Criteria and ensure that your proposal comprehensively addresses the listed Evaluation Criteria and Consideration factors.

This is a competitive grant application and eligibility for funding is based on scoring a minimum of 275 points out of a maximum 550 points. Based on the number of Applicants, the amounts applied for and awarded, and the score given to each application, the potential exists that not all Applicants scored as eligible for funding will be awarded funding.

For an application to be considered complete, the application must include all details in the following sections:

1. Application Overview
2. Project Dashboard
3. Executive Summary
4. Economic Distress
5. Project Need
6. Project Readiness
7. Community Impact
8. Project Budget
9. Project Viability, Resiliency and Sustainability
10. Appendix for key attachments (This section lists the required attachments.) (You are free to include other additional attachments as necessary to support your application.)

This Program is a cost reimbursement program. Therefore, funding will be provided at regular intervals to grant recipients after expenses have been incurred to reimburse for those expenses. The period(s) when reimbursement may be requested and the methods to request reimbursement will be set forth in the grant agreement between the DEO and an awardee and follow all state and federal requirements. If the applicant provides proof of financial hardship under Section 215.97, F.S., the applicant may be eligible for financial assistance through the awarding agency.

## 1. Application Overview

<b>General Information</b>		
Proposal / Project Title		
<b>Applicant Information</b>		
<b>Organization Information</b>		
Organization Legal Name		
If "Doing Business As" Name		
Mailing Address		
Website		
DUNS/FEIN		
<b>Primary Contact</b>		
Name		
Title		
Phone Number(s)		
Email Address(s)		
<b>Prior Grant Background</b>		
Receipt of Prior Grant (Y/N) from State of Florida	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipt of Prior Grant (Y/N) from Federal Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State of Florida Vendor Number		
<b>Organization Type</b>		
Applicant Category	<input type="checkbox"/> County <input type="checkbox"/> Municipality Incorporated under Florida Law <input type="checkbox"/> Identifiable Census Designated Community <input type="checkbox"/> Florida Non-profit Organization <input type="checkbox"/> Private Sector <input type="checkbox"/> Other	

## 2. Project Dashboard

<b>Project Information</b>	
<b>Facility Address</b>	
Address of the facility	

<b>Project Type</b>			
New construction of a facility		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Renovation/expansion of an existing facility		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Project Funding</b>			
Please complete the table below summarizing the source, amount, and type of funds contributed to the project as leverage.			
Grant Funds Requested	\$	Grant % of Project Budget	
Non-Federal Funds	\$	% of Project Budget using Non-Federal Funds	
Local Funds	\$	% of Project Budget using Local Funds	
<b>Total Project Budget</b>		\$	
<b>Project Cost Information</b>			
Total cost of facility ( <i>applicable to new construction only</i> )			
Total cost of renovation/expansion of an existing facility			
Total area of the facility ( <i>in square feet</i> )			
Total project cost per square feet ( <i>\$ per square feet</i> )			
Total project area funded by CPF ( <i>in square feet</i> )			
<b>Project Timeline</b>			
Please use the table below to complete a project schedule and timeline to outline major milestones. <u>All CPF MPCF projects must be completed by December 31, 2026.</u>			
Project Start Date			
Design / Permitting Completion Date (if required)			
Construction Start Date			
Construction / Renovation Completion Date			
Overall Project Completion Date			
<b>Facility Type</b>			
Please indicate the type(s) of features that will be developed in the facility.			
Type(s)	[ ___ ] Classroom	[ ___ ] Computer Lab	[ ___ ] Multi-purpose Space

	[ ___ ] Telemedicine Room	[ ___ ] Other ( <i>State below</i> ) -----
<b>Number of Features</b>		
Please provide the number of features that will be developed in the proposed project area	New construction	Renovation/expansion of an existing facility
Classroom		
Computer Lab		
Multi-purpose Space		
Telemedicine Room		
Other functions or services		
Please describe whether other functions will be combined within the facility. ( <i>Other functions may include recreation and facilities may also house other community services such as police, fire, or other municipal services.</i> )		

### 3. Executive Summary

Instructions: Please provide a succinct summary for the topics below.

