2020/2021 CONSOLIDATED ANNUAL ACTION PLAN
PROJECT APPLICATION MANUAL

City of St. Petersburg, Florida
Housing and Community Development Department
# Project Application Manual

## Table of Contents

- What Is a Consolidated Plan? ................................................................. 1
- Notice of Available Funds ........................................................................ 2
- FY 2020/21 Consolidated Annual Action Plan Schedule ......................... 4
- Applicant Criteria ..................................................................................... 5
- Applicant Instructions ............................................................................... 6
- Project Criteria ......................................................................................... 7
- Web Information ....................................................................................... 7
- Goals and Performance ............................................................................ 8
- Technical Assistance ................................................................................ 9
  - Zoning District Compliance .................................................................... 9
  - Social Service Agency Use ...................................................................... 9
  - Property Value and Encumbrances ......................................................... 10
  - Site Control ............................................................................................ 10
  - Restrictions on Use ................................................................................ 12
  - Flood Plain Development Permit Requirements ...................................... 12
  - Lead-Based Paint Hazards ...................................................................... 13
  - Preparation of a Rehabilitation/Construction Cost Estimate ................. 16
  - Relocation/Anti-Displacement ................................................................ 18
  - Other Budgetary Considerations ............................................................ 19
- Public Service Activities .......................................................................... 20
- Projects Serving the Homeless ................................................................. 20
- Housing Rehabilitation or Construction .................................................... 21
- Community Housing Development Organizations (CHDOs) .................. 21
- Making Good Business Sense ................................................................. 22
- Hints for Success ...................................................................................... 22
- If Your Project Is Funded .......................................................................... 24
  - Project Manager .................................................................................... 24
  - Agency Agreement ................................................................................. 24
  - Mortgage and Promissory Note .............................................................. 25
  - Reporting ............................................................................................... 25
- Resources for Information Requested ..................................................... 27
- 2016-2021 Five Year Consolidated Plan Priority Needs ......................... 29
- Income Limits .......................................................................................... 31
- Neighborhood Revitalization Strategy Area Map ..................................... 32
- Brownfield Area Map .............................................................................. 33
- Low & Moderate Income Census Tract Map ............................................. 34
Southside CRA .................................................................................................................. 35

Samples of Application Attachments

Letter to Neighborhood Association .............................................................................. 37
Evidence of Consideration of Non-Floodplain Sites .................................................. 38
Job Description .............................................................................................................. 39
Homeless Verification Form .......................................................................................... 40
Demographics & Interagency Referral Form ............................................................... 41
Monthly Service Report ................................................................................................ 42
Client Demographic/Information Form .......................................................................... 43
Annual Demographic Report ......................................................................................... 44
Emergency Transfer Plan (VAWA) ................................................................................ 45

Forms Required for Application

Corporate Resolution .................................................................................................... 50
Board of Directors Roster ............................................................................................... 51
Overview/Summary of Policies and Procedures ........................................................... 52
Mandatory Disclosure ..................................................................................................... 53
Homeless Services or Operations Data Form ............................................................... 54
Housing First / Low Barrier Questionnaire ................................................................. 56
Statement of Security and/or Collateral for Acquisition or Construction Projects ....... 61
Acquisition, Rehabilitation or New Construction Data Form ...................................... 62
Site Survey and Previous Land Use Assessment Form ................................................ 64
Agreement of Property Owner to Sign Mortgage .......................................................... 67
Notice by Seller of Property ......................................................................................... 68
Relocation Notice ........................................................................................................... 69
Evidence of Consideration of Non-Floodplain Sites .................................................. 70
Zoning Status Form ........................................................................................................ 71

Neighborhood Associations .......................................................................................... 73

CHDO Certification Forms ............................................................................................ 74
Board Member Combined Certification Form ............................................................... 79
CHDO Staff Information Form ....................................................................................... 80
CHDO Funding Budget Request Form .......................................................................... 81
What Is a Consolidated Plan?

The Consolidated Plan is a document which assesses needs, sets goals and objectives and allocates funds from Federal, State and local sources for housing and community development purposes over a five year planning period. The planning process for allocating Federal funds is mandated by the U.S. Department of Housing and Urban Development (HUD). The City of St. Petersburg (City) includes other housing funding sources in the plan as well. The City is currently preparing its annual plan (October 1, 2020 through September 30, 2021).

The City receives three grants from HUD on an annual basis - Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG) and HOME Investment Partnership Grant (HOME). The amount of each grant is determined by the total dollars appropriated by Congress for the fiscal year and a formula set by legislation.

a) CDBG projects must address one of the national objectives of the CDBG program, which are: a) principally benefit low- and moderate-income persons; and/or b) eliminate slums and blight. In addition, a project must also be an eligible activity under the Federal regulations of the CDBG program. These activities include acquisition of property, relocation of occupants of property acquired, rehabilitation and preservation of property, public facilities and improvements, clearance, public services, home ownership assistance, economic development, removal of architectural barriers, and historic preservation.

b) ESG funds are used to provide services to the homeless; operational funding for shelters, rehabilitation of facilities for the homeless, and rental assistance/case management for homelessness prevention and rapid re-housing of the homeless.

c) HOME funds may be used to assist low and moderate income home buyers and homeowners and for acquisition, construction and/or rehabilitation of housing which is affordable to low- and moderate-income persons, including supportive transitional and permanent housing for special needs populations.

In addition, the City has established its own Housing Capital Fund, which was capitalized from the General Fund. Housing Capital funds are designated by City Council for housing and housing related capital improvements.

Each of these programs has specific regulations, which the City must follow in the expenditure of the funds. The basic overall objective of the Federal funds is to benefit low- and moderate-income persons, which are those households with an income of 80% of median or less.

In the past few years, a consolidated planning process was implemented for receipt of the HUD grants, and the Housing Capital funds. The total funds available are all budgeted at the same time in order to achieve the maximum flexibility and best use of all funds. The City begins the planning process by holding a public hearing to receive citizen comment on community needs and to discuss the past use of funds. Comments received are considered when formulating the plan and budget for the fiscal year.

As part of the budgeting process the City proposes projects and accepts proposals from private organizations, which are eligible to receive funds as “subrecipients.” Applications are available from the Department of Housing and Community Development (HCD). Application workshops are held to explain the application form, distribute manuals to assist organizations applying for funding and to answer questions.
A review committee of City Council members and citizens, appointed by the Mayor and confirmed by City Council, reviews the applications received from private organizations. The committee is composed of representatives from eleven interest areas: homeless, special needs, housing, community grass roots, mental health, substance abuse, economic development, prevention and intervention, education, business and industry, and elderly services.

The recommendation of proposals from private organizations is considered by the Mayor when formulating a budget to submit to the City Council for public hearing and approval. City Council approves the Consolidated Plan and budget, which is submitted to HUD. Once HUD approves the plan, grant agreements between the City and HUD are signed. The City completes environmental reviews of all projects, after which project implementation can begin.

In order for private organizations to apply for Consolidated Plan funds, an organization must meet the following criteria established by City Council:

a) be incorporated at least one year before application submission deadline and have current status with the State;
b) registered with the Department of Agriculture for solicitation of contributions;
c) have 501(c)(3) status from the IRS at least one year before application submittal;
d) have Board of Directors with the majority of members having residency in Pinellas County and not family related;
e) not listed on City’s Limited Denial of Participation List which excludes participation for a minimum of two years;
f) current audit shows stable financial condition;
g) has successfully performed if previously funded; and
h) applicant and related entities are in good financial standing with the City.

Notice of Availability of Funds

Notice is hereby given that the City of St. Petersburg anticipates receiving federal funding in FY 2020/21 under the Community Development Block Grant, Emergency Solutions Grant, and HOME Investment Partnership programs.

![2020/2021 Anticipated Funding](image)

Note: Numbers are estimates, will change when new allocations are released by HUD.

CDBG funds must be used to address one of the national objectives of the CDBG program: a) principally benefit low- and moderate-income persons; and/or b) eliminate slums and blight. In addition, a project must also be an eligible activity under the Federal regulations of the CDBG
program. These activities include acquisition of property, relocation of occupants of property acquired, rehabilitation and preservation of property, public facilities and improvements, clearance, public services, home ownership assistance, match for other Federal programs, code enforcement, economic development, removal of architectural barriers, historic preservation, and interim assistance.

HOME funds may be used for home ownership assistance and for acquisition, construction and/or rehabilitation of housing which is affordable to low-and moderate-income persons, including supportive transitional and permanent housing for special needs populations.

ESG funds are used to provide services to the homeless; operational funding for shelters, rehabilitation of facilities for the homeless, and rental assistance/case management for homelessness prevention and rapid re-housing of the homeless.

On Wednesday, February 5, 2020 at 10:00 A.M. an application workshop will be held to answer any questions regarding the completion of the application. The workshop will be held at the Thomas “Jet” Jackson Recreation Center, 1000 28th Street South.

Applicants are encouraged to ask questions about required material that they do not understand in order to submit the best possible and most complete application possible. Staff is available at the workshop listed above and by emailing Lynn.Farr@stpete.org or calling (727) 892-5452 from 8:00 A.M. to 2:00 P.M. weekdays through March 5, 2020.

Funding will be made available for infrastructure and capital projects, acquisition of property for economic development and job creation, rehabilitation, and new construction. Applications for service delivery and operating costs are capped at 15% of the federal award. Proposals for development of multi-family housing will be accepted only if the housing is designated for special needs populations as defined in the Consolidated Plan or if proposed by a City of St. Petersburg Certified Community Housing Development Organization (CHDO).

All completed applications for funding must be received electronically on or before 4:00 P.M. on Friday, March 6, 2020 to be considered for funding. Contact Lynn.Farr@stpete.org for a link to a secure portal for application submission. Applications which are not complete (including attachments) and signed will not be considered for funding.
FY 2020/21 ANNUAL CONSOLIDATED PLAN SCHEDULE

January 3    Publish notice of availability of funds and advertisement of workshops and public hearing dates in St. Pete Times.

January 13   Public forum on housing and community/economic development needs and past performance and workshop #1 for potential applicants. Enoch Davis (Auditorium), 6:00 pm.

February 5   Workshop #2 for potential applicants. Wildwood Community Center, 10:00 am.

March 6      Proposals from subrecipients due by 4:00 pm to MSC 3rd Floor reception desk.

April 2      Appointment of Committee Members

April 17     Distribute applications to ad hoc application review committee.

May 15      First meeting of ad hoc application review committee.

May 18      Second meeting (if needed) of ad hoc application review committee.

June 11     Budget, Finance & Taxation Subcommittee workshop on draft Consolidated Plan and proposed budget. Approval of draft for publication and comment.

June 26     Publish draft Plan and advertise second public meeting.

June 26 - July 25       Thirty (30) day public comment period.

August 6    City Council public hearing and approval of Consolidated Plan.

August 11   Submission of Consolidated Plan to HUD.

Ad hoc committee and City Council meeting dates are subject to change. Please confirm with the City Clerk's Office.
## APPLICANT CRITERIA

<table>
<thead>
<tr>
<th>Applicant must:</th>
<th>Documentation to submit in application:</th>
</tr>
</thead>
</table>
| Be incorporated at least one year before application submission deadline and have current status with the State. | a) Articles of incorporation approved by the Secretary of State prior to March 6, 2019. If affiliated with a religious organization, the applicant must be a separate corporation with a non-religious mission and purpose.  
  b) 2020 “Certificate of Status” from State of Florida Secretary of State or copy of the 2020 Annual Report Application and canceled check, indicating that 2020 annual report has been filed and corporate status is active. |
| Registered with the Department of Agriculture for the solicitation of contributions | Print out showing current registration. Must be updated annually, [https://www.freshfromflorida.com/Business-Services/Solicitation-of-Contributions](https://www.freshfromflorida.com/Business-Services/Solicitation-of-Contributions) |
| Have 501(c)(3) status from I.R.S. at least one year before submission date.        | IRS letter dated prior to March 6, 2019 which approves 501(c)(3) status for the same named entity as applicant. |
| Have Board of Directors with the majority of members having residency in Pinellas County. | Completed form from Application Manual which:  
  a) lists name, home address, telephone number, race and gender of each Board Member;  
  b) designates which member qualifies as the homeless representative;  
  c) designates which members qualify as low-income representative and which are public official designation (if a CHDO); and  
  d) certifies that none of the Board members are related to one another. |
| Have no related family members on Board of Directors.                             |                                                                                                         |
| If agency is applying for funds to assist the homeless, at least one Board member must be or previously have been homeless. |                                                                                                         |
| If CHDO, must meet minimum low/mod representation and maximum public official requirements of the HOME Program. |                                                                                                         |
| Not be listed on the Federal, State or City’s Limited Denial of Participation.     | City will determine.                                                                                   |
| Have current audit that shows stable financial condition.                         | Copy of audit, management letter and management letter response for organization’s most recently completed fiscal year. |
| Organizational Chart                                                              | Provide a copy of your most current organizational chart.                                               |
| Overview/summary of organizations Policies and Procedures including Internal Controls. | Provide a two page overview/summary of your organizational policies and procedures including internal controls. (see form on page 52) |
| Have successfully performed if previously funded.                                 | No documentation to be submitted by applicant. City will determine.                                     |
| Applicant and related entities are in good financial standing with the City.      | No documentation to be submitted by applicant. City will determine.                                     |
| Members of applicant’s governing board, advisory committees or staff may not be a current member of the City’s Consolidated Plan Application Review Committee. | No documentation to be submitted by applicant. City will determine.                                     |
Application Instructions

All application submissions must be received electronically by way of secure portal on or before 4:00 P.M. by Friday, March 6, 2020. The closing time will be determined by the electronic time stamp of the submittal. No applications will be accepted after 4:00 P.M.

1. Submit electronically by contacting Lynn.Farr@stpete.org to receive a link to a secure portal. Two separate files are to be submitted, one of the application and one with all attachments, do not include a cover letter or add additional pages not required. The scan of both documents should be with a resolution of at least 300 DPI and searchable.

