



**CITY OF CLEARWATER  
FISCAL YEAR 2009-2010  
CONSOLIDATED ACTION PLAN  
APPLICATION FORM**

**\*\*Due: Monday April 6, 2009 by 4:30 p.m.\*\***

Please phone (727) 562-4032 for assistance in preparing this application.  
*\*(Housing Pool applications are accepted on a year-round basis while funds remain available.)*

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**A. APPLICATION INFORMATION**

Organization Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Organization Type: Public  Private   
Non-Profit  Other (Specify)  \_\_\_\_\_

Project Name (Public Facility or Public Service Projects Only): \_\_\_\_\_

Service Area: Citywide  NRSA  Other

Project Type: Public Service  Public Facility  Housing Pool

Activity Type: New Construction  Rehabilitation

Housing Counseling  Property Acquisition

Demolition  Other  \_\_\_\_\_

Project Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

The signature below certifies that he/she is the authorized representative, approved by their board, to enter into this agreement and that the applicant will conduct the proposed activity in the location, time, and manner within the budget presented. It certifies that the proposed activity addresses one of the priorities as contained in the current City of Clearwater 5-Year 2005-2010 - Consolidated Planning Document and/or current SHIP Local Housing Assistance Plan.

The applicant certifies that the CDBG, HOME and/or SHIP funds will be used in the manner described and will be used only to reimburse those eligible costs described in the approved budget and any other type of funds presented in the budget, will be obtained and used for the proposed project.

**Signature of Authorized Official:  
(MUST BE SIGNED IN BLUE INK)**

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title (print)

\_\_\_\_\_  
Date

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**B. MINIMUM PROGRAM REQUIREMENTS – Community Development Block Grant Projects**

**All proposed applicants whose office or facility is located outside the City of Clearwater must document how their level of service benefits Clearwater low to moderate income residents. The applicant shall also explain how the services will be documented.**

1. Will the proposed project serve at least 70% persons under 80% Area Median Income (AMI)?

Yes  No

2. Is the proposed project located in an area, which has 70% persons under 80% Area Median Income (AMI)? (*Census Low/Mod Information is on City's Housing*

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*Division website)*

Yes  No

3. Will the proposed project address slum and blighted conditions in a targeted area? (Please see City of Clearwater website – Target Area Maps)

Yes  No

**C. PROJECT OR ACTIVITY DESCRIPTION**

1. Proposed Project Title: \_\_\_\_\_

2. Project Location: \_\_\_\_\_

3. Program Narrative (Narrative should be concise in its overview for general public understanding): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Define your service area. (Please include a map that shows the proposed project area boundaries if your proposed project is limited to a specific area).

5. Is the proposed project located in the Neighborhood Revitalization Strategy Area(s) or Downtown Redevelopment Plan Area? If yes, please provide street address? Yes  No

Please provide address:

6. Does the proposed project address any of the following issues associated with the City's Neighborhood Revitalization Strategy Areas as stated below? Check all that apply. Please explain how your project meets each objective.

- Eliminate the poor conditions of structures in the strategy areas
- Remediate low-level contaminated sites
- Reverse declining property values
- Expand business opportunities
- Create new investment opportunities
- Increase new job training and placement opportunities
- Reduce the unemployment rate
- Empower neighborhood residents to eliminate crime
- Strengthen coordination of community organizations in the redevelopment effort

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7. Does the proposed activity address activities that are considered the “highest” priority in the City’s 2005-2010 Consolidated Plan as listed below? Check all that apply. Please explain how your project meets each objective.