<b>Project Overview</b>
Please provide a high-level overview of the project. The project summary should include a brief description of the proposed project, the impacted geographic area, and the impact to the community served.
<b>Problem Statement</b>
Please briefly describe the challenges faced by your targeted community in relation to access to digital services for work, education, and health monitoring in response to the public health emergency. Please address a) the community's critical need; b) shortcomings and challenges; c) challenges with prior attempts to resolve the problem; d) how this project significantly solves the problem.
<i>Applicants should briefly describe how the development of the multi-purpose facility will help ensure that the targeted community will have access to the high-quality modern infrastructure, including broadband, needed to access critical services and the facility will directly enable work, education, and health monitoring to address many challenges that arose due to the pandemic, especially in rural and low- and moderate-income communities.</i>

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**Description of Solution and Services**

Please provide a brief overview of your solution including the type of investment considered (new construction or renovation of an existing facility), and type(s) of proposed facility (classroom, computer lab, multi-purpose space, telemedicine room, and other).

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**Targeted Communities**

Please discuss the targeted beneficiaries of the project, and specifically provide a) location of the facility; b) total estimated number of potential beneficiaries in the community that have access to the facility for work, education, and health monitoring; c) total number of individuals that the facility can support at full occupancy; and d) economic conditions of the service areas (e.g., household income, unemployment data, and poverty rates).

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**Project Benefits**

Please discuss the anticipated community benefits that will be realized by distinct users (e.g., students, job seekers, elderly, lower income families). Please describe how the use of funds for the construction of a new facility or renovation of an existing facility will support work, education, health monitoring, and economic development for area residents. As a reminder, projects must support all three components work, education and health monitoring and therefore, Applicants should clearly outline how the facility benefits these three areas.

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**Mission and Operating History**

Please discuss your organization’s mission and operating history. Indicate whether or not your organization is registered within the State of Florida.

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<b>Project Execution</b>
Please discuss the capabilities, experiences, and track record of your organization and partners (if any) to successfully implement, operate, and sustain the proposed project. Please reference any experience in undertaking projects of similar complexity and the activities for which CPF funds are being requested (if available).
<b>Project Resiliency</b>
Please discuss what measures you are planning to take to make the multi-purpose facility more resilient. For example, using a redundant power supply, construction materials that are more resilient to weather changes, leveraging ICC/NSSA 500 standards for design and construction code standards for the facility, etc. <a href="https://www.fema.gov/sites/default/files/2020-07/highlights-icc-500.pdf">https://www.fema.gov/sites/default/files/2020-07/highlights-icc-500.pdf</a>

**4. Economic Distress (100 points)**

<b>Level of Economic Distress (100 points)</b>		
<p>Is the proposed project located in a Rural Area of Opportunity as designated under section 288.2656(2)(d), Florida Statutes, a county under section 288.0656(2)(e), Florida Statutes, or a community designated as rural under section 288.0656(2)(e)(4), Florida Statutes?</p> <p><i>Note: For additional information please refer to the following link related to Rural Economic Development Initiatives (<a href="https://www.flsenate.gov/laws/statutes/2010/288.0656">https://www.flsenate.gov/laws/statutes/2010/288.0656</a>)</i></p>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<p><b>Level of Economic Distress within Targeted Community:</b> Please address whether the proposed project will provide services to residents of an economically distressed community. The narrative should be supplemented by data such as economic and social indicators.</p> <p><i>The level of economic distress can be measured by the degree to which key economic indicators including but not limited to state and/or county collected data, such as the U.S. Department of Health and Human Services' Socioeconomic Status of the Social Vulnerability Index (CDC/ATSDR), the American Community Survey, or the U.S. Department of Housing and Urban Development's Qualified Census Tracts, related to unemployment, internet use, device ownership, income, and poverty; and any other information they deem relevant are significantly higher than the statewide average. The Applicant may also reference the percent of students eligible for free or reduced cost of school lunches as a measure of economic distress.</i></p>		

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**Key Economic Indicators in Targeted Community:** Please provide the following indicators for your community. In the event of two (or more) distinct communities, please provide separate numbers for each indicator.