2. Make sure all requested items are included.

3. Answer all the questions whether applicable or not.

4. Make sure the application items are in the proper order. If you do not have an exhibit, explain why. For example, if your annual audit is not complete by the application deadline, insert a sheet that says: “Audit for 2019 has not been completed as of March 6, 2020. A copy of the 2018 audit is included in this application. The 2019 audit is due from the auditors on April 1, 2020 and a copy will be forwarded to the City at that time.”

5. Consecutively number the pages of the application in the bottom center of each page, starting with the Cover Signature Sheet as page one, the Table of Contents as page two and three, etc. DO NOT ADD ADDITIONAL PAGES, EXHIBITS OR ATTACHMENTS WITHIN THE APPLICATION FORM. Add any additional information at the end of all the attachments.

6. Enter the applicable page numbers for each item on the table of contents sheet.
Project Criteria
City Council has established the following criteria for all projects requesting Consolidated Plan funds. Each project must:

1. Benefit low- and moderate-income persons or eliminate slum and blight.
2. Be an eligible activity under applicable program regulations.
3. Address an unmet priority need identified in the five year plan.
4. Have or attain necessary Development Review Commission or Community Preservation Commission approvals.
5. Property to be rehabilitated must be owned by a non-profit and not an individual.
6. Proposed construction will attain approved building plans and permits.
7. Written option to purchase is provided, if purchasing the property.
8. Other funding sources, if any, have and will be committed.
9. Primarily serve City of St. Petersburg residents.
10. Service location will be within the City of St. Petersburg city limits.
11. Provide full collateral for City’s investment based on the appraisal after rehabilitation or new construction.
12. If economic development project:
   a) Create at least one low/moderate job for every $35,000 in CDBG funds provided or primarily benefit residents of the Midtown area, Southside CRA area or the Neighborhood Revitalization Strategy Area (NRSA).
   b) Provide complete business plan.
13. If a social service homeless project funded from CDBG or ESG:
   a) provide one for one dollar match;
   b) have homeless representation on the Board of Directors;
14. If a City capital improvement project, it will serve an area with a 51% low/mod population.
15. Provide a project pro forma/business plan for development and/or operations.

Web Information
In an attempt to make the application process easier, the entire Consolidated Annual Action Plan Project Application and Manual are made available in an electronic format (pdf format) that are fillable, using a personal computer. This may make completing the application easier. You can find the application form and other Consolidated Plan Process information on the City’s web site at http://www.stpete.org/housing/documents.php.
Goals and Performance

Special emphasis is being placed again this year on the importance of agencies proposing realistic goals for their projects. Goals submitted in an application for funding will be included in contracts for service, if your project is chosen for funding. Please consult with program implementation staff at your agency before you write a grant application to ensure that goals stated in the application can be implemented.

The City is interested in the number of unduplicated persons/households your agency will serve and in the number of units of service to be provided. For example, you could provide multiple counseling sessions or many days of daycare to one person. If you are awarded funds, your agency will be required to certify the income of each person/household served during a fiscal year and report the number of persons served. In addition, the number of units of service (example: number of days of day care provided or number of meals served) will also be required.

If your agency is applying for funds to rehabilitate a facility and the application states that 100% of clients using the facility will be city residents, the contract will require that all persons served at the facility be city residents (this prohibits you from serving residents of Gulfport, Lealman, Pinellas Park, etc. at that facility) for the term of the lien on the property. If you have only one person who is provided services at that facility who is not a city resident, the agency is in default of their agreement with the City. Please be aware of the residency of your clients to insure that they reside in the corporate limits of the City of St. Petersburg. Client residency will be verified by City staff from the submitted exhibits and if left blank on an exhibit, they will be counted as being outside the City limits and may affect your city residency goal.

If your agency is a homeless service provider you are not required to specify the percentage of city residents that you provide service to. If persons served are homeless, our intent is to get the homeless off the streets into a suitable living environment and the focus is not on whether they come from within the city limits or from north county.

Goals cannot be altered without approval of City Council and City Council may not approve a requested change. Your project is being funded based upon the service to be provided to the city of St. Petersburg and its residents. Altering those goals might not provide the same level of service and could result in recapture of funds or foreclosure on property for nonperformance. If contract goals are not met, City Council may also place your agency on the Limited Denial of Participation List, which prohibits applications for funding for a period of at least two years.

Remember also, that the City will require collateral in the form of a mortgage on real property if funds are provided for acquisition and/or construction. See "Restrictions on Use" section of this manual for more information.
Technical Assistance

Zoning District Compliance

When applying to the City for Consolidated Plan funding, the property on which you plan to operate your facility must have the proper zoning and any required zoning approvals. This may require the submission of a Special Exception application, which is reviewed in a public hearing by the Development Review Commission (DRC). Locations that have previously had a social service use may be considered “grandfathered” locations and may not require a Special Exception application.

Currently, a social service use is not allowed in any zoning district without a Special Exception approval from the DRC. There are several zoning districts that permit social services agencies as a special exception. Special Exceptions cannot be obtained in zoning districts other than those listed on the table on the following page. The only mechanism in which to gain approval to have a social service use in a district that does not currently allow for such a use, would be to change the zoning of a specific property. Changing a property’s zoning is roughly a six month process with no guarantee of approval, and is not feasible when proposed projects need to be designed and constructed/rehabilitated within a ten to twelve month period.

When initiating a proposed project, first complete the form entitled Zoning Status (the last page of the application form) and meet with a representative of the City’s Development Review Services Division to determine if you can accomplish the project you wish at the site you have selected. Development Review Services is located in the Municipal Services Center, One Fourth Street North, first floor (see Manual).

If you find that you must have Special Exception approval for your site, the City’s Development Review Services Division will assist you with the application process. Your Special Exception application will require the submittal of numerous items, including a site plan for the site. There is a fee for this process (minimum fee is $900) and it takes a minimum of 45 days to complete. Typically, improvements to the property, such as paved parking, landscaping/irrigation and screening/fencing will be required as a condition of a Special Exception approval.

Because of the time and costs involved in determining and approving the proper zoning for social service uses, you should make this part of your research a priority. Please visit the Development Review Services Division early in your project planning and make sure you understand all the requirements you will be asked to fulfill in order to comply with the City’s zoning regulations.

Social Service Agency

Property Value and Encumbrances

The use of public funds in any project requires that the price for property be the “fair market value.” The fair market value is the estimated highest price that a property will bring from a fully informed buyer, willing but not compelled to buy, and the lowest price a fully informed seller will accept if not compelled to sell.

How is market value established? The City requires that a MAI appraisal be performed, not more than six months before the time of closing, to substantiate market value.

However, to obtain an estimate of property value, you can utilize the Pinellas County Property Appraiser’s value of the property, known as the assessed value. The assessed value is defined as "just value," which may be used as a starting point for trying to establish a market value for the property. This information can be obtained through the Clerk of the Circuit Court public access computer system (see Resource Contacts table located in this document).

In addition to determining the assessed value of a property, including the estimate for the value of the land and building separately, the Property Appraiser’s Office can provide the ownership, delinquent taxes owed, if any, and the liens filed against the property. A list of contact persons and information is contained in the Resource Contacts table of this manual. If you find that you are interested in a property that has one or more liens/encumbrances, it may be a negotiating tool that you can use with the seller to reduce the price of the property.

When considering a property for purchase or rehabilitation, please remember that the City Council approved project criteria includes a provision that the City's investment be fully collateralized. That means that the value of the property to be acquired and/or rehabilitated must be equal to or greater than the City's contribution to the project plus all other outstanding liens on the property. If the property value is not equal to or greater than the City’s contribution, your application needs to identify additional real property which can also be mortgaged to secure the City's investment.

Site Control

Applications for rehabilitation, new construction or acquisition funding require that the applicant has evidence of site control of the property on which the proposed activity will take place. This information should be included in your application package. This may be accomplished by submittal of a copy of a recorded deed listing the applicant as owner of the subject property or of a long-term lease for the property listing the applicant as the lessee. (If the property to be improved is leased rather than owned by the applicant, please read the section titled "Restrictions on Use" in this manual.) Leased property may be funded for improvements, however the applicant will have to provide property owned by the applicant, and valued at or above the Consolidated Plan funding amount, as collateral for the Consolidated Plan funding provided or have the property owner agree that the city may mortgage the property.

If the proposed activity involves the acquisition of the subject property by the applicant, a copy of a sales contract or option for a property should be submitted. In addition, the applicant needs to submit a Notice by Seller of Property (see form in Forms section of this manual), which is required by Federal regulation when Federal funds are used for acquisition of property. This form must be executed by the seller prior to a sales contract being signed. This notice should also be included in the application package.

An ASTM Phase I Environmental review shall be submitted for acquisition of any multi-family and non-residential property and may be required for major rehabilitation or new construction
projects. A Limited or Exclusionary Phase I Environmental is not acceptable. If requesting funding for renovation or new construction of multi-family (5 units or more) or non-residential buildings, please complete and submit the Site Survey and Previous Land Use Assessment Form (see form in Forms section of this manual).

Federal regulations also require that Federal funds not be spent to further development in a flood zone if alternative sites not in a flood zone are available. Therefore, if you are proposing a project which is located in a Flood Zone, please submit evidence that efforts have been made to find other suitable sites not located in the floodplain. A form to complete is available in the Forms section of this manual and a completed sample is found in the Samples section.

When looking for a property to purchase for the purpose of providing permanent housing or transitional and/or emergency shelter to the homeless, assess the property for any chipping, peeling, cracking, and/or flaking paint prior to submitting your application. If any one of these conditions exists: 1) look for a different property where these conditions do not exist; or 2) apply for rehabilitation in conjunction with the acquisition. Under the Lead-Based Paint Hazards regulation (refer to the Lead-Based Paint Hazards section in this manual) a visual assessment will be performed during application consideration. If chipping, peeling, cracking, and/or flaking paint is found and your property does not qualify for an exemption under the regulation, mitigation may be required or your application may be denied.

Contracts or options can contain contingencies, such as:

a) availability of financing;
b) completion of an appraisal justifying the value at the purchase price or greater;
c) granting of governmental development approvals such as variances, zoning changes, etc.;
d) time and opportunity for structural inspections; and
e) site inspections for environmental problems.

The contract should specify a time frame for completing inspections, who is responsible for correcting any problems found and a time frame for approval of financing and/or securing governmental approvals. For example, should the site be found to be contaminated with chemicals or other environmental hazards, the seller is generally responsible for clean-up prior to sale. However, your contract needs to specify who will be responsible. When in doubt, seek legal advice before signing any contracts.

A contract generally also specifies a date by which the sale must be completed. It is recommended that all contracts specify a date of December 15, 2020 or after. Because Consolidated Plan funds are received from HUD, the City has to receive grant approval and sign agreements with HUD prior to signing any contracts with non-profit organizations for funding. Also, an environmental review of all projects must be conducted by the City prior to signing a contract. These items can take several months to complete.

If your organization’s project is contingent upon receiving funding from the City, it is suggested that your contract to purchase property also state this fact. Otherwise, you could be legally obligated to purchase the property, even if your organization’s proposal is not funded by the City. A sample paragraph to insert in a contract might be: “This contract is contingent upon [Organization Name] receiving financing from the City of St. Petersburg in the amount of $ _____________, which is expected to be approved by mid-November 2020. Closing on the property purchase shall not occur before December 31, 2020.”
Restrictions on Use
Consolidated Plan funds provided to nonprofit organizations for acquisition, renovation or new construction are structured as loans, not grants. Loan repayment terms will be negotiated based upon project criteria, service to the low/mod community, cash flow, City Council direction and other relevant factors. Agency Agreements will require that collateral be furnished and will require a mortgage and promissory note be signed. Because all funds come with restrictions placed by the Federal or State government providing the funds to the City, the City is responsible for ensuring that the funds benefit low- and moderate-income persons for a minimum period of time. This period is generally a minimum of five years up to $125,000 and one additional year for every $25,000 exceeding $125,000 invested by the City in the property with a maximum of 20 years. To legally enforce this requirement the City must place a mortgage on the property and a promissory note from the applicant. The mortgage and note ensure that if the applicant sells, leases or discontinues the funded use of the property in any manner, that the property reverts back to the City. The term of the lien and the repayment terms of the funds, which may include deferral of payment, will vary by the type of project and the funding source.

Please note, that if the property to be acquired, renovated or developed with Consolidated Plan funds is leased, rather than owned by the applicant, the applicant must either:

a) provide written documentation from the property owner that the owner is willing to sign a mortgage in favor of the City (see form in Forms section of this manual); or
b) provide another piece of real property as collateral for the Consolidated Plan funds.

The collateral provided by the applicant must be valued at or above the Consolidated Plan funding amount.

In addition, projects involving multi-family housing will also have rent and occupancy restrictions which apply to the project for a minimum affordability period, regardless of any future transfer of ownership. The minimum affordability period is established by the average per unit amount of Federal assistance and the type of project assisted, but generally is for a period of five, ten or fifteen years, unless the project involves new construction which requires a 20 year affordability period.

Floodplain Development Permit Requirements
All buildings under construction within the City of St. Petersburg require permits. Any site in a Special Flood Hazard area that needs rehabilitation will be subject to the city's Floodplain Management and Flood Hazard Prevention Ordinance (50% rule). The regulations provide that if the cost of rehabilitation of an existing structure equals or exceeds 50% of the market value of the building before the start of construction, the structure must be elevated above flood level. Contact the Construction Services and Permitting Division of the Planning and Economic Development Department at One Fourth Street North at (727) 893-7231. For more information regarding elevation and floodproofing certifications, contact Noah Taylor, CFM, Community Rating System (CRS) Coordinator at (727) 893-SAVE (7283) Noah.Taylor@stpete.org or e-mail questions to: fema@stpete.org.
Lead-Based Paint Hazards

The U.S. Department of Housing and Urban Development (HUD) has issued a regulation to protect young children from lead-based paint hazards in housing that is financially assisted by the Federal government or being sold by the government. The regulation, “Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance,” was published in the Federal Register on September 15, 1999. The hazard reduction requirements in this regulation are based on scientific research and the practical experience of cities, states, and others who have been controlling lead-based paint hazards in low-income housing through HUD assistance. The requirements apply to housing built before 1978, the year lead-based paint was banned nationwide for consumer use.

