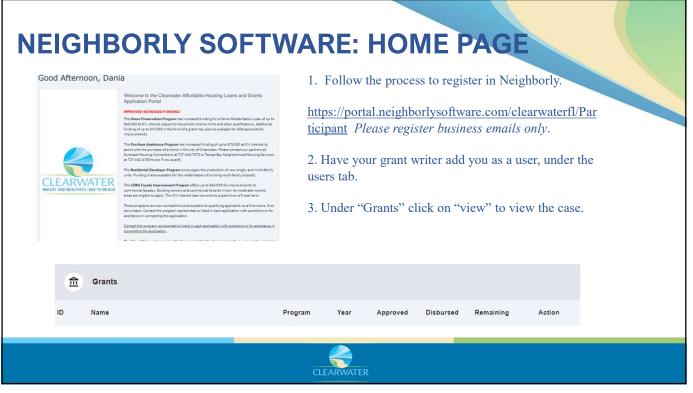


FY 2024-25 SUBRECIPIENT TRAINING HOUSING STAFF • Jesus Niño – Interim ED&H Director • Dylan Mayeux – Interim Housing Manager • Terry Malcolm-Smith – Housing Coordinator III • Irin Gomez – Community Development Coordinator II • Brenda Douglas – Accountant II • Kara Grande – Housing Coordinator I • Gabe Parra – Community Development Coordinator I • Dania Perez – Community Development Coordinator I • Jessica Chueka – Housing / Community Development Specialist





EIGHBOR	LY SOFT	WARE				
Home						
(i) ACCOUNT	- 11					
MONTHLY REPORTS	Case Id Name					Public Services 5 Approved
ACCOMPLISHMENTS	Account					E Print Budget
B DRAW REQUESTS		ID CATEGORY Salary Support	FUNDING CDBG 2023/2024	AMOUNT	DISSURSED	REMAINING
APPLICATION	Amount Funde \$15,983.00					
DOCUMENTS						
a USERS	DisbursedRemaining					

INCOME LIMITS: CDBG

Rep	orts > Mo	nthly Report	t
🗹 A. Goals	B. Accomplishments	C. Supporting Documents	Submit
Please utilize t		to track income. e on Race and Ethnicity here and he p once Accomplishments have bee	

	C		G Income Li ctive May 1, 2		
Household Size	0 to 0% AMI remely Low)	ł	30+ to 50% AMI (Low)	50+ to 80% AMI (Moderate)	Above 80% AMI (Non-Low/Moderate)
1 Person	\$ 20,100	\$	33,450	\$ 53,500	N/A
2 Persons	\$ 22,950	\$	38,200	\$ 61,150	N/A
3 Persons	\$ 25,800	\$	43,000	\$ 68,800	N/A
4 Persons	\$ 28,650	\$	47,750	\$ 76,400	N/A
5 Persons	\$ 30,950	\$	51,600	\$ 82,550	N/A
6 Persons	\$ 33,250	\$	55,400	\$ 88,650	N/A
7 Persons	\$ 35,550	\$	59,250	\$ 94,750	N/A
8 Persons	\$ 37,850	\$	63,050	\$ 100,850	N/A



INCOME LIMITS – HOME

Reports >	Monthly	Report
-----------	---------	--------

🗹 A. Goals 🛛 🗹 B. Accomplishments 🖾 C. Supporting Documents 🐼 Submit

Please utilize the HUD Income Limits guide to track income.

Please utilize the following links to guidance on Race and Ethnicity here and here.

Only click Complete and Submit on this step once Accomplishments have been provided.

HOME Income Limits Effective June 1, 2024									
Household Size	0 to 30% AMI (Extremely Low)			30+ to 50% AMI (Very Low)		50+ to 60% AMI (Low-LIHTC)		60+ to 80% AMI (Low)	
1 Person	\$	20,100	\$	33,450	\$	40,140	\$	53,500	
2 Persons	\$	22,950	\$	38,200	\$	45,840	\$	61,150	
3 Persons	\$	25,800	\$	43,000	\$	51,600	\$	68,800	
4 Persons	\$	28,650	\$	47,750	\$	57,300	\$	76,400	
5 Persons	\$	30,950	\$	51,600	\$	61,920	\$	82,550	
6 Persons	\$	33,250	\$	55,400	\$	66,480	\$	88,650	
7 Persons	\$	35,550	\$	59,250	\$	71,100	\$	94,750	
8 Persons	\$	37,850	\$	63,050	\$	75,660	\$	100,850	



