

FY 2020/2021 CONSOLIDATED ANNUAL ACTION PLAN PROJECT APPLICATION

Legal Name of Agency:

Street Address of Project (include zip code + 4 digits):
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Amount of Consolidated Plan Funding Requested: \$

I certify that:

- a) All the information provided in this application is true and correct.
- b) The applicant agency was incorporated as a secular organization and held an approved 501(c)(3) designation prior to March 6, 2020.
- c) If providing assistance to the homeless, the applicant will provide the required matching funds.
- d) If providing assistance to the homeless, the applicant has a current Board member who is and/or was formerly homeless and will continue to maintain one Board position as such.
- e) The applicant does not owe any money to the City of St. Petersburg (City) or own property on which a lien has been placed by the City, for non-payment of fines or services

I acknowledge the following:

- a) This application package contains an electronic version of the application and the attachments scanned with a minimum of 300 DPI and searchable. Two separate files have been submitted through a secure portal as provided by email from Lynn.Farr@stpete.org. All questions have been answered on the application and all attachments have been provided.
- b) If funded, the acceptance of funds requires that the owner of the property to be assisted sign a mortgage and promissory note on real property for the award to secure the continued use of the facility to be funded and may also require repayment of funds, long term rent restrictions and/or long-term use restrictions.
- c) THE SERVICE GOALS INCLUDED IN THIS APPLICATION WILL BECOME CONTRACT REQUIREMENTS, IF THE PROJECT IS FUNDED.
- d) Funds awarded will be in the form of a loan NOT a grant for acquisition and/or rehabilitation. Terms of the loan will be negotiated after approval of the Consolidated Plan by City Council and HUD.
- e) No costs incurred by this agency for this project, prior to the signing of a contract with the City and including the cost of preparing this application, may be reimbursed by the City and are entirely the responsibility of this agency.
- f) This agency will be required to implement the project in accordance with all applicable regulations and laws.

Signature of Chief Executive of Organization (Staff)	Date
Print Name	Title

Signature of Board Chairman/Authorized Board Representative	Date
Print Name	Title



Housing and Community Development Department
 stpete.org/housing
 727-892-5452

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Zoning Form <i>(form in Application Manual)</i>	_____
Job Description(s) if applying for payment of salaries <i>(sample in Application Manual)</i>	_____
AGENCY (ALL ITEMS REQUIRED)	
Corporate Resolution authorizing application <i>(form in Application Manual)</i>	_____
IRS letter approving 501(c)(3) status <i>(IRS letter must be for same named entity)</i>	_____
2020 "Certificate of Status" from State of Florida Secretary of State or a copy of the Annual Report Application with canceled check, indicating that annual report has been filed and corporate status is active	_____
Evidence of current registration with the Department of Agriculture	_____
Board of Directors Roster <i>(form in Application Manual)</i>	_____
Total operating budget (revenues and expenses) for program for which funding is requested	_____
Operating Budget (revenues and expenses) for entire agency	_____
Articles of Incorporation and By-Laws, signed and dated as to date of adoption	_____
Agency's most recent financial audit, management letter and response to management letter, or, if Agency has never had an audit, a copy of IRS 990 form and attachments for 2019	_____
Organization Chart	_____
Overview/Summary of Policies and Procedures including Internal Controls <i>(form in Application Manual)</i>	_____
Mandatory Disclosure Form <i>(form in Application Manual)</i>	_____
Emergency Transfer Plan in accordance with Violence Against Women Act (VAWA) (if project involves rental assistance – i.e. ESG Homeless Prevention/Rapid Re-Housing / HOME TBRA / HOME Multi-Family) <i>(sample in Application Manual)</i>	_____

