

## APPLICATION CHECKLIST – PROGRAM YEAR 2025

### REQUIRED

Letter of Transmittal  
Completed Project Summary Form  
Completed Core Application  
Statement of Project Eligibility  
Statement of National Objective Compliance  
Proposed Project Budget. (The construction budget must be signed and sealed by a registered professional)  
Activity/ Program Implementation Schedule  
Completed Application Attachments) as Relevant (i.e., Public Facility and Improvement Attachment, Public Service Attachment, Non-Profit Attachment)  
Signed Resolution (Detailing prioritization for primary and alternate applications)  
Public Hearing Notice Proof of Publication (required for Municipalities)  
Public Hearing Minutes (Municipalities)  
Board Meeting Minutes (Non-Profits)

### REQUIRED WHERE APPLICABLE

Construction Plans and Specifications  
Project Area Map (s) (Delineating physical work locations)  
Service Area Map (Use Areas of Low and Moderate- Income Concentration Map to delineate those that will benefit from the Project.)  
Photographic Evidence of Need  
In-Kind Donations  
Funding Commitment Letter (s) or Copies of Request for Other Funds)  
Proof of Required Permits for Activity Implementation.



## PROJECT SUMMARY FORM PROGRAM YEAR 2025

APPLICANT INFORMATION			
<b>Applicant Name</b>			<b>Date</b>
<b>Address</b>			
<b>Contact Person/ Title</b>			
<b>E-Mail Address</b>			
<b>Telephone</b>		<b>Fax</b>	

ACTIVITY /PROJECT DETAILS		
<b>Activity /Project Title</b>		<b>Application Type</b>
		<b>Priority      Alternate</b>
<b>Project Location Address</b>		
<b>Brief Project Description</b>		





<b>Anticipated Outcome/Benefit</b>		
<b>Amount of CDBG Funds</b>	\$ _____	<b>FOR SJC HCS USE ONLY</b>  <b>Date Received:</b> _____  <b>Reviewed by:</b> _____
<b>Requested</b>	\$ _____	
<b>Local Contribution</b>	\$ _____	
<b>Amount of Other Funds</b>	\$ _____	
<b>Total Project Cost</b>	\$ _____	





## CORE APPLICATION PROGRAM YEAR 2025

**Project / Activity Title** \_\_\_\_\_

**Municipality or Organization** \_\_\_\_\_

**DUNS Number** \_\_\_\_\_

### Section 1: STATEMENT OF PROJECT ELIGIBILITY

On a **SEPARATE SHEET**, describe how the proposed project is a CDBG-eligible activity as required in Section 3 of the Application Instructions. The Statement of Project Eligibility narrative must address the following in sufficient detail:

**1. Project Description and Location**

Provide a detailed project description, including project type, location, and applicable measurement of project scope (e.g., linear feet, persons/households served, number of facilities improved, etc.).

**2. Need Identification**

Describe the conditions warranting the project, including deficiencies to be corrected and/or public health and safety hazards to be remedied. Discuss how the project was identified, including how to encourage public participation in decision-making.

**3. Anticipated Outcome/Benefit**

Describe how the proposed project will address the identified needs. Describe in detail the specific project activities supported by CDBG funds. Where applicable, describe how activities will impact the physical location and quantify the work to be performed (e.g., four storm sewer inlets installed, 600 LF of street resurfaced, 75 individuals served per month).

### Section 2: STATEMENT OF NATIONAL OBJECTIVE

On a **SEPARATE SHEET**, describe how the proposed project meets a CDBG Program National Objective as described in Section 4 of the Application Instructions. Explain how the proposed activity will benefit the identified target population/area. The narrative must address the components listed below the Statement of National Objective selected from Section 4 of the Instructions. Attach supporting documentation as required.





### Section 3: PROJECT FUNDING

Identify the amount of CDBG funds requested along with the source, amount, and status of any other funding used to carry out the proposed activity.

Attach a copy of the commitment letter from secured funding sources.

