

CITY OF PLANTATION

**COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE APPLICATION**

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1. Introduction: The City's Consolidated plan allows us to set aside funding for public service agencies who service City of Plantation residents. This is funding for a one-year period beginning January 2020 and ending December 2020. Eligible agencies provide services including, but not limited to: employment services, child or health care, job training, recreation or education programs, public safety services, fair housing activities, senior citizen or homeless person services, energy conservation, down payment assistance, drug abuse or crime prevention counseling, etc.

Once again, funds are very limited this year. It is **IMPORTANT THAT YOU READ THE APPLICATION AND FOLLOW THE INSTRUCTIONS!** We expect that funding will be competitive this year, incomplete applications will be at a competitive disadvantage. Please submit **ONE (1) ORIGINAL AND 14 COPIES OF YOUR APPLICATION!**

Type the following sections.

2.	Applicant Organization Name: Address: Telephone: _____ FAX: _____ DUNS #: _____
3.	Contact Person: Title: Address: Telephone: _____ FAX: _____
4.	Project Name:
5.	Grant Funds Requested: \$

6. Documentation: Please provide documentation pertaining to non-profit status/501c(3) status, audited financial documents from the most recent fiscal year, a copy of any applicable state licensure (to include licensing of employees or contractors who will be providing the services) and County and/or municipal business licenses. This application must be completed to apply for funds which will benefit City of Plantation residents. Please type directly on this form in the space provided, attach additional pages as necessary. If you should have any questions or require assistance please call Kristy Richardson with the City of Plantation Planning, Zoning and Economic Development Department at (954) 797-2622.

7. Project Goals: Provide specific project goals and quantifiable objectives. Quantifiable objectives should specifically state who, what, where, how many and should include a time frame for implementation. Scope of services demonstrates activities involved in implementing the project.

a. **Project Goals and Quantifiable Objectives:** Describe how goals and objectives will benefit low income or otherwise eligible persons.

b. **Detailed Scope of Services:** The scope of services should explain exactly what will be accomplished with the funds requested.

8. Applicant’s Management Capability: Briefly describe the capacity of your organization to undertake the proposed project. Discuss prior experience in the administration of Federal funds and list existing funding agreements, including those received from the City of Plantation.

a. Discuss experience in the administration of Federal funds and general management capacity.

b. Provide a list of grants received within the last fiscal year from other organizations. Several grants from the same agency are acceptable.

First Agency Name and Project Name

Name		Funding Amount	
Contract Period		Expenditure	
Percent Completed		Balance of funds unspent	
Contact Person		Contact Phone Number	

Second Agency Name and Project Name

Name		Funding Amount	
Contract Period		Expenditure	
Percent Completed		Balance of funds unspent	
Contact Person		Contact Phone Number	

Third Agency Name and Project Name

Name		Funding Amount	
Contract Period		Expenditure	
Percent Completed		Balance of funds unspent	
Contact Person		Contact Phone Number	

c. Does the organization have an outstanding balance for an agreement executed more than 12 months from this application with the City of Plantation for CDBG funding?

YES _____* NO _____

* Please provide an explanation why funding awarded by the City of Plantation was not expended within 12 months.

9. Description: Briefly describe proposed activity, including time frame for start-up and completion.

a. Activity Description: Public service activity should specifically state number of clients per year.

b. Time Frame: What is the time frame for start-up and completion after notification of funding award. Indicate what funding amount, in dollars, is required to provide for timely activity start-up.

c. Plantation Client Information: Please provide specific information concerning Plantation residents served. Include the total number of clients, the total number of Plantation residents assisted (if possible, by neighborhood), the type of services provided to Plantation residents, the average time frame of assistance, and any other pertinent information concerning Plantation residents.

10. Budget Table Instructions: Complete the following Budget Table and provide the requested information on the matching share of resources committed to the activity. A match is not required, however it is encouraged and will improve chances of being funded. Please fill out the table for the activity only; this is not meant to be an agency budget.

a. **Budget Table:** Please utilize the form provided below. You may attach additional pages as necessary for additional sources of funding or further explanation of a line item.

For each expenditure category in the left-hand column enter the proposed amount necessary to conduct this activity under the column for the source of funding. Enter the source of funding in the appropriate cell.

Category	1. CDBG	2 Agency	3 Other Funding Source	4 TOTAL All Sources
* Personnel				
Benefits				
Training				
Equipment				
Supplies				
Contractual				
Other				
Totals				

* On a separate sheet of paper, please break down any personnel into hours/pay rate.

11. Budget Narrative Instructions: The budget narrative statement should provide a detailed explanation for each cost category shown in the Budget Table on page 6. The budget narrative should identify non-CDBG resources to be utilized in financing. Also, specify the costs for which CDBG funding is being requested and the costs to be covered by non-CDBG resources. Please also identify the percentage of the requested funds that will be devoted to administrative costs. Additional pages may be added, if necessary.

12. Describe Matching Contributions: While matching funds are not required, all applicants are encouraged to provide them. Matching contributions will positively impact the application. Describe and attach supporting documentation including letter of commitment, resolutions, minutes of meetings, etc. providing the specific resources the applicant will commit to the project identified in columns 2 and 3 of the Budget Table above. Include and identify in-kind contributions, sweat equity (at a limit of \$10/hour) and other resources. All funds, with the exception of federal funds, can be used to match CDBG funds.

a. Documentation must be provided as an attachment and summarized below.

13. Certification: Complete the certification below _____

If this application is approved for funding, the organization agrees to comply with all required Federal, state and local laws and regulations. The organization confirms that it is fully capable of fulfilling the obligations as stated in this proposal and in any attachments or documents included with this application.

As a duly authorized representative of this organization, I submit this application to the City of Plantation Planning, Zoning and Economic Development Department and verify that the information herein is true, accurate and complete.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false fictitious statement, knowing same to be false.

Name of Organization: _____

(Signature)

(Title)

(Date)

(Print Name)

Please submit ONE (1) ORIGINAL AND 14 COPIES OF YOUR APPLICATION!