Key Indicator	Service Area (Community / County)	State Average	Percentage Difference	Date of Most Current Data
Poverty Rate				
Unemployment Rate				
Socioeconomic Status of the Social Vulnerability Index				
Free / Reduced Lunch Eligibility				
Low to Moderate Income Factor				

**Example A: Information Sources for Key Indicators:** Please consult these resources to find the relevant indicator for your communities. Use the most current data.

- Social Vulnerability Index
  - [https://www.atsdr.cdc.gov/placeandhealth/svi/interactive\\_map.html](https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html)
- Unemployment Rates
  - <http://www.floridajobs.org/workforce-statistics/data-center/supplemental-data-release-files>
- Average Poverty Rate (reported by US Census)
  - <https://www.census.gov/quickfacts/fact/table/FL,US/PST045221>
- Children Qualifying for School Lunch Program (reported by Florida Department of Education for the NSLP)
  - <http://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/students.stm>
- Low to Moderate Income Population by Block Group
  - <https://www.hudexchange.info/programs/cdbg/cdbg-low-moderate-income-data/>



**5. Project Need (100 points)**

Project Justification (50 points)		
<p><b>Justification:</b> Provide a narrative to justify the need for the proposed project. Explain how the project meets the following three criteria:</p> <ul style="list-style-type: none"> <li>• Designed to directly enable work, education, and health monitoring.</li> <li>• Designed to address a critical need that resulted from or was made apparent or exacerbated by the public health emergency.</li> <li>• Designed to address a critical need of the community to be served by it.</li> </ul> <p><i>Examples of justifying the project would be lack of community libraries with internet access, community schools with no access to employment and work-related services, health centers with limited internet and/or private areas for telehealth appointments.</i></p> <p><i>Further, examples of justifying the project would include how the critical need outlined was further exacerbated by the public health emergency.</i></p>		
Confirm that the project designed will directly enable: <ul style="list-style-type: none"> <li>• Work</li> <li>• Education, and</li> <li>• Health monitoring.</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes  <input type="checkbox"/> Yes	<input type="checkbox"/> No  <input type="checkbox"/> No  <input type="checkbox"/> No
Confirm that the project designed will address a critical need that resulted from or was made apparent or exacerbated by the public health emergency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm that the project designed will address a critical need of the community to be served by it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the facility be located in any of the 29 Florida counties within the three Rural Areas of Opportunity designated under section 288.2656(2)(d), Florida Statutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the facility location currently served by broadband services provider(s) / Internet Service Providers (ISPs) with minimum speed of 100/20 Mbps? If not, provide the expected timeframe of when broadband services will be available as part of <b>Attachment 5A</b> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Evidence of Project Need:** The Applicant must provide evidence demonstrating that the community to be served by the CPF-MPCF project has a critical need for such project. Please include separate attachment and label as “**Attachment 5A**”.

**Confirmation**

Check this box to confirm that Evidence of Project Need is included in the Appendix:

**Community Support (50 points)**

In this section, Applicants need to provide evidence of community support for the multi-purpose facility.

**Evidence Community Support:** Please provide evidence of community support for the proposed project. Evidence of community support may include letters from citizens and community organizations, interviews with community members, and documentation of existing facilities providing similar or identical services to the proposed project within the community.

**Evidence of Community Support:** Please include all Letters of Support and other documentation in the Appendix. Please label it as “**Attachment 5B**”.

**Confirmation**

Check this box to confirm that Evidence of Community Support is included in the Appendix:

**Community Survey and Feedback:** Please discuss whether you conducted any type of survey or public forum to solicit community feedback to demonstrate project need or support. This includes surveys conducted by a Local Technology Planning Team or other entities. If so, summarize the results of the survey. Also, if you collected any other feedback from members of your community (e.g., community forum, etc.), please describe that process and summarize the results.