Attach a schedule for securing any pending requests for funding.

**\*\*CDBG funding, including St. Johns County's CDBG allocation, depends on the budget appropriation and approval of the US Congress and the President. The Federal Fiscal year begins on October 1 of each year; however, CDBG funds are usually not available to the County until November or December. Because the Board must approve grant agreements of County Commissioners, this may also delay the award by approximately one to two months. All CDBG awards are made on a reimbursement basis; therefore, the County cannot reimburse a Subrecipient for any expenses occurred prior to the execution of a grant agreement and the issuance of a notice to proceed with the project.**

**\*\*Please sign that you have carefully read the statement above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name





**PROPOSED PROJECT BUDGET** Please provide a detailed project budget. The cost estimate for each project work element should be listed twice: once under the "Cost Estimate" and again indicating the source funding the workelement.

Project Work Element	Cost Estimate	CDBG Funding	Matching Funds			
			Municipal			
Professional Services						
Consultant Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Related Project Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Construction						
Design/Engineering Service(s)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Labor and Material Contract(s)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Line Items	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental Clearances (Phase I)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Construction Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
On-Site Improvements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inspections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Demolition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Acquisition						
Appraisal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Closing Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Financing Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BUDGET	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL PROJECT COSTS	REQUESTED GRANT AMOUNT	TOTAL MUNICIPAL MATCH	TOTAL MATCH	TOTAL MATCH	TOTAL MATCH

Engineer/Professional Signature: \_\_\_\_\_ Seal \_\_\_\_\_ Date: \_\_\_\_\_





1. A certified engineer or architect must prepare a cost estimate. Submissions must be signed, dated, and sealed by the certified professional.
2. Please note that if the application is approved, the project budget becomes a binding part of the applicant's and County's agreement. Therefore, the projected figures must be accurate.
3. Include the use of non-CDBG funds in the budget. As part of HUD's Performance Measurement
4. System sub-recipients must report the funds that other sources leverage.
5. CDBG funds may not be available to address a project. To be considered for partial funding, public facility and infrastructure improvement projects must contain separate cost line-item estimates for each work element proposed.
6. Each work element must be prioritized within the budget. For example, an infrastructure project proposing rehabilitating ten streets must provide cost estimates, including engineering, by street segment and rank each proposed segment in descending order of need.
7. Construction projects must comply with Davis-Bacon and Related Acts and all applicable federal regulations. Therefore, cost estimates should reflect these costs.
8. The implantation of *Build America, Built America* is effective for the PY 2024. Please refer to the link for more information. [BABA | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)

## Section 5: PROJECT IMPLEMENTATION SCHEDULE

Indicate the Project Schedule below. Identify project benchmarks with estimated start and completion dates for each. Assume notification of the grant award is issued in November 2024. Actions should include, but are not limited to, the following:

Action	Date
Submission of detailed scope of work to SJC HCS	
Preparation of preliminary project plans and specifications	
County issues Notice to Proceed.	
Preparation of bid documents	
Publication of bid advertisement	





Bid opening/contract award	
Pre-construction meeting	
Pre-construction meeting	
Construction	
Completion/Close-Out	

## Section 6: CERTIFICATIONS

### 1. Equal Opportunity/Accessibility

- a) Does the applicant have written employment and personnel policies and practices?  
Including equal opportunity guidelines? **Yes** **No**

○ If no, please explain:

- b) Is the proposed facility or program accessible to persons with disabilities? **Yes** **No**  
○ If not, is the proposed activity designed to make the program/facility fully  
accessible? **Yes** **No**

- c) Briefly, please explain how handicapped clients/users are or will be accommodated:

### 2. Program Income

- a) Any income generated from the investment of CDBG must be returned to the County.  
Does the proposed project have the potential to generate any income? **Yes** **No**

### 3. Fair Housing

- a) Has the applicant received fair housing complaint allegations in the past 12 months?  
**Yes** **No** If **yes**, on a separate sheet, describe the complaint and what actions  
the applicant took to resolve the allegation.