- Promote better livable opportunities in the Neighborhood Revitalization Strategy Area
- Promote affordable housing for renters, homebuyers, and/or renters
- Promote efforts to end chronic homelessness
- Provide outreach and housing opportunities for homeless individuals and families
- Provide assistance to victims of domestic violence
- Promote economic opportunities for low to moderate individuals
- Provide assistance to the elderly, persons with disabilities, and persons with HIV/AIDS
- Develop needed community centers and other public facility projects in the neighborhood strategy areas
- Promote efforts to reduce lead poisoning in children
- Promote opportunities to end poverty (job training, employability skills, educational attainment, and other related activities)
- Promote opportunities to assist public housing residents to become self-sufficient
- Promote opportunities for individuals to reduce their dependency on alcohol and drugs
- Promote fair housing opportunities.

8. Does the project facilitate community and economic development in the neighborhood revitalization strategy areas?

Yes  No

9. Does the project provide residential initiatives for public housing residents?

Yes  No

**D: PERFORMANCE MEASURES**

1. What are the program objectives? (Include outcomes):

2. What is the proposed number of program beneficiaries or Outcome Measures?

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3. Are there any special population beneficiaries? Yes  No

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How many? \_\_\_\_\_

(This figure should reflect an unduplicated count, in which each household is counted one time for the fiscal year, regardless of the number of times assisted)

4. Describe your project (use the terms below):

- Goals are the proposed solutions to problems or needs identified by the agency.
- Inputs include resources dedicated to or consumed by the program such as money, staff, equipment, and supplies.
- Activities are what the program does with inputs to fulfill its mission. Activities include the strategies, techniques, and types of treatment that comprise the program’s production process or service methodology.
- Outputs are the direct products of a program’s activities. They are usually measured in terms of the volume of work accomplished, such as number of low-income households served, number of loan applications processed, number of units constructed or rehabilitated, linear feet of curbs and gutters installed, or numbers of jobs created or retained.
- Outcomes are benefits that result from a program. Outcomes typically relate to a change in conditions, status, attitudes, skills, knowledge, or behavior. Common outcomes could include improved quality of life for program participants, improved quality of local housing stock, or revitalization of a neighborhood.

