

Project #2 – SkillShare & Empowerment Studio

Organization: Hernando Mentorship Empowerment (HME)

Address: 209 Ponce de Leon Blvd, Brooksville, FL 34601

Contact: Jana Knox | (352) 442-1485 | feelslikehme@gmail.com | www.gohme.org

Funding Request: \$33,000

National Objective: Low-Moderate Income (LMI) Limited Clientele (LMC)

Performance Measure: Suitable Living Environment → Sustainability

Project Start: October 10, 2025

Completion: September 30, 2026

Project Summary:

This project expands HME's open hours and volunteer mentorship offerings, creating a social-enterprise space where people connect through learning, creativity, and mutual empowerment. The studio will host mentorships, demonstrations, and shared learning experiences.

Reinforcement of HME's Mission Statement:

This initiative reflects HME's belief that empowerment begins with connection. By extending enrichment and mentorship hours, HME offers a safe, stigma-free environment where individuals can learn, share, and grow — fostering self-worth, engagement, and healthier lives.

Benefit to LMI Persons:

Programs will serve residents earning 80% AMI or below, focusing on unhoused or underemployed individuals. Activities will provide skill-building, wellness practices, and positive community engagement.

Accessibility:

HME's site is less than 900 feet from a Hernando County public bus stop, ensuring that residents without personal vehicles can participate in programming and volunteer opportunities.

Use of CDBG Funds:

All CDBG funds will be used to **purchase materials, rent machinery/equipment, and cover costs necessary to implement the program**, such as workshop supplies, instructional materials, safety gear, tables/chairs, small tool/equipment rentals, and other direct program delivery expenses.

In-Kind & Community Support:

Hart Meat Market, Ruby Ray's Café, Broad Street Brewery, Hunters for the Hungry, Jericho Road Ministries, and other local partners provide materials, goods, and volunteer time supporting HME's programs.

Board Authorization:

Jana Knox

Michele Perfetto



Proposal Preparer/Staff

Locality/Organization Name

Mailing Address

Organization Website

Phone #

Fax #

Federal Tax ID #

OLNS # / SAMC#

Authorized Official Name/Title

Official Email Address

Contact Person

Contact Person E-mail

Address

H3-S-130322

1303130322

Jana Knox

jana.knox@gmail.com

Jana Knox

Jana Knox

HOUSING & SUPPORTIVE SERVICES (HSS)

Activity 1: **COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

Skill share & Empowerment at the Studio

Public Service Projects

Specify Service Area (City/County)

Application for Program Year 2025

City of Brooksville

Location where Public Services will be provided:

215 Ponte De Leon

Proximity to Transit-Rich Area: Will proposed activity be located within one mile of transit service? Or will transportation be provided? Please identify location and distance of nearest transit service or area where transportation will be provided:

800 ft

Veda Ramirez, Director

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

Total CDBG Funds Requested

\$53,000

Activity Description (Brief - 250 characters)



EQUAL HOUSING
OPPORTUNITY

Hernando County Housing & Supportive Services (HSS)
Community Development Block Grant (CDBG) Application for Public Services Projects
Program Year (PY) 2025

APPLICATION COVER SHEET

Proposal Preparer/Staff Contact Information

Locality/Organization Name	Hernando Mentorship Empowerment
Mailing Address	209 Ponce De Leon
Organization Website	gohme.org
Phone #	3524421485
Fax #	n/a
Federal Tax ID #	85-8019874167C-8
DUNS # / SAMS#	130913292
Authorized Official Name/Title	Jana Knox
Official E-mail Address	feelslikehme@gmail.com
Contact Person	Jana Knox
Contact Person E-mail Address	Jana Knox

Activity Title (Keep to 50 characters)

Skill share & Empowerment at the studio

Specify Service Area (in Hernando County)

City of Brooksville

Location where Public Services will be provided:

215 Ponce De Leon

Proximity to Transit-Rich Area: Will proposed activity be located within one mile of transit service? Or will transportation be provided? Please identify location and distance of nearest transit service or area where transportation will be provided:

900 ft

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

	County	Other Funds	Total
Total CDBG Funds Requested	\$ 33,000	\$	\$

Activity Description (Brief – 250 character limit)

We will use these funds to purchase materials rent machinery and develop two unisex shower stalls, install washer and dryer and build out a bathroom. These enhancements to our facility will insure access to basic right of water, essential to public health, dignity and employability at no cost for low income or people experience homelessness.