- b) If awarded PY21 CDBG funds, did the applicant attend the required Fair Housing Training in September 2021? **Yes**      **No**
- c) *Please initial:* \_\_\_\_\_ **Applicants awarded PY-2025 CDBG funds will be required to attend an SJC HCS-approved Fair Housing Training during the Program Year. Failure to comply will be considered with future applications for CDBG funds.**

### **Application Content Certification (required from all applicants)**

I certify that the information in this Community Development Block Fund application for PY 2024 is complete and accurate to the best of my knowledge. I also certify that if the information contained herein should change at any time, I will notify the St. Johns County Housing and Community Services Division of such change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## **CONFLICT OF INTEREST**

Please read the following Conflict of Interest Statements excerpted from the Code of Federal Regulations at 24 CFR 570.611 and indicate your acceptance on the proceeding Signature Page.

### **1. Applicability**

- a. In procuring supplies, equipment, construction, and services by recipients and subrecipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42 shall apply.
- b. In all cases not governed by 24 CFR 85.36 and 24 CFR 84.42, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its sub-recipients to individuals, businesses, and other private entities under eligible activities that authorize such aid (e.g., rehabilitation, preservation, and other improvements of private properties or facilities under § 570.202; or grants, loans, and further assistance to businesses, individuals, and other private entities under §§ 570.203, 570.204, 570.455, or 570.703(I)).



## **2. Conflicts prohibited**

The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities concerning CDBG activities assisted under this part or who are in a position to participate in a decision-making process or gain inside information about such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

## **3. Persons covered**

The conflict of interest provisions of paragraph (b) of this section applies to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or any designated public agencies, or of sub-recipients that are receiving funds under this part.

## **4. Exceptions**

Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (B) of this section on a case-by-case basis when it has satisfactorily met the threshold requirement of paragraph (d)(1) of this section, considering the cumulative effects of paragraph (d)(2) of this section.

**a) Threshold requirements.** HUD will consider an exception only after the recipient has provided the following documentation:

- i. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
- ii. An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

**b) Factors to be considered for exceptions.** In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, considering the cumulative effect of the following factors, as applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
- (ii) Whether an opportunity was provided for open competitive bidding or negotiation;
- (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted



activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

- (iv) Whether the affected person has withdrawn from their functions or responsibilities or the decision-making
- (v) the process concerning the specific assisted activity in question;
- (vi) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;
- (vii) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict and
- (viii) Any other relevant considerations.

**I have read the attached Conflict of Interest Statements excerpted from the Code of Federal Regulations at 24 CFR 570.611, and I agree to abide by the principles embodied therein.**

**Name of Municipality/Organization:** \_\_\_\_\_

**Authorized Signature for Governing Body:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_





## Non-Profit Attachment

**Project/Activity Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

### Section 1: ORGANIZATION INFORMATION

On a **SEPARATE SHEET**, please provide the following information in narrative form. This should not exceed five (5) typewritten pages.

#### 1. Organization Background

Include the length of time the organization has been in operation, the date of incorporation, the purpose of the organization, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and the license to operate (if appropriate).

#### 2. Personnel

Briefly describe the organization's existing staff positions and qualifications, and state whether the organization has a personnel policy manual with an Affirmative Action Plan and Grievance Procedure.

#### 3. Financial

Describe the organization's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the organization's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.





#### **4. Audit Requirements**

Under the Office of Management and Budget Circular 2 CFR §200.501, a non-federal entity that expends \$750,000 or more in federal awards during its fiscal year shall have a single or program-specific audit conducted for that year by the provisions of this part. These organizations must meet such requirements in one of the following ways:

- a) If the organization already conducts audits of all its funding sources, including CDBG, the organization must submit a copy of its most recent audit;
- b) If the organization already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit re- querulents or
- c) If the organization does not have a current audit process in place, it will be required to include a 10 percent (%) set aside in the project budget to provide an audit.
- d) Non-profit organizations exempt from federal audit requirements will be subject to OHCD financial reporting requirements depending on the nature and scope of the funded project. Please consult with OHCD for the type of reporting required from your organization.