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ADDITIONAL ITEMS IF PROJECT INVOLVES HOMELESS	
Source of Match, including amount provided from each source	_____
Homeless Services or Operations Data <i>(form in Application Manual)</i>	_____
Housing First / Low Barrier Questionnaire <i>(questionnaire in Manual)</i>	_____
Description of formal process for terminating assistance to individuals or families	_____
A statement describing how your agency involves, to the maximum extent practicable, homeless individuals and families in constructing, renovating, maintaining and operating your facility, and in providing services for occupants of your facility	_____
All non-profit recipients must provide for the participation of homeless individuals on its policy-making Entity. Provide a description of how your agency implements this requirement	_____
In-house rules, regulations, agreements or covenants with which homeless persons are required to observe or comply as a condition of receiving shelter and/or services	_____
ADDITIONAL ITEMS FOR ACQUISITION AND/OR CONSTRUCTION PROJECTS	
Acquisition, Rehabilitation or New Construction Data Form and Site Survey and Previous Land Use Assessment Form <i>(forms in Application Manual)</i>	_____
Letter of notification of proposed project to neighborhood and business association(s) in project area <i>(sample in Application Manual)</i>	_____
Contract/Option for Purchase and Notice to Seller <i>(form in Application Manual)</i> <u>AND</u> Deed showing Ownership and copy of property appraisal	_____
Statement of security and/or collateral/encumbrances <i>(form in Application Manual)</i>	_____
Agreement of Property Owner to Sign Mortgage <i>(form in Application Manual)</i>	_____
Relocation Notices <i>(form in Application Manual)</i>	_____
Construction plans and specifications <i>(required for construction projects over \$50,000, refer to Application Manual)</i>	_____
Evidence of Consideration of Non-Flood plain sites <i>(form in Application Manual)</i>	_____
ASTM Phase I Environmental Report	_____
Lead-Based Paint Clearance Report, if project involves housing or child care and constructed prior to 1978	_____
Other funding source(s) awarded & documentation of award <i>(be specific)</i>	_____
ADDITIONAL ITEMS FOR COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDOs)	
Certification Forms <i>(forms in Application Manual)</i>	_____
CHDO Development Proforma Budget Request Form & Market Assessment <i>(form in Application Manual)</i>	_____
CHDO Staff Information <i>(form in Application Manual)</i>	_____
ADDITIONAL ITEMS IN RESPONSE TO SPECIFIC QUESTIONS IN APPLICATION	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>	

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CONTACT INFO

LEGAL NAME OF AGENCY:			
PRESIDENT/CHAIRMAN OF BOARD OF DIRECTORS:			
EXECUTIVE DIRECTOR (staff):			
CONTACT PERSON (Person who can best answer questions about this application):			
EMAIL ADDRESS FOR CONTACT PERSON:			
TELEPHONE:		FAX:	
MAILING ADDRESS:			ZIP CODE + 4 DIGITS:
AGENCY TYPE:	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Government
FEDERAL EMPLOYER ID NUMBER:		DUNS NUMBER:	
DEPARTMENT OF AGRICULTURE ID NUMBER:		EXPIRATION DATE:	
DATE OF INCORPORATION:		DATE OF 501(c)(3) DETERMINATION:	
PROJECT STREET ADDRESS (zip code + 4 digits):			
Legal Description (including book and page number of official records):			
Pinellas County Parcel ID #/Census Tract:			
Property Owner:			
Flood Zone:		Flood Map Panel No.:	

HUD **discourages** the use of federal funds in the floodplain. If your proposed project involves acquisition of land or new construction of a structure and you wish to locate in an "A", "AE", or "V" flood zone, please see instructions in Application Manual and attach documentation. In addition, HUD encourages all insurable structures (regardless if in a flood zone) maintain flood insurance. Does your agency maintain flood insurance? Yes No (If so, provide a copy.)

Is this project located within the City's Neighborhood Revitalization Strategy Area (NRSA), the Southside Community Reinvestment Area (CRA) or Brownsfield area? (see maps in Application Manual) Yes No

If this project serves a geographic area, other than the NRSA, CRA or Brownsfield areas, please provide the perimeter boundaries of the area:

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CONTACT INFO (continued)

Consolidated Plan Priority Need Addressed by Project *(see Priority Needs in the Project Application Manual):*

(Please check one)

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

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

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

- Priority Need:** Assist with the provision of public services.