INCOME LIMITS - SHIP

Reports >	Monthly Report
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🐨 A. Goals 🛛 🐨 B. Accomplishments 🖉 C. Supporting Documents 🐨 Submit

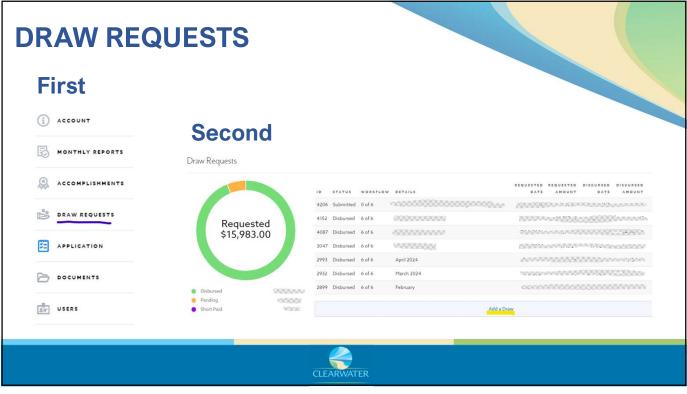
Please utilize the HUD Income Limits guide to track income.

Please utilize the following links to guidance on Race and Ethnicity here and here.

Only click Complete and Submit on this step once Accomplishments have been provided.

SHIP Income Limits Effective April 1, 2024									
Household Size	0 to 30% AMI (Extremely Low)			30+ to 50% AMI (Very Low)		50+ to 80% AMI (Low)		80+ to 20% AMI (Moderate)	
1 Person	\$	20,100	\$	33,450	\$	53,500	\$	80,280	
2 Persons	\$	22,950	\$	38,200	\$	61,150	\$	91,680	
3 Persons	\$	25,820	\$	43,000	\$	68,800	\$	103,200	
4 Persons	\$	31,200	\$	47,750	\$	76,400	\$	114,600	
5 Persons	\$	36,580	\$	51,600	\$	82,550	\$	123,840	
6 Persons	\$	41,960	\$	55,400	\$	88,650	\$	132,960	
7 Persons	\$	47,340	\$	59,250	\$	94,750	\$	142,200	
8 Persons	\$	52,720	\$	63,050	\$	100,850	s	151,320	





SUMMARY	DOCI	JMENTATION		
Oct 2021 Services	Uploa	d File ආ		
DETAILS				
CATEGORY	ORIGINAL AMOUNT	- OTHER DISBURSEMENTS	- AVAILABLE BALANCE	AMOUNT
Salary Support CDBG 2021/2022	\$ 10,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00
Totals	\$ 10,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00

