



**TO:** Community Development Block Grant (CDBG) Applicants

**FROM:** Marie Guilfoyle, Housing Program Specialist – CDBG

**SUBJECT:** PY 2024 CDBG Entitlement Program Application

**DATE:** 03/18/2024

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We are pleased to inform you that St. Johns County has initiated planning for the Program Year (PY) 2024-2025 Community Development Block Grant (CDBG) Program. As part of this process, we anticipate receiving an allocation of federal CDBG funds for the upcoming program year, which is scheduled to commence on October 1, 2024.

**Here are the key details:**

**Allocation Amount:** In the previous Program Year (PY 2023-2024), our allocation amounted to \$1,121,735. We expect a similar award for the upcoming PY 2024-2025.

**Available Funding:** Approximately **\$500,000** will be available to assist other grantees with their programs and projects. St. Johns County has already allocated **\$621,735** in CDBG funding for the Hastings Library and Community Center.

**Announcement Timeline:** We aim to publicly announce the actual allocation amounts before our first scheduled hearing.

**Application Process:** Interested parties seeking funding must submit five (5) copies of their application package to the St. Johns County Housing and Community Development (HCD) Offices no later than **4:00 p.m., Friday, April 26, 2024.**

We appreciate your continued support and look forward to a successful program year ahead. Should you have any questions or require further information, please do not hesitate to contact our office.

All CDBG Application forms and instructions are now available for digital download on the St. Johns County website. Several forms are fillable PDFs and have been incorporated to facilitate completion. Please note that forms requiring initials/signatures must be printed and signed. HCD recommends that applicants use the Application Checklist to ensure all relevant forms and





documentation are submitted correctly. Incomplete submissions will not be considered for funding.

**All PY 2024 applicants must submit**

1. Project Summary Form
2. Core Application
3. Proposed Project Budget Form

**Additionally, the following attachments/forms must be submitted based on the type of service/project:**

- A. For Public Service activities, include the Public Service Attachment.
- B. For Capital Improvements and/or Historic Preservation activities, include the Public Facility & Infrastructure Attachment.
- C. For Non-Profit organizations, include the Non-Profit Attachment.
- D. Applicants may apply for one (1) activity.
- E. Eligible organizations submitting for the PY 2024 are required to attend at least one (1) of the four (4) offered “Completing a Successful CDBG Application Technical Assistance Workshops

***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; however, CDBG funds are usually unavailable to the County until November or December. Because the Board must approve County Commissioners' grant agreements, this may delay the award by approximately two to three months. All CDBG awards are made on a reimbursement basis; therefore, the County cannot reimburse a sub-recipient for any expenses incurred before the execution of a grant agreement and the issuance of a notice to proceed with the project.***





(See Key Dates – Program year 2024 for scheduled locations, dates, and times)

### KEY DATES – PROGRAM YEAR 2024

Program Year (PY) 2024 KEY DATES	
Date	Action
March 18, 2024	PY 2024 Survey & Application available on the County website
March 26, 2024	Community Priorities - Needs Assessment Public Meetings held throughout County (03/25/2024, 03/26/24,3/27/24,03/28/24,04/03/24)
April 2, 2024	Completing Successful CDBG Application Workshops held throughout County (04/02/2024,4/04/2024,04/05/2024,04/16/2024)
April 19, 2024	PY24 Community Priorities - Needs Assessment Survey Submission Deadline 5:00 p.m.
April 26, 2024	<b>PY 2024 Entitlement Grant Application Submission Deadline 4:00 p.m.</b>
May 3, 2024	PY 2024 Entitlement Applications Evaluation & Scoring The committee meets to review Applications
June 3, 2024	30-Day Public Comment Period on Proposed Action Plan
June 17, 2024	Public Hearing on Proposed Action Plan
July 16, 2024	County Commission Adopts Final Action Plan
August 15, 2024	Final PY 2024 Action Plan Submitted to HUD
October 1, 2024	Start of PY 2024 Program Year
September 30, 2024	End of PY 2024 Program Year

**These dates are tentative and are subject to change.** Notice of actual hearing dates, proposed and final plan adoption, and related public comment periods will be published in the St. Austin Record and on the St. Johns County website.





