

INCLUDE ADDITIONAL SHEETS AS NECESSARY TO COMPLETE THE FOLLOWING QUESTIONS.

Project Purpose and Description:

1. The proposed project will involve the following activities. (This is intended to detail all the component activities of the proposed project regardless of the funding source. Check all that describe the project, including activities that will be funded through other revenue/grant sources.)

- Acquisition of real property (If available, please attach a copy of an appraisal performed in the last 18 months)
- Rehabilitation of building(s) and related parking, landscaping, etc.
- Construction of building(s) and related parking, landscaping, etc.
- New construction of infrastructure (e.g. roads, sewer, drainage)
- Reconstruction of infrastructure
- Relocation
- Provision of services
- Other- Specify _____

2. Describe the project and explain how it will impact affordable housing within St. Johns County. This description should include the entire project, not limited to the portion for which funding is requested (e.g. renovate an affordable housing facility with 25 units, etc.). Note whether or not your agency has undertaken projects of this type of scope or nature before. Explain how the project and/or programs will be sustained after this project is completed (e.g. facility maintenance, repairs, taxes, insurance, program costs, staffing, etc.). If necessary, attach additional sheets or submit architectural, site, or construction plans.
3. Describe the use that will be made of requested grant funds from the County (e.g. renovate 5 affordable housing units, add a 150 square foot room; acquire a building; reconstruct 600 linear feet of road; provide the following services).
4. If your proposed project provides permanent or emergency housing, describe how your project/program will implement the "housing first" model.
5. Describe how you will promote self-sufficiency and/or develop performance measures for increasing client income.

Project Area:

6. *(Submitted projects must provide services and/or benefit County residents):*
 - a. Describe the project area and client base that will benefit from this project (e.g. Countywide, Community Redevelopment District, homeless population, persons with HIV/AIDS, etc.)

- b. Provide the total estimated number of **County** clients/households to be served on an annual basis through the completion of this project, and the percentage of low- and moderate income clients served.

Project Location:

7. Specific site location:

a. Is the project site selected? ___ Yes ___ No

b. If yes, provide the address:

Name (if applicable): _____

Parcel ID: _____

Address: _____

City: _____ Zip: _____

Land Use/Flood Zone:

8. LAND USE/FLOOD ZONE *(This section must be completed for all acquisition, construction, and rehabilitation projects).*

a. The National Flood Insurance Program (NFIP) flood zone designation of the property is: _____ *(Obtain from insurance agent or Engineering Division of the Community Development Department).*

b. Current Land Use Plan designation and Zoning classification of the property is: _____ *(Obtain from Growth Management Department.)*

c. Applicable Municipality(s): _____

Project Administration:

9. Who will perform the following tasks? *(For construction-related projects only):*

- Prepare construction specifications: ___ Agency ___ Architect ___ Other
- Construction: ___ Agency Employees ___ Licensed Contractor ___ Volunteers
- Monitor construction activity: ___ Agency ___ Architect ___ Housing and Community Development staff

10. Provide your preliminary estimate of project costs. **Include all costs and not just the portion for which grant funding is being requested.**

	COSTS
Acquisition	\$ _____
Design	_____
Construction	_____
Services	_____
_____	_____
_____	_____
TOTAL	\$ _____

11. List all funding sources for the project - including all other funding opportunities explored and/or exhausted. If other grant funds have/will be applied for, but the final allocation has not been determined, put these amounts in the "Funds Requested" Column.

	<u>Funds Requested</u>	<u>Funds Allocated</u>
County Grant Funding Requested:	\$ _____	
Other Sources:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUBTOTAL:	\$ _____	\$ _____
TOTAL (Requested + Allocated): \$ _____		

12. Provide an implementation schedule. Include all project phases. (In order to ensure that project costs are reimbursable, or are eligible for direct payment, no costs should be incurred until a formal agreement has been made based on the grant award).

	DATES	
	BEGINNING	ENDING
Acquisition	_____	_____
Design	_____	_____
Bidding	_____	_____
Construction	_____	_____
Program/Services	_____	_____

13. Will any employees, agents, consultants, officers, or elected officials obtain a financial interest from this activity?
 _____ Yes _____ No

14. Please include the following submissions with your application:

- a. Map with project location(s) marked **(all applicants)**
- b. A summary of the applicant agency(s) annual budget **(all applicants)**
- c. "Existing Conditions" photos **(for construction/renovation projects only)**
- d. 501(c)3 status documentation
- e. Provide an auditor's independent report for the end of the latest fiscal year or a licensed accountant's assessment and summary of the financial stability of the organization.

-END OF APPLICATION-