**Local Technology Planning Team**

Does the county/community in which the proposed facility is located have an active Local Technology Planning Team?

**Yes**

**No**

Has the Local Technology Planning Team been actively involved in discussions regarding the proposed project?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<p><b>Planning Team Activities:</b> Please provide a detailed narrative describing how the Local Technology Planning Team worked with the community to help identify its critical needs and residents that need a connected facility for work, education, and telehealth services. Please include any research, activities, and community outreach that was conducted by the Local Technology Planning Team.</p>		

**6. Project Readiness (50 points)**

<b>Reasonableness of Project Schedule (15 points)</b>	
<p><b>Project Activities:</b> Please list all activities undertaken so far in relation to the project development. Please include any discussions, agreements, etc. made with Internet Service Providers (ISPs) to secure internet connection to the facility, and community organizations for in-kind and other contributions, etc.</p>	
<p>Applicants should provide a detailed project schedule outlining the individual tasks and timeline for the project including activities necessary for project completion. Project schedule should indicate the individual tasks involved in the project and the expected completion date of the activity. Applicants should note that the DEO will obligate/award all CPF-MPCF project funds before December 31, 2024, and all projects are required to be completed by December 31, 2026.</p>	
<p><b>Project Schedule Narrative:</b> Please provide a narrative regarding your project schedule. Please address a) project start and end dates; b) key dependencies; and c) key risk factors and mitigation strategies.</p>	
<p><b>Project Timeline:</b> Please use the table below to complete a project schedule and timeline outlining major milestones. All CPF-MPCF projects must be completed by December 31, 2026.</p>	
Project Start Date	
Design / Permitting Completion Date	
Construction Start Date	
Construction / Renovation Completion Date	
Overall Project Completion Date	

**Project Schedule:** Please include a detailed project schedule in the Appendix and label as “Attachment 6A.”

**Confirmation**

Check this box to confirm that the detailed Project Schedule is included in the Appendix:

**Engineering Design Evidence (10 points)**

**Project Design Evidence (applicable for new construction or major structural rehabilitation projects only):** Please include an initial or detailed design of the facility structure that will be deployed in the project area covering the total number of rooms, other recreational facilities, etc. Please provide a professional engineering certification that includes the preliminary or detailed design of the facility in the Appendix and label as “Attachment 6B.”

*Applicants should provide a signed certification from a Professional Engineer or an Architect on the design of a new facility or major structural rehabilitation of an existing facility.*

**Confirmation**

Check this box to confirm that the Engineering Design and Certification is included in the Appendix:

**Project Design Evidence (applicable for repair / rehabilitation of an existing facility only):** Please include a floor plan of the existing facility and proposed modifications covering the total number of rooms, other recreational facilities, etc. in the Appendix and label as “Attachment 6C.”

**Confirmation**

Check this box to confirm that the Floor Plan is included in the Appendix:

**Environmental and Other Permits (25 points)**

For a new construction project, will the proposed project require an environmental permit / approval?

Yes

No

If yes, has the environmental permit review process been initiated?

Yes

No

**Government Approvals and Permits:** Please provide details on the level of environmental review required, and the status of review, and indicate whether all required government approvals and permits for the proposed project have been identified and included in the project schedule, and the current status of those permits / approvals (i.e., initiated, processing, completed, etc.). This includes permissions required from various government authorities (e.g., municipal, city, township, county, and state) regarding such areas as planning, zoning, and safety and compliance with public health guidelines etc.

*Please itemize the approvals that will be required prior to project construction and/ or renovation with the corresponding entity that will provide approval, and a brief description of the process required to obtain approval. Please include the permitting process as a step on the Project Schedule.*

**Environmental Review Information (as applicable):** Please include Certificate of Exempt/CENST and/or documentation that the applicable level of review has been completed in the Appendix and label as “Attachment 6D.”