## COMMUNITY DEVELOPMENT GRANT PROGRAM GUIDE TO MEETING A NATIONAL OBJECTIVE LOW AND MODERATE-INCOME BENEFIT ON AN AREA BASIS

The primary objective of the Community Development Block Grant (CDBG) Program is the development of viable communities by the provision of decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate-income (L/M income). This will be achieved by ensuring that each funded activity meets one of the national objectives: benefiting L/M income persons, preventing or eliminating slums or blight, or meeting urgent needs. The following is a summary of information found in the U.S. Department of Housing and Urban Development's Community Development Block Grant Program: Guide to National Objectives & Eligible Activities for Entitlement Communities regarding requirements in meeting the first and most common of the aforementioned national objectives. Provided is a brief definition of "area benefit" in the CDBG regulations and a summary of how the County, as Grantee, determines national objective compliance for such proposals.

To view the Guide to National Objectives and Eligible Activities for Entitlement Communities in its entirety, visit: <https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/>

### WHAT IS AN AREA BENEFIT ACTIVITY?

An area benefit activity is an activity **that is available to benefit all the residents of a primarily residential area**. In Delaware County, to qualify as addressing the national objective of benefit to L/M income persons on an area basis, an activity must meet the identified needs of L/M income persons residing in an area where at least **44.76%** (based on the 2010 American Community Survey) of the residents are L/M income persons. **The benefits of this type of activity are available to all residents in the area regardless of income. Thus, all residents in the defined service area must be considered in calculating the L/M percentage, not just those using the facility.**

For the most part, activities qualifying under the primary eligibility category of **Public Facilities and Improvements** benefit all the residents of an area. They thus would be subject to meeting the criteria described here to meet the L/M Income Benefit national objective. Typical area benefit activities include:

- ✓ Street and sidewalk improvements
- ✓ Water and sewer line rehabilitation





- ✓ Neighborhood and recreational facility improvements

## DETERMINING THE SERVICE AREA

Determining the area the activity serves is critical to meeting a national objective. Generally, it is reasonable to assume that certain facilities serve only minimal regions. For example, sidewalks and streetlights, tot-lots, and small playgrounds in a residential area would usually benefit only the residents of the immediately adjacent area. Conversely, a park containing multiple amenities or a parking area for residents not close enough to walk could not reasonably be designed to serve only the block group it resides within. An activity near the boundary of a block group(s) would be expected to include the neighboring block group(s). Regardless of the infrastructure/facility, it will be necessary for the applicant to determine, and the County to support, the service area before CDBG assistance may be provided. The factors considered in determining the area served for these purposes are:

- ✓ The **nature** of the activity;
- ✓ The **location** of the activity;
- ✓ **Accessibility** issues; and
- ✓ The availability of **comparable activities**.

## NATURE OF ACTIVITY

In determining the boundaries of the area served by a facility, its size and how it is equipped need to be considered. For example, a park that is expected to serve an entire neighborhood cannot be so small or have so little equipment (number of swings, slides, etc.) that it would only be able to serve a handful of persons at any one time. Conversely, a park with three ball fields or a ball field with grandstands that can accommodate hundreds of spectators could not reasonably be designed to serve a single neighborhood. The same comparison would apply to the case of assisting a small, two-lane street in a residential neighborhood versus helping an arterial four-lane street that may pass through the neighborhood but is used primarily by persons passing through from other areas.

## LOCATION OF ACTIVITY

Where an activity is located will also affect its capacity to serve particular areas, especially when the location of a comparable activity is considered. A library, for example, cannot reasonably be claimed to benefit an area that does not include the area in which it is located. When a facility is located near the boundary of a particular neighborhood, its





service area would be expected to have portions of the adjacent neighborhood and the one in which it is located.

