

**City of Homestead
Notice of Funding Availability
Community Development Block Grant and Application**

The City of Homestead is pleased to announce the availability of CDBG funding in the amount of \$76,000 (\$36,000 from the 2008 Action Plan and \$40,000 from the 2009 Proposed Action Plan) to assist the City in achieving Strategy 1 of the Consolidated Plan.

The funds are available to provide **capital improvements to facilities operated by non-profit organizations that provide services to low income residents.**

Specifically, the funding is designed to implement Strategy 1 of the Consolidated Plan, which states:

Strategy 1: Improve the quality of life for Homestead's most vulnerable populations.

The City will utilize CDBG funds to improve the quality of life for the most vulnerable segments of the population, especially the elderly, through expenditures on the public facilities that serve these populations.

The funding will target Public Facilities and will provide opportunities for non-profit organizations to assist the City in accomplishing this Consolidated Plan strategy. Funds will be provided to one or more organizations. Minimum awards are \$5,000. Capital improvements to facilities will be emphasized, although other activities designed to increase service capacity may also be considered. This project is eligible under 24 CFR 570.201 (c) and (e), which governs the Federal Community Development Block Grant (CDBG) program administered by the U.S. Department of Housing and Urban Development (HUD).

Applicants must be non-profit organizations that provide services to the low-to-moderate income (LMI) population within the **incorporated City of Homestead**. Populations presumed to be LMI may also be served, such as the homeless, elderly, or disabled (Please note, presumed benefit will be reviewed carefully on a case-by-case basis and is strictly defined by HUD regulations). Organizations assisted with CDBG funds are not required to be based within the City of Homestead, however, all CDBG assistance must be targeted to Homestead-based activities.

Eligible activities include any capital improvements to facilities, and, in limited cases, funding to facilitate expanded services.

Examples of eligible projects include: code-related repairs, ADA retrofitting, roofs, windows, doors, hurricane retrofitting, plumbing, drainage, HVAC, lighting, carpentry, flooring, cabinetry, signage, parking lot improvements, and sidewalks. In limited cases, public services MAY be eligible and include certain equipment required to increase service delivery. Other items may also be eligible and will be reviewed on a case by case basis.

Examples of ineligible projects include: projects already completed or underway, projects already budgeted using other resources, employee salaries and benefits, overtime pay, transportation (cars, buses, vans, etc.), direct housing assistance to single-family homeowners. Other items may also be ineligible and will be reviewed on a case by case basis.

Applicants must demonstrate benefit to City residents and must provide record keeping of such assistance for future auditing and compliance purposes. Capital improvements will receive the greatest priority. The Application is part of the NOFA and follows immediately, and it is also available through the City's website, or may be obtained through the City point of contact listed below.

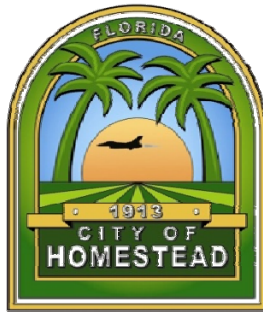
Applications will be evaluated for completeness, clarity, eligibility, prior history, and ability to assist the City in fulfilling Strategy 1 of the Consolidated Plan. Applications will be considered as funds are available, and a recommendation of an award of funds is subject to approval by City Council and HUD. The City may request additional information or meetings with applicants. The City of Homestead has complete discretion in the recommendation of funding awards through this notice.

A meeting will be held on June 10, 2009 at 2 PM, Homestead City Hall, 790 North Homestead Boulevard, Homestead, Florida 33030. Questions regarding this notice or the meeting should be directed to Evelin Simpson, Accounting Manager, City of Homestead, at (305) 224-4547, or esimpson@cityofhomestead.com.

Applications are due by **June 19, 2009, at 5 PM** at the above address.

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City of Homestead 2008 and 2009 CDBG Application for Assistance

Please read the following carefully and provide all of the information requested. In order to be accepted, the application must be signed by an authorized representative of the organization. Please submit one original and five (5) copies. Applications submitted without a signed Certification will be deemed incomplete.

The application must be submitted in a format that clearly identifies each section of the application in the correct numbered order. Deficient applications will be rejected and will not be subject to evaluation. The applicant must submit one original and five (5) copies by June 19, 2009, at 5 pm, to the following address:

Attention: Evelin Simpson, Accounting Manager
City of Homestead
790 North Homestead Boulevard
Homestead, Florida 33030

Background

1. List the complete, legally-recognized name of the organization that is applying for assistance. In addition, please list the names of all corporate officers.
2. Provide copies of Articles of Incorporation or similar documents and the latest annual report submitted to the Florida Department of State.
3. Provide a summary of your organization that includes a brief history of the organization and its mission statement.
4. How long has the organization been in existence?
5. How many employees work for the organization, and how many of those are based in the City of Homestead?
6. How long has the organization provided services to City of Homestead residents, if applicable?
7. How is beneficiary data tracked? Where are the records held? Please provide an example of beneficiary tracking used by your organization.

8. Does your organization serve a population that is low-to-moderate income (LMI) or presumed to be LMI? Specifically, what is the population?
9. Does your organization receive any Federal assistance, such as HOME, HOPWA, CDBG, or ESG from any source? If so, please list all assistance received in the prior and current fiscal year and the entity through which assistance was received (HUD or local service provider).
10. Does your organization receive any direct assistance from a local municipality within the State of Florida? If so, please provide a list of such assistance received in the current and prior fiscal year.
11. Has your organization ever received assistance from the City of Homestead?
12. Is any staff or board member of your organization related to an employee, and/or elected or appointed official with the City of Homestead? If so, please disclose the name of the employee and their relationship to the City of Homestead.
13. If you receive any assistance from a Federal or local government source, please provide contact information for each program from which assistance is received.
14. Is your organization involved in litigation or subject to any lawsuits as of the date of the application? If so, please disclose the nature of such lawsuits.
15. Please provide a copy of the latest annual report for your organization, and provide a summary of revenues and expenditures.

Proposal

1. Please provide a narrative that explains the proposed project. Please note that projects already completed, funded or underway are **not** eligible for funding or reimbursement.
2. Why is the project necessary for the delivery of services to the LMI residents of Homestead?
3. What is the estimated budget for the proposed project? (The minimum award is \$5,000, and the maximum available funding at this time is \$76,000.) Please provide a source for the budget estimate, if applicable (e.g., a quote for a new roof).
4. If the project is intended to improve a facility, please provide proof of ownership or control (e.g., deed or long-term lease).
5. Please provide a timeline for project implementation, starting from October 2009.

6. Is the project targeted toward a public facility (capital) expense on a building operated by your organization? If not, is the project designed to increase service delivery?
7. How will this project assist the City of Homestead in accomplishing Consolidated Plan "Strategy 1: Improving the quality of life for Homestead's most vulnerable populations"?
8. What measures will be used to determine the success or failure of this project?
9. Will the project benefit non-Homestead residents and, if so, how?

Application Certification

I attest that the information contained in this application is true and correct.

I further attest that I am authorized on behalf of the following organization to sign this application and to represent the aforementioned in meetings with City of Homestead elected officials and representatives:

(Print Full Legal Name of Organization Applying for Funding)

Signature

Print Name

Title

Date

Witness Signature

Print Name

Date