In addition to housing, the regulation was modified in 2010 to include any child-occupied facility which includes schools, child care facilities and hospitals. Any renovations, repairs, or painting activities in a pre-1978 facility must comply with the lead-based paint regulation.

Lead poisoning can cause permanent damage to the brain and many other organs, and can result in reduced intelligence and behavioral problems. Lead can also harm the fetus. More than 800,000 children younger than six years old living in the United States have lead in their blood that is above the level of concern set by the Centers for Disease Control and Prevention (CDC). A large portion of these children are in families of low income and are living in old homes with heavy concentrations of lead-based paint. The most common sources of childhood exposure to lead are deteriorated lead-based paint and lead-contaminated dust and soil in the residential environment.

The regulation sets hazard reduction requirements that give much greater emphasis than existing regulations to reducing lead in house dust. Scientific research has found that exposure to lead in dust is the most common way young children become lead poisoned. Therefore the regulation requires dust testing after paint is disturbed to make sure the home is lead-safe. Specific requirements depend on whether the housing is being disposed of or assisted by the Federal government, and also on the type and amount of financial assistance, the age of the structure, and whether the dwelling is rental or owner-occupied.

Applications involving operating assistance to homeless shelter and/or rehabilitation of residential property need to evaluate the subject property for lead-based paint and provide for mitigation, if required, in order to receive funding. Homeless shelters serving families will not be funded without evidence in the application of mitigation of lead-based paint in the subject property.
Types of Housing Covered:

- Federally-owned housing being sold.
- Housing receiving a Federal subsidy that is associated with the property, rather than with the occupants (project-based assistance).
- Public housing.
- Housing occupied by a family (with a young child) receiving a tenant-based subsidy (such as a voucher or certificate).
- Multifamily housing for which mortgage insurance is being sought.
- Housing receiving Federal assistance for rehabilitation, reducing homelessness, and other special needs.

Types of Facilities Covered:

- Schools
- Child care facilities
- Hospitals

Types of Housing Not Covered:

- Housing built since January 1, 1978, when lead paint was banned for residential use.
- Housing exclusively for the elderly or people with disabilities, unless a child under age six is expected to reside there.
- Zero-bedroom dwellings, including efficiency apartments, single-room occupancy housing, dormitories, or military barracks.
- Property that has been found to be free of lead-based paint by a certified lead-based paint inspector.
- Property where all lead-based paint has been removed.
- Unoccupied housing that will remain vacant until it is demolished.
- Non-residential property, excluding facilities listed above.
- Any rehabilitation or housing improvement that does not disturb a painted surface.
# Lead-Based Paint Hazards Chart

<table>
<thead>
<tr>
<th></th>
<th>Rehabilitation (Subpart J)</th>
<th>TBRA** (Subpart M)</th>
<th>A.L.SS.O*** (Subpart K)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;$5,000</td>
<td>$5,000 - $25,000</td>
<td>&gt;$25,000</td>
</tr>
<tr>
<td>Approach to Lead Hazard Evaluation and Reduction</td>
<td>1. Do no harm</td>
<td>3. Identify and control lead hazards</td>
<td>4. Identify and abate lead hazards</td>
</tr>
<tr>
<td>Notification</td>
<td>All 4 types</td>
<td>All 4 types</td>
<td>All 4 types</td>
</tr>
<tr>
<td>Lead Hazard Evaluation</td>
<td>Paint testing</td>
<td>Paint testing and Risk Assessment</td>
<td>Paint testing and Risk Assessment</td>
</tr>
<tr>
<td>Lead Hazard Reduction</td>
<td>Repair surfaces disturbed during rehabilitation</td>
<td>Interim Controls</td>
<td>Abatement (Interim Controls on exterior surfaces not disturbed by rehabilitation)</td>
</tr>
<tr>
<td></td>
<td>Safe work practices</td>
<td>Safe work practices</td>
<td>Safe work practices</td>
</tr>
<tr>
<td>Ongoing Maintenance</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>EBLL^ Requirements</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Options</td>
<td>Presume lead-based paint</td>
<td>Presume lead-based paint and/or hazards</td>
<td>Abate all applicable surfaces</td>
</tr>
<tr>
<td></td>
<td>Use safe work practices on all surfaces</td>
<td>Use standard treatments</td>
<td>Use safe work practices on lead-based paint surfaces.</td>
</tr>
</tbody>
</table>

* Special Needs Housing may be subject to the requirements of Subpart J, M or K depending on the nature of the activity undertaken. However, since most special needs housing involves acquisition, leasing, support services, and operations, for the purposes of this table, it has been placed in this column. Chapter 7 explains how other requirements may also apply.

**TBRA = Tenant Based Rental Assistance**

***A.L.SS.O = Acquisition, Leasing, Support Services, Operating**

^EBLL - Elevated Blood Lead Levels

---

City of St. Petersburg, Florida
Preparation of a Rehabilitation/Construction Cost Estimate

When submitting a Consolidated Plan application for rehabilitation or new construction financing, it is wise to have an architect or engineer prepare a construction cost estimate. A form entitled “Construction Budget” has been included as part of the Consolidated Plan application. Please use this form to document the cost breakdown of your construction estimate.

There are several stipulations the City will place on construction/rehabilitation projects. These are:

- If rehabilitating your facility we encourage you to rank the items in priority of what is most important to you. For example, if you are seeking funding to do a roof replacement, HVAC replacement and painting of the exterior the facility, rank these as what is most needed and include the dollar amount for each item.

- Rehabilitation or new construction with estimates over $50,000 must be designed by a licensed architect/engineer who can prepare the construction plans and specifications necessary for permitting, prepare a bidders package, and provide construction administration (oversight and inspection during the construction process). Construction plans and specifications must be submitted with your application or documented by a licensed architect/engineer that plans and specifications are underway and will be completed no later than October 1, 2020 to be considered for funding. DO NOT apply for funding if construction plans and specifications are not included with your application or documented as underway as your project will not be considered for funding. The City reserves the right to waive this requirement depending on the scope of work.

- Any contractor and/or vendor who assists you with your construction proposal(s) cannot bid on your project if awarded.

- The City’s Planning & Economic Development Department (Permitting Division) will require an asbestos survey be provided for projects involving rehabilitation of any. If asbestos is identified, asbestos abatement by a licensed abatement contractor will be required prior to commencement of rehabilitation or demolition.

- If the structure was built prior to 1978, it could be impacted by the lead-based paint regulations. Please be sure to read the section of this manual dealing with lead-based paint requirements.

- All new construction and most rehabilitation work must comply with the Americans with Disabilities Act (ADA). This act simply ensures that persons with disabilities have the opportunity to utilize the same areas accessed by the general public or office personnel. Keep this in mind when considering existing buildings with multiple stories. These structures will probably require an elevator or chair lift. Door openings, restroom facilities, handicap parking, signage, and ramping are other items that must be in compliance with accessibility standards.
• All new construction of residential buildings of one to three units will be constructed using design features that provide accessibility and usability for persons with disabilities. The Visitability Ordinance No. 664-G adopted on May 27, 2004 and effective August 18, 2004 must be followed.

• The City has a Land Development Code that requires owners to improve the entire site when substantially rehabilitating a structure. The code enforces paving, landscaping and irrigation requirements based on the amount of rehabilitation in comparison to the assessed value of the land and structure. Keep in mind that this requirement is triggered even if planned rehabilitation is only interior work (or anytime the project exceeds the allowable percentage of the assessed value). The Land Development Code applies to any project where the entire cost is equal to or exceeds the percentage shown in the following table:

<table>
<thead>
<tr>
<th>If Your Total Assessed Value Is:</th>
<th>And Your Total Redevelopment Cost Is (As a percentage of the assessed value)</th>
<th>A Project Cost In the Following Range Will Trigger Compliance with the Land Development Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $50,000</td>
<td>50%</td>
<td>$25,000</td>
</tr>
<tr>
<td>$50,000 to $99,999</td>
<td>45%</td>
<td>$22,500 to $45,000</td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>40%</td>
<td>$40,000 to $60,000</td>
</tr>
<tr>
<td>$150,000 to $199,999</td>
<td>35%</td>
<td>$52,500 to $70,000</td>
</tr>
<tr>
<td>$200,000 to $249,999</td>
<td>30%</td>
<td>$60,000 to $75,000</td>
</tr>
<tr>
<td>$250,000 and more</td>
<td>25%</td>
<td>$62,500 and up</td>
</tr>
</tbody>
</table>

Here’s an example:

The assessed value of the structure you wish to rehabilitate is $175,000. Using the table above, the Land Development Code is triggered when the estimated cost of rehabilitation is over 35% of $175,000, which is $61,250.00.

Your architect has determined that the following work needs to be accomplished and has estimated the total cost as $77,100:

- Drywall: 5,300
- Carpeting: 9,100
- Roofing: 17,000
- Gutters: 800
- Doors: 5,000
- Windows: 7,100
- Flooring: 11,000
- Painting: 14,000
- HVAC: 2,200
- Plumbing: 3,200
- Electrical: 2,400

Total: $77,100
Therefore, the Land Development Code applies to your project because the estimated rehabilitation cost is $77,100 which is more than $61,250.00. The current requirements for paving, landscaping and irrigation will be checked by Plan Review. If these items are not in compliance, City Plan Review will identify the items needing improvements and require a revision to your plans to include the needed items. Use an architect to assist in identification of these code requirements and help you prepare a complete project construction estimate.

If the proposal is for exterior work (building, site or a combination thereof) which requires a permit from the City, but does not trigger full landscape compliance as previously described, the proposal shall include landscaping which is at least ten percent of the value of the permitted work. The landscape materials shall meet one or more of the landscape specifications in Section 16.1067 of the code.

If your proposal looks like it will trigger entire site compliance due to the Land Development Code, please provide these estimated costs in your project request. Landscaping, irrigation, and paving would possibly need to be added to the example above. If you do not include these costs for funding, you will need to find other funding for the project in order to obtain your Certificate of Completion or Occupancy. Please contact the Development Review Services Department for more specific details.

Relocation/Anti-Displacement

When Federal funds are used for a project and the project results in the temporary or permanent displacement of any existing occupants/tenants, the project must comply with all aspects of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as implemented by regulations under 49 CFR Part 24 and 24 CFR Part 890.260(e). This includes relocation assistance to the person displaced, including items such as payment of moving expenses, and assistance with locating a decent, safe and sanitary comparable unit. Keep in mind that displacement can result because development causes rents to rise above what is affordable for the existing tenants. Please consider this if your proposal includes improvement, development or redevelopment of real property.

If permanent or temporary occupant/tenant displacement may occur, the URA requires the appropriate and timely notification of any seller of real property, and all occupants, as to their rights under the URA.

In order to comply with this requirement, the applicant agency must provide an initial tenant notification form (see Relocation Notice Form in Samples section of application manual) to each occupant of the property proposed to be acquired prior to submittal of the application for funding, obtain an acknowledgment of receipt of notification from such occupants, and submit copies of the receipted notifications as part of the application package. Additional notifications will be required if the project is funded and goes forward. Please consult city staff for further requirements.

The City of St. Petersburg Department of Housing and Community Development, as the designated grantee, will be responsible for compliance monitoring as required by Federal law, however the applicant will be responsible for completing all the steps involved in the acquisition and relocation process. Any additional information regarding URA and the requirements of URA are available upon request.
Proposed projects that may result in relocation are strongly discouraged by HUD, particularly if other sites and alternatives are available. Not only can relocation be expensive to accomplish, but it is disruptive to those individuals who must move. If your project can only be accomplished with relocation, remember to factor the additional time and expense into your project's time schedule and proposed budget.

**Other Budgetary Considerations**

As part of the application process, you will need to provide us with a budget. This budget should cover all costs related to your project, i.e. if you are proposing to build a new building - all construction-related costs should be included (permits, bonding, hard construction costs, etc.). Additionally, if a mortgage and promissory note are required, the City has those documents recorded with the Clerk of the Court and the cost of recording needs to be included in your project budget. To help you calculate recording fees, please use the formulas/amounts below.

**Documentary Stamps:**
State Documentary Stamps on the deed are levied against the entire purchase price paid for real property (real estate). The tax rate is $.70 per $100 of the entire purchase price. In Florida this tax is customarily paid by the seller.
Formula: \((\text{Purchase price} / 100) \times 0.70\)

State Documentary Stamps on the Mortgage Note. The tax rate is $.35 per $100 of the total promissory note and is calculated by multiplying the amount of the promissory note by .0035. In Florida this tax is customarily paid by the buyer or mortgagor.
Formula: \(\text{Promissory note amount} \times 0.0035\)

Intangible Tax on the Mortgage is calculated by multiplying the exact new mortgage amount by .002 (2 mills) This must be paid before a mortgage can be recorded, however, mortgages given to the City of St. Petersburg are exempt from this tax.

**Notice of Commencement Recording Fees:**
(may include General Contractor's performance and payment bond document) ..................$18.50

The City is also interested in receiving recognition of its contribution to projects funded through the Consolidated Plan. All projects involving acquisition, rehabilitation and/or new construction must include the City’s name on both construction and permanent signs identifying the project/site. Please ensure that the budget page includes funding for a sign for the project.
Public Service Activities

Public service activities are limited to 15% of the grant allocation. Eligible services include the following: child care, health care, education, job training, public safety, housing counseling, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. Services must either be new or be a quantifiable increase in the level of service above that which has been provided in the previous twelve calendar months. If you have received CDBG funding in the previous twelve months you must demonstrate an increase in the level of service to be provided. Public service funds are not designed to sustain the operations of any one agency.