## ACCESSIBILITY

The accessibility of the activity also needs to be considered in defining the area served. For example, suppose a river or an arterial road forms a geographic barrier that separates persons residing in an area in a way that precludes them from taking advantage of a facility that is otherwise nearby. In that case, that area should not be included in determining the area served. Other limits to accessibility may apply to particular activities. For example, the amount of fees to be charged, the time or duration that an activity would be available, access to transportation and parking, and the distance to be traveled can all constitute barriers to the ability of persons to benefit. Language barriers might also include an accessibility issue in a particular circumstance.

## COMPARABLE ACTIVITIES

The nature, location, and accessibility of comparable facilities and services must also be considered in defining a service area. In most cases, the service area for one activity should not overlap with a similar activity (e.g., two community centers, two clinics, or two neighborhood housing counseling services).



# APPLICATION INSTRUCTIONS

## Section 1: GENERAL INFORMATION

The Community Development Block Grant (CDBG) Program was created through Title I of the Housing and Community Development Act of 1974, as amended. **The primary objective of the CDBG Program is to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities for persons of low- and moderate-income.** St. Johns County anticipates receiving CDBG funds in Program Year (PY) 2023, with federal Entitlement dollars being awarded to public improvement, planning, and public service activities through the PY 2023 application process.

As in previous years, the funding process will be highly competitive. **Each applicant may submit no more than two(2) prioritized funding requests, each denoted as the primary or alternate application.** Applications will first be reviewed and evaluated to determine if they meet program threshold requirements. Applications meeting the threshold will be further assessed for feasibility and demonstration of need and then presented to the County Commission.

For an application to be considered complete, proposals must include the following as applicable:

- ✓ **Project Summary Form**  
All applicants must complete this section covering general project information.
- ✓ **Core Application**  
All applicants must complete this section covering general project information.
- ✓ **Public Facility and Improvement Attachment**  
This attachment must be completed for all public facility improvements, rehabilitation, historic preservation, and other construction. This attachment should also be completed for accurate property acquisition or disposition projects.
- ✓ **Public Service Attachment**  
This attachment must be completed for all service provision activities.
- ✓ **Nonprofit Corporation Attachment**  
All nonprofit organizations must complete this attachment submitting funding requests.





✓ **Resolution of Governing Body**

All applicants must submit a properly executed resolution that prioritizes applications.

✓ **Current Project Status Report(s)**

All applicants with open CDBG projects must report on the status of implementation/completion.

St. Johns County Housing and Community Development will sponsor a series of public hearings, technical assistance workshops, and opportunities for the community to learn about the

CDBG program and ultimately to prepare applicants and gather comments from residents on the County's CDBG Entitlement Program. Please refer to the attached "key dates" list for anticipated dates and times. In addition, **municipalities are required to hold and publicize public hearings before applying.** Applicants must inform constituents as to the times and locations of these hearings. **At a minimum, a notice must be published in a newspaper of general circulation within the municipality no less than ten (10) days before the proposed hearing.** The notice must identify the proposed hearing's date, time, place, and purpose. The importance of citizen participation in the decision-making process cannot be overstated. Please do not schedule local hearings on the exact dates and times as the County sponsored hearings.

Only applications completed and submitted on the due date will be considered for funding. Completed applications must be submitted on **Friday, April 26, 2024, no later than 4:00 p.m.** Upon submission, a preliminary review for completeness and eligibility will be processed by Housing Staff, and the Evaluation and Scoring Committee will complete a thorough assessment of each application by **Friday, May 3<sup>rd</sup>, 2024**, with a final County Commission award expected no later than **August 15, 2024**, and HUD approval and funding anticipated in the Fall of 2024.

