



**CITY OF CLEARWATER  
FISCAL YEAR 2010-2011  
CONSOLIDATED ACTION PLAN  
APPLICATION FORM**

**\*\*Due: Monday April 5, 2010 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.)*

- Please submit **one original and one copy** of this application (one-sided only). Do not staple, bind, use dividers, folders, or insert pages larger than 8 ½ x 11 inches in your packet. All application documents are located at: [www.myclearwater.com/econdev](http://www.myclearwater.com/econdev) . All items below must be present for the application to be considered substantially complete.

**SECTION A: APPLICANT INFORMATION**

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

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

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

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

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

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

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

DUNS #: \_\_\_\_\_

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

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

(For Public Facility or Housing requests, provide an estimate)

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Project Name \_\_\_\_\_

Project Type:  Public Service     Public Facility     Housing Pool

Service Area:  Citywide     Neighborhood Revitalization Strategy Area  
 Other \_\_\_\_\_

Activity Type:  New Construction     Rehabilitation  
 Housing Counseling     Property Acquisition  
 Demolition     Other \_\_\_\_\_

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

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

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

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

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

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

The signature below certifies that he/she is the authorized representative, approved by the Agency's Board of Directors, 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 2010-2015- 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

**SECTION A: APPLICANT ATTACHMENTS**

**Please mark attachments with applicable section/number**

- A1. Please attach a current List of the Board of Directors/Advisory Council, including each member’s name, title, contact information, and area of expertise or contribution to the organization. Specify which board members are involved in securing project funding.
- A2. Please attach the Board of Directors’ resolution authorizing submission of application and pay request

**SECTION B: MINIMUM PROGRAM REQUIREMENTS**

**Community Development Block Grant Projects**

- B1. If Agency’s office or facility is not in the City of Clearwater, please attach an explanation re how Agency services benefit Clearwater low- to moderate-income residents and how those services will be documented.
- B2. Will proposed project serve at least 70% persons under 80% Area Median Income (AMI)?  
 Yes    No
- B3. Is the project located in an area which has 70% persons under 80% AMI?  
 Yes    No
- B4. Will the project address slum and blighted conditions in a targeted area?  
 Yes    No

**SECTION C: PROJECT OR ACTIVITY DESCRIPTION**

- C1. Project Title: \_\_\_\_\_
- C2. Project Location: \_\_\_\_\_
- C3. Program Narrative for general public understanding
- C4. Define Agency service area. (If project is limited to a specific area, see instructions)  
\_\_\_\_\_

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C5. Is the project in the Neighborhood Revitalization Strategy Area(s) or Downtown Redevelopment Plan Area? If yes, please provide street address. \_\_\_\_\_

Yes  No

C6. Does the project facilitate community and economic development in the neighborhood revitalization strategy areas? If “YES,” see instructions.

Yes  No

C7. Mark which City Neighborhood Revitalization Strategy Area objectives the project addresses and submit an explanation on each.

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

C8. Mark which activities, considered “highest” priority in the City’s 2010-2015 Consolidated Plan, will the project achieve and submit an explanation on each.

- Promote better livable opportunities in Neighborhood Revitalization Strategy Area
- Promote affordable housing for renters, homebuyers, and/or owners
- 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-income individuals
- Provide assistance/benefits to any special population i.e. physically and/or mentally challenged, elderly or frail elderly, persons with HIV/AIDS.
- Develop needed community centers and other public facility projects in neighborhood strategy areas
- Promote opportunities to end poverty (job training, employability skills, educational attainment, and other related activities)
- Promote efforts to reduce lead poisoning in children
- Promote opportunities to assist public housing residents to become self-sufficient
- Promote opportunities for individuals to reduce their dependency on alcohol/drugs
- Promote fair housing opportunities.

