

Date: 6-23-2020

<b>Rebuild Florida CDBG - Mitigation</b> <b>Critical Facilities Hardening Program Application</b>
Official Project Title
City of Avon Park Fire Station Hardening Project

<b>Applicant Information</b>				
Official Applicant Entity Name:	City of Avon Park		FEIN #:	50-6000-269
Primary Project Contact Name:	Kim Gay		DUNS #:	02-483-1232
Title:	City Clerk	E-mail:	kgay@avonpark.cc	
Mailing Address:	110 East Main Street		Phone Number:	863-452-4400
City:	Avon Park	State:	FL	Zip Code: 33825
Please list co-applicant entities if any:		Contact Person:		E-mail Address:
N/A				

<b>Project Description</b>	
Write an overview/summary, not to exceed 2,500 words, of the project being proposed. 1) State the project purpose and include a description of the critical facility to be hardened. 2) Specify the risk(s) that will be mitigated by completion of this project. 3) Describe how the work will be completed and the team that will be responsible. 4) Explain the method used to determine project funding requirements. 5) Describe anticipated outcomes. 6) Describe how the facility will be maintained after it is hardened.	
Insert Attachment:	Please title doc: EntityNamePD_CFHP

<b>Community Value</b>	
Describe, in 1,500 words or less, the critical facility's value to the community in normal circumstances and in times of natural disasters. Which of the seven community lifelines will be served by completion of this project? How does this project enhance community resilience? Does the facility have any cultural or historical significance? Attach a maximum of ten photographs that provide both interior and exterior views.	
Insert Attachment:	Please title zip folder: EntityNameCV_CFHP

<b>Capacity Plan</b>		
Provide a strategic plan overview of 1,500 words or less that addresses goals, stakeholders, the work plan, (major tasks and deliverables), resources (staffing and budget) and monitoring/quality controls. Identify the staff members who will be responsible and/or positions that will be filled for CFHP project management and maintenance. Provide a short profile on each person on your current staff who perform project-related tasks and a position description for any new hires who will be assigned to project responsibilities. Have any project contractors been identified? If so, briefly describe your selection process.		
Insert Attachment:		Please title doc: EntityNameCP_CFHP

<b>Implementation Plan</b>		
Prepare a chronological timeline for the entire life of the project that organizes work into logical, manageable tasks and deliverables. The Implementation Plan Template has been provided in Appendix D of the CFHP Guidelines.		
Insert Attachment:		Please rename template: EntityNameIP_CFHP

<b>Budget</b>		
Include your project budget using the Budget Template found in Appendix E in the CFHP Guidelines. Ensure your budget is reasonable, appropriate and accurate. Are the budgeted items consistent with the project description and tasks? Does the amount requested fall within the CFHP applicant's allowable minimum (\$50,000) and maximum (\$15,000,000)? Ensure there is no duplication of benefits.		
Insert Attachment:		Please rename template: EntityNameBudget_CFHP
Is there any duplication of benefits?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
All funds identified for use on your project must be fully disclosed and detailed to ensure budget accuracy and no duplication of benefits.		
Do you anticipate receiving any funds for this project that will not be supplied by the CDBG-MIT program? If yes, detail the anticipated or committed funds in the Leveraged Dollars section.		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>

**Leveraged Dollars**

If your project involves the qualified use of matching or leveraged funds or services in any capacity, (see Part 4.6 in the CFHP Guidelines) then describe the specifics of leveraged fund/service usage. Answer: 1) Are there local or other funds available to address the proposed project in whole or in part? If yes, report all sources of funding and the amount available. 2) Disclose sources and uses of non CDBG-MIT funds. 3) What other federal, state and/ or local entities have you contacted concerning funding for the proposed project and what were the results? Put "N/A" if this section is not applicable to your project.

N/A

**County Selection**

Select each county that your project benefits. DEO will use this information to assess MID, social vulnerability, rural and fiscally-constrained areas. Only counties eligible for CDBG-MIT funds are listed below.