Projects Serving the Homeless

One source of funds under the Consolidated Plan is the Emergency Solutions Grant (ESG). Funds from this source may be used to provide services to the homeless; operational funding for shelters, rehabilitation of facilities for the homeless, and rental assistance/case management for homelessness prevention and rapid re-housing of the homeless. Because the regulations place limits on how much may be spent on operational expenses vs. homelessness prevention and rapid re-housing, applicants are encouraged to apply for funding for homelessness prevention and rapid re-housing of the homeless. If applying for operational funding your chances are much greater if the application budget is for utilities or insurance type costs because more funds are available under this category than for staff and services costs.

Examples of eligible costs as "Operations" costs are: maintenance; insurance, utilities, furnishings, rent, repairs, security, food and equipment. Examples of eligible "Essential Services" costs are: assistance in obtaining permanent housing; child care; transportation; job placement and training; counseling and supervision; assistance in obtaining other Federal, State or local assistance including mental health benefits, employment counseling, medical assistance, Veteran benefits, and income support such as AFDC, Social Security statement, etc.; and staff necessary to provide the above services.

Funds for activities assisting the homeless are required to be matched dollar for dollar. Applicants shall provide the required match, which must be expenses for the same project as the one receiving Consolidated Plan funding. Please be specific in your application as to the source of match and amount of match from each source, if more than one. Match must be documented by providing copies of invoices for expenses and copies of cancelled checks for payment; the same procedure as reimbursement of expenses by the City.

The City also requires that each recipient of funds provide for the participation of homeless individuals on its policymaking entity. For this reason, each applicant must indicate on the list of their Board of Directors the individual who fills the Board position reserved for a homeless or formally homeless individual.

Because the lead-based paint regulations apply to homeless programs, please review the lead-based paint section of this manual and consider how these regulations will affect your particular project. The City will not be allowed to provide operating or service funds for residential homeless facilities or programs that operate from such a facility unless the facility is certified to be free from lead-based paint. When applying for assistance in day-to-day operating assistance and support services (counseling, case management) for transitional and/or emergency shelter
for the homeless, assess your property for any chipping, peeling, cracking, and/or flaking paint prior to submitting your application. If any one of these conditions exist, apply for rehabilitation assistance in conjunction with operating assistance and/or support services. A visual assessment will be performed by the City during application consideration. If chipping, peeling, cracking, and/or flaking paint is found and your property does not qualify for an exemption under the regulation, mitigation may be required or your application may be denied.

**Housing Rehabilitation or Construction**

Projects involving the rehabilitation or construction of multi-family housing, except for shelters for the homeless, special needs housing or CHDO projects, should apply directly through the City’s Project Review Team. Please contact Stephanie Lampe at (727) 892-5563 for further information.

**Community Housing Development Organizations (CHDOs)**

The City is required to set aside a minimum of 15% of its HOME allocation for development activities in which qualified CHDOs are the owner, developer or sponsor of the housing. In addition, the City is permitted to budget an amount equal to five percent of the City’s HOME allocation to provide general operating assistance to CHDOs receiving CHDO set-aside funds for a current project (or one that is reasonably expected to be funded within 24 months.) A City of St. Petersburg CHDO who has been certified prior to the Consolidated Plan application date may apply for funding of a specific project by submitting a proposal as part of the Consolidated Plan application process. The proposals should identify the site location(s), the number of rental or homebuyer units, and the dollar amount for each unit. Please describe whether the project is a homebuyer project or a rental project. The budget page should identify non-federal funds that can be used by the CHDO as match to the HOME funds.

The 2013 HOME rule requires the City to assess market demand as part of project underwriting prior to commitment. Therefore, the CHDO should provide a market assessment and a marketing plan which demonstrates that rental units can be occupied within 18 months of project completion and occupancy of ownership units can be accomplished within 9 months of completion of construction. For example, rentals should have a wait list of pre-screened applicants, and if the homebuyer units are not pre-sold, a professional realtor’s assessment of the nearby supply of housing and how fast home have sold in the neighborhood should be provided.

The CHDO project funding will be determined after an evaluation of the CHDOs prior year’s expenditure rate, the CHDOs past performance, the amount of outside funding leveraged, the marketing plan, the type of housing proposed (single family vs. multi-family), and how well the CHDOs proposal addresses an unmet priority need identified in the five year plan. In addition, the funding assessment questions will be reviewed and considered as part of the funding allocation.

All CHDOs applying for funding must re-certify annually by completing the certification forms (see form in Forms section of this manual) and providing the City with updated documentation referenced in the checklist. Please attach these documents as part of your application. CHDO will also be required to certify there has been no change to their staffing or board composition prior to each project specific written agreement.
Making Good Business Sense

Take a moment to review your proposal for its feasibility in the following areas:

- It makes good business sense to purchase a property at or below its appraised or “fair market value”.
- If the cost of rehabilitation of the structure is more than the appraised value of the building, is it feasible to rehabilitate the structure? Should the agency look for another structure within their client target area? A simple rule of thumb is that rehabilitation should be no more than 75% of the appraised value of the structure.
- Does the agency have sufficient operating income for the agency as a whole, and for the particular program assisted by this proposal? Will an expansion of services dilute your agency’s ability in other areas?
- Has the agency researched other funding or solicited corporate donations to leverage the cost of the proposal? Proposals that bring additional funds into the community are generally rated higher than those for which the city must pay the entire cost. The City has other funding opportunities which may be used as leverage (Social Action Funding, Southside CRA); refer to the City’s website (www.stpete.org) for more information and application submission deadlines.
- Has the agency researched the site proposed for acquisitions and reviewed any potential hazards? (See “Choosing an Environmentally “Safe Site”, published by HUD and found at http://www.hud.gov/offices/cpd/energyenviron/environment/subjects/toxins/index.cfm )

Hints for Success

To all of you who will be putting a lot of hard work into preparing your applications for funding, here are some tips from the folks that will be reviewing them that may help you to prepare a winning proposal.

☐ Make sure all signatures (Cover Sheet, Corporate Resolution, etc.) are in BLUE INK.
☐ Electronically submit the application and attachments (2 separate files) by way of a secure portal provided by email from Lynn.Farr@stpete.org.
☐ Make sure the application items are in the proper order according to the table of contents and that all the pages are numbered consecutively.
☐ Don’t forget to fill in the page numbers on the Table of Contents. When the reviewer is searching for a specific item, the table of contents and correct page numbering will be a big help in locating the needed information.
☐ Answer all the questions, even if it is only with “not applicable” (or “NA”). That tells us that you considered the question and did not miss it or ignore it.
☐ If you do not have a particular exhibit, please explain why.
☐ Accuracy counts, so please check your spelling, and double check your math.
☐ Please consult the resource persons listed in the resource section of this manual to find out about the zoning, flood zone, legal description and other information about the property you may be interested in. Sometimes these factors can prevent you from using or developing a property in the way that you want, and it is better to find out early - before you waste a lot of time and effort on an unsuitable site.
If your project is chosen for funding, a contract will mandate that you provide services for the clientele identified in your application; so it is important to be specific, complete and accurate about your client demographics.

Don't tailor your project to a specific funding source. The funding source will be determined by the City in order to achieve as many objectives as possible.

Be sure your project addresses a need identified in the City's five year Consolidated Plan and that you explain how the project will assist the City in achieving the goals and objectives identified in the plan.

Please propose specific, quantitative goals and objectives for your project, describe how you will achieve them and describe how they will benefit low- and moderate-income persons or households. This way, we can both tell when you succeed. 

Develop property that is vacant in order to avoid displacing persons or businesses.

Don't propose a project that duplicates services already available in the community.

Present a reasonable budget for your project.

**LEVERAGE YOUR REQUEST**, if a project is estimated at $50,000 you are expected to provide a contribution to the project from other sources, do not request the full amount of funding. Other sources of City funding (Social Action Funding, Southside CRA, etc.) may be used as leverage. Information regarding other City funding opportunities may be found on the City's website, [www.stpete.org](http://www.stpete.org).

Only propose what you can accomplish by September 30, 2021 as the City must spend its grant funds within that time period.

Talk to your agency's staff who will be implementing the grant to ensure that the goals and promises in the application can be achieved in the field.

Neatness counts!

---

BEST OF LUCK TO YOU!
If Your Project Is Funded
If your organization is funded through this Consolidated Plan process, the following information provides an idea on what will be expected of you, what types of demographic documentation you will need to provide the City and other general information.

Project Manager
Project Managers are City staff assigned to each Agency that is to receive funding through the Consolidated Plan. They are to be the primary point of contact, negotiate the necessary documents, assist the Agency during the implementation phase and other duties as assigned, as related to your specific project.

Agency Agreement
If you are selected to receive funding, your Agency will be required to sign a contract. This document establishes the basis on which you are to receive funding, the use of the property to be assisted, the services to be provided, demographics of the population to be served, how funds will be disbursed and the general terms and conditions as required by the specific funding source. The Project Manager and the City's Legal Department will be responsible for writing the contract, which will be sent to the funded agency for review and comment. Once terms are negotiated, according to City Council policy, a contract must be signed by the agency and returned to the City within ten working days of receipt. All contracts must be signed by the persons designated in your corporate resolution which is submitted with your application. These persons must also be the same persons listed in www.SunBiz.org. If these persons change from the time you submit your application they will need to be updated by completing another corporate resolution and updating www.SunBiz.org with exact names, no nicknames or alias.

All contracts will have specific benchmarks for progress and quantitative and qualitative goals for service, as provided in the Consolidated Plan application or incorporated as part of the Consolidated Plan project approval process. Goals for the number of persons or households to be served will be drawn from the "Quantitative Measure of Service To Be Provided By This Project" page from your Consolidated Plan application. For this reason it is very important that your application accurately reflect how many and who your clients will be. Goals cannot be changed without going back to City Council to ask for an amendment to your funding award. Failure to perform in accordance with contract goals could cause your contract to be cancelled or reduced and your agency to be placed on the City's Limited Denial of Participation List, which excludes participation in the Consolidated Plan funding process for a minimum of two years thereafter.

Other policies to be included in contracts:

a) City Council policy requires the submission of an annual audit from fund recipients within 180 days of the end of the recipient's fiscal year. Federal regulations require an audit in accordance with the following:

(i) If a recipient receives/expends more than $750,000 in federal awards during the recipients fiscal year, an organization-wide audit is required, performed by a CPA in accordance with OMB 2 CFR, Part 200.

(ii) If a recipient receives/expends more than $50,000 in federal awards during the recipients fiscal year, an agency-wide financial audit is required, performed by a CPA.
(iii) If a recipient receives/expends less than $50,000 in federal awards during the recipient's fiscal year, a compiled financial statement accompanied by a letter from the independent accountant who performed the compilation indicating that controls and procedures are in place to govern the expenditure of grant funds.

Per City Council policy, no audit extensions will be provided. If not met, a recipient will be placed on the City’s Limited Denial of Participation List.

b) All recipients must bid and hire a general contractor to perform all construction work.

c) If an agency is providing funds for a project in addition to the city, evidence of those funds will be required prior to execution of an agreement, and agency funds will be paid out first on the project.

d) The name of the property and/or facility assisted by the City must be approved by the Mayor of St. Petersburg and:
   1. shall be of a nature which invites and welcomes all residents of the community;
   2. shall not discriminate or appear to discriminate on the basis of race, color, religion, disability, age, gender, gender identity and expression, national origin, or political affiliation or belief; and
   3. shall not include any reference to race, color, religion, disability, age, gender, gender identity and expression, national origin, or political affiliation or belief.

e) Payment for services performed under the contract will be a reimbursement for expenses already paid by the agency. Payment requests will need written documentation of the expense and the payment made for the expense.

Mortgage and Promissory Note
Consolidated Plan funds provided to nonprofit organizations for acquisition, renovation or new construction are structured as loans, not grants. If you are selected to receive funding, your Agency will be required to provide collateral for any funds used for acquisition, rehabilitation or new construction. The collateral is secured by the signing of a mortgage and promissory note. Please re-read the "Restrictions on Use" portion of this manual for more detailed information. The mortgage and promissory note must be signed by the persons designated in your corporate resolution which is submitted with your application. These persons must also be the same persons listed in www.SunBiz.org. If these persons change from the time you submit your application they will need to be updated by completing another corporate resolution and updating www.SunBiz.org with exact names, no nicknames or alias.

Reporting
You will be required to provide the City a monthly progress report. Depending upon the type of project, this could include a report on progress towards completion of rehabilitation/construction and/or monthly service provided to clients. Samples of report formats are included in the Samples section of this manual. The reports will be made a part of your Agency Agreement and explained fully by your Project Manager.

Once your project is completed, you will need to provide the City with a monthly demographic report on the persons served as a result of receiving Consolidated Plan funding. A sample of
this report is included in the Samples section of this manual. This report will be made a part of your Agency Agreement and explained fully by your Project Manager.

There is also an annual compilation of monthly demographic reports that the City will require that you submit. This will assist you as the year progresses in ensuring that the total population that you are serving is within the goals established in your application and contract. A sample of this report is included in the Samples section of this manual. As with all reports, this report will be made a part of your Agency Agreement and explained fully by your Project Manager.