- Priority Need:** Provide and enhance economic development opportunities.

- Priority Need:** Provide and enhance fair housing and equal opportunity in serving city residents.

Estimated date of project start:	Completion:
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AGENCY DESCRIPTION

Briefly describe the functions and goals of your agency, including a list of services provided and any religious affiliation. One page, do not add additional pages.

TOTAL PROGRAM PERSONS OR HOUSEHOLDS TO BE SERVED DURING CON PLAN FUNDING YEAR <i>(include project/contract goals as listed on page 8)</i>	
PERSONS	HOUSEHOLDS

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PROJECT DESCRIPTION

Briefly describe the project:

- Why this project is needed and purpose of the proposed project.
- How you determined that there is a need for this project (provide documentation and justification).
- How the project will benefit low- and moderate-income persons, any eligibility criteria for participation.
- How clients will benefit from the project activity, report on exit outcomes number/percentages from PHMIS for prior calendar year.
- If applying for public service activities, demonstrate/document an increase in the level of service if your agency was funded in the previous 12 months.
- Community Housing Development Organizations (CHDOs) should identify their role as owner, sponsor or developer and describe whether the project is a homebuyer or rental project.

One page, do not add additional pages.

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PROJECT/CONTRACT GOALS

Provide goals of the number of **unduplicated** clients to be served by your project in each of the categories provided.

These numbers will be used as contact goals if your project is funded and, as a result, cannot be changed without action by City Council. Please consider carefully.

	Check applicable measurement Number of unduplicated <input type="checkbox"/> Persons OR <input type="checkbox"/> Households		
CLIENTS BY INCOME LEVEL:	Please specify which one (see bottom of table for examples)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Persons</td> <td style="width: 50%; text-align: center;">Households</td> </tr> </table>	Persons	Households
Persons	Households		
At or below 30% of median (extremely low income)			
At or below 50% of median (very low income)			
At or below 60% of median (low income)			
At or below 80% of median (low income)			
More than 80% of median (over income)			
TOTAL			
Residency of Clients at time of assistance (not required for homeless):	Please specify which one (see bottom of table for examples)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Persons</td> <td style="width: 50%; text-align: center;">Households</td> </tr> </table>	Persons	Households
Persons	Households		
Within city limits (see map in manual)			
Outside city limits			
TOTAL			
Number of housing units to be rehabilitated:	Number of beds for the homeless:		

Please review the map in the Application Manual and only include clients who live within the city limits of St. Petersburg. Exclude clients south of Ulmerton Road, Gulfport, Lealman, Pinellas Park, Kenneth City, South Pasadena, Seminole and the beaches.

EXAMPLES

Use Persons if you provide day care, recreation, education, medical, employment training, homeless shelters, etc.
 Use Households if you are performing counseling, housing rehabilitation, construction or purchase of housing, etc.

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PROJECT OUTCOMES

Units of Service to be Provided: A unit of service is one contact with a client, for example, one counseling session, one meal served, one day of daycare, one day of after school care, etc. One unduplicated client (for project goals above) might receive multiple units of service, per fiscal year.

Description of Service	Total Program Units to be Served during Fiscal Year	# Units to be served Under Application

Accomplishment Type (please select one of the designated types):

- People
 Jobs
 Organizations
 Public Facilities
 Households
 Businesses
 Housing Units

If you selected Housing Units above, how many units do you propose?	Total Number	Number Occupied	Number Very Low/Low
Units at Start			
Units Expected at Completion			
Units Completed			

Federal Regulations require that the subrecipient maintain documentation of all activities performed.

