



HOUSING & SUPPORTIVE SERVICES (HSS) **COMMUNITY**
DEVELOPMENT BLOCK GRANT (CDBG) Public Service
Application Instructions and Program Guide

Veda Ramirez, Director



CDBG Program Information

This application is for CDBG Public Services. Applicants must meet CDBG requirements and serve low- to moderate- income people.

CDBG Public Services activities are intended to support programs that improve the quality of life for low- to moderate-income (LMI) individuals. Eligible public services may include activities such as youth programs, services for the elderly or disabled, employment assistance, health services, substance abuse counseling, homelessness prevention, and other community-based supportive services. Public Service funding is subject to a statutory cap limiting expenditures to 15% of the County's annual CDBG allocation. All funded activities must be new or provide a quantifiable increase in the level of an existing service and must meet one of HUD's National Objectives, primarily benefiting low- to moderate- income persons.

Eligibility

Please refer to the instructions for assistance in completing the proposal.

Agencies in a non-compliance status with any current funding agreement with Hernando County, as determined by HHS, are not eligible to apply under this RFP.

CDBG funding may only be used to provide reimbursement for eligible public services/programs (including salaries and benefits, supplies, materials and other program delivery costs).

Projects must provide a new service or a quantifiable increase in the current level of service and demonstrate that new or increased funding does not merely replace other state or local government funding for an existing service.

National Objectives

To be eligible for CDBG funding from the County, the activity must meet the National Objective: "Benefits low – to moderate-income (LMI) persons." To be considered as benefiting low- and moderate-income people, an activity must fall into either Area Benefit, Limited Clientele/Low Mod Income or Limited Clientele/Presumed Benefit.

Application Scoring

Applications will be evaluated using the attached CDBG Program Scoring Checklist. Projects that target households at or below 50% AMI will receive higher scores, and additional points will be awarded for projects targeting 30% AMI and below in accordance with the scoring criteria. Applicants are encouraged to review the checklist to ensure their proposals align with these priority areas.

Reporting Requirements

Funded agencies are required to submit regular reports to ensure compliance with HUD and County CDBG program standards. Reporting must demonstrate progress toward meeting performance outcomes, the number and demographics of individuals served, verification that beneficiaries meet low- to moderate-income (LMI) eligibility, and documentation of all expenses charged to the grant. Monthly or quarterly reports may include but are not limited to: service activity logs, client intake forms, financial expenditure reports, reimbursement requests, and narrative updates describing accomplishments and any challenges encountered. All reports must be accurate, complete, and submitted by the deadlines outlined in the executed funding agreement.

Award Information

Hernando County reserves the right, at its sole discretion, to determine the final grant award, including approval, modification, or denial, based on the project, available funding, and budget considerations.

Projects that are sufficiently funded by another program are not eligible for assistance.

HUD regulations prohibit the duplication of services. 24 CFR 570.200(a)(5) – which states that CDBG funds may not be used for activities that duplicate assistance provided from other sources.

How to Apply

- Complete the CDBG Public Services Application Fillable Form (Sections 1–7).
- Include all items in the Attachment Checklist.
- Submit your package to Housingandsupportiveservices@hernandocounty.us.

Section 1 – Applicant Information

Provide complete organizational information for the applicant agency. Include the organization's legal name, mailing address, primary contact person, phone number, email address, and the agency's Unique Entity Identifier (UEI) as registered in SAM.gov. Indicate the organization type (Non-Profit, For-Profit, or Community Housing Development Organization (CHDO)). Non-profit agencies must attach their IRS 501(c)(3) determination letter. Agencies applying as a CHDO must include current CHDO certification documentation.

Section 2 – Funding Request

Identify the specific activity for which CDBG Public Service funding is being requested. Select the eligible activity type and provide the project name, service location or address, and the target population to be served. Be sure to indicate that the population served meets low- to moderate-income (LMI) requirements ($\leq 60\%$ AMI).

Section 3 – Program Identification

Provide the total cost of the proposed program and the amount of CDBG Public Service funds requested. List all additional funding sources that will support the program, including documentation such as award letters for any committed funds. Clearly describe how CDBG funding fits into the overall program budget.