**Confirmation**

Check this box to confirm that the Certificate of Exempt/CENST and/or documentation is included in the Appendix:

*\* Other Special Reviews: Please note that construction of a new facility or major structural rehabilitation project may require other reviews, permits, and approvals such as Historical Architecture and Resources, etc. Please ensure that your project plan reflects the time to apply for and obtain these permits / approvals / authorizations for the proposed project.*

**7. Community Impact (150 points)**

**Benefits to Community (75 points)**

Is the project type a Workforce Education Broadband Infrastructure and Connectivity project? Please select yes or no below.

For more information – refer to [https://www.floridajobs.org/docs/default-source/community-planning-development-and-services/broadband/multi-purpose-community-centers-project-narrative-final.pdf?sfvrsn=a73654b0\\_2](https://www.floridajobs.org/docs/default-source/community-planning-development-and-services/broadband/multi-purpose-community-centers-project-narrative-final.pdf?sfvrsn=a73654b0_2)

Please confirm that the project will provide workforce training or career counseling services to community members.

Yes

No

If “Yes”, please provide details of the services that will be provided in the facility.

Is the project type a Community Libraries Infrastructure and Connectivity project? Please select yes or no below.

For more information – refer to [https://www.floridajobs.org/docs/default-source/community-planning-development-and-services/broadband/multi-purpose-community-centers-project-narrative-final.pdf?sfvrsn=a73654b0\\_2](https://www.floridajobs.org/docs/default-source/community-planning-development-and-services/broadband/multi-purpose-community-centers-project-narrative-final.pdf?sfvrsn=a73654b0_2)

Please confirm that the project is for constructing or improving libraries, which will provide public access to the internet.

Yes

No

If “Yes”, please provide details of the services that will be provided in the facility.

Is the project type a Community Health Infrastructure and Connectivity project? Please select yes or no below.

For more information – refer to [https://www.floridajobs.org/docs/default-source/community-planning-development-and-services/broadband/multi-purpose-community-centers-project-narrative-final.pdf?sfvrsn=a73654b0\\_2](https://www.floridajobs.org/docs/default-source/community-planning-development-and-services/broadband/multi-purpose-community-centers-project-narrative-final.pdf?sfvrsn=a73654b0_2)

Please confirm if the project will deploy broadband internet infrastructure for purposes of improving access to community health or telehealth services.

Yes

No

If "Yes", please provide details of the services that will be provided in the facility.		
For selected facility type(s), please enter the square footage of each feature:	Current / Existing (if applicable)	Proposed
Classroom		
Computer Lab		
Multi-purpose Space		
Telemedicine Room		
Others		
<b>Total square footage of the facility</b>		
For selected facility type(s), please provide the number of users:	Current / Existing (if applicable)	Proposed
Total estimated number of potential beneficiaries who will have access to the facility.		
Number of users that can simultaneously access the internet for workforce related services such as training, career counseling, etc.		
Number of users that can simultaneously access the internet for education related services such as online classes, etc.		
Number of users that can simultaneously access the internet for health-related services such as telehealth, etc.		
<b>Broadband Internet Service</b>		
Is broadband Internet service with minimum speeds of 100/20 Mbps available to the proposed project location?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Broadband Network/Non-Network Assets:</b> Please identify the network assets (e.g., equipment, devices, etc.) that will be included in the facility. Provide a description of the non-network resources required for the facility (e.g., furniture, fixtures, non-network equipment, etc.)		

Please describe how the proposed project will address the current need and provide a benefit to the targeted community from a work, education, and health monitoring perspective.  
Please refer to Example B below for further details.

Describe any prioritization efforts to hire local workers from historically disadvantaged communities for this project to assist in the construction of a new facility or renovation of an existing facility and/or the operations and maintenance of the facility.

Describe and account for any direct job creation in the proposed service area related to this project in terms of construction, operations, and maintenance of the facility.