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). Indirect administrative costs are not eligible.

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.

Provided 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

I. NATIONAL OBJECTIVE CRITERIA AND ELIGIBLE ACTIVITIES

A. National Objectives:

1. 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 persons, an activity must fall into either Area Benefit, Limited Clientele/Low Mod Income or Limited Clientele/Presumed Benefit. 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).

Census Tract	Block Group
405.01	3

☐ **Limited Clientele/Low Mod Income**

• How will you verify clientele income?

☐ Tax Returns

☐ Pay Stubs

☐ Bank Records

☐ Other, please explain

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

☐ Abused Children

☐ Illiterate Adults

☐ Elderly Persons (62+)

☐ Persons living with HIV/AIDS

☐ Battered Spouses

☐ Migrant Farm Workers

☐ Severely Disabled Adults

☒ Homeless Persons

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

☐ 0-30% AMI _____ households

☐ 31-50% AMI _____ households

☒ 51-80% AMI 126 households

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

Please select the applicable beneficiary accomplishment type:

Unit	Total Served	Total LMI	% LMI
Individuals to be Served by Activity	175		
Households to be Served by Activity	126		

B. Eligible CDBG Activities – Select One

☒ Homeless Services

☐ Child Care Services

☐ Health Care Services

☐ Employment Training

☐ Services

☐ Senior Services

☐ Handicapped Services

- ☐ Legal Services
☐ Youth Services
☐ Housing Counseling Services

- ☐ Domestic Violence Services
☐ Substance Abuse Services
☐ Other _____

II. Consistency with Hernando County Consolidated Plan

1. What priority in the 2024-2026 Consolidated Plan does the proposed project seek to address? (Please refer to Instructions for list of priorities)
 _____ public facilities

III. Performance Measures: (Check all that apply to your proposal)

- ☒ Suitable Living Environment
☐ Decent Housing
☐ Creating Economic Opportunity

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

- ☒ Availability/Accessibility
☐ Affordability
☐ Sustainability

V. ACTIVITY DESCRIPTION

- A. Scope of Services-** Provide a detailed breakdown of the proposed Scope of Services for CDBG funding, i.e. objective of activities, the service to be provided, and the end product expected. (Limit response to 1000 characters).

this project will expand HME's hours of operation and volunteer mentorship offerings creating a social enterprise . Skills like sewing, art, jewelry making, IT skills to name a few.

- B. 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. Funds will not be available until after October 1, 2025.

Date	Milestone
10/10/2025	acquiring materials, machines and supplies
10/25/2025	paying professionals who might be facilitating workshops or certifications
11/1/2025	implementation of skill sharing at the studio program

VI. ACTIVITY BUDGET

- A. 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
n/a	\$		
	\$		
	\$		
	\$		
	\$		
Total	\$	\$	\$

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

B. Uses – Attach supporting documentation

Budgeted Activities	CDBG Funds Requested	Other Funds	Total Activity Cost
\$ skill sharing program	\$ 33,000	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

C. Who prepared the cost estimate? (Attach supporting documentation)

- ☒ Proposer: Name of Staff Person(s) Jana Knox
- ☐ Other Contractor or Consultant: Name of Firm

C. When was the budget cost estimate prepared?

9/1/2025

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

current materials estimates

E. How will you ensure the activity will be financially sustainable after funding? (Limit response to 1000 characters)

This program should increase profitability and income from goods created during program hours.

VII. FINANCIAL DOCUMENTATION

The documentation will help determine whether a Proposer is solvent and has the cash flow available to complete a CDBG project within the timeline of the executed agreement. All financial documents should be provided in a separate attachment from the application.

Hernando County will be reviewing the financial stability of the organization. The following questions will be considered by the Department to determine the financial capacity of the Proposer.