**AVAILABILITY/  
ACCESSIBILITY**

Enhance Suitable Living Environment Through New/Improved Accessibility

Create Decent Housing With New/Improved Availability

Promote Economic Opportunity Through New/Improved Accessibility

**AFFORDABILITY**

Enhance Suitable Living Environment Through New/Improved Affordability

Create Decent Housing With New/Improved Affordability

Provide Economic Opportunity Through New/Improved Affordability

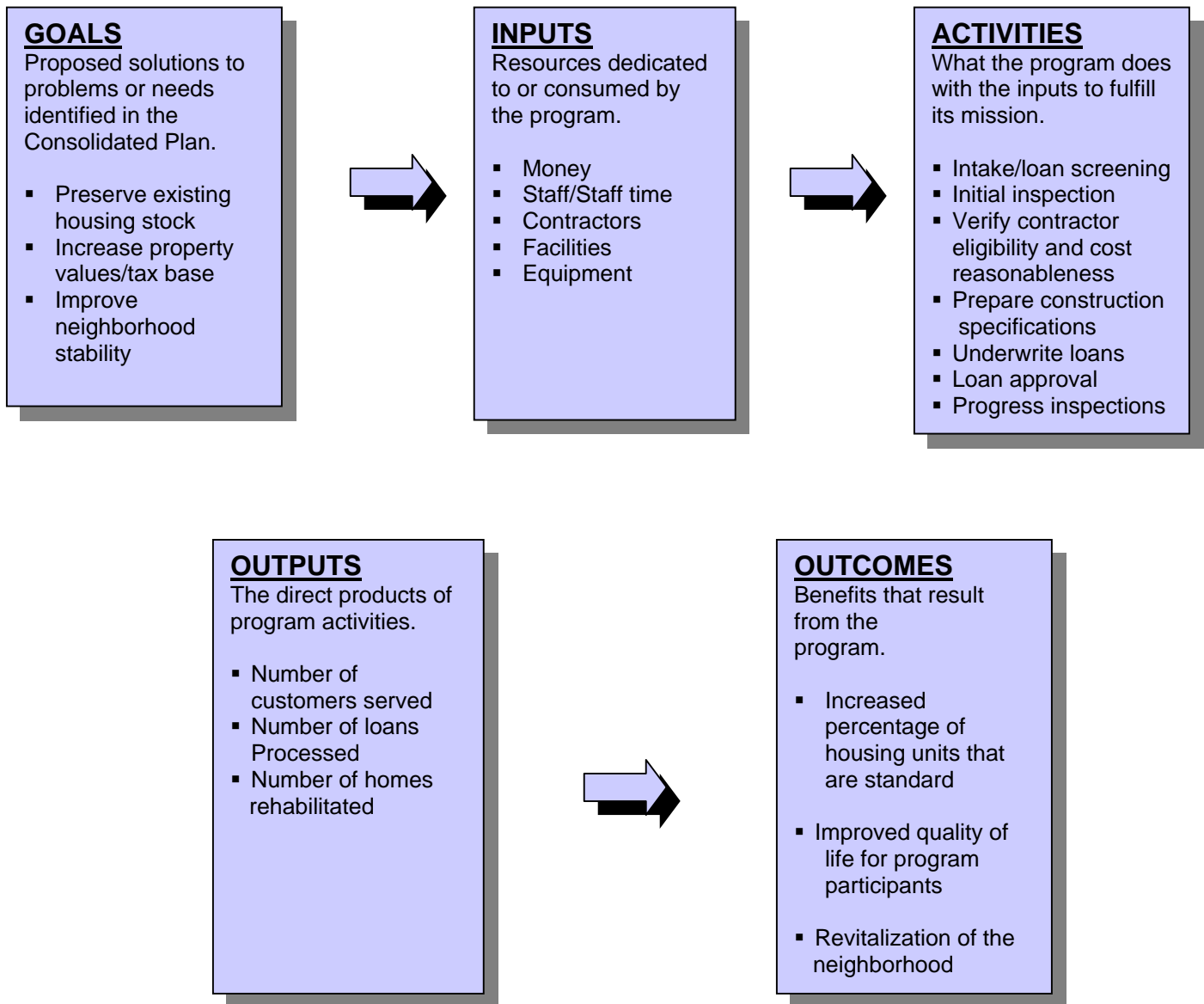
**SUSTAINABILITY**

Enhance Suitable Living Environment Through New/Improved Sustainability

Create Decent Housing With New/Improved Sustainability

Provide Economic Opportunity Through New/Improved Sustainability

**Example of Performance Measures:**



4. If applicable, list other participating agencies. Applicants should use this section to identify your linkage with any on-going development activity(s).

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**E. PROGRAM IMPLEMENTATION**

1. Describe how this program will be carried out and by whom:
2. Describe how your organization will manage this program/project. Include staff, staff hours, etc.
3. Complete the “Program Implementation Schedule” form below.

**PROGRAM IMPLEMENTATION SCHEDULE**

Planned Implementation Steps	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1)												
2)												
3)												
4)												
5)												
6)												

**F. BUDGET AND DETAILED BUDGET NARRATIVE**

1. Complete the following Project Budget Form:

**PROJECT BUDGET**

Category	Amount Requested	Other Funds		Other Funding Sources	Total
		Proposed	Committed		
<b>Total</b>					

2. Budget Narrative: Describe how the project/service/activity will be accomplished.

## G: OTHER PROGRAM REQUIREMENTS

### I. PUBLIC SERVICE (ONLY)

For Public Service applicants – The maximum award per application will be \$30,000. We will also be comparing any previous request(s) to the current request. Any large increase to the amount being requested for assistance will have to be justified.

Public Service eligible activities will be limited to salaries and benefits to implement the service or activity. The assistance provided would be based upon the number of eligible clients that the agency serves.

### II. PUBLIC FACILITY (ONLY)

If this project involves construction/renovation of a facility or the purchase of land, indicate the property owner and include a copy of the deed to the property.