- |                                    |                                       |                                     |                                    |
|------------------------------------|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Alachua   | <input type="checkbox"/> Flagler      | <input type="checkbox"/> Levy       | <input type="checkbox"/> Polk      |
| <input type="checkbox"/> Baker     | <input type="checkbox"/> Gilchrist    | <input type="checkbox"/> Manatee    | <input type="checkbox"/> Putnam    |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Glades       | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sarasota  |
| <input type="checkbox"/> Brevard   | <input type="checkbox"/> Hardee       | <input type="checkbox"/> Martin     | <input type="checkbox"/> Seminole  |
| <input type="checkbox"/> Broward   | <input type="checkbox"/> Hendry       | <input type="checkbox"/> Miami-Dade | <input type="checkbox"/> St. Johns |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hernando     | <input type="checkbox"/> Monroe     | <input type="checkbox"/> St. Lucie |
| <input type="checkbox"/> Citrus    | <input type="checkbox"/> Highlands    | <input type="checkbox"/> Nassau     | <input type="checkbox"/> Sumter    |
| <input type="checkbox"/> Clay      | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Okeechobee | <input type="checkbox"/> Suwannee  |
| <input type="checkbox"/> Collier   | <input type="checkbox"/> Indian River | <input type="checkbox"/> Orange     | <input type="checkbox"/> Taylor    |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Lafayette    | <input type="checkbox"/> Osceola    | <input type="checkbox"/> Union     |
| <input type="checkbox"/> DeSoto    | <input type="checkbox"/> Lake         | <input type="checkbox"/> Palm Beach | <input type="checkbox"/> Volusia   |
| <input type="checkbox"/> Dixie     | <input type="checkbox"/> Lee          | <input type="checkbox"/> Pasco      | <input type="checkbox"/> Wakulla   |
| <input type="checkbox"/> Duval     | <input type="checkbox"/> Leon         | <input type="checkbox"/> Pinellas   |                                    |

Overall LMI Benefit			
Identify and list the Census Tract number followed by all LMI Block Groups your project benefits. Example: Tract: 200, Block group: 2, 3; Tract: 2902, Block group: 1, 3, 4, 5, etc.			
Block Group	Tract	LMI	Universe
2	9603	310	560
3	9602	370	845
1	9603	575	930
1	9601	665	1215
3	9601	450	490
5	9603	1030	1695
4	9603	490	560
3	9603	1040	1460
1	9605	650	1265
4	9604	1165	1700
4	9602	570	1210
2	9602	495	980
TOTAL		7810	12910

Percentage LMI Benefit is 7810/12910  
60.49%

Special Designations	
Does your project benefit an Area of Critical State Concern according to Florida Statutes 380.05?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
What is the area of critical state concern?	Not Applicable

Compliance	
According to 84 FR 45838 August 30, 2019 Section V.A.(18), "The State shall make reviews and audits, including on-site reviews of any subrecipients, designated public agencies, and local governments, as may be necessary or appropriate to meet the requirements of section 104(e)(2) of the HCDA, as amended, as modified by this notice. In the case of noncompliance with these requirements, the State shall take such actions as may be appropriate to prevent a continuance of the deficiency, mitigate any adverse effects or consequences, and prevent a recurrence. The State shall establish remedies for noncompliance by any designated subrecipients, public agencies, or local governments."	
Can you certify to comply with state and federal register regulations as outlined in 84 FR 45838?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

**Maintenance Agreement**

According to 84 FR 45838 August 30, 2019 Section V.A.2.a(10), "Each grantee must plan for the long-term operation and maintenance of infrastructure and public facility projects funded with CDBG-MIT funds. The grantee must describe in its action plan how it will fund long-term operation and maintenance for CDBG-MIT projects. Additionally, the grantee must describe any State or local resources that have been identified for the operation and maintenance costs of projects assisted with CDBG-MIT funds." As such, Federal Register expectations on maintenance for CDBG-MIT projects are expected to be maintained by each entity who proposes a CFHP project.

Can you certify that your entity will comply with state and subrecipient monitoring and maintenance requirements as outlined by 84 FR 45838?

Yes:



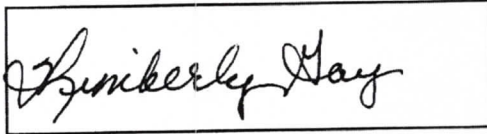
No:

**Sign and Date**

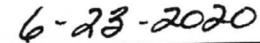
As the primary entity contact for this project, I certify that staff, contractors, vendors and community partners of our mitigation initiative:

- A. Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-MIT funded activities;
- B. Will work in a cooperative manner to execute the Subrecipient Agreement that provides the pathway for successful CDBG-MIT program(s) and/or project(s) and;
- C. Certify that all information submitted in this Application is true and accurate

Signature:



Date:



Print button will only print application and not attached documents. Submit button will deliver application to email to the cdbg-mit@deo.myflorida.com. Please attach all relevant documents to this email.

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