A. Financial Capacity:

- ☐ Does proposer show financial oversight and internal controls?
- ☐ Can proposer achieve income stability by demonstrating capacity to generate income?
- ☐ Does proposer show responsible stewardship of resources it has received?
- ☐ Is there adequate management that has practices in place for financial reporting?
- ☐ Is the proposer viable based on its mission and its ability to carry out its mission in a stable and effective way?

B. Financial Documents Required:

1. If the proposer has been awarded more than \$750,000 in Federal funding in the last year, then the proposer must provide the most current (no older than two years) signed copy of proposer's Single Audit.
2. If the proposer has been awarded less than \$750,000 in federal funding in the last year, then they must submit a certified financial statement in lieu of an audit. The certified financial statement must include the following information:
 - a. Current financial position to determine:
 - Stability (cash flow versus reliable income)
 - Sustainability (budget showing a surplus or deficit)
 - Reasonable accounting format (showing assets and liabilities and composition of expenses)
 - b. Results of operations or changes in net assets.
 - c. If the proposer has received any federal award (directly or indirectly), then they must provide the schedule of expenditures of the federal award(s) for the period covered by the financial statement, include the total federal award expended for each individual federal program, federal Organization name, pass-through entity (if applicable), and CFDA number (or other identifying number if CFDA number is not available);
 - d. If applicable, identify in the financial statement notes the total amount provided for a loan or loan guarantee program(s); include the schedule of balance outstanding at the end of the audit period. Also include notes that describe the

accounting policies used in preparing the schedule and if the auditee elected to use the 10% de minimis cost rate on indirect costs;

- Restrictions (temporary and permanent) that impact income statements.
- Copy of financial policies and procedures, and
- Copy of the most recent IRS Form 990.

3. Attachment of the organization's current financial policy and procedures. (Limit to 100 characters)

C. Financial Analysis Parameters:

- ☐ Number of Days from Financial Statement Issued
- ☐ Current Ratio – should be equal or greater than 1 to 1
- ☐ Days Cash on Hand – Industry Average is 90 days
- ☐ Cash Flow Ratio – Ratio should be positive
- ☐ Debt Ratio
- ☐ Reliance Ratio
- ☐ Reliance on Government Ratio
- ☐ Personnel Cost Ratio
- ☐ Benefit Cost Ratio
- ☐ Gen, Admin and Fundraising Cost Ratio
- ☐ Profitability Ratio

VIII. GRANT ADMINISTRATION

A. Identify names and titles of members of the Board:

Name	Title
Jana Knox	president/ treasurer
Michele Perfetto	VP / secretary

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

Name	Position
Same	

C. 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)

4+ years in social services connecting to this community specifically.

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

same

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

Proposer will act as project manager to building out the studio, and create program regulations and oversee volunteers who will help implement program.

- F. In the past year, did your organization have any past compliance findings or concerns from HSS monitoring (in writing) or other agency?

no

- G. Have all compliance issues from the past year been resolved, if applicable?

no

- H. Partnering organizations, collaborating on this program, if applicable:

n/a

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

Referrals, walk ins, and social media campaigns.

- J. ☐ Attach Letter from Board Chair authorizing signature of "Authorized Official."

Signature of Authorized Official

- K. Other Documentation – Please attach documents.

Name of Authorized Official

President

Title

10/10/2025

Date

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.

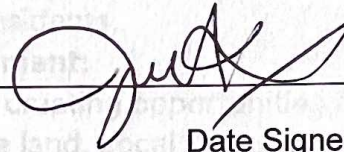
Authorized Signature of Applicant: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.

Signature of Authorized

Representative:

Typed Name and

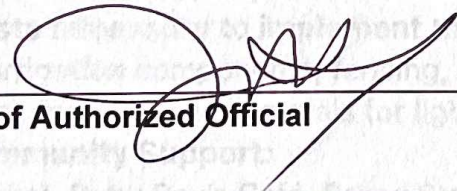
Title:

 10/10/2025
Date Signed:

IX. 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.

Jana Knox


Signature of Authorized Official

Jana Knox

Name of Authorized Official

President

Title

10/10/2025

Date