Please direct all questions to Marie Guilfoyle, Program Specialist - CDBG at 904.827.6897 or by email at [gguilfoyle@sjcfl.us](mailto:gguilfoyle@sjcfl.us).

**Please submit application(s) to:**

Marie Guilfoyle, Program Specialist - CDBG  
St. Johns County, Housing and Community Services Division  
200 San Sebastian View  
St. Augustine, FL 32084







## Section 2: PROJECT EVALUATION CRITERIA

Proposals will be reviewed based on the following:

1. **Threshold Requirements:** All proposed projects must meet the following criteria to be considered for funding:
  - a. **Completed Application.** All application sections pertinent to the proposal must be completed in full. No partial proposals will be accepted.
  - b. **Project Eligibility.** The project must be an eligible activity, as Section 3 of the Application Instructions outlines.
  - c. **Statement of National Objective.** The project must meet one of the National Objectives of the CDBG Program as outlined in Section 4 of the Application Instructions.
2. **Project Feasibility:** Projects meeting the threshold requirements will be evaluated against the set of selection criteria listed below:
  - a. **Project Need and Public Benefit**
    - ✓ The extent to which the proposal documents it will fill a need identified in the current **St. Johns County Consolidated Plan for October 1, 2021 - September 30, 2025.**
    - ✓ The extent to which the proposal demonstrates a comprehensive approach and coordinated effort toward addressing the identified need.
    - ✓ The extent to which the proposal is designed to benefit low- and moderate-income persons within the Urban County of St. Johns.
  - b. **Leveraging:** The extent to which the project leverages alternative funding and maximizes program funding.
  - c. **Applicant Capacity:** The applicant demonstrates the ability and identifies the resources necessary to implement the project promptly.

**Applicants who have received previous CDBG funding will be evaluated on past program performance.**





## Section 3: PROJECT ELIGIBILITY

### Eligible CDBG Activities

Program Regulations must authorize each proposed activity. Please review the category(s) that best describes your proposed project activity. You will be asked to demonstrate an activity's eligibility in **Section 1, Project Description of the Core Application**. Please note that this is a summary of basic eligible activities; *if the activity you propose is not included below, contact [housing@sjcfl.us](mailto:housing@sjcfl.us).*

- ✓ **Public Facilities and Improvements**, including construction, reconstruction, rehabilitation (including removing architectural barriers to accessibility), or installation.  
**NOTE:** Applicants must complete the Public Facility and Improvement Attachment.
- ✓ **Acquisition/ Disposition of real property.**  
**NOTE:** Applicants must contact Housing-CDBG staff before applying for Acquisition Activities
- ✓ **Public services include but are not limited to** employment, services to the homeless or elderly, childcare, health, drug abuse, education, fair housing counseling, energy conservation, welfare, or recreational needs.  
**NOTE:** Applicants must complete the Public Service and Non-Profit Attachments (if applicable).
- ✓ **Code Enforcement** concentrated in deteriorated or deteriorating neighborhoods where such enforcement, along with public or private improvements or services, is expected to arrest the area's decline.
- ✓ **Planning Activities** consist of data gathering, analysis, and preparation of plans.
- ✓ **Historic Preservation** of sites or structures listed on or determined to be eligible for the National Register of Historic Places, designated as a State or local landmark or historic district by appropriate law or ordinance.  
**NOTE:** Applicants must complete the Public Facility and Infrastructure Attachment.



- ✓ **Clearance and Remediation**, including Brownfields.  
**NOTE:** Applicants must complete the Public Facility and Infrastructure Attachment.

### **Ineligible Activities**

The following activities are generally **ineligible** for CDBG assistance:

- ✓ Improvements to buildings, or portions thereof, **used for the general conduct of government**;
- ✓ Activities that affect a floodway associated with a 100-year floodplain
- ✓ General government expenses;
- ✓ Political activities;
- ✓ Purchase equipment (including construction equipment), furnishings, and personal property, except when used in an eligible Public Service activity.
- ✓ Operating and maintenance expenses associated with public facilities;
- ✓ New housing construction, unless carried out by a Community-Based Development Organization; and
- ✓ Income payments to families or individuals.