Is the Primary Purpose of the activity to: (MUST answer all 4 questions)

- Help prevent homelessness? Yes No
 Help the homeless? Yes No
 Help those with AIDS? Yes No
 Help persons with disabilities? Yes No

Describe Outcomes of the Project: Outcomes are related to overall project effectiveness. Outcomes are **not** the number of persons served or the number of service units. Outcomes are the result of providing the activity or service, such as the number of persons gaining self-sufficiency, number of new affordable housing units created, etc. Please describe some project outcomes for your proposed project:

PROJECT COST AND FINANCING:	Yes	No	Notes
If project not fully funded can you complete your project without our assistance? If no, explain.	<input type="checkbox"/>	<input type="checkbox"/>	
Does the project need City funding after September 30, 2021? If yes, how much and how long?	<input type="checkbox"/>	<input type="checkbox"/>	
Will your project generate revenue? If yes, describe source and estimated amount. If agency is a CHDO please attach a CHDO budget sheet. (Form in Application Manual)	<input type="checkbox"/>	<input type="checkbox"/>	
Will your agency charge a fee and/or rent to receive services funded by this application or involving property assisted with Consolidated Plan funds? If yes, describe fee and/or rent structure and attach a copy of the schedule. (Schedule must be reasonable for households at or below 80% MFI)	<input type="checkbox"/>	<input type="checkbox"/>	

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NATIONAL OBJECTIVE AND PROJECT BENEFICIARIES

Consolidated Plan funds are targeted to serve low- and moderate-income persons, which are defined as persons/ households with an income at 80% or less of median income (see income chart in Application Manual). Please answer the following questions and be specific as to how you will ensure that low- and moderate-income persons will benefit from your project.

1. Agency will verify income of participants and will maintain income records for every participant served for the term of the Agency Agreement? Yes No

2. Agency will obtain 3rd party income and asset verifications? Yes No

If not, why:

3. Agency will document income of clients by (check all that apply):

Presentation of employee pay stubs (2-3 stubs)

TANF/AFDC documentation

Income tax returns for two years

Child support agreement/court order

Presentation of Social Security benefit statement, food stamp docs

Self-Employed copy of profit/loss statement and two years tax returns

Profit and loss statement if self-employed

Other _____

4. Is a demographic/income form completed and signed by each of your clients? Yes No

The Agency uses the Homeless Verification Form developed by the Pinellas County Homeless Leadership Board. *(Sample in application manual)*

The Agency has a client information form that includes demographic & income information which can be evaluated for content by City. *(Please include copy)*

5.

a. If a demographic/income form is not completed by a client, how will you obtain this data from clients?

b. If it is infeasible to collect a signed form from each client due to the scope of the project service (such as a food kitchen), how will clients be verified as low and/or moderate income and demographic information collected?

6. Does your Agency receive funding from another program that requires all clients to have incomes less than 80% of median income? Yes No

If yes, please attach a copy of the eligibility guidelines by family size of other funding source, i.e.—Medicare, Early Learning Coalition, etc.

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INCOME LIMITS FOR CLIENTS SERVED

This project will provide services to households at or below the following limits:

Please list the maximum income, by household size, for the clients your agency anticipates serving

Persons in Household	Maximum GROSS Household Income
1	
2	
3	
4	
5	
6	
7	
8+	

Please explain how your agency will determine the maximum household income. Be sure to list your sources and documentation.

Does your agency have the ability to provide a monthly spreadsheet of client data, including: client name/case number, sex of client, sex of head of household, race of client, number of persons in client's household, and gross household income for all members 18 and over? *(Be specific)*