*If your project involves the filing of a lien on property, reporting on clients served will be required for the entire term of the lien.*
## Resources for Information Requested in 2020/21 Consolidated Plan Application

<table>
<thead>
<tr>
<th>Application Item</th>
<th>Where To Research Information</th>
<th>Department or Agency Contact</th>
<th>Telephone Number</th>
<th>Internet Address and/or Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census Tract or Demographic Information</td>
<td>U.S. Department of Census</td>
<td></td>
<td></td>
<td><a href="http://www.census.org">www.census.org</a></td>
</tr>
<tr>
<td>City of St. Petersburg Web Page</td>
<td>Demographics on St. Petersburg, and specific census tracts.</td>
<td></td>
<td></td>
<td><a href="http://www.stpete.org/economic_development/data_demographics/">http://www.stpete.org/economic_development/data_demographics/</a></td>
</tr>
<tr>
<td>Planning Programs, City of St. Petersburg</td>
<td>General Information Line</td>
<td></td>
<td>(727) 893-7231</td>
<td></td>
</tr>
<tr>
<td>The Greenhouse</td>
<td>The Center has a CD ROM of Census data that can be used with the Center’s computers.</td>
<td></td>
<td>(727) 893-7846 or (727) 893-7146</td>
<td></td>
</tr>
<tr>
<td>Legal Description, Delinquent Property Tax, Property Ownership, Lien Information, Assessed Value of Property, Copy of Deed</td>
<td>Clerk of the Circuit Court, St. Petersburg Branch Office 545 1st Avenue North</td>
<td>Staff will help you to research this information.</td>
<td>(727) 582-7530</td>
<td></td>
</tr>
<tr>
<td>Pinellas County Public Records Website</td>
<td>There is a one-time registration fee of $60.00, thereafter the fee is $5.00 per month for one to 100 transactions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinellas County Property Appraiser</td>
<td>Main Office Pinellas County Courthouse 315 Court Street Second Floor Clearwater</td>
<td></td>
<td>(727) 464-3207 or (727) 464-3448</td>
<td></td>
</tr>
<tr>
<td>Application Item</td>
<td>Where To Research Information</td>
<td>Department or Agency Contact</td>
<td>Telephone Number</td>
<td>Internet Address and/or Comments</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Code Enforcement Board Liens</td>
<td>Pinellas County or Codes Compliance Assistance</td>
<td>Staff will assist you</td>
<td>(727) 464-4876</td>
<td>Requires street address and current and previous owner’s name to provide assistance.</td>
</tr>
<tr>
<td>Special Assessment Liens</td>
<td>Special Assessments Division located through Central Avenue entrance of the Municipal Services Center</td>
<td>Requires Parcel Identification Number to research. You may research yourself or staff will research for $25.00.</td>
<td>(727) 893-7196</td>
<td>Requires Parcel Identification Number to research.</td>
</tr>
<tr>
<td>Flood Zone</td>
<td>City Construction Services and Permitting Division</td>
<td></td>
<td>(727) 893-7283</td>
<td>One Fourth Street North</td>
</tr>
<tr>
<td>Utility Liens</td>
<td>City Finance/ Cashiers</td>
<td></td>
<td>(727) 893-7824</td>
<td>No charge for search.</td>
</tr>
<tr>
<td>Questions about everything else...</td>
<td>Housing and Community Development Department</td>
<td></td>
<td>(727) 892-5452</td>
<td><a href="mailto:housing@stpete.org">housing@stpete.org</a></td>
</tr>
</tbody>
</table>
2016-2021 PRIORITY NEEDS

Priority Need:
Provide and sustain affordable housing opportunities for persons and households at or below 120% of area median income.

Strategies and Objectives to Address Priority Need:
• Preserve owner-occupied housing by providing housing rehabilitation assistance.
• Provide purchase assistance opportunities to renter households.
• Provide affordable rental housing (both renovation and new construction), concentrating on households at 0-60% of median family income.
• Provide rental assistance to prevent homelessness.
• Construct new single-family units.
• Provide assistance for homebuyer education/counseling.

Priority Need:
Provide homelessness prevention, housing and supportive services to homeless and special needs populations.

Strategies and Objectives to Address Priority Need:
• Facilitate the rehabilitation and continued operation of existing housing facilities for the homeless and special needs populations.
• Endorse initiatives that assist homeless individuals in becoming economically self-sufficient.
• Assist in the development of additional permanent supportive housing units.
• Provide tenant-based rental assistance for homeless and special needs populations.
• Provide rental assistance to prevent eviction, concentrating on households at or below 30% median family income.

Priority Need:
Provide and enhance public facilities and infrastructure improvements.

Strategies and Objectives to Address Priority Need:
• Implement infrastructure improvements in the South St. Petersburg Redevelopment Area.
• Assist non-profits with rehabilitation of public facilities that will serve low- and moderate-income populations.
• Improve alleys in low- and moderate-income areas.
Priority Need:
Assist with the provision of public services.

Strategies and Objectives to Address the Priority Need:
- Assist with the operations of facilities serving low- and moderate-income persons.
- Support Applications to assist public service agencies leverage funding.
- Assist with funding services that helps the elderly remain in their homes.
- Assist with the payment of food to serve the homeless.
- Assist agencies that provide services to children, persons with HIV/AIDS, veterans, and victims of domestic violence.

Priority Need:
Provide and enhance economic development opportunities.

Strategies and Objectives to Address Priority Need:
- Provide funding to assist micro-business enterprises.
- Assist verifiable businesses to secure Section 108 Loans that need assistance with expansion.
- Work with businesses in the South St. Petersburg Redevelopment Area to address their needs.
- Work with the City’s Economic and Workforce Development Department as it provides assistance to businesses.

Priority Need:
Provide and enhance fair housing and equal opportunity in serving City residents.

Strategies and Objectives to Address Priority Need:
- Direct citizens to proper agency that may help them in reference to housing discrimination.
- Work with the Tampa Bay Fair Housing Consortium to conduct its annual seminar.
- Ensure that the City prepares an Assessment of Fair Housing and implement its findings.
- Work with multi-family developers who receive assistance from the City to ensure they are complying with Fair Housing Laws.
# Income Limits

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>Moderate Income 80% of Median</th>
<th>Low Income 60% of Median</th>
<th>Very Low Income 50% of Median</th>
<th>Extremely Low Income 30% of Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$37,450</td>
<td>$28,140</td>
<td>$23,450</td>
<td>$14,050</td>
</tr>
<tr>
<td>2</td>
<td>$42,800</td>
<td>$32,160</td>
<td>$26,800</td>
<td>$16,050</td>
</tr>
<tr>
<td>3</td>
<td>$48,150</td>
<td>$36,180</td>
<td>$30,150</td>
<td>$18,050</td>
</tr>
<tr>
<td>4</td>
<td>$53,500</td>
<td>$40,140</td>
<td>$33,450</td>
<td>$20,050</td>
</tr>
<tr>
<td>5</td>
<td>$57,800</td>
<td>$43,380</td>
<td>$36,150</td>
<td>$21,700</td>
</tr>
<tr>
<td>6</td>
<td>$62,100</td>
<td>$46,620</td>
<td>$38,850</td>
<td>$23,300</td>
</tr>
<tr>
<td>7</td>
<td>$66,350</td>
<td>$49,800</td>
<td>$41,500</td>
<td>$24,900</td>
</tr>
<tr>
<td>8</td>
<td>$70,650</td>
<td>$53,040</td>
<td>$44,200</td>
<td>$26,500</td>
</tr>
</tbody>
</table>

Median income for the Tampa/St. Pete/Clearwater MSA per HUD memorandum is $66,900.
Link to check to see if your project is in this area:
http://www.arcgis.com/apps/OnePane/basicviewer/index.html?appid=eeaaee7e7d4c44238a5d24589db5315f
Southside CRA

ArcGIS Web Map
Samples of Application Attachments
SAMPLE
Letter to Neighborhood Association

(Type on your agency letterhead)

Date

Dear [Name of Neighborhood Association President]:

[Name of agency] has recently obtained an option to purchase the property at [street address]. We have submitted an application to the City of St. Petersburg for Consolidated Plan funding to purchase and/or develop this property. This site will be operated as ____________________________.

Current development plans for this site include __________________________________________________________________________.

We would like to notify the City of your neighborhood's support of our proposal and/or provide to the City a list of the neighborhood's concerns about the project, if any. If you would be willing to write a letter of support for the proposed project, please forward it to me at __________________ [agency's mailing address] or you may send it directly to the City in care of Joshua Johnson, Director, Housing and Community Development, P.O. Box 2842, St. Petersburg, Florida 33731. If you object to the project concept, please contact Mr. Johnson at 892-5585 or write to him at the address given.

If you have any questions or concerns regarding this project please call me at [telephone number].

Sincerely,

Agency Representative
SAMPLE
Evidence of Consideration of Non-Floodplain Sites
(examples of completed form)

For activities involving new construction or locating housing (emergency, transitional, & permanent) or drug and alcohol treatment facilities in Flood Zone A:

Have efforts been made to find other suitable sites that are not in the floodplain?
   Yes XX No

If no, the application may not be eligible to receive funding.
If yes, please provide the following documentation of these efforts.

Other sites considered, but rejected:

1. Rejected site street address:
   Flood Zone: B ______ Or Flood Zone C ______ Or Flood Zone X ______ (Check one)
   Reason this non-floodplain site was determined to be unsuitable (check those that apply and explain):

      XX Rejected site met with opposition from neighborhood: *Met with Neighborhood Assoc. President and was informed that support would not be provided for this non-floodplain location.*

      XX Rejected site was unsuitable due to size: *Zoning Dept. informed us that a variance would be required. Approval would be unlikely due to above mentioned neighborhood objection.*

      XX Rejected site was more expensive than the floodplain site: *Asking price for this non-floodplain site was $3,000 more than the site selected in the flood zone.*

      XX Rejected site is not located near necessary facilities: *Our wheelchair clients will not be able to use a sidewalk to access the nearby grocery store, drug store, and the doctor’s office. The proposed floodplain site will allow this possibility.*

      NA The cost of operating the facility at the rejected site would be more expensive than at the proposed floodplain site.

      NA The floodplain site will allow the agency to consolidate services, personnel, overhead costs?

2. Rejected site street address: ____________________________
   Flood Zone: B ______ Or Flood Zone C ______ Or Flood Zone X ______ (Check one)
   Reason this non-floodplain site was determined to be unsuitable (check those that apply and explain):

   ☐ Rejected site met with opposition from neighborhood
   ☐ Rejected site was unsuitable due to size
   ☐ Rejected site was more expensive than the floodplain site
   ☐ Rejected site is not located near necessary facilities
   ☐ The cost of operating the facility at the rejected site would be more expensive than at the proposed floodplain site
   ☐ The floodplain site will allow the agency to consolidate services, personnel, overhead costs, etc.?
SAMPLE
Job Description

Job Definition
The Site Supervisor is responsible for the smooth functioning of the daily activities of the Shelter. Direct supervision of the monitors and child care attendants are major responsibilities.

Job Responsibilities
1. Preliminary screening of applicants for positions of monitors and child care attendants.
2. Training, orientation and daily supervision of Shelter monitors and child care attendants.
3. Identify problems and develop plans for timely resolution of problems.
4. Present programmatic/scheduling suggestions on behalf of staff to the Director of the Shelter.
5. Oversee the USDA commodities inventory on a monthly basis.
6. Assist Shelter Director with monthly reports and other paperwork as required.
7. Work closely with Shelter staff to assist them in carrying out job responsibilities and act as liaison to Shelter Director.
8. Be knowledgeable of all aspects of the Shelter and community resources available to assist residents.
9. Oversee the clothing and resource closet.
10. Supervise child care attendants to assure smooth operation of the nursery.
11. Supervise preparation of meals and ordering food supplies.
12. Assist volunteers in their activities.
13. Chair meetings with Shelter staff and attend agency general staff meetings.
14. Report suspected signs of child/adult abuse directly to Shelter Director.
15. Other responsibilities as delegated by supervisor.

Hours of Work
The Site Supervisor works forty hours per week. The schedule is flexible for the purpose of being available periodically to all shifts of the monitor staff. Generally the hours are Monday through Friday from 8:00 am to 4:00 pm.

Job Qualifications
A high school diploma with two to five years related work experience in the human service field, one to two years of experience in supervisory/management position. This person must be willing to work with people of any age, gender or nationality.

Accountability
The Site Supervisor works under the supervision of the Director of Housing and Support Services.
EXHIBIT B
HOMELESS VERIFICATION FORM
Agency Name
Site Address

Client Name: ____________________________ Case/Client Number: _____________

Where did you sleep last night?  _____ Outside/street/park  _____ Shelter
_____ Other (specify)

Eligible Criteria (check one):

☐ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned building (on the street).
☐ In an emergency shelter.
  *If a participant came from an institution but was there less than 30 days and was living on the street or in an emergency shelter before entering the facility, he/she should be counted in either the street or shelter category, as appropriate.
☐ In transitional or supportive housing for homeless persons and originally come from the street/shelter.
☐ Is being evicted within a week from a private dwelling unit and no residence has been identified and the person lacks the resources to obtain housing.
☐ Is being discharged within a week from an institution, such as a mental or substance abuse treatment facility or a jail/prison, in which they had been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources to obtain housing.
☐ Is fleeing a domestic violence housing situation and the person lacks resources and support needed to obtain housing.

Extent of your homeless:
☐ Don't Know  ☐ First time homeless  ☐ Long Term (3 or more yrs)
☐ 1-2 times in the past year  ☐ Chronic (4 times in the past 3 yrs)

Verification should be provided by someone who is familiar with the person’s housing situation such as shelter staff or homeless outreach worker.

I can verify that this person meets the criteria as indicated above. I can attest to this because I (state how you can attest to this):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________  __________________________________________
Name                                      Signature                               Date

Agency Name or Outreach Team (print) ____________________________________________________________________ Phone #

I, __________________________________________ (homeless person), verify that the information I have provided and represented herein is correct and is a fair representation of my housing situation. I also authorize release of this information.