#### **5. Insurance/Bond/Worker's Compensation**

- a) State whether the organization has liability insurance coverage, amount, and with what insurance organization. State whether the organization pays all payroll taxes and workers' compensation as federal and state law requires. State whether the organization has fidelity bond coverage for principal staff who handle the organization's accounts, in what amount, and with what insuring organization.

#### **6. Additional Information**

- 7. Include any other information that would aid our understanding of the organization and its capacity to carry out project(s).**





## Section 2: REQUIRED DOCUMENTS

Please provide the following documentation.

### 1. Articles of Incorporation/Bylaws

- ✓ These are the documents the State recognizes as formally establishing a private corporation, business, or organization.

### 2. Non-Profit Determination

- ✓ Non-profit determination letters from the Federal Internal Revenue Service

### 3. List of the Board of Directors or Other Governing Body

- ✓ This list must include each member's name, telephone number, address, occupation, or affiliation and must identify the principal officers.

### 4. Authorization to Request Funds

- ✓ Authorization from the organization's governing body to submit the funding request. This consists of a copy of the meeting minutes in which the governing body's resolution, motion, or other official action is recorded.

### 5. List of Authorized Representative(s)

- ✓ Documentation of the governing body's action authorizing the representative(s) of the organization to negotiate for and contractually bind the organization. Documentation consists of a signed letter from the Chairperson of the governing body providing the name, title, address, and telephone number of each authorized individual.

### 6. Organizational Chart

- ✓ An organizational chart that describes the organization's administrative framework and staff positions must be provided, which indicates where the proposed project(s) will fit into the organizational structure and identifies any staff positions of shared responsibility.

### 7. Conflict of Interest Statement

- ✓ Section 5.D. (pages 4-5) the Core Application contains an excerpted Conflict of





Interest Statement from the Code of Federal Regulations at 24 CFR 570.611(b).  
The applicant must review the statement and acknowledge acceptance by  
signing and dating in the space provided.

**8. Resume of Chief Program Administrator and Chief Fiscal Officer**

**9. Financial Statement and Audit (if available)**

**Section 3: CONTENT CERTIFICATION**

I certify that the information in this attachment is complete and accurate to the best of my knowledge. I also certify that if the information contained herein should change while a contract is in effect between the St. Johns County Board of County Commissioners and the above named organization, I will notify the SJC HCS of such change and await their written response before proceeding with the project.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**





## Economic Development (ED) Attachment

**Project/Activity Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

### Section 1: STATEMENT OF PROJECT ELIGIBILITY

#### **A. Project Impact**

a) Describe the overall economic development needs

b) Describe the overall economic development needs specific to LMI residents.







- c) Describe the community's goals (methods for meeting needs) projected for three years.

- d) Describe the relationship of the proposed project to the stated economic development goals.



e) How many unduplicated individuals have the proposed activity served during the previous 12 months? \_\_\_\_\_

f) Will the proposed activity increase services over the next 12 months?

**Yes                      No**

*October 1, 2023– September 30, 2024, to calculate past individuals serve and October 1, 2025– September 30, 2026, to estimate any increase in service. If an increase in service is identified, how will the increase be accomplished? (Add an additional sheet if necessary.)*

## B. Service Area

Describe the service area of the proposed activity. *(Attach a map if necessary)*

## C. Project Benefit

Complete the appropriate section based on the economic development proposed project.