If you are proposing to rehabilitate or construct a public facility you must include a detailed construction estimate and a project schedule prepared by a general contractor, architect or engineer indicating the estimated date that the proposed project could begin and estimated time for completion. If you are proposing to purchase real property you must include an MAI or SRA certified appraisal supporting the purchase price and one of the following: a valid contract of sale, specifying the purchase price; or a valid option to purchase, specifying the purchase price. In addition, if the property involved in your proposal is leased, include a copy of the lease agreement in the proposal application package.

Assistance provided for public facilities and improvements will not include costs of operating and maintenance, purchasing of equipment, furnishings and other personal items, or new construction of public housing.

#### **Project consistency with Local Development Plans**

Provide letter(s) of support/recommendation for the proposed project and, if applicable, a letter from the City of Clearwater Planning Department indicating that the project has received preliminary approval for any phase(s) of the proposed development.

Letter(s) attached:      Yes       No

All Public Facilities projects must be in a position to expend City funds within 30 days after the start for the fiscal year in which funds will be provided, and are

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encouraged to complete the project by the end of the fiscal year in which funds will be provided.

**III. HOUSING POOL (ONLY)**

\*Applications for Housing Pool Activities – Downpayment Closing Costs/Gap Financing Assistance, New Construction/Infill and Rehabilitation of both single family and multifamily will be taken on a year-round basis while funds remain available.

NOTE: Please note that applicant’s desire to perform activities (Downpayment –Closing Costs/Gap Financing Assistance, New Construction and Rehabilitation) through the City’s “Housing Pool” Program. Housing Pool Applications for Downpayment Assistance, New Construction/Infill and Rehabilitation will be reviewed by the Staff of the Economic Development and Housing Department and not the Review Committee. Based on past performance and compliance, the City reserves the right to reject any application.

Organization’s applying to be a Housing Pool “Participant” for Downpayment – Closing Costs/Gap Financing Assistance, New Construction and Rehabilitation do not need to specify an amount of funds but a projection of funds to be used.

Applications for Housing Counseling and Education type activities will be competitively ranked, but do not need to specify an amount of funds request, but a projection of funds to be used. Applicants may put what the estimated costs will be for their program for the year. The City will allocate a pool of funds and successful applicants will be reimbursed on a per household basis depending on the nature of the activity (i.e., homeowner education, budgeting, foreclosure prevention, etc.). Depending on the number of applications received and funding availability, the City may cap the number of participants that are approved who will be providing Housing Counseling and Education activities.

The City is also looking for organizations to provide Post-Purchase counseling. If you are applying for Post-Purchasing Counseling or Foreclosure Prevention Counseling, please submit a copy of your course curriculum.

**Project consistency with Affordable Housing Objectives**

1. Does the project provide decent, adequate and affordable housing in safe desirable communities for homeowners by rehabilitating homes in need of repair?

Yes  No

2. Does the project provide decent, adequate and affordable housing in safe desirable communities for homebuyers by providing down payment and closing cost assistance and counseling programs?

Yes  No

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3. Does the project provide decent, adequate and affordable housing in safe desirable communities for renters by constructing or renovating rental units for low to moderate-income families?

Yes  No

4. Does the project provide housing and/or supportive services for the homeless?

Yes  No

5. Does the project provide assistance to the special needs population? If "Yes", please identify how the project will address their needs.

Yes  No

## APPLICATION INSTRUCTIONS

**Carefully read these instructions completely before completing the application form.**

Please submit a separate set of application(s) for each of the activities that you are requesting funding. **Original Application MUST be signed in BLUE ink.**

Please submit an original and two copies, hand delivered or received by mail no later than 4:30 p.m., on Monday April 6, 2009 to the City of Clearwater, Economic Development and Housing Department - Housing Division, City Hall, First Floor, 112 South Osceola Avenue, Clearwater, Florida 33756.