_________________________________________  ___________________________  ____________
NAME                                          SIGNATURE                                   DATE

City of St. Petersburg, Florida
SAMPLE
DEMOGRAPHICS & INTERAGENCY REFERRAL FORM
Agency Name
Site Address

I. Personal Data
Name: ___________________________ SS#: ________ DOB: ______ M__ F__
Name: ___________________________ SS#: ________ DOB: ______ M__ F__
Present Address: __________________________ From: ________ To: ________
Previous Address: __________________________ From: ________ To: ________
Hispanic/Latino: _____ YES _____ NO
Race (circle one): White Black/African American Native Hawaiian/Pacific Islander Asian
American Indian/Alaskan Native American Indian/Alaskan Native & White Asian & White
Black/African American & White American Indian/Alaskan Native & Black/African American
Other Multi-Racial
Education Level: __________________________ Veteran (Yes or No) __________________
Individual: ___________ Family w/ children: ___________ Couple w/o children ___________
Is Client Head of Household? Yes ___ No ___ Head of Household: Male____ Female____
Number of persons needing services: Adults________ Children________
Gender/Ages: ______/________ ______/________ ______/________

II. Employment Data
Status: Full Time_____ Part-Time_____ Day-Labor_____ Temp_____ None______
Applied for SSI/SSDI: Yes ___ No ___ Status: Pending_____ Received_____ Denied_____ On Appeal____

III. Resources
Monthly Income: $___________ Work_____ SSI/SSDI_____ TANF_____ Food Stamps_______
None_____ Other (specify)

IV. Household Characteristics (if applicable)
Family Violence______ Physically Disabled______ Drug Dependent______ HIV/AIDS______
Developmentally Disabled______ Alcohol Dependent______ Chronically Mentally Ill______
Other (specify)______________________________________________________________

V. Referral History
Agency Referred to: __________________________ Date Contact Person: ________
Phone Number: __________________________

__________________________ __________________________ __________________________
### Monthly Service Report

**AGENCY:**

**PROJECT NAME:**

**PROJECT ADDRESS:**

**GRANT #:** B-20-MC-12-0017 **PERFORMANCE PERIOD:**

**CONTRACT GOAL:**

Create a table which itemizes the services described in paragraphs Part I, A. 1. and 5 (food, counseling, financial assistance, housing, outreach, promotional, etc.) and provides space for input on amount of each service provided for persons or households (depending on contract) this month and year-to-date. This report would provide the amount of service provided and might count a person/household multiple times during a month if they received a service weekly, depending on the service. Exhibits F and G would count the person/household only once during the fiscal year, in the first month of service.

**Example:**

<table>
<thead>
<tr>
<th></th>
<th>PERSONS</th>
<th>HOUSEHOLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SAMPLE
Boley Centers for Behavioral Health Care, Inc.
YouthBuild Midtown Construction Training Program
To be completed by Client’s Parent or Guardian

1. Client Name: ________________________________
2. Parent/Guardian’s Name: ________________________
3. Parent/Guardian’s Address: _______________________

4. Hispanic or Latino (circle one): Yes No

5. Client Data (check appropriate space):
   ______ White ______ American Indian/Alaskan Native & White
   ______ Black/African American ______ Asian & White
   ______ Asian ______ Black/African American & White
   ______ American Indian/Alaskan Native ______ American Indian/Alaskan Native & Black/African American
   ______ Native Hawaiian/Other Pacific Islander ______ Other Multi-Racial

6. Household Data (check appropriate space):
   ______ Female head of household ______ Male head of household

7. Number of persons in household (including client): ______

8. Please indicate the total gross income earned by all members of the household (check one):
   ______ $ 0 - 18,250 ______ $33,401 - 34,400
   ______ 18,251 - 20,850 ______ 34,401 - 37,600
   ______ 20,851 - 23,450 ______ 37,601 - 41,750
   ______ 23,451 - 26,100 ______ 41,751 - 45,100
   ______ 26,101 - 28,150 ______ 45,101 - 48,450
   ______ 28,151 - 30,250 ______ 48,451 - 51,800
   ______ 30,251 - 32,350 ______ 51,801 - 55,100
   ______ 32,351 - 33,400 ______ 55,101 or more

I certify that the child named above is the recipient of services from Boley Centers for Behavioral Health Care, Inc. and that the information above is true to the best of my knowledge and belief.

Parent/Guardian’s Signature ________________________________ Date ________________________________

.........

Beginning on _____/_____/______ Boley Centers for Behavioral Health Care Inc. provided the following services to the above named client:

Signature and Title ________________________________ Date ________________________________

...............
<table>
<thead>
<tr>
<th>Race of Clients</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer. Ind/Alaskan Nat. Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer. Ind/Alaskan Nat. Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pac. Island Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pac. Island Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer. Ind/Alaskan Nat. and White Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer. Ind/Alaskan Nat. and White Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian and White Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian and White Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American and White Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American and White Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer. Ind/Alaskan Nat. and Black/African American Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amer. Ind/Alaskan Nat. and Black/African American Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Multi-Racial Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Multi-Racial Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Non Hispanic for all categories</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Hispanic for all categories</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total All Races</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SAMPLE
[Insert name of covered housing provider]

Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

[Insert name of covered housing provider (acronym HP for purposes of this model plan)] is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), a HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that [insert name of program or rental assistance here] is in compliance with VAWA.

Eligibility for Emergency Transfers

a Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.
b Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, gender identity and expression, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity and expression, or marital status.
A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit.

If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

**Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify HP’s management office and submit a written request for a transfer to [HP to insert location]. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP’s program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant’s request for an emergency transfer.

**Confidentiality**

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.
See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP’s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

**Emergency Transfer Timing and Availability**

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant’s request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

**Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.
Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

**Attachment:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.
Forms Required for Application
(to be submitted, if applicable)
RESOLUTION

I HEREBY CERTIFY that I am the duly qualified and acting Secretary of _____________________________ Inc., and that the following is a true and correct copy of a Resolution duly adopted by the Board of Directors of _____________________________ Inc. on the ______ day of ____________, 2020:

NOW, THEREFORE, BE IT RESOLVED that _____________________________ and _____________________________ as _____________________________ and _____________________________ respectively, of _____________________________ corporation, are authorized to submit an application to the City of St. Petersburg for Consolidated Plan funding and are authorized to sign on behalf of this corporation a contract, promissory note and mortgage for implementation of Federal and State Consolidated Plan projects funded by the City of St. Petersburg.

I FURTHER CERTIFY that _____________________________ and _____________________________ are presently the _____________________________ and _____________________________, respectively, of _____________________________, Inc., and that the foregoing authority has not been revoked.

DATED at St. Petersburg, Florida, this _____ day of ____________, 2020.

Signature of Corporate Secretary
(please use blue ink on original copy)

__________________________
Printed Name of Corporate Secretary

__________________________
Corporation Name (Corporate Seal)

PLEASE USE THIS FORM FOR CORPORATE RESOLUTION. MINUTES FROM MEETINGS, EXCERPTS FROM BY-LAWS AND OTHER FORMS OF AUTHORIZATION ARE NOT ACCEPTABLE.

Your application will not be processed without this form being completed correctly and all signatories matching what is listed in SunBiz.org
### Board of Directors Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address (street, city, zip code)</th>
<th>Telephone Number</th>
<th>Race</th>
<th>Gender</th>
<th>Homeless Rep [Y or N]</th>
<th>Public Official* [Y or N]</th>
<th>Low Income Rep</th>
<th>Is home address in Pinellas County? [Y or N]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* See page 79 for the HOME definition of Public Official for the CHDO Program

I certify the above list to be complete, current and accurate.
To the best of my knowledge none of the above listed Board members are related to one another.

______________________________
President/Chairman, Board of Directors

______________________________
Date

City of St. Petersburg, Florida
Page 51
OVERVIEW/SUMMARY OF POLICIES AND PROCEDURES

Describe your overall organizational policies and procedures including your program activities and the roles individual employees play in your day-to-day operation; including internal controls, financial as well as programmatic. Examples: payments of goods and services, writing/signing checks, deposits, petty cash, payroll, asset management, inventory, expenses, financial reporting.
MANDATORY DISCLOSURE

I HEREBY CERTIFY that I am the __________________________ of ____________________________, Inc. ("Agency") and represent and warrant to the City of St. Petersburg, Florida ("City") that at the time of submission of the Agency’s application for City Consolidated Plan funding and at the time of execution of a funding Agreement ("Agreement") with the City and for the duration of the Term of the Agreement, no employee, officer or agent is in violation of Federal criminal law involving: (i) waste; (ii) fraud; (iii) abuse; (iv) bribery and/or (v) gratuity violations potentially affecting this CDBG/HOME/ESG award to the Agency ("Award").

In the event that there is a violation of these representations and warranties, the Agency shall notify the City in writing within thirty (30) days of the discovery of the violation that the employee, officer or agent has been terminated by the Agency, or that the Agency desires to terminate the Award.

I understand failure to notify the City as required herein shall give the City, in addition to any remedies in equity or at law, the right to take the following actions: 1) refuse to execute the Agreement until correction of the violation; 2) withhold payments pending correction of the violation; 3) deny both use of funds and any applicable matching credit for all or part of the cost of the activity or action not in compliance; 4) wholly or partially suspend or terminate the Agreement; 5) notify HUD to initiate suspension or debarment proceedings as authorized under 2 CFR Part 180; and 6) withhold further CDBG/HOME/ESG awards for the Agency.

DATED at St. Petersburg, Florida, this ____ day of ________________, 2020.

Agency:__________________________________

By:_____________________________________

Print:__________________________________

As its:__________________________________

(please use blue ink)
HOMELESS SERVICES OR OPERATIONS DATA FORM

(If this application involves funding for more than one type of facility or address, please complete a separate copy of this page for each facility/address.)

1. Name of facility where funds will be used: ______________________________

2. Street address of facility: ______________________________

3. Has this facility been surveyed for lead-based paint? □ Yes □ No
   If yes, has the lead-based paint been mitigated? □ Yes □ No

4. Number of beds available to homeless persons at this facility:
   If expanding shelter, number of new beds:

5. Length of stay:
   Average number of days _____ minimum number of days: _____ max number of days: _____

6. Average number served daily:
   Residential: # of adults __________ # of children __________
   Non-residential: # of persons __________

7. Unduplicated number served annually: Households: ______ Persons: ______

8. Please provide summary of funding sources for FY 2020/2021 FOR THE FACILITY NAMED ABOVE (this should match project/program budget in your application):
   $___________ Consolidated Plan request
   $___________ Other Federal
   $___________ City of St. Pete, Pinellas County and/or other municipalities, State of Florida
   $___________ Private
   $___________ Fees
   $___________ Other: __________________________
   $___________ TOTAL BUDGET

9. Type of facility (check all that apply):
   _______ Barracks
   _______ Group/Large House
   _______ Scattered site apartments
   _______ Single family detached house
   _______ Single room occupancy
   _______ Mobile home/Trailer
   _______ Hotel/Motel
   _______ Other: __________________________
10. Programs and services offered at the facility named above (check all that apply):

- Emergency shelter
- Vouchers for shelter
- Transitional housing
- Drop-in Center
- Outreach
- Food Pantry
- Soup kitchen/Meal Distribution
- Health care
- Mental Health
- Alcohol/Drug Program
- HIV/AIDS services
- Child care
- Employment
- Homeless prevention
- Other: _________________________

11. Homeless population served (check all that apply):

- single men
- single women
- single parent families
- two parent families
- families with no children
- Other: _________________________

12. On an average day what percentage of the population you serve is from the following groups? (Does not have to total 100%)

- Battered spouse
- Alcohol dependent individuals
- Runaway/throwaway youth
- Drug dependent individuals
- Chronically mentally ill
- Elderly
- Developmentally disabled
- Veterans
- HIV/AIDS
- Physically Disabled
Housing First/Low Barrier Questionnaire

Organization Name: 

Housing First/Low Barrier shelters and permanent housing programs are proven effective in engaging and assisting all sub-populations of homeless persons to a path to permanent stable housing. Communities have demonstrated that programs can be well-run and safe without requirements that keep many homeless individuals from entering and/or remaining in their programs.

The Continuum of Care (CoC) has designed this Housing First/Low Barrier Questionnaire to assist providers and the CoC with documenting how closely organizations align with the CoC’s Housing First approach. The CoC uses this tool to: track an organization’s progress in aligning with Housing First best practice standards, to identify what organizations are doing well, and where improvements can be made through technical assistance. Organizations are encouraged to use this questionnaire as an iterative tool to track progress on implementing Housing First over time and as an excellent opportunity to initiate Housing First conversations among various levels of project staff.

Please answer the following questions related to the organization’s criteria and program rules. The questionnaire will be scored with each “yes” answer receiving 0 points and each “no” answer receiving 1 point. An N/A answer will receive 1 point. Maximum points are 25. The higher the score, the closer the organization is to being Housing First/Low Barrier.

For the consistency of the data collection process, please do not alter, change, or add additional information on this questionnaire. Questionnaires submitted that are altered, changed, or have additional comments will be considered void and will receive a score of 0.

1. Will/Does the organization require a background screening prior to program entry (excluding sexual offender/predator check)?
   Yes ☐ No ☐

2. Will/Does the organization prohibit persons with certain criminal convictions (e.g. violent felonies, arson) from entering their programs (excluding registered sexual offender/predator)?
   Yes ☐ No ☐

3. Does the organization require drug screening prior to program entry?
   Yes ☐ No ☐
Housing First/Low Barrier Questionnaire – cont.

4. Will/Does the organization require participants to be clean and sober prior to program entry and/or during program stay?
   Yes ☐  No ☐

5. Will/Does the organization require alcohol/drug tests on participants suspected of being under the influence?
   Yes ☐  No ☐

6. Will/Does a positive alcohol/drug test result in termination from the program and/or require participant to participate in substance abuse treatment and/or detox to resume program services?
   Yes ☐  No ☐

7. Will/Does the organization require participants to have a mental health evaluation prior to program entry?
   Yes ☐  No ☐

8. Will/Does the organization require program participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance (excluding those who present a danger to self or others) as a condition of services?
   Yes ☐  No ☐

9. Will/Does the organization require participants to have income at time of program entry?
   Yes ☐  No ☐

10. Will/Does the organization require participants to obtain an income as a condition of remaining in the program?
    Yes ☐  No ☐

11. Will/Does the organization require participants to participate in supportive services (such as vocational training, employment preparation, budgeting or life skills classes; not including required case management meetings) as a condition of continued services?
    Yes ☐  No ☐

12. Will/Does the organization require participants to be ‘progressing’ in their goals in order to remain in the program?
    Yes ☐  No ☐
Housing First/Low Barrier Questionnaire – cont.