### A. JOB STATISTICS

	Number	Number of LMI	CDBG\$/Job
Creation			
Retention			
<b>TOTAL</b>			







**Provide the estimated Project Costs:**

- (1) Estimated design/engineering costs: \$ \_\_\_\_\_
- (2) Estimated cost of construction/material: \$ \_\_\_\_\_
- (3) Total estimated training costs: \$ \_\_\_\_\_
- (4) Total estimated technology costs: \$ \_\_\_\_\_
- (5) Total other equipment costs: \$ \_\_\_\_\_
- (6) Total Advertising and Promotion costs: \$ \_\_\_\_\_
- (7) Total estimated other costs: \$ \_\_\_\_\_
- (8) **(e) Total project costs:** (sum of 1 – 7) \$ \_\_\_\_\_
- (9) Total requested CDBG Funds: \$ \_\_\_\_\_
- (10) Total project funds applicant is leveraging\*: \$ \_\_\_\_\_
- (11) Total Funding available for the project: (6+7) \$ \_\_\_\_\_
- (12) Cost per person \$ (h/total number of persons benefitting from project) \$ \_\_\_\_\_

\* Leveraged funds – total funding available from other sources. Provide details on the Certification of Other Funding form.





## D. EQUIPMENT/FURNISHING ANALYSIS

### 1. Equipment List

List all equipment to be financed with CDBG and any other funds. Identify the source(s) of funds used for each purchase.

Description	Model Number	Funding Source	Purchase Price	Installation Cost*	Installer* *
<b>TOTAL</b>					

\* Indicate if installation is included in the contract(s) with equipment's

\*\* Will the item be installed by the vendor, employees, or other (specify)

## E. Microenterprise Projects

When discussing specific issues about the proposed microenterprise economic development project, the applicant should provide the following information:

1. Describe the organization that will be providing the training and technical assistance, including but not limited to:
  - a. Types of projects and/or programs currently administered by the organization
  - b. Experience of individuals who will be administering the training (provide resumes)
  - c. Types of technical assistance that will be provided (i.e. marketing, business plans, financial analysis, legal forms, taxes, loan generation assistance, servicing loans, etc.)
  - d. Requirements, if any, will be established to receive loan assistance





- e. How many clients do you intend to serve through technical assistance? Through loans?
2. Provide evidence of support from local lending institutions showing their commitment to small business lending in the community.
3. How quickly can the plan be implemented?
4. Explain in detail what the community has previously done to assist small businesses.
5. Has the community established a loan review committee? If yes, please provide names and qualifications.
6. Excluding program income from a previous CDBG project, what revenue-generating sources does your community currently have in place to promote economic development?
7. Proposed fee schedule for services to be provided.
8. For non-profits proposing to establish microloan revolving funds, provide details demonstrating the organization's ability to provide and administer loans to eligible microenterprises, including, but not limited to:
  - a) Proposed loan limits
  - b) Proposed loan rates and terms
  - c) Proposed delinquency and default rates

## Section 2: ENVIRONMENTAL AND RELATED ISSUES

Is the site where program services will be located in a delineated floodplain?

Floodplain    **Yes**                      **No**

*(Please contact the St. Johns County Planning Department at 610-891-5200 for technical assistance.)*

## Section 3: LOCAL SUPPORT

Has your organization obtained any letter(s) of support from municipalities impacted?





By, or home to, the proposed activity/program?

**Yes**                      **No**

If Yes, please attach (1) letters demonstrating support and (2) a copy of the correspondence from your organization requesting local support.

#### Section 4: PROCUREMENT

Describe any significant procurement anticipated to be undertaken with CDBG funds for this project:

Does the applicant have an established procurement policy in place?

Yes                      No                      If Yes, please attach.

#### Section 5: AGENCY PROFILE

1. Please indicate the program(s) and service(s) provided by your organization:

Job Training\_\_\_\_\_

Grants/Loans:\_\_\_\_\_

Nonprofit Mentorship\_\_\_\_\_

Microenterprise Activities\_\_\_\_\_

Lease Space (Incubator)\_\_\_\_\_

Other \_\_\_\_\_





2. Please indicate the population(s) served by your organization:

	City (if applicable)	County
Current Population		
Minority Population		

Number of businesses to be served	
Total number of employees to be served	
Manufacturing Employment	
Number of Manufacturing Industries	
Minority-owned firms – African-American	
Minority-owned firms – Women	