Applications will be reviewed and ranked by a City of Clearwater – Housing Division staff member for the initial “Threshold” items. Those applications that pass “Threshold”, a Review Committee will rank the applications and determine an average score for those activities that are competitively ranked. The scores of the reviewers will be averaged to determine ranking order per category of activity applied. Please be as descriptive as possible and follow the accompanying “Ranking Criteria” as you answer each question in the application. The reviewers will only rank according to the information you provide in the application.

### **A. Applicant Information**

The name you list here must be identical to that in the Articles of Incorporation or in the official document identifying the applicant as a unit of state or local government. Give your complete mailing address, city, state, zip code, and telephone. List a contact person's name, title, telephone number and email address who can answer questions about the application and receive written communications about the application.

### **B. Minimum Program Requirements**

Please check the appropriate activity category requested.

### **C. Project or Activity Description (Indicate project title and actual location)**

- 1-4 Describe as precisely as possible the project or activity.
- 5-8 Describe how the project or activity address the needs identified in the City's Neighborhood Revitalization Strategy Areas and the City's Five Year Consolidated Plan.
- 9 Describe how the proposed project or activity will impact public housing residents.

**D. Performance Measures**

Describe the program objectives with outcomes and discuss the number of program beneficiaries and if the project provided benefits to any special population (physically and/or mentally challenged, elderly or frail elderly, persons with HIV/AIDS) beneficiaries.

Describe the project or activity's goals, inputs, activities, outputs and outcomes in terms of availability/accessibility, sustainability, and affordability.

**E. Program Implementation**

In a narrative format, describe how your organization will carry out the proposed program.

1. Implementation (Detailed Narrative)

Explain how your organization will implement the proposal. Include information on staff; preparing designs, specifications, and bid documents as appropriate. Specify the start and end date for each phase.

If your project or activity provides a service, explain how you plan to carry out that service and the estimated number of clients served each month.

If your implementation steps are one time events such as preparing architectural design, check the months on the Program Implementation Schedule that corresponds with the anticipated beginning and ending of that step in the implementation process. If your implementation steps are recurring events such as processing loan applications list the number anticipated each month you plan to offer that service.

2. Project Management and Staff

Identify all the job classifications in your organization involved in this project or activity and provide information on how your organization will manage this project. This information should include: the specific person responsible for managing the project, in-house staff involved, and estimated the staff hours that will be devoted to this project.

If you plan to contract for staff services, describe the contractor selection process and whether the contract will be on a "flat fee" or "hourly" basis.

3. Complete Implementation Schedule.

**F. Budget**

Your Project Budget should identify all sources of funding and expenses for your proposed project. You should use the appropriate line items from your agency budget as your expense categories for your Project Budget. For funds that are committed and/or secured at the time of application, you must submit a copy of the executed agreement showing the funding and/or copy of the award letter. Attach a copy of your agency's most recent budget. A budget narrative identifying how the project is to be accomplished must also be included.

**G. Other Program Requirements**

**I. Public Services Applicants (Only)**

For Public Service applicants – The maximum award per application will be \$30,000. We will also be comparing any previous request(s) to the current request. Any large increase the amount being requested for assistance will have to be justified.

Public Service eligible activities will be limited to salaries and benefits to implement the service or activity.

**II. Public Facilities and Improvements Applicants (Only)**

1. If the project or activity involves the construction/renovation of a facility or the purchase of land, indicate the property owner and include a copy of the deed with the application and the Parcel I.D.#. If you are proposing to rehabilitate or construct a public facility you must include a detailed construction cost estimate and project schedule prepared by a general contractor or architect or engineer and obtain a minimum of three bids. If you are proposing to purchase real property, you must include an MAI or SRA certified appraisal supporting the purchase price and one of the following: a valid contract of sale, specifying the purchase price; or a valid option to purchase, specifying the purchase price. If your organization leases the property used for your project, provide a copy of the lease with your application package.
2. Project Maintenance - If your project requires publicly supported maintenance costs. List the public agency that will be responsible for maintenance and attach a letter from that agency verifying their willingness and ability to provide that maintenance.