Section 4 – Program Compliance

Describe the program’s purpose, goals, and anticipated community impact. Explain how the proposed activity complies with CDBG program requirements, including eligibility, National Objective alignment, and income verification for LMI beneficiaries. Attach supporting documentation as required, such as needs assessments, letters of support, or relevant program data.

Section 5 – Activity Budget

Provide a detailed activity budget outlining all program expenses. Agencies applying under a CHDO set-aside must also submit their current CHDO certification along with organizational charts and board composition. Ensure that the budget clearly identifies CDBG-eligible costs and aligns with the funding request in Section 3.

Section 6 – Partnerships

Submit financial documentation that demonstrates the organization’s capacity to manage federal funds and successfully implement the proposed program. Required documentation includes audits or certified financial statements, depending on the level of federal funding received, as well as financial policies, procedures, and the organization’s most recent IRS Form 990. The County will evaluate financial oversight, internal controls, organizational stability, and overall fiscal responsibility as part of this review.

List the names and titles of the organization’s Board members and identify the staff responsible for administering the proposed program. Provide a brief description of each individual’s role, including responsibilities related to program management and compliance with CDBG requirements.

Attachment Checklist

Use this checklist to ensure all required documents are included with your application package:

Board Authorization Letter – A letter from the Board Chair designating the individual authorized to sign the application and related documents.

Program Budget – A detailed, line-item budget for the proposed CDBG-funded activity.

IRS 501(c)(3) Determination Letter – Required for non-profit organizations.

Organizational Bylaws – Current bylaws demonstrating organizational governance structure.

Memoranda of Understanding (MOUs) – Copies of any partnership, collaboration, or service agreements relevant to the proposed program.

Non-Discrimination and ADA Compliance Policies – Documentation confirming adherence to federal civil rights and accessibility requirements.

Financial Procedures – Current financial policies and procedures demonstrating compliance with **2 CFR 200** (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).



**Hernando County
Housing & Supportive Services**

2026 CDBG Public Service Application

SECTION 1: Applicant Information

Please complete all fields below:

Organization Name:

Mailing Address:

Organization Website:

Phone #:

Fax #:

Federal Tax ID #:

DUNS #:

SAMS#:

Authorized Official Name/Title:

Official E-mail Address:

Contact Person:

Contact Person E-mail Address:

SECTION 2: Funding Request

Funding Request (Minimum \$20,000 for all projects):

Total Program Cost:

Other Funding Sources: List all below:

SECTION 3: Project Identification

Activity Title (Keep to 50 characters):

Detailed Project Description:

Activity Timeline – Please fill out projected timeline. No funds can be spent until the environmental review is complete (as applicable) and funding agreement is executed.

Date	Milestone

Provide whether the proposed service is either (check one):

A *new service

* A project is considered new if the proposed project or service has never been funded by Hernando County under Public Services in response to this RFP

A quantifiable increase in the level of a service

Please check the applicable box for your activity:

Area Benefit – The activity serves only a limited area, which is confirmed by 2020 Census data or survey to determine Low/Moderate Income.

Refer to:

<https://hud.maps.arcgis.com/apps/webappviewer/index.html?id=ffd0597e8af24f88b501b7e7f326bedd> . By choosing this category, you must be able to prove that your activity benefits primarily LMI households. At least 51% of the residents within the targeted activity area are LMI income households (80% AMI).

Limited Clientele/Low Mod Income

SECTION 4: Program Compliance

Provide narrative: purpose, goals, community impact, LMI benefit, and compliance with CDBG requirements.

Eligible Public Service Activity (select all that apply):

- | | | |
|------------------------------|---------------------|-----------------------------|
| Homeless Services | Child Care Services | Health Care Services |
| Employment Training Services | Senior Services | Handicapped Services |
| Substance Abuse Services | Legal Services | Housing Counseling Services |
| Domestic Violence Services | Youth Services | Other (indicate below) |

Identify the number of low- and moderate-income households you propose to serve:

- 0-30% AMI households
- 31-50% AMI households
- 51-80% AMI households

Unit	Total Served	Total LMI	% LMI
Individuals to be Served by Activity			
Households to be Served by Activity			

Number & Percentage of LMI Served (Do Not Include City of Brooksville Residents).