**SECTION D: PERFORMANCE MEASURES**

D1. Please submit a narrative on Performance Measures. (Application Instructions – Pages 4 & 7)

D2. Please submit an outline of Performance Measures. (Application Instructions – Pages 4 & 8)

D3. What is the proposed number of program beneficiaries or Outcome Measures? (Be specific)

\_\_\_\_\_ (Application Instructions – Page 4)

D4. Are there any special population beneficiaries?  Yes  No

How many? \_\_\_\_\_ (Application Instructions – Page 4)

D5. Do other agency(s) participate in the program?  Yes  No

(If yes, see Application Instructions – Page 4)

**SECTION E: PROGRAM IMPLEMENTATION**

E1. Please attach the Agency's Organizational Chart

E2. Please attach resumes and job descriptions for Management/Supervisory staff for which funding is requested.

E3. Please attach resumes and job descriptions for other personnel who will participate in program implementation.

E4. Please attach a list of Volunteers who will be involved in the program. Indicate number of volunteers and description of roles they will perform.

E5. Please submit a detailed Program Narrative (Application Instructions – Page 4)

E6. Please complete the attached Program Implementation Schedule on Page 8.

(Application Instructions – Pages 4 & 9)

**SECTION F: BUDGET AND DETAILED BUDGET NARRATIVE**

F1. Attach a Budget Narrative identifying how project/service/activity will be accomplished.

F2. Please submit resume for person assigned to maintain sponsor's financial records.

F3. Please attach a copy of the agency's most recent budget.

F4. Please attach the most **Recent Financial Audit** of prior year expenditures or a current year-end financial statement of the agency.

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- F5. For funds committed and/or secured at time of application, **please attach a copy of the executed agreement showing funding and/or copy of the award letter.**
- F6. Please submit copy of Internal Revenue Service letter establishing sponsor's tax-exempt status AND a copy of the most recent IRS 990 report.
- F7. Please submit copy of the Franchise Tax Board letter establishing sponsor's tax-exempt status AND a copy of the most recent Franchise Tax Board 199 report.
- F8. Please complete the attached Project Budget Form on Page 9  
(See Application Instructions – Page 5 & 10)

**SECTION G: OTHER PROGRAM REQUIREMENTS**

**G2. PUBLIC FACILITY (ONLY)**

See Application Instructions Page 2 for additional information.

- G2A. Does the project involve construction/renovation of a facility or purchase of land?  
 Yes       No      If “Yes,” see Application Instructions – Page 5.
- G2B. Is the Agency proposing to rehabilitate or construct a public facility?  
 Yes       No      If “Yes,” see Application Instructions – Page 5.
- G2C. Is the Agency proposing to purchase real property?  
 Yes       No      If “Yes,” see Application Instructions – Page 5.
- G2D. Is the property involved in the Agency proposal leased?  
 Yes       No      If “Yes,” see Application Instructions – Page 5.
- G2E. Does the project require publicly supported maintenance costs?  
 Yes       No      If “Yes,” see Application Instructions – Page 5.
- G2F. Is the project consistent with Local Development Plans?  
 Yes       No      If “Yes,” see Application Instructions – Page 6.

**G3. HOUSING POOL (ONLY)**

See Application Instructions - Page 2 for additional information.

Also see Application Instructions – Page 6 for information on Housing Pool Activities, Housing Counseling and Education type activities, and Post-Purchase and Foreclosure Prevention Counseling.

- G3A. **Community Housing Development Organization (CHDO) applicants** must submit documentation re agency’s ability to be certified as a Federal HOME Program CHDO **OR** documentation recertifying organization as a CHDO.

**Project consistency with Affordable Housing Objectives**

See Application Instructions – Page 6 for submission requirements.

- G3B. Does the project provide decent, adequate and affordable housing in safe desirable communities for homeowners by rehabilitating homes in need of repair?

Yes       No

- G3C. 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

- G3D. 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

- G3E. Does the project provide housing and/or supportive services for the homeless?

Yes       No

- G3F. Does the project provide assistance to the special needs population? If “Yes”, please submit information on how the project will address the needs of the special needs population.

Yes       No

- G3G. Does the project provide residential initiatives for public housing residents?

Yes       No

E3

**PROGRAM IMPLEMENTATION SCHEDULE**

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

F9

**PROJECT BUDGET**

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