**Example B:**

***Consideration Factors:** Please include in your narrative specific examples from your communication with beneficiaries that will be served by this project. Depending on the objective(s) of the proposed project, the facility may offer the following services as benefits to its community:*

- *Providing a location from which job seekers can search for and apply for jobs, take continuing education classes, or receive training in digital skills, resume writing, or interviewing skills for job opportunities. For example, setting up computer labs with instructors capable of supporting job seekers in applying for jobs.*
- *Providing a public location to access the digital devices for educational opportunities, such as digital literacy classes or other online learning experiences. Other educational services may include high school equivalency programs, classes offered by accredited colleges, or vocational training. For example, setting up classrooms to provide in-person training programs for people with limited technological skills to learn how to operate digital devices.*
- *Providing private areas for citizens to access their telehealth appointments or meet with healthcare providers online. For example, setting up private rooms with laptops to allow patients to conduct private sessions with their doctors.*

<b>Diversity of Services/Functions (25 points)</b>		
<b>Other functions</b>		
Please confirm if the Applicant is considering combining other functions into the facility. Other functions may include recreational facilities, such as basketball courts, exercise areas, etc.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If "Yes", please provide details of the other functions being contemplated in the facility.		
<b>Municipal Services Offered at the Facility</b>		
Please confirm if the Applicant is considering of combining other municipal services?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If "Yes", please provide details of the other municipal services that will be provided at the facility.		
<b>Accessibility (25 points)</b>		
Please provide a description of the project location and proximity to public transportation for easy access to the facility.		
Please describe how the facility will offer services to those hindered by language barriers. In addition, please describe the methods you plan to adopt to provide training and access to all participants for workforce related activities.		
Please provide details on how the facility will accommodate individuals with disabilities (i.e., facility entrance, exit, restrooms, etc.)?		
Please confirm that the facility will meet all accessibility requirements established by state and federal laws.	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>



Please confirm that the facility will have access during normal business hours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>CareerSource Florida (CSF) Local Workforce Development Board (LWDB) (25 points)</b>		
Partnership with CareerSource Florida and the Local Workforce Development Board		
Please confirm that the Applicant has a partnership in place with CSF LWDB.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Please list and provide a detailed description of the partnership with the CSF LWDB that has been established, more specifically plans to host weekly or monthly meetings/trainings and to provide services at no cost to users of the facility that seek to enter or re-enter the job market. Examples of workforce related activities can include hosting a career fair at the facility to connect employers with qualified individuals, who might have received trainings at the facility or utilized the facility to look for employment and career development opportunities.</p> <p>Please include verification of the Applicant's partnership with CSF LWDB in the Appendix and label as "<b>Attachment 7A.</b>"</p>		
<p><b>Confirmation</b></p> <p>Check this box to confirm that evidence, if available, is included in the Appendix regarding verification of the Applicant's partnership with CSF LWDB. <input type="checkbox"/></p>		

**8. Project Budget (50 points)**

<b>Budget Narrative and Reasonableness of Cost (50 points)</b>
Budget Narrative
<p><b>Capital Budget:</b> Please provide a narrative for your capital budget related to the construction of a new facility or renovation of an existing facility. The budget narrative should identify all major expenditure categories. (Please refer to Example C.)</p>
<p><b>Operational and Maintenance Budget:</b> Please provide a narrative for the annual operational and maintenance budget for the initial 5 years. The budget narrative should identify all major operational and maintenance expenditure categories. (Please refer to Example C.)</p>
<p><b>Detailed Budget Schedule:</b> Please provide a detailed budget schedule for the construction of a new facility or improvement of an existing facility. The detailed budget schedule should include capital budget for the proposed project, and the annual operation and maintenance of the facility for the initial 5 years. Please label it as "<b>Attachment 8A</b>" and include in the Appendix.</p>
<p><b>Confirmation</b></p> <p>Check this box to confirm that the Detailed Budget Schedule is included in the Appendix: <input type="checkbox"/></p>

**Example C:**

**Budget Narrative Information:** The budget narrative should be written in such a way that an individual not familiar with the project can conceptually understand the rationale, purpose, and calculation of the anticipated cost identified. In addition to identifying all major expenditure categories and the total sums for those categories, the budget narrative should include, but is not limited to, the following:

A breakdown of the costs for each of the major expenditure categories (i.e., pre-construction, construction, etc.), as well as any additional categories needed for the construction and/or renovation of the facility in the proposed project area.