**III. Housing Pool Applicants (Only)**

Describe the projects consistency with meeting affordable housing objectives for homeowners, homebuyers, renters, supportive housing for the homeless and/or special needs population.

## Attachments for All Organizations

The City of Clearwater - Housing Division staff has established requirements for organizations to participate in the Consolidated Action Plan Funding. Groups that have not received funding from the City of Clearwater through the Consolidated Action Plan process must provide the information listed below, **in addition to the Project Application Forms**.

### A. Charter

A copy of the charter, as submitted to the Secretary of the State of Florida, certifying the organization as a nonprofit organization or corporation and in "Good Standing".

### B. Articles of Incorporation and/or By-Laws

The bylaws of the community group and its activities to insure compliance with the group's adopted rules. The bylaws along with the minutes of the meeting(s) reflecting their adoption and any subsequent amendments must be on file with the Department. These documents will establish a group as a legal entity under the laws of the State of Florida.

### C. Organizational Structure

Submit a copy of a recent organizational chart including the following:

1. List all the members of your Board of Directors/Advisory Council. Please include their names, Board titles, and home addresses.
2. Management/Supervisory staff that will be involved in the program implementation. Please include the number, position titles, and job descriptions of the management staff.
3. Other personnel that will be involved in the program implementation. Please include the number, position titles, and job descriptions of the other personnel that will participate in the program.
4. List volunteers that will be involved in the program. Please include the number of volunteers and a description of the roles they will perform.
5. If applying as Community Housing Development Organization (CHDO) you must submit documentation that your organization can be certified as a federal HOME Program CHDO. If you have already been certified as a CHDO, you must still produce documentation recertifying your organization as a CHDO. Please see the City's Housing Manager for additional information.

### D. Recent Financial Audit

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1. Attach an audited financial report of prior fiscal year expenditures or a current financial statement of the agency.

**E. Board Resolution authorizing submission of application and pay request.**

**BUDGET EXAMPLES**

Category	Amount Requested from City	Other Funds		Other Funding Sources	Total
		Proposed	Committed		
Salaries & Fringe Benefits	\$6,750.00	\$2,350.00	0.00	Fund Raising	\$9,100.00
Consulting Services	\$1,200.00	0.00	0.00		\$1,200.00
Space Rental	0.00	0.00	\$3,500.00	JWB Contract	\$3,500.00
Equipment Lease	0.00	0.00	\$500.00	JWB Contract	\$500.00
Travel	0.00	0.00	\$250.00	JWB Contract	\$250.00
Other Operating Expenses	0.00	0.00	\$10,725.00	DCA Contract	\$10,725.00
Real Property Acquisition	\$25,000.00	0.00	\$25,000.00	Mott Foundation	\$50,000.00
Facility Rehabilitation	\$10,000.00	0.00	0.00		\$10,000.00
Architectural	\$1,500.00	0.00	0.00		\$1,500.00
Furnishings	0.00	0.00	\$5,000.00	Mott Foundation	\$5,000.00
<b>Total</b>	<b>\$44,450.00</b>	<b>\$2,350.00</b>	<b>\$44,975.00</b>		<b>\$91,775.00</b>

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**PROGRAM IMPLEMENTATION EXAMPLES**

Planned Implementation Steps	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1) Site Acquisition	X											
2) Architectural Drawings		X										
3) Rehabilitation				X	X	X						
4) Certificate of Occupancy							X					
5) Furnishing							X					
6) Occupancy								X				

Planned Implementation Steps	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1) Client Outreach	10	15	20	25	30	30	30	30	30	30	30	30
2) Loan Processing	2	5	10	10	10	10	10	10	10	10	10	10
3) Loan Closing	0	1	3	4	5	5	5	5	5	5	5	5