13. Will/Does the organization require participants to sign a services plan agreement to receive your services? (Please note a service plan is not the same as a housing plan.)
   Yes ☐ No ☐

14. Will/Does the organization’s program participant have to do “chores” as a part of program stay and/or will program participants who do work around the facility receive special treatment or are rewarded with special benefits (applicable for facility/program-based emergency shelters, transitional housing, permanent housing)?
   Yes ☐ No ☐ N/A ☐

15. Will/Does the organization include curfews and/or required ‘lights out’ time for all program participants (applicable for facility/program-based emergency shelters, transitional housing, permanent housing)?
   Yes ☐ No ☐ N/A ☐

16. Will/Does the organization exclude or refuse program entry based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression.
   Yes ☐ No ☐

17. Will/Does the organization include any requirements, outside of those typically found in a lease agreement or in “community-living” conduct rules (applicable for facility/program-based emergency shelters, transitional housing, permanent housing, scattered site housing)? Examples of acceptable “community-living” rules include agreement to be non-violent, agreement to no weapons on site, agreement to no alcohol/drug consumption on site.
   Yes ☐ No ☐ N/A ☐

18. Will an organization’s program participant be asked/forced to leave the program and/or will organization refuse services if program participant is being viewed as disrespectful to a staff member or other program participant?
   Yes ☐ No ☐

19. Will/Does the organization’s program participants have to travel to the organization’s office(s) to receive the majority of their services, including case management, after they are housed (applicable to scattered-site PSH, RRH and HP programs)?
   Yes ☐ No ☐ N/A ☐
Housing First/Low Barrier Questionnaire – cont.

20. Will/Does the organization’s program participants have to travel to the organization’s office(s) to receive the majority of services, including case management (applicable to Street Outreach and Engagement only)?
   Yes ☐ No ☐ N/A ☐

21. Will/Does the organization exclude any dependent children in the household, based on age and/or gender, from remaining with the household at the program (applicable for facility/program-based emergency shelters, transitional housing, and permanent housing for households with children)?
   Yes ☐ No ☐ N/A ☐

22. Will/Does the organization prohibit any member(s) of a household (as defined by the household), based on age, gender, biological relationship and/or marital status, from residing together at the program (applicable for facility/program-based emergency shelters, transitional housing, permanent housing, scattered site permanent housing)?
   Yes ☐ No ☐ N/A ☐

23. Will/Does the organization exclude any family composition type: single dad, single mom, same gender couples, opposite-gender couples, multi-generational, and non-romantic groups who present for services as a family (applicable to programs that serve households with children under the age of 18)?
   Yes ☐ No ☐ N/A ☐

24. Will/Does the organization require program participants to be “placed” in accordance with their sex assigned at birth and/or “perceived” gender; and/or require participant to “prove” their gender identity prior to receiving services (applicable for facility/program-based emergency shelters, transitional housing, permanent housing, scattered site permanent housing)?
   Yes ☐ No ☐ N/A ☐

25. Will/Does the organization exclude participants who do not have a form of identification (applicable for emergency shelters)?
   Yes ☐ No ☐ N/A ☐
Housing First/Low Barrier Questionnaire – cont.

TOTAL SCORE:
In order that the Homeless Leadership Board may provide technical assistance if necessary, please describe any challenges that may be preventing this organization from implementing Housing First principles and practices:

If the response is “yes” to any of the questions above, please indicate the corresponding question number and provide a detailed justification for this response. Any relevant policies or procedures that support the explanation provided should also be attached. Please reference the applicable policy or procedure in the explanation.

Certification of Responses
I attest that the answers above are true and are provided by marking Yes, No, or N/A without any additional comment or clarification.

Authorized Applicant Signature: ________________________________

Authorized Applicant Name and Title: _____________________________

Date: __________________
Statement of Security and/or Collateral/Encumbrances/Liens for Acquisition or Construction Projects

Site street address: ________________________________________________________________

Legal Description: ______________________________________________________________

Owner: _______________________________________________________________________

Tax assessor's parcel identification number (PIN): ________________________________

Tax Assessed Value:

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Buildings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated Market Value:

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Buildings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appraised Value: Date of appraisal: _____________

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Buildings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of Existing Encumbrances/Liens (Including City/County):

<table>
<thead>
<tr>
<th>Amount</th>
<th>Lien holder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ACQUISITION, REHABILITATION OR NEW CONSTRUCTION PROJECT DATA FORM**

Street Address: _________________________________________________

<table>
<thead>
<tr>
<th>Tax Assessed Value:</th>
<th>Estimated Market Value:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land: ____________</td>
<td>Land: ________________</td>
</tr>
<tr>
<td>Buildings: __________</td>
<td>Buildings: __________</td>
</tr>
<tr>
<td>Total: ____________</td>
<td>Total: ____________</td>
</tr>
</tbody>
</table>

If your project involves the acquisition of a property, does your agency have an option on the property you wish to acquire?

**Yes ____ (If yes, please attach a copy of the option contract) No ____ **

Appraised value: _______________

If your project is allocated funding for acquisition of property, a current appraisal (less than six months since completion) will be required. How will you pay for this?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Has a Phase I environmental audit of the site been completed? **Yes ____ No ____**

(If yes, please attach a copy of the audit – If no please complete the Site Survey and Previous Land Use Assessment Form)

If your project is allocated funding for acquisition of property or construction, an environmental audit is required. How will you pay for this?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

To your best knowledge, are you aware of any adverse environmental issues that may impact the surrounding environment? **Yes ____ No ____**

If yes, please describe: _____________________________________________________________
____________________________________________________________________
____________________________________________________________________

Does your project require site plan approval? **Yes ____ No ____**

If no, have you met with the Zoning Department to determine if Development Review Commission (DRC) approval is required? **Yes ____ No ____**
ACQUISITION, REHABILITATION OR NEW CONSTRUCTION PROJECT DATA FORM

continued

Has the building(s) on your site been checked for:

Lead-based paint?  Yes ___  No ___  Asbestos?  Yes ___  No ___

If yes, please attach one copy of the survey(s).

If you answered "no" to either survey it is strongly recommended to complete the surveys prior to application submission in order to know if you will need additional funding for mitigation of one or both. Refer to the section in the manual regarding lead-based paint to know when it is applicable to assess and mitigate.

When was the oldest portion of the structure built?________

Is the property currently occupied by applicant or other persons or organizations/businesses?
Yes ___  No ___

Will occupants be asked to vacate the premises if this application is funded?
Yes ___  No ___

If yes, please list all tenants and attach a copy of the completed tenant relocation notice sent to each tenant.

What is the total heated square footage of the building? _______

What is the heated square footage of the portion of the building(s) to be altered? _______

Please include copy of the plans and specifications or documentation that the plans and specifications are underway and will be completed no later than October 1, 2020 for the construction and a construction cost estimate prepared by an architect/engineer (required).

If your project involves the construction/reconstruction of sidewalks, streets, curbs, water, sewer and/or drainage lines, walls, etc., what is the total number of linear feet of each?

________________________________________________________________________
<table>
<thead>
<tr>
<th>1. Is the property or any adjoining property used for an industrial use?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. To the best of your knowledge, has the property or any adjoining property been used for an industrial use in the past?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Is the property or any adjoining property used as a gasoline station, motor repair facility, commercial printing facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, storage, disposal, processing, or recycling facility?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. To the best of your knowledge, has the property or any adjoining property been used as a gasoline station, motor repair facility, dry cleaners, photo developing laboratory, junkyard or landfill, or as a waste treatment, storage, disposal, processing, or recycling facility in the past?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Are there currently, or to the best of your knowledge have there been previously, any automotive or industrial batteries in significant quantities, or pesticides, paints, or other chemicals in individual containers of greater than 5 gallons in volume or 50 gallons in the aggregate, stored on or used at the property or at the facility?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Are there currently, or to the best of your knowledge have there been previously, any industrial drums (55 gallons) or sacks of chemicals located on the property or at the facility?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Has fill dirt been brought to the property which originated from a contaminated site or which is of an unknown origin?</th>
<th>Current Owner</th>
<th>Previous Owner</th>
<th>Other Official Source (io: Rehab/Planning Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### SITE SURVEY AND PREVIOUS LAND USE ASSESSMENT FORM – continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Are there currently, or to the best of your knowledge have there been previously, any pits, ponds, or lagoons located on the property in connection with waste treatment or waste disposal?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>9. Is there currently, or to the best of your knowledge has there been previously, any stained soil on the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>10. Are there currently, or to the best of your knowledge have there been previously, any registered or unregistered storage tanks (above or underground) located on the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>11. Are there currently, or to the best of your knowledge have there been previously, any vent pipes, fill pipes, or access ways indicating a till pipe protruding from the ground on the property or adjacent to any structure located on the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>12. Are there currently, or to the best of your knowledge have there been previously, any flooring, drains, or walls located within the facility that are stained by substances other than water or are emitting foul odors?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>13. If the property is served by a private well or non-public water system, have contaminants been identified in the well or system that exceed guidelines applicable to the water system or has the well be designated as contaminated by any government environmental health agency?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>14. Does the owner or occupant of the property have any knowledge of environmental liens or governmental notification relating to past or current violations of environmental laws with respect to the property or any facility located on the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
## SITE SURVEY AND PREVIOUS LAND USE ASSESSMENT FORM – continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Has the owner or occupant of the property been informed of the past or current existence of hazardous substances or petroleum products or environmental violations with respect to the property or any facility located on the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>16. Does the owner or occupant of the property have any knowledge of any Environmental Site Assessment of the property or facility that indicated the presence of hazardous substances or petroleum products or contamination of the property or recommended further assessment of the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>17. Does the owner or occupant of the property know of any past, threatened, or pending lawsuits or administrative proceedings concerning a release or threatened release of any hazardous substance or petroleum products involving the property by any owner or occupant of the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>18. Does the property discharge waste water, other than storm water, directly to a ditch or stream on or adjacent to the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>19. To the best of your knowledge, have any hazardous substances or petroleum products, unidentified waste materials, tires, automotive, or industrial batteries or any other waste materials been dumped above grade, buried and/or burned on the property?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>20. Is there a transformer, capacitor, or any hydraulic equipment for which there are any records indicating the presence of PCB’s?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**THIS QUESTIONNAIRE WAS COMPLETED BY:**

**NAME:**

**TITLE:**

**PHONE NUMBER:**

**DATE:**

**Subject property address:**

___
Agreement of Property Owner to Sign Mortgage

TO WHOM IT MAY CONCERN:

[name of owner of property] hereby acknowledge the ownership of the property at [street address] St. Petersburg, Florida.

In consideration of the City of St. Petersburg providing funds to the above named agency for improvement to the property, I agree to sign on behalf of the above named agency a mortgage and promissory note payable to the City of St. Petersburg for the amount of funds received for improvements.

______________________________________________
Signature of Authorized Representative

Date
Notice by Seller of Property

Form must be executed prior to signing of a sales contract

TO WHOM IT MAY CONCERN:

I, [name of seller of property] hereby acknowledge that I own and I am voluntarily selling the property at [street address] St. Petersburg, Florida to [name of agency purchasing property]. I understand that the property will not be acquired under eminent domain if I do not wish to sell voluntarily. I have been advised that the fair market value of the property is $ ________________.

_________________________________________
Signature of Property Owner

_________________________________________
Date
Relocation Notice

(Type on your agency’s letterhead and return acknowledged form with your application)

Date

Name of Tenant
Address

Dear (name of tenant):

(agency name), is interested in acquiring the property you occupy at (address) in order to (reason for purchase). The City of St. Petersburg through its Community Development Block Grant or HOME Investment Partnership Program will provide funding for this project if it is approved. This notice is to inform you of your rights under Federal law. If (agency name) acquires the property and you are displaced for the project, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. However, do not move now. This is not a notice to vacate the premises. You should continue to pay your monthly rent to your landlord because a failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance. You are urged not to move or sign any agreement to purchase or lease a new unit before receiving formal notice of your eligibility for relocation assistance. If you move or are evicted before receiving such notice, you may not receive any assistance. Please contact us before you make any moving plans.

If (agency name) acquires the property and you are eligible for relocation assistance, you will be given advisory services, including referrals to replacement housing, and at least 90 days advance written notice of the date you will be required to move. You would also receive a payment for moving expenses and may be eligible for financial assistance to help you rent or buy a replacement house. If for any reason any other persons move into this unit with you after this notice, your assistance may be reduced. If you have any questions, please contact me (name), (title), at (phone number), (address).

Again, this is not a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance. If (agency name) is not funded, or decides not to purchase the property with Federal funds, you will be notified in writing.

Sincerely,

Acknowledgment of tenant notification by applicant:

Name
Title

Acknowledgment of notification receipt by tenant:

Tenant

PLEASE RETURN SIGNED NOTIFICATIONS PROVIDED TO ALL OCCUPANTS WITH APPLICATION
Evidence of Consideration of Non-Floodplain Sites

For activities involving new construction or locating housing (emergency, transitional, & permanent) or drug and alcohol treatment facilities in Flood Zones A, D or V:

Have efforts been made to find other suitable sites that are not in the floodplain?

Yes _______  No _______

If no, the application may not be eligible to receive funding. If yes, please provide the following documentation of these efforts.