Reasonableness of Cost

**Pre-Construction Costs:** Please briefly describe the costs associated with pre-construction activities (i.e., planning and design phases).

**Construction Costs:** Please briefly describe the costs associated with the construction activities (i.e., acquisition of property for the facility development, renovation/rehabilitation/expansion of an existing facility).

**Device and Equipment Costs (if applicable):** Please briefly describe the costs associated with the equipment purchase (i.e., network equipment such as computers, tablets, Wi-Fi, etc. and non-device and equipment, fixtures, supplies, etc.).

Project Cost Information

Total Project Cost

Upfront Cost Requirements

Pre-Construction Costs

Cost of Facility (New Construction)

Cost of Renovation/Expansion of Existing Facility

Cost of Device and Equipment

Other Eligible Costs

**9. Project Viability, Resiliency and Sustainability (100 points)**

<b>Financial Capacity and Sustainability (10 points)</b>
Applicants should establish the long-term financial and operational sustainability of the facility. Applicants are required to certify their commitment to provide the described services at the facility for a minimum of five (5) years following the completion of the project. <i>Examples of financial capability and sustainability include, but are not limited to, funding sources such as appropriation, bond issuance, identification of eligible costs, financial plan, financial strength, and a resolution/applicant affidavit.</i>
<b>Financial Capability:</b> Please provide a detailed narrative description demonstrating the financial capability of the project from the commencement of the construction to completion and beyond the grant period; the sufficiency of resources; how non-federal project funding requirements will be fully met and committed; and the expertise necessary to plan, construct, and operate the project.
<b>Narrative on Financial Sustainability:</b> Please provide a detailed narrative regarding the key drivers to financial sustainability of this project. Applicants should address how they plan to secure funding for the annual operations and maintenance of the facility and equipment for initial 5 years of the operation.
<b>Financial Sustainability Risks:</b> Please discuss key risks to financial sustainability and mitigation plans, including other sources of funding the Applicant has considered to operate and maintain the facility.
<b>Pro Forma Financial Statements:</b> Please provide detailed financial forecasts for the five (5) years of the facility's operations including sources and uses of funds. These financial statements should be for this facility only. The numbers should be consistent with other financial information provided in the application – e.g., Project Budget, amount of other funding source(s), etc. Include a copy in the Appendix and label as " <b>Attachment 9A.</b> " If not, please explain why you cannot provide the pro forma financial statements.
<p style="text-align: center;"><b>Confirmation</b></p> Please check this box to confirm that the five (5) years of Pro Forma Financial Statements are included in the Appendix: <input type="checkbox"/>
<b>Applicant Audited Financial Statements:</b> Please provide three (3) years of audited financial statements of your entities or parent company to demonstrate financial capacity and standing. Confidential information may be submitted and redacted according to Florida's Sunshine laws. Include a copy in the Appendix and label as " <b>Attachment 9B.</b> " If not, please explain why you cannot provide audited financial statements.
<p style="text-align: center;"><b>Confirmation</b></p> Please check this box to confirm that three (3) years of Audited Financial Statements are included in the Appendix: <input type="checkbox"/>

<b>Facility Resiliency (50 points)</b>		
<p><b>Planning for Resiliency:</b> Applicants should describe how they plan to make the facility resilient to power outages (i.e., back-up generator, alternative sources of generation), weather changes (i.e., leveraging ICC/NSSA 500 Standards, use of materials that are more resilient to weather), etc.</p>		
<p><b>Storm Shelter:</b> Please confirm whether you plan to have the facility functioning as a storm shelter.</p>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<p>If yes, please describe how you plan to convert the facility into a storm shelter during severe weather periods.</p>		
<b>Organization Capability and Track Record (20 points)</b>		
<p><b>Organizational Capability:</b> Applicants will be reviewed for their organizational capacity to construct and/or renovate facilities designed to enable work, education, and health monitoring services. Examples of an Applicant's organizational capacity include, but are not limited to, quality/experience of partners and project manager, and number of qualified resources available to coordinate and manage the project.</p>		
<p><i>Please provide details regarding your organization's experience and results in having developed similar projects with public access.</i></p>		
<p><b>Project Resources / Personnel:</b> Please describe the workforce and personnel you will use to implement and operate this project. Are you planning to hire new employees for the proposed project? Will these employees be hired directly by the Applicant or contracted through another agency? If the workforce is through another agency, describe the policies and practices that ensure contractors/subcontractors meet high labor standards.</p>		