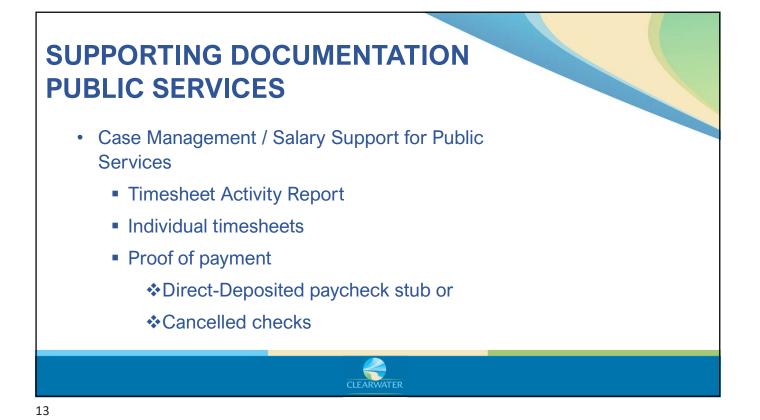


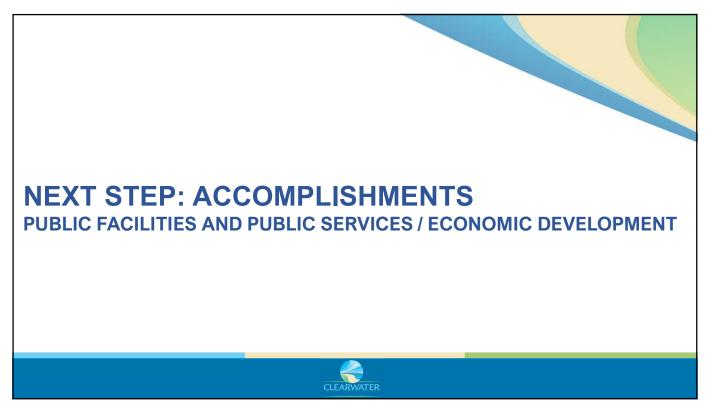
SUPPORTING DOCUMENTATION: PUBLIC SERVICES

For Salary Support:

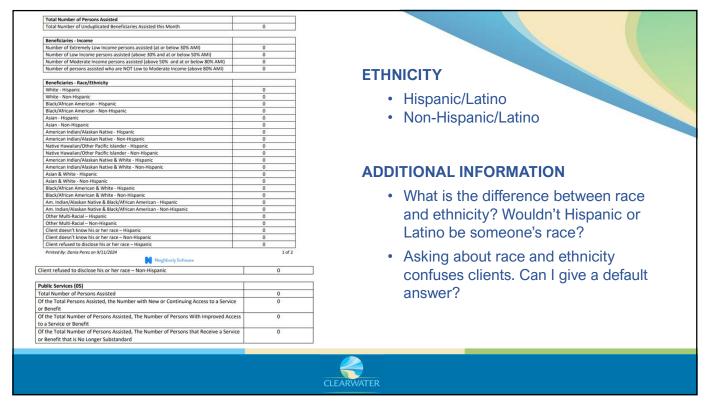
- 1. Invoice to: City of Clearwater from Subrecipient. Please include company logo, address, invoice number, date, and mailing address for check delivery and authorized personal signature.
- 2. Timesheet Activity Report
- 3. Timesheets
- 4. **Proof of payment:** direct deposit paycheck stubs, bank statements, or cancelled checks.

Pas Period 1	\$ Grand							P	ag Perio	od Begin	Date:	1		_
Pay Period 1 Begin Date	Grand			Pag Cycle:	Hourly				Pag Pe	riod End	Date:			_
	LetoI	Regular Hours Worked	Clearwater CDBG	Other* Funding	Other" Funding	Total			Sick				Other	Oth
	O	Vorked	Funding	-		Other	Vacation	Holiday	Lebre	Training	SOC SEC	MED	-	-
01/01/1900	0			2		0	3 - 5			-		1		
SE 01/02/1900	0					0								
Tee 01/03/1900	0	0				0	1 1							
SE 01/04/1900	0		1.0	3		0	8 8		1			8		
The 01/05/1900	0					0			-	-			-	
Fri 01/06/1900	0					0	-			-				-
VEEK I TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	
01/07/1900	0	0		-		0	-						<u> </u>	1
010011000	0			8	8	0	3 8		1					
EE 01/03/1900	0					0								
Tee 01/10/1900	0				ř.	0	8 - 8					3		
88 01/11/1300	0					0								
The 01/12/1500	0					0	1 1							
Fei 01/13/1900	0			S		0						_		-
FEEK 2 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	
01/14/1900 Je2	0	0		2		0	2 0			-			_	-
See 09/5/1500	0			-		0				-		-		-
31 01/16/1900	0					0	-			-		-	-	-
Tee 01/17/1500	0		1 2	2		0	16 8							
EE 01/18/1900	0					0								
The 05/13/1900	0	0		2	8 - D	0	8 - 2		1 - 2			1		
Fri 01/20/1900	0					0								
VEEK 3 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sat 01/21/1900	0	0				0	-	_	_	_		_	_	-
See 09/22/1900	0		-			0	-	-		<u> </u>		-	-	-
** 01/23/1900	0			3		0	1							1
Tee 0924/1900	0					0				<u> </u>				
38 01/25/1900	0					0	1					-		
The 01/26/1900	0		1	3		0	8 8							
Fei 01/27/1300	0	0				0								
FEEK 4 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	
-		-	0	0	0	-				-				
TOTALS:	0				0	0	0	0	0	0	0	0	0	