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PROJECT/PROGRAM BUDGET

SOURCES							
	Amount	Date Applied (include application letter)	If approved, Date of Award (include commitment letter)	If not approved yet, date of anticipated announcement of award			
Consolidated Plan Funding Request							
Federal Gov - HUD							
Federal Gov - Other							
State Gov							
Local Gov - CSP (Social Action)							
Local Gov - CSP (Southside CRA)							
Local Gov - CSP (Police Dept)							
Local Gov - CSP (General Fund)							
Local Gov - Pin Cty / Largo / Clearwater							
Applicant							
Other (identify) _____							
Other (identify) _____							
TOTAL PROJECT/PROGRAM							
USES							
Acquisition *		NOTE: TOTAL SOURCES AND TOTAL USES MUST EQUAL					
Relocation							
Architectural/Engineering *							
Asbestos Survey *							
Lead-based Paint Survey *							
P&P Bond Premium *							
Demolition *							
Construction *							
Economic Development							
Home Ownership Assistance							
Rental Assistance <i>(enter amount from next page)</i>							
Operating <i>(enter amount from next page)</i>							
Recording Fees **							
Other _____							
TOTAL PROJECT/PROGRAM COST							

*City requires a lien in the form of a mortgage and promissory note on property.

**See Application Manual for directions on how to calculate fees.

Are funds requested needed for MATCH, if so, what is the purpose of the MATCH? Yes No

(Be specific): _____

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OPERATING BUDGET FOR PROGRAM

(Only submit if requesting Consolidated Plan funds for any of the following)

OPERATING / SERVICES BUDGET ITEM	AMOUNT			TOTAL
	REQUESTING FROM CONSOLIDATED PLAN	PROVIDED FROM OTHER SOURCE(S)	LIST SOURCE FOR OTHER IN FULL DETAIL*	
Utilities				
Insurance				
Repairs/Maintenance (this is not rehab) **				
Food/Consumable Supplies (not operating supplies)				
Program Operating Supplies				
Security				
Client Transportation				
Salaries & Benefits <i>(list each position on a separate line & provide job descriptions)</i>				
Total Operating Budget <small>TRANSFER TOTAL TO PREVIOUS PAGE ON "OPERATING" LINE</small>				
Homeless Prevention (up to 3 months assistance)				
- Rental Assistance				
- Security Deposits				
- Utility Deposits				
- Case Management				
Rapid Re-Housing (up to 6 months assistance)				
- Rental Assistance				
- Security Deposits				
- Utility Deposits				
- Case Management				
Total Rental Assistance Budget <small>TRANSFER TOTAL TO PREVIOUS PAGE ON "RENTAL ASSISTANCE" LINE</small>				
TOTAL BUDGET (Operating + Rental)				

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SINGLE-FAMILY DEVELOPMENT PRO-FORMA

Site Address: _____

For CHDO and other single-family acquisition new construction project requests only

DEVELOPER LOAN REQUEST (___ %)		
Grants		
Developer Equity		
Other (Specify):		
TOTAL SOURCES OF FUNDS		

ACQUISITION AND CONSTRUCTION		
Purchase Price		
Construction & Hard Cost Contingency		
Performance & Payment Bond fee <i>(for construction over \$250,000 when required)</i>		
SUBTOTAL		

GENERAL DEVELOPMENT SOFT COSTS		
Architect/Engineer		
As Built Appraisal		
Closing as Seller <i>(Title, recording, etc.)</i>		
Marketing Costs		
Other (List):		
Soft Costs Contingency (___ %)		
SUBTOTAL		

DEVELOPER FEE	
----------------------	--

TOTAL PROJECT COST	
---------------------------	--

ESTIMATED AS BUILT APPRAISAL/SALES PRICE <i>(without land if property land bank)</i>	
--	--

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SALES PRO-FORMA (Sale to Buyer)

A. Sales Price	
(Based on estimated as built appraisal w/out land, if land bank property)	

B. Estimated Closing Costs		
Loan Fees:	Appraisal	
	Credit Report	
	Processing/Underwriting	
Prepays & Reserves:	Prepaid Interest & Insurance	
	Mortgage Insurance Premium	
	Escrows	
Title & Recording		
Other Services		
SUBTOTAL		

C. New Total to Buyer	
------------------------------	--

D. Estimated ___% Lender Mortgage (30 yrs at ___%)	
--	--

E. Difference to be Funded (C-D)	
Buyer's down payment (minimum, 1% of A)	
City's Purchase Assistance Program Loan	

AFFORDABILITY ANALYSIS (Monthly Housing Expenses Estimate)

