



The City of Homestead Notice of Public Meeting Regarding:

- **The Community Development Block Grant (CDBG) Program**
- **Notice of Funding Availability for Public Facilities**
- **Public Comments Related to the 2010 Action Plan**
- **Community Development Needs**
- **Impediments to Fair Housing**

The City of Homestead will conduct a public meeting regarding the 2010 Community Development Block Grant (CDBG) program on June 10, 2010, at 5:30 pm, Homestead City Hall, 790 North Homestead Boulevard, Homestead, 33030.

The meeting will provide citizens the opportunity to comment on housing and community development needs, proposed activities, and program performance prior to the submittal of the 2010 Action Plan. It is anticipated that \$863,322 in CDBG funds will be available to the City in 2010.

The City will make approximately \$100,000 available to fund non-profit public facilities improvements. This amount is subject to change at the sole discretion of the City. Applications are available from the contact information listed below or the City's website and are due June 23, 2010 by 5 pm. The Public Facilities funding will provide opportunities for non-profit organizations to assist the City in accomplishing Consolidated Plan Strategy 1: "Improving the Quality of Life for Homestead's most vulnerable populations." Funds will be provided to one or more organizations with an emphasis on capital projects.

Citizens and interested parties are encouraged to provide comments on community development needs within the City of Homestead. In addition, the City will continue its efforts to identify impediments to Fair Housing and seeks public comment on the current state of Fair Housing within the City.

Questions regarding this notice should be directed to Evelin Simpson, Accounting Manager, City of Homestead, at (305) 224-4547, or esimpson@cityofhomestead.com. TTY (305) 248-7299.

A FAIR HOUSING/EQUAL OPPORTUNITY/HANDICAP ACCESS JURISDICTION



City of Homestead 2010 and 2011 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 23, 2010, 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. List the name of the contact person, physical address, PO Box if applicable, electronic mail address, fax number and phone number.
3. Provide copies of Articles of Incorporation or similar documents and the latest annual report submitted to the Florida Department of State.
4. Provide a summary of your organization that includes a brief history of the organization and its mission statement.
5. How long has the organization been in existence?
6. How many employees work for the organization, and how many of those are based in the City of Homestead?
7. How long has the organization provided services to City of Homestead residents, if applicable?
8. How is beneficiary data tracked? Where are the records held? Please provide an example of beneficiary tracking used by your organization.
9. Does your organization serve a population that is low-to-moderate income (LMI) or presumed to be LMI? Specifically, what is the population?
10. 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).

11. 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.
12. Has your organization ever received assistance from the City of Homestead?
13. 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.
14. If you receive any assistance from a Federal or local government source, please provide contact information for each program from which assistance is received.
15. 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.
16. 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 \$100,000.) 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?
10. Furniture and equipment including appliances are not eligible for payment.

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