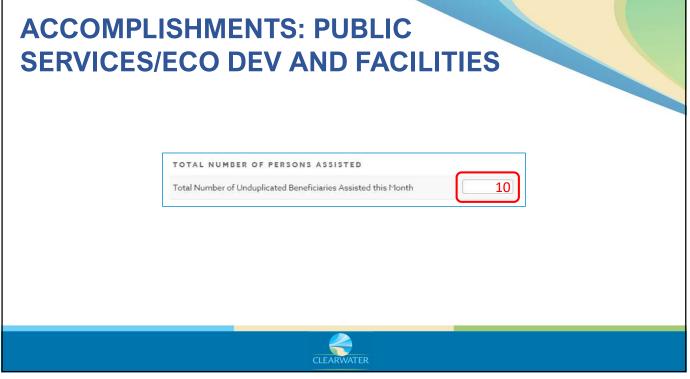


MONTHLY	REPORTS
Accomplishm	ents - Public Services/Eco Dev and Facilities
ᡩ Home	
(i) ACCOUNT	
MONTHLY REPORTS	C. Supporting Documents Submit
ACCOMPLISHMENTS	
DRAW REQUESTS	Please follow all instructions here before completing. Please utilize the HUD Income Limits guide to track income.
APPLICATION	Please utilize the following links to guidance on Race and Ethnicity here and here.
	Please utilize the following link for guidance on Assistance to Businesses here .
USERS	Only click Complete and Submit on this step once Accomplishments have been provided.
	CLEARWATER









ACCOMPLISHMENTS: PUBLIC	
SERVICES/ECO DEV AND FACILITIES	-

Number of Extremely Low Income persons assisted (at or below 309	< 0.041)	
Number of Extremely Low income persons assisted (at of below 505		
Number of Low Income persons assisted (above 30% and at or below	w 50%	
AMI)		
Number of Moderate Income persons assisted (above 50% and at or	below	
30% AMI)	Does	NOT apply for
Number of persons assisted who are NOT Low to Moderate Income	CDBC	G or HOME funds.
80% AMI)		es only for SHIP fun
80% APII)	Аррік	
Totals	10	



 SHMENTS: PUBLIC CO DEV AND FACILIT	TIES
BENEFICIARIES - RACE/ETHNICITY	
White - Hispanic	
White - Non-Hispanic	
Black/African American - Hispanic	
Black/African American - Non-Hispanic	
Totals	10
CLEARWATER	

PUBLIC SERVICES (05)	
Total Number of Persons Assisted	10
Of the Total Persons Assisted, the Number with New or Continuing Access	10
Of the Total Number of Persons Assisted, The Number of Persons With Improved Access to a Service or Benefit	
Of the Total Number of Persons Assisted, The Number of Persons that Receive a Service or Benefit that is No Longer Substandard	
Female-Headed Households	

ASSISTANCE TO BUSINESSES (14E, 17, 18)	
Total New Businesses Assisted	
Total Existing Business Assisted	
Of the Total Existing Businesses Assisted, the Number that are Expanding:	
Of the Total Existing Businesses Assisted, the Number that are Relocating:	
Number of Businesses Assisted that Provide Goods or Services to Meet the Needs of a Service Area:	



ACCOMPLISHMENTS

Of the Total Persons Assisted, the Number with New or Continuing Access to a Service or Benefit

Of the Total Number of Persons Assisted, The Number of Persons with Improved Access to a Service or Benefit

Improved access to a service or benefit refers to a service or benefit that was previously offered, <u>but has</u> <u>been expanded</u> in terms of size, capacity, or location. (For example, perhaps a homeless drop-in center/soup kitchen previously offered clients one meal a day, but with use of CDBG funds, are able to expand services to include three meals a day.)

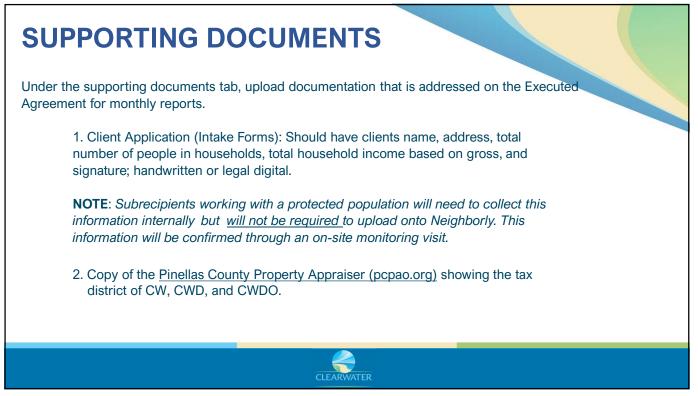
Of the Total Number of Persons Assisted, The Number of Persons that Receive a Service or Benefit that is No Longer Substandard