Mortgage payment (Principle and Interest)	
Property taxes and insurance	
Land Lease (if applicable)	
Purchase Assistance Program Loan	

TOTAL MONTHLY HOUSING EXPENSES	
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MULTI-FAMILY DEVELOPMENT PRO-FORMA

Site Address: _____

CHDO use only

	Total Budget	Applicant/ CHDO Equity	St. Pete CHDO \$ Request	Source #1 <small>Award Name/Date</small>	Source #2 <small>Award Name/Date</small>	Total	Per Unit
SOURCES							
Total Project Units <i>(insert below)</i>							
Uses							
Existing Building (Demo)							
Land							
Subtotal: Acquisition							

Hard Costs / Development Costs							
	Total Budget	Applicant/ CHDO Equity	St. Pete CHDO \$ Request	Source #1 <small>Award Name/Date</small>	Source #2 <small>Award Name/Date</small>	Total	Per Unit
Uses							
Construction							
Builder Profit							
Builder Overhead							
General Requirements							
Bond							
Infrastructure							
Rehabilitation							
Site Improvements							
Other							
Other (permits and fees)							
Hard Cost Contingency (__ %)							
Subtotal: Hard Costs							

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Soft Costs							
Uses	Total Budget	Applicant/ CHDO Equity	St. Pete CHDO \$ Request	Source #1	Source #2	Total	Per Unit
				<small>Award Name/Date</small>	<small>Award Name/Date</small>		
Architect							
Construction Management							
Engineering							
Environmental							
Legal							
Commitment Fee							
FHFC Fees (if applicable)							
Insurance							
Loan Closing							
Utility Connections							
Impact Fees							
Permits							
Survey							
Contingency							
Subtotal: Soft Costs							

Other Costs							
Uses	Total Budget	Applicant/ CHDO Equity	St. Pete CHDO \$ Request	Source #1	Source #2	Total	Per Unit
				<small>Award Name/Date</small>	<small>Award Name/Date</small>		
Operating Deficit Reserve (____ %)							
CHDO Developer Fee (_____)							
Other (_____)							
Subtotal: Other Costs							

Total Development Budget							
Annual Debt Service (if applicable)							
Total Project Units							
Development Cost Per Unit							
% of total							
Unallocated							

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MULTI-FAMILY OPERATING PRO FORMA

Site Address: _____

CHDO use only

OPERATION STATEMENT

INCOME	Number of Units	Rent	Minus Utility Allowance	Net Rent	Monthly	Annually
One Bedroom - High HOME						
One Bedroom - Low HOME						
One Bedroom - Other (SHIP/market/etc)						
Two Bedroom - High HOME						
Two Bedroom - Low HOME						
Two Bedroom - Other (SHIP/market/etc)						
Three Bedroom - High HOME						
Three Bedroom - Low HOME						
Three Bedroom - Other (SHIP/market/etc)						
Other Income						
TOTAL						

Vacancy Loss	____%			
TOTAL INCOME				

EXPENSES	Per Unit	Monthly	Annually
Management Fee			
Legal & Audit			
Gas & Electric			
Water, Sewer, Waste Removal			
Supplies			
Payroll			
Insurance			
Pest Control			
Maintenance/Repair			
Real Estate Taxes			
Replacement Reserves			
Administration			
TOTAL EXPENSES			

	Rent	Monthly	Annually
NET OPERATING INCOME			

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20 YEAR PRO FORMA (new construction)

YEAR	1	2	3	4	5	6	7	8	9	10
Income (trend @ ___%)										
Vacancy Loss (trend @ ___%)										
Utility Allowance (trend @ ___%)										
Expenses (trend @ ___%)										
NOI										
1st Debt Service										
2nd Debt Service										
Total Debt Service										
Debt Service Coverage										
Cash Flow										

YEAR	11	12	13	14	15	16	17	18	19	20
Income (trend @ ___%)										
Vacancy Loss (trend @ ___%)										
Utility Allowance (trend @ ___%)										
Expenses (trend @ ___%)										
NOI										
1st Debt Service										
2nd Debt Service										
Total Debt Service										
Debt Service Coverage										
Cash Flow										

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QUESTIONNAIRE FOR FUNDING ASSESSMENT

All questions must be answered.

