



**Marion County
Board of County Commissioners**

Community Services

2631 SE Third Street
Ocala, FL 34471
Phone: 352-671-8770
Fax: 352-671-8769

**FFY 2016/17 CDBG FUNDS
Letter of Intent for Unencumbered Funds**

DUE DATE: Until funds are encumbered

APPLICANT (Agency)

CONTACT PERSON

Name

Name

Address

Title

Address (work)

Telephone No.

501-C-3? YES NO

Telephone No. (work)

PROJECT INFORMATION

Project Title

Proposed Location / Service Area (attach map)

Projected Service Numbers:

How many people/households will project serve? _____

What percent will be Marion County Residents? _____

What percent will be low / moderate income? _____

What percent will reside outside of City of Ocala? _____

TOTAL PROJECT COST: \$ _____ CDBG REQUEST: \$ _____

"Meeting Needs by Exceeding Expectations"

Marion County Board of County Commissioners
Community Services Department

2016/17 CDBG Letter of Intent

Marion County currently has approximately \$576,000 in unencumbered Community Development Block Funds for FY 2016/17. This is an open application process and funding will be available until encumbered. **One (1) copy** of the LETTER OF INTENT and any supporting documentation must be submitted in a sealed manila envelope to the address below for consideration as an eligible project.

Marion County Community Services Department
2631 SE Third Street, Ocala, FL 34471
Fax or email submittals ***will not*** be accepted.

Any LETTER OF INTENT that is not filled out completely, or is missing information or supporting documentation, WILL NOT be considered for CDBG funding. All agencies submitting a LETTER OF INTENT will be contacted with the preliminary determination and further information.

Project Description: *Limit one page and one map – 12 point font, one inch margins.*

The **Project Description** should address three (3) key elements:

- 1) **Need for Project:** Explain the problems this project is intended to help solve, as well as the population and area to be served (attach map with service area delineated). Does this project address a gap in services?
- 2) **Activity:** How will YOU address the problem/need? Describe the goals and specific activities you will undertake to address the problem/need. Will you acquire/renovate or construct a facility? Will direct services be provided to clients? Who will provide those services? When do you anticipate the project will start and be completed? Explain how low income clients will access the service geographically.
- 3) **Outcomes:** How will you measure success?

Duplication of Services *Limit one page and one map – 12 point font, one inch margins.*

Explain how this project is unique and avoids duplication of services already being provided in Marion County. If similar services are offered in Marion County, describe existing services, what the local need is and explain the need for this project in addition to existing services.

Organizational Capacity *Limit one page – 12 point font, one inch margins.*

Has your agency undertaken projects of this type and scope before? YES NO

If "YES" - describe previous experience. If "NO" - explain capacity for successfully administering and carrying out this project

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Proposed Project Budget:

There are two budget sections: 1. Bricks & Mortar Projects; and 2. Public Service Projects. Please fill out the appropriate budget.

| 1. Bricks & Mortar Projects | | | |
|---|-------------------------|--|--------------------------|
| Line Item | ✓ all that apply | Total Project Amount (including CDBG) | CDBG Portion Only |
| Acquisition | | \$ | \$ |
| Demolition | | \$ | \$ |
| Relocation | | \$ | \$ |
| Architectural Services | | \$ | \$ |
| Lead-based Paint Assessment / Abatement | | \$ | \$ |
| Insurance / Bonding | | \$ | \$ |
| Construction Management | | \$ | \$ |
| Site Preparation | | \$ | \$ |
| Construction / Rehabilitation | | \$ | \$ |
| Other: (specify) | | \$ | \$ |
| TOTAL | | \$ | \$ |

| 2. Service Projects | | | |
|----------------------------|-------------------------|--|--------------------------|
| Line Item | ✓ all that apply | Total Project Amount (including CDBG) | CDBG Portion Only |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| TOTAL | | \$ | \$ |