## **Section 4: STATEMENT OF NATIONAL OBJECTIVE**

Each eligible activity must meet one of the CDBG Program's National Objectives. Please refer to the list below and enter the proposed activity's National Objective in Section 2 of the Core Application. The documentation listed below the selected statement must be supplied with the Core Application to support the Objective.

- 1. Benefit an area with at least 48.91% low- and moderate-income residents.** Refer to the *Guide to Meeting a National Objective Low- and Moderate-Income Benefit in an Area Basis* and your community's low/moderate income map.

The supporting narrative and documentation must address all the following:



- a. A written Determination of the service area, including the source used to determine the service area; **and**
- b. A Narrative describing the impacted area and the affected population, including evidence that the area is primarily residential with at least 48.91% low- and moderate-income residents **and**
- c. Areas of Low and Moderate-Income Concentration Map showing the boundaries of the above-defined service area.

**2. Benefit a limited clientele where at least 51% are low- and moderate-income.**

The supporting narrative must include a description of the target population. In addition, the applicant must provide documentation demonstrating that the activity will meet at least one of the following eligibility requirements:

- a. Activities that exclusively serve a clientele who are generally presumed to be low-and moderate-income (e.g., elderly, severely disabled adults, battered spouses, abused children, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers); **and**
- b. The proposed program has income eligibility requirements limiting the activity exclusively to low- and moderate-income persons **or**
- c. Require information on family size and income so that it is evident that at least 51% of the clientele are persons whose family income qualifies as low- and moderate-income.

**3. Aid in preventing or eliminating slums or blight on an area basis.**

The supporting narrative must address all the following:

- a. An official Designation within the last ten years of the area as slum or blighted under state or local law with a description of the boundaries; **and**
- b. Demonstration that a substantial portion of buildings and infrastructure is deteriorating; **and**
- c. A Description of how proposal activity(s) will address one or more conditions that contributed to the area's deterioration.

**4. Eliminate specific conditions of blight on a spot basis.**



The supporting narrative must describe the specific condition(s) of blight or physical decay and how the activity addresses the condition(s) and will eliminate conditions detrimental to public health and safety.

**5. Eliminate specific conditions of blight in a designated urban renewal area.**

The supporting narrative must address all the following:

- a. A map and description of the urban renewal or Community Redevelopment Program area; **and**
- b. Documentation showing the activity is necessary to complete the urban renewal area plan.

**6. Planning activities such as data gathering, analysis, and preparation of plans.**

The supporting narrative must address the following:

- a. Description of the proposed planning process/methodology
- b. Description of the final product and anticipated benefit.

## APPLICATION CHECKLIST – PROGRAM YEAR 2024

### 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 2024

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 2024

**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; however, CDBG funds are usually unavailable to the County until November or December. Because the Board must approve County Commissioners' grant agreements, this may delay the award by approximately two to three months. All CDBG awards are made on a reimbursement basis; therefore, the County cannot reimburse a sub-recipient for any expenses incurred before 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-2024 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**





## Public Service (PS) Attachment

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

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

### Section 1: STATEMENT OF PROJECT ELIGIBILITY

#### 1. Project Impact

- a) How long has your organization provided the proposed activity? \_\_\_\_\_
- b) How many unduplicated individuals have the proposed activity served during the previous 12 months? \_\_\_\_\_
- c) Will the proposed activity increase services over the next 12 months?

**Yes                      No**

*October 1, 2022– September 30, 2023, to calculate past individuals serve and October 1, 2023– September 30, 2024, 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.)*

#### 2. Service Area

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





### 3. Project Benefit

The following populations are generally presumed to be principally low- and moderate-income persons. Please indicate the population(s) that will benefit from the proposed activity:

Abused children

Battered spouses/partners

Elderly persons

Adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled"

Homeless persons

Illiterate adults

Persons living with AIDS

Migrant farm workers? If so, please provide documentation.