Other sites considered, but rejected:

1. Rejected site street address: ____________________________________________
   Flood Zone: B _______ Or Flood Zone C _______ Or Flood Zone X _______
   (Check one)

   Reason this non-floodplain site was determined to be unsuitable (check those that apply and explain):
   □ Rejected site met with opposition from neighborhood:
   □ Rejected site was unsuitable due to size:
   □ Rejected site was more expensive than the floodplain site:
   □ Rejected site is not located near necessary facilities:
   □ The cost of operating the facility at the rejected site would be more expensive than at the proposed floodplain site:
   □ The floodplain site will allow the agency to consolidate services, personnel, overhead costs, etc.:

2. Rejected site street address: ____________________________________________
   Flood Zone: B _______ Or Flood Zone C _______ Or Flood Zone X _______

   Reason this non-floodplain site was determined to be unsuitable (check those that apply and explain):
   □ Rejected site met with opposition from neighborhood:
   □ Rejected site was unsuitable due to size:
   □ Rejected site was more expensive than the floodplain site:
   □ Rejected site is not located near necessary facilities:
   □ The cost of operating the facility at the rejected site would be more expensive than at the proposed floodplain site:
   □ The floodplain site will allow the agency to consolidate services, personnel, overhead costs, etc.:
Zoning Status Form  
(Page 1 of 2)

The property on which you currently operate your facility, or on which you are proposing to construct a new social service agency, **MUST HAVE proper zoning.** To determine if the Zoning category is correct for your current or proposed project, please contact the Development Review Services Division (DRS) of the City of St. Petersburg. They are located on the first floor of the Municipal Services Center, One Fourth Street North. Please completely fill out the following information, and have a Staff member of DRS complete the form as indicated and sign as to approval (with or without conditions). Submit this form with your Consolidated Plan application.

THE FOLLOWING IS TO BE FILLED OUT BY APPLICANT (Please Print):

1. Is project/proposal only a request for operational expenses to continue your current program as it is now? **YES** **NO** (please circle one)

2. Does your project/proposal involve any of the following:  
   A. Increase in number of beds/residents? **YES** **NO** (please circle one)  
      If Yes, existing number of beds = _____  
      Proposed **total** number of beds = _____

   B. Any addition to building? **YES** **NO** (please circle one)  
      If Yes, what is square foot and use of addition? __________________________  
      What is square foot of **and use of existing building**? _________________________

   C. Is there any change of use/additional new uses? **YES** **NO** (please circle one)  
      If Yes, what is/are new/additional uses? ________________________________  
      ________________________________________________________  

3. Is your agency a Non-Profit? **YES** **NO** (please circle one)

4. Describe in DETAIL your project/proposal, including all specific uses of the property, such as offices, counseling, food bank, shelter, etc. **BE SPECIFIC:** __________________________
   ________________________________________________________
   ________________________________________________________

---

City of St. Petersburg, Florida  
Zoning Status Form
(Page 2 of 2)

5. Project Address: ____________________________________________________________

6. Property Identification Number (PIN): _________________________________________
   (you can obtain from property appraiser’s office (727) 464-3207)

7. Are there any current code violations on the property: YES NO (please circle one)
   (you can obtain from Codes Department (727) 893-7373)
   If Yes, please list violations: __________________________________________________

8. Your Contact person: Name:__________________________, Phone #:__________________

________________________________________________________________________

THE FOLLOWING TO BE COMPLETED BY ZONING:

Zoning District: ____________________; Future Land Use: _____________________

Will any of the following be required prior to the project’s/proposals final approval or construction?
(Please circle one)

Land Use Change? YES NO
Zoning Change? YES NO
Variances(s)? YES NO
Special Exception? YES NO
Other review? YES NO

NOTES:_____________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

The project/proposal is: Approved Denied (please circle one)

Date: ___________________________

Approval Per: ___________________________
   Zoning Official

Phone: ___________________________
Neighborhood Associations

The most up-to-date map and list of neighborhood associations is available on the City’s website at:

http://www.stpete.org/neighborhoods/index.php

Copy the web address into the address line on your internet page. When the City’s website comes up, “Select a Department,” click on “Neighborhood Partnership, click on “Map of Neighborhood Associations” on the left side. This page has a map and you can click on your location on the map to tell which association serves your location. Then click on house icon for Neighborhood Association and name and phone number of representative.

If you are unable to access the website please call Susie Ajoc at (727) 893-7356.
CHDO Certification Forms

CHDO CERTIFICATION CHECKLIST

The information contained in this checklist refers to the definition of Community Housing Development Organizations (CHDOs) in 24 CFR section 92.2 of the HOME Final Rule. The checklist will be used by the City of St. Petersburg to itemize documents that must be received from a nonprofit before it may be certified as a CHDO. Each time the City commits funds to the CHDO for a specific project; a re-certification checklist must be completed and submitted.

I. LEGAL STATUS

A. The nonprofit organization is organized under State or local laws, as evidenced by:

_____ a Charter, OR
_____ Articles of Incorporation.

B. No part of its net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by:

_____ a Charter, OR
_____ Articles of Incorporation.

C. The nonprofit organization has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501 (c) of the Internal Revenue Code of 1986, as evidenced by:

_____ A 501 (c) Certificate from the IRS.

D. Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people, as evidenced by a statement in the organization's:

_____ Charter,
_____ Articles of Incorporation,
_____ By-laws, OR
_____ Resolutions.
II. CAPACITY

A. Conforms to the financial accountability standards defined in 24 CFR 84.21, “Standards of Financial Management Systems,” as evidenced by:

   ____ a notarized statement by the President, or Chief Financial Officer of the organization:

   ____ a certification from a Certified Public Accountant, OR

   ____ a HUD approved audit summary.

B. Has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:

   ____ resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, OR

   ____ contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

C. Has a history of serving the community where housing to be assisted with HOME funds will be used, as evidence by:

   ____ a statement that documents at least one year of experience in serving the community, OR

   ____ for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience serving the community.

The CHDO, or its parent organization must be able to show one year of serving the community from the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization’s history) of serving the community by describing activities which it provided (or its parent organization provided), such as developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the President of the organization or by a HUD approved representative.
III. ORGANIZATIONAL STRUCTURE

A. Maintains at least one-third of its governing board’s membership for residents of low-income neighborhoods, other low-income community residents, or elected representative of low-income neighborhood organizations as evidenced by the organization’s:

   - By-laws,
   - Charter, OR
   - Articles of Incorporation.

Under the HOME program, for urban areas, the term, “community”, is defined as one or several neighborhoods, a city, county or metropolitan area. For rural areas, “community” is defined as one or several neighborhoods, a town, village, county or multi-county area (but not the whole state), provided that the governing board contains low-income residents from each of the multi-county areas.

B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME-assisted affordable housing projects, as evidenced by:

   - the organization’s By-laws,
   - Resolutions, OR
   - a written statement of operating procedures approved by the governing body.

C. A CHDO may be chartered by a State or local government; however, the State or local government may not appoint: (1) more than one-third of the membership of the organization’s governing body; (2) the board members appointed by the State or local government may not, in turn, appoint their remaining two-thirds of the board members; and (3) no more than one-third of the governing board members are public officials, as evidenced by the organization’s:

   - By-laws,
   - Charter, OR
   - Articles of Incorporation.

D. If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third if the membership of the CHDO’s governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO’s:

   - By-laws,
   - Charter, OR
   - Articles of Incorporation.
IV. RELATIONSHIP WITH FOR-PROFIT ENTITIES

A. Is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:

_____ the organization’s By-laws, OR
_____ A Memorandum of Understanding (MOU).

B. A Community Housing Development Organization may be sponsored or created by a for-profit entity, however:

(1) the for-profit entity’s primary purpose does not include the development or management of housing as evidenced by:

_____ in the for-profit organization’s By-laws
AND;

(2) the CHDO is free to contact for goods and services from vendor(s) of its own choosing, as evidenced in the CHDO’s:

_____ By-laws,
_____ Charter, OR
_____ Articles of Incorporation.

V. CAPACITY – ADDITIONAL INFO. REQUIRED FOR ALL PROJECTS/CHDOs FUNDED AFTER AUGUST 23, 2013

The 2013 HOME rules requires an organization to have paid employees with demonstrated housing experience relevant to the prospective CHDO’s role for the project for which it seeks CHDO set-aside funds. Therefore the City must consider the role that the organization will undertake for the project. Please check the appropriate category for which your organization will be requesting CHDO set-aside funding:

_____ As an “owner”. The CHDO must demonstrate the capacity to own and manage the housing, as well as oversee any development that is to occur.

_____ As a “developer”. The CHDO must demonstrate the capacity to own, manage, and develop the housing.

_____ As “sponsor”. The CHDO must demonstrate the capacity to develop the housing and, if it is not transferring ownership of the housing to another organization at completion of the development, must also have the capacity to own and manage the housing.
A. List the employees whose salary, payroll taxes, and unemployment insurance are paid by the organization and from whom the organization withholds payroll and income taxes as a paid employee. Receipt of a W-2 from the organization is sufficient evidence that an individual is a “paid employee”.

Employee #1 Name: Receives a W-2 from this organization yes no

Employee #2 Name: Receives a W-2 from this organization yes no

Employee #3 Name: Receives a W-2 from this organization yes no

OR

B. If the paid employee who will be performing the work related to this proposed housing project, does not receive a W-2 from the organization, please attach evidence that the CHDO organization has direct control over how the staff performs assigned tasks. The CHDO organization should also have an evaluation system to measure performance of the employee. These requirements are evidenced by:

_____ Written work contract between employee and the organization
_____ Written staff performance evaluation form or system

By signing the CHDO certification form below, the representative of the CHDO organization certifies that he/she is authorized to execute the certification and agrees that all the statements and claims made herein are true and correct. Pursuant to 18 USC Section 1001, 31 USC Section 3729, et seq., and 24 CFR Part 28, false or fraudulent statements or claims are subject to up to 5 years imprisonment and civil penalties up to $10,000 plus up to 3 times the amount of damages sustained by the Government for each fraudulent act committed.

Organization: ____________________________
Signed: ________________________________
Printed Name: __________________________
Title: ________________________________
Board Member Combined Certification for
Community Housing Development Organization Status

Public Official Certification
For the purpose of 24 CFR Part 92 (HOME Investment Partnerships Program) “public official” is
defined as any person serving in any of the following capacities:
☐ An elected official – council member, commissioner, state legislator, school board
representative, etc. ANY ELECTED OFFICIAL, regardless of jurisdiction (local, state, or
federal, including tribal).
☐ An appointed public official – members of a regulatory and/or advisory commission of the City
of St. Petersburg (EDC, Planning Commission, etc.)
☐ Employees of City of St. Petersburg (e.g. a clerk in Wastewater Utility department, or a
dispatch clerk in the St. Petersburg Police Department – for these purposes, it does not
include the Pinellas County School District).
☐ A person appointed by a public official to serve on the board – any individual who is not
necessarily a public official but who has been appointed by a public official (as described
above).

A. ________ By signing and dating this statement, I hereby certify that I DO serve in one of the “public
official” capacities stated above (you must check at least one box above). OR
B. ________ By signing and dating this statement, I hereby certify that I DO NOT serve in any of the
“public official” capacities stated above.

AND

Low-Income Representation Certification
For the purpose of 24 CFR Part 92 (HOME Investment Partnerships Program) a person who does not
serve as a “public official” and who meets any of the following characteristics is recognized as
representing the low-income community:
☐ Lives in a low-income area (where 51% or more of the households in my US Census tract have
incomes at or below 80% of the median household income, as defined by HUD). Indicate
census tract number and % low income population:
Census tract:_____________________
☐ Is an elected member of a low-income area’s neighborhood organization? This organization is
called:____________________________________________________________
☐ Has a household income at or below the 80% of the median household income for the area in
which he or she lives, according to HUD (PLEASE CIRCLE The appropriate household size
category on the attached income chart/ page 30 in Con Plan Manual & initial).

A. ________ By signing and dating this statement, I hereby certify that I DO meet the low income
representation characteristic checked above (you must check at least one item above). OR
B. ________ By signing and dating this statement, I hereby certify that I DO NOT represent the low
income community in any of the ways stated above.

_________________________________________ _______________________
Signature Date
_________________________________________ _______________________
Printed Name

NOTE: Please check either A or B in both boxes above. Also, if A is selected, one of squares from the
items listed must also be checked.
<table>
<thead>
<tr>
<th>Staff Person Name(s)</th>
<th>Job Title</th>
<th>How Long in Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# CHDO FUNDING REQUEST

## SECTION I - CURRENT CHDO PROJECT RESERVE BALANCE (CR)
Amount of CHDO Project Reserve for ____________ (current project name) that remains unexpended on January 31, 2020: $__________

Date that the HOME Agreement for above funds was signed: ___________________________

% of construction completed for above referenced CHDO Project: __________________

Units: ___________________________

## SECTION II - CURRENT CHDO PROCEEDS ACCOUNT
(if applicable, not all CHDOs are eligible to retain CHDO Proceeds)

Current Balance of the CHDO Proceeds Account as of January 31, 2020: $__________

Balance of the above account on September 30, 2020 (estimated deposits minus current year authorized uses): $__________

Anticipated deposits to the above account from October 1, 2019 thru September 30, 2020: $__________

Total Amount of CHDO Proceeds Account Requested to Retain: $__________

Please detail below the proposed use of the CHDO Proceeds Account funds thru September 30, 2020 and estimate the number of low income households that will be provided a benefit as a result of this program:

## SECTION III - New Funds Requested
(new funding will only be considered if a new project address has been identified in Tab 3)

New CHDO Reserve Project funds requested: $__________

Number of Units to be constructed/renovated: __________________

Amount of Non-Federal Funds CHDO can provide to the project as HOME match: $__________

CHDO Operating Funds Requested:

<table>
<thead>
<tr>
<th>Total</th>
<th>Per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$______</td>
<td>$______</td>
</tr>
</tbody>
</table>

TOTAL Funds Requested (operating, project and Proceeds): $__________

(remember a + b + c must = d)

* Please attach a project specific development proforma, and for rental projects, a current rent schedule and a minimum of 15 year operating proforma (20 years for new construction projects)