1. Is the organization new to operating or managing State and/or Federal funds? (Has not done so within the past five years.) Yes No

Comments:

2. Is this program new for the entity (managed for less than three years)? Yes No

Comments:

3. Has there been high staff turnover or agency reorganization that affects this program? Yes No

If yes, explain:

4. Has the assigned staff worked with program for more than one year? Yes No

Comments:

5. Does the organization have written policies and procedures that include documentation of internal controls?

Yes No (If yes, provide an overview/summary, see Application Manual for form)

If no, explain:

6. Does the organization have or previously had any lawsuits filed against it? Yes No

If yes, explain:

7. Has your organization had any or currently have any discriminatory action claims filed against it with Pinellas County Office of Human Rights? Yes No

If so, please describe the nature of the complaint and status.

8. Has your organization currently or previously been suspended or debarred from participating in any federal, State or local funded programs? Yes No

Comments:

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QUESTIONNAIRE FOR FUNDING ASSESSMENT

(Continued)

9. Do any elected officials and/or known family members of elected officials serve on your Board of Directors or any other advisory committees? Yes No

If yes, please provide name(s) and official position and/or relationship to official:

10. Does the organization have a financial management system in place to track and record the program expenditures? Yes No

If no, explain:

11. Does the accounting system identify the receipts and expenditures of program funds separately for each award? Yes No

If no, explain:

12. Will the accounting system provide for the recording of expenditures for each award by the budget cost categories and cost objective shown in the approved budget? Yes No

If no, explain:

13. Does the organization have a time tracking system to account for employee's time to specifically identify a program cost objective? Yes No

If no, explain:

14. Does the organization have an indirect cost rate that is approved and current? Yes No

If yes, who approved the rate and what is the rate?

15. Of the amount of funding being requested, what percentage does this represent of your entire budget of your organization? _____ Of the project? _____

16. Has the Federal, State or local government placed your organization in a special financial status? (ex.- financial watch, fiscal emergency, high risk or troubled entity) Yes No

If yes, why:

SUBMISSION INSTRUCTIONS

Do not include this page with your application submission.

All application materials must be received by the City electronically on or before Friday, March 6, 2020 at 4 p.m. The closing time will be the time of the file transmission. Your application may be ruled incomplete and not accepted if the following instructions are not followed:

- Application includes all required attachments as identified in the Table of Contents.
- Application packet is to be submitted electronically, hard copies will not be accepted. Contact Lynn.Farr@stpete.org for a link to a secure portal for submission. Submit application and all attachments (2 separate files). Include your agency name as part of the file name. Once file is transmitted, send an email to the above email address to notify of the submission. Do not submit a cover letter or add additional pages not required.
- Make sure all signatures (Cover Sheet, Corporate Resolution, etc.) are in BLUE ink.
- Answer all the questions.
- 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."
- Consecutively number the pages of each application in the bottom center of each page, starting with the Cover Sheet as page one, the Table of Contents as page two, the application form as page three, etc.
- Enter the applicable page numbers for each item on the table of contents sheet.

If your project is accepted for funding, the source of funds will be determined by the City. When completing your application, please do not assume that your project will be funded from a specific grant of your choice. It is anticipated that City Council will approve a final budget for the Consolidated Plan on August 6, 2020. All applicants will be notified of the proposed budget, final public hearing date and date scheduled for City Council action.

If selected for funding, your agency must sign an agreement with the City, which will outline the services to be provided by your agency, including the service goals contained in this application.

If your project involves acquisition of property, new construction and/or rehabilitation, the City will place a lien in the form of a mortgage and promissory note on the property.