Applicants are encouraged to form a variety of partnerships in support of the grant funded project and provide evidence of these partnerships in their applications. Applicants are to describe any partners, subcontractors, or vendors associated with the project’s deliverables, including but not limited to construction, operation and maintenance of the facility. Applicants should also describe each party’s role in the project. This should include a discussion of whether and to what extent the Applicant, as well as its anticipated partners, subcontractors, or vendors are registered businesses in the State of Florida.

**Partnerships:** Please list and provide a detailed description of all partnerships including partnership with contractors and/or subcontractors that have been established to successfully implement, operate, and maintain the project. Please include verification of partnership(s) in the Appendix and label as “**Attachment 9C.**”

**Confirmation**

Please check this box to confirm that Evidence of Partnerships is included in the Appendix:

**Partner Capabilities:** If an Applicant is partnering with a separate entity, please provide details of the partner’s experience and ability to support the development and operations of the project.

Please provide information to demonstrate that the Applicant has policies and practices in place to ensure partners, contractors, and subcontractors meet high labor standards.

**Resumes of Key Personnel:** Please include resumes of key personnel (example mentioned above) in the Appendix and label as “**Attachment 9D.**”

**Confirmation**

Please check this box to confirm that Resumes of Key Personnel are included in the Appendix:

**Operational Sustainability and Ownership (20 points)**

Please confirm that the ownership of facility and equipment funded by the CPF-MPCF program will be retained by the Applicant for a minimum of 5 years after completion of the project.

**Yes**

**No**

Please provide supporting documentation i.e., title deed for existing facility, commitment letter of ownership for a new facility, and a list of equipment funded by the CPF-MPCF program. Please include separate attachment in the Appendix and label as “**Attachment 9E.**”

**Confirmation**

Check this box to confirm that evidence regarding Ownership of the Facility is included in the Appendix

**Project Duration:** Please confirm that the facility will conduct eligible activities

**Yes**

**No**

for a minimum of 5 years after completion of the project.		
<b>Operations and Maintenance:</b> Please confirm that CPF funds will not be used for annual operations and maintenance costs of the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your organization's ability to operate and maintain the facility.		

### 10. Appendix – Required Attachments

Please include the following documents as attachments. The lack of any of these documents may deem the application incomplete. You may also include additional attachments that convey other relevant information regarding your service area, network, business model, and organization as needed to bolster or complete your application.

Attachment	Purpose	File name format
Attachment 5A	Project Need	[Name]_[Project]_Project need
Attachment 5B	Community Support	[Name]_[Project]_Community Support
Attachment 6A	Project Schedule	[Name]_[Project]_Project schedule
Attachment 6B	Engineering Design and Certification	[Name]_[Project]_New design
Attachment 6C	Floor Plan	[Name]_[Project]_Floor Plan
Attachment 6D	Environmental Review	[Name]_[Project]_Environmental review
Attachment 7A	Partnership with CSF LWDB	[Name]_[Project]_LWDB
Attachment 8A	Detailed Budget Schedule	[Name]_[Project]_Budget schedule
Attachment 9A	Pro Forma Financial Statements	[Name]_[Project]_Financials
Attachment 9B	Audited Financial Statements	[Name]_[Project]_Audited statements
Attachment 9C	Evidence of Partnerships	[Name]_[Project]_Partnerships
Attachment 9D	Resumes of Key Personnel	[Name]_[Project]_Resume

Attachment 9E	Ownership of the Facility	[Name]_[Project]_Facility ownership
Additional Attachments	Please add other items as needed to support your application	[Name]_[Project]_xxx