



HOUSING & SUPPORTIVE SERVICES (HSS)
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Public Service Projects
Application for Program Year 2024

Veda Ramirez, Director



Hernando County Housing & Supportive Services (HSS)
Community Development Block Grant (CDBG) Application for Public Services Projects
Program Year (PY) 2024

APPLICATION COVER SHEET

Proposal Preparer/Staff Contact Information

| | |
|--------------------------------|--|
| Locality/Organization Name | United Way of Hernando County |
| Mailing Address | 4028 Commercial Way, Spring Hill, FL 34606 |
| Organization Website | www.UnitedWayHernando.org |
| Phone # | 352-688-2026 |
| Fax # | 352-688-8336 |
| Federal Tax ID # | 59-28488474 |
| DUNS # / SAMS# | KDJJMECEEZW8 (UEI #) |
| Authorized Official Name/Title | Angie Bonfardino / Executive Director/CEO |
| Official E-mail Address | angie@UnitedWayHernando.org |
| Contact Person | Cynthia Gleusner / Finance Director |
| Contact Person E-mail Address | finance@UnitedWayHernando.org |

Activity Title (Keep to 50 characters)

Community Emergency Assistance

Specify Service Area (in Hernando County)

Serves all of Hernando County

Location where Public Services will be provided:

Services will be provided out of United Way of Hernando County (UWHC) office (4028 Commercial Way, Spring Hill, FL 34606)

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:

Yes, Hernando County's The Bus runs less than 1-mile from the UWHC office - Bus Stop ID # 181 at Lakewood Plaza

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

| | County | Other Funds | Total |
|----------------------------|--------------|-------------|--------------|
| Total CDBG Funds Requested | \$ 20,000.00 | \$ | \$ 20,000.00 |

Activity Description (Brief – 250 character limit)

The program is designed to mobilize resources to prevent homelessness and/or utility disconnections, and provide wrap around case management to ensure households are equipped to overcome barriers that may prevent them from being their most self-sufficient, productive and reliable selves.

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.

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 |
|--------------|-------------|
| | |

☒ **Limited Clientele/Low Mod Income**

- How will you verify clientele income?

- ☐ Tax Returns
- ☒ Pay Stubs
- ☒ Bank Records
- ☒ Other, please explain

____ Income support documents, such as SSI statement/SSDI

☐ **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 8 households
- ☒ 31-50% AMI 36 households
- ☒ 51-80% AMI 6 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 | 175 | 100% |
| Households to be Served by Activity | 50 | 50 | 100% |

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 Emergency Assistance

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 Services

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 the CDBG funding, i.e. objective of activities, the service to be provided, and the end product expected. (Limit response to 1000 characters).

See attached breakdown

- 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, 2024.

| Date | Milestone |
|--------------------------------|--|
| 12/23/2024 | FEMA Emergency Food & Shelter Program (EFSP) Phase 41 2nd payment for Rent/Mortgage & Utilities was received |
| 1/2/2025 | Publix Super Market Charities 2nd half of bi-annual Corporate Contribution received (10% is designated to Emergency Assistance Fund) |
| October 2024 to September 2025 | United Way conducts daily intake & assessments, via walk-ins, over the phone, thru online Contact Us, by appointment. |
| June 2025 | Publix Super Market Charities 1st half of bi-annual Corporate Contribution received (10% is designated to Emergency Assistance Fund) |
| | |
| | |
| | |

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 |
|---|--------------------|-----------|-----------|
| Publix Super Market Charities | \$ 56,646 | \$46,746 | \$9,900 |
| FEMA Emergency Food & Shelter Program (EFSP) Phase 41 | \$20,000 | \$20,000 | N/A |
| PNC Foundation | \$ 15,000 | | \$15,000 |
| | \$ | | |
| | \$ | | |
| Total | \$ 91,646 | \$ 66,746 | \$ 24,900 |

| 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 |
|-----------------------------------|----------------------------|----------------|---------------------------|
| \$ Community Emergency Assistance | \$ 20,000 | \$ 91,646 | \$ 111,646 |
| \$ | \$ | \$ | \$ |
| \$ | \$ | \$ | \$ |
| \$ | \$ | \$ | \$ |
| \$ | \$ | \$ | \$ |

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

- ☒ Proposer: Name of Staff Person(s) Cynthia Gleusner, Finance Director
- ☐ Other Contractor or Consultant: Name of Firm

C. When was the budget cost estimate prepared?

Proposed June 30, 2024

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

The estimated costs were based on closely monitored community need trends and funding availability.

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

See attached breakdown

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 Department of Management and Budget 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.

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 |
|---------------------------|-------|
| See attached Board Roster | |
| | |
| | |
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| | |

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

| Name | Position |
|------------------|--------------------------|
| Angie Bonfardino | Executive Director/CEO |
| Cynthia Gleusner | Finance Director |
| Mindy Figueroa | Program Care Coordinator |
| | |
| | |

- 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)

Angie Bonfardino, CEO – since 2010 Cynthia Gleusner, Finance Director – since 2016 Mindy Figueroa, Program Care Coordinator – since 2022

- 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)

See attached description

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

See attached description

- 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?

— N/A

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

Frequent referrals received by: HC Housing Services, You Thrive, St. Vincent de Paul, HOPE Florida, etc.

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

Based upon the frequent need for personal financial aid, and volume of requests for assistance, UWHC marketing available funding is not necessary at this time.

- J.** ☒ Attach Letter from Board Chair authorizing signature of “Authorized Official.”

- K.** Other Documentation – Please attach documents.

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: Cynthia Gleusner, Finance Director

Date Signed: 5/30/2025

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.



Signature of Authorized Official

Angie Bonfardino

Name of Authorized Official

Executive Director/CEO

Title

5/30/2025

Date