How will you verify clientele income?

Tax Returns

Pay Stubs

Bank Records

Other, please explain

Please provide details of your income verification process:

Limited Clientele/Presumed Benefit is applicable – Serving 100% of clientele that meet one of the following presumed benefit categories. Only check if Limited Clientele/Presumed Benefit is applicable.

Abused Children

Illiterate Adults

Elderly Persons (62+)

People living with HIV/AIDS

Battered Spouses

Migrant Farm Workers

Severely Disabled Adults

Homeless Persons

Consistency with Hernando County Consolidated Plan:

Performance Measures:

Suitable Living Environment

Decent Housing

Creating Economic Opportunity

Outcome Categories (Check all that apply to your proposal):

Availability/Accessibility

Affordability

Sustainability

SECTION 5: Activity Budget

Sources – Attach supporting documentation verifying commitment or award letters from sources external to your agency (e.g., financial institutions, government, quasi-government, or grant agencies) for this proposal. Leveraging is calculated using the following formula: Committed External Funds / Total Project Cost = Leveraged % from agency.

Other Funding Source(s) Attach letters of commitment	Amount of Funds	Committed	Pending
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

List All Funds Received from Hernando County since 2022	Amount of Funds	Committed	Pending
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

Uses – Attach supporting documentation

Budgeted Activities	CDBG Funds Requested	Other Funds	Total Activity Cost
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

Who prepared the cost estimate? (Attach supporting documentation)

When was the budget cost estimate prepared?

On what basis did you determine that the estimated costs were reasonable and accurate?

How will you ensure the activity will be financially sustainable after funding?

SECTION 6: Partnerships

Identify names and titles of members of the Board:

Name	Title

Identify staff members' names and position who will administer the activity and be responsible for all compliance requirements:

Name	Position

Briefly describe the extent and years of experience of the staff members who will administer this activity with these CDBG funds. (Limit to 100 characters)

Briefly describe the extent and years of experience of the staff members in administering grants, regulatory compliance, and fiduciary responsibilities. (Limit to 100 characters)

Explain proposer’s administrative capacity to carry out activity successfully. (Limit to 100 characters)

In the past year, did your organization have any past compliance findings or concerns from HSS monitoring (in writing) or other agency? Yes No

Have all compliance issues from the past year been resolved, if applicable? Yes No

Partnering organizations, collaborating on this program, if applicable:

Marketing plan to acquire clients, if applicable. (1000-character limit)

Other Documentation – Please attach documents.

Attachment Checklist

Attach Letter from Board Chair authorizing signature of “Authorized Official.”

Program Budget (line item)

IRS 501(c)(3) Letter

Organizational Bylaws

MOUs

Non-discrimination & ADA Policies

Financial Procedures (2 CFR 200)

Federal Suspension and Debarment Certification:

Federal Executive Order 12549 prohibits federal, state, and local public agencies receiving grant funding from contracting with individuals, organizations, or companies who have been excluded from participating in federal contracts or grants. The purpose of this certification is for the contractor/vendor to advise Hernando County, in writing, of any current Federal Suspension and Debarment.

Debarment Certification. By signing and submitting a response to this competitive solicitation, I certify that this firm and its principals are not currently suspended or debarred by any Federal Department or Agency from participating in Federally Funded Contracts.

Authorized Signature of Applicant: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.

Signature of Authorized

Representative:

Typed Name

and Title:

Date Signed:

I. CERTIFICATION

I certify that the information contained in this proposal is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed project, and that no action will be taken prior to issuance of official authorization to proceed by the Hernando County Housing & Supportive Services Department. I further certify that I am authorized to submit this Proposal and have followed all policies and procedures of my Organization regarding grant claim submissions.

Signature of Authorized Official

Name of Authorized Official

Title

Date