Other. Please describe:

### 4. Client Information

Does your organization require information on family size and income?

**Yes**

**No**





## Section 2: ENVIRONMENTAL AND RELATED ISSUES

Is the site where program services are to be provided located in a delineated floodplain?

Floodplain    **Yes**                      **No**

*(For technical assistance, please contact the St. Johns County Planning Department at 610-891-5200.)*

## 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:

Emergency Shelter Facilities

Mental Health

Transitional Housing

HIV / AIDS Services

Vouchers for Shelters

Alcohol / Drug Program

Outreach

Employment

Drop-In Center

Child Care

Soup Kitchen / Meal Distribution

Homeless Prevention

Food Pantry

Other \_\_\_\_\_

Health Care

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

Chronically Homeless (emergency  
shelter only)

Veterans

Severely Mentally Ill

Persons with HIV / AIDS

Victims of Domestic Violence

Chronic Substance Abuse

Elderly

Other Disability







## PUBLIC FACILITY & INFRASTRUCTURE (PF) ATTACHMENT – PROGRAM YEAR 2024

### Section 1: PF: PROJECT PLANNING

#### 1. Project Plans and Specifications

- a) Are preliminary project plans and specifications from a Certified Professional Complete? **Yes** **No**

If **yes**, a copy of the completed plans and specifications **must** be submitted with this application.

#### 2. Environmental and related issues

(If you need technical assistance, contact the St. Johns County Planning and Zoning at 904-209-0575.)

- a) Attach a map detailing the exact location of all project activities, including construction starts and stops, ground disturbances, etc.
- b) Is the project site located in, or will the proposed activities affect, a delineated floodplain/ wetland area?
- |                |            |           |
|----------------|------------|-----------|
| i. Flood plain | <b>Yes</b> | <b>No</b> |
| ii. Wetland    | <b>Yes</b> | <b>No</b> |

If applicable, please attach a statement assuring that flood insurance will be maintained for any structure in the floodplain. Activities that occur in a floodway associated with a 100-year floodplain are ineligible.

- c) Is the project site eligible for or listed on the National Register of Historic Places or designated as a local historic landmark by municipal ordinance?
- |            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|------------|-----------|



- d) Use the chart below to identify the required permit for the proposed activity. If “*Obtained*” is checked, attach proof of approval. If “*Pending*,” attach an estimated date of anticipated approval.

Permitting Agency	Obtained	Pending	Not Applicable
FL DOT			
FL DEP			
Army Corps of Engineering			
FL Labor and Industry			
Other (Please Explain)			

### 3. Site Control:

- a) Does the applicant own the property?

**Yes                      No                      N/A**

- b) If no, does the applicant lease the property?

**Yes                      No                      N/A** If **NO** to *a* and *b* above, please provide the name, address, and telephone number of the property owner:

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

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

- c) Will the proposed activity require any real estate property acquisition or easements?

**Yes                      No**



- d) Will the proposed activity result in permanent or temporary displacement or relocation of households/ businesses?

**Yes**

**No**

*Applicants must comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970, as amended—projects involving Acquisition.*

**Relocation requires supplemental information. Applicants must contact SJC HCS at 904-827-6897 before proceeding.**

**4. Street Life Certification**

- a) Does the proposed project involve improvements in the street (cart way)?

**Yes**

**No**

If yes, a Licensed Engineer must sign and seal the following statement:

***I certify that the proposed activities will result in extending the useful life of the identified street (s) for not less than eight (8) years.***

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

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

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

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

**(Seal)**





## 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, 2022– September 30, 2023, to calculate past individuals served and October 1, 2023– September 30, 2024, 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	