Where the public service activity was used to meet a quality standard or measurably improved quality, report on the number of persons that no longer only have access to a substandard service. (An example of improving the quality of service is a transitional housing facility for persons with mental illness that is able to hire a licensed psychiatric social worker to work with clients, whereas existing case managers have no specific mental health training/qualifications.)

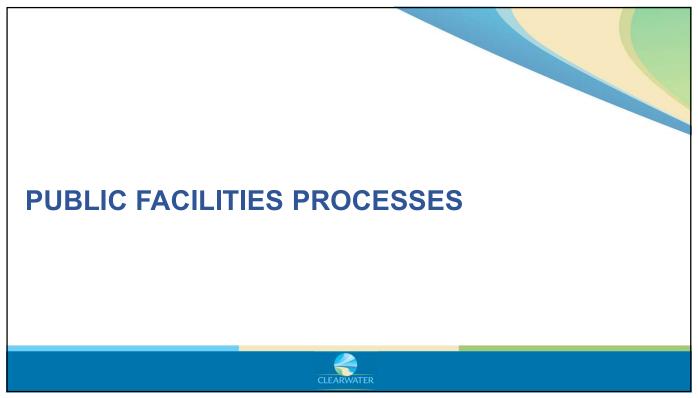


SUPPORTING D	OCUMEN	rs: PUE	BLIC
SERVICES/ECO	DEV AND	FACILI	TIES

)ററ	umentation					
	amentation					
0	Documentation to support	t accomplishments being	reported (i.e. intake	forms completed by clie	nts showing race, ethnicity, h	ousehold size, and
					g the current tax district of ea	
						Upload File 🔶

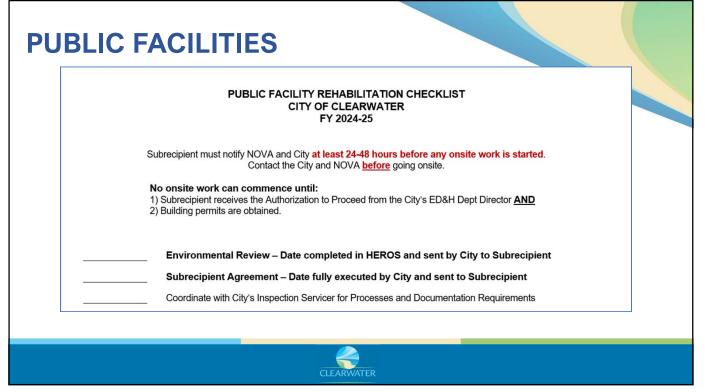


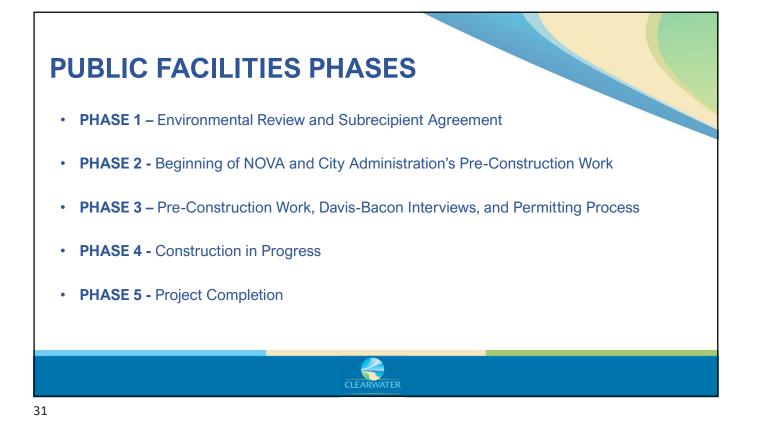
SC	OCIAL SECURITY NUMBERS
	Intake Form
	First Name: Last Name: Address:
	SSN: Redact first 5 digits Display only last 4 digits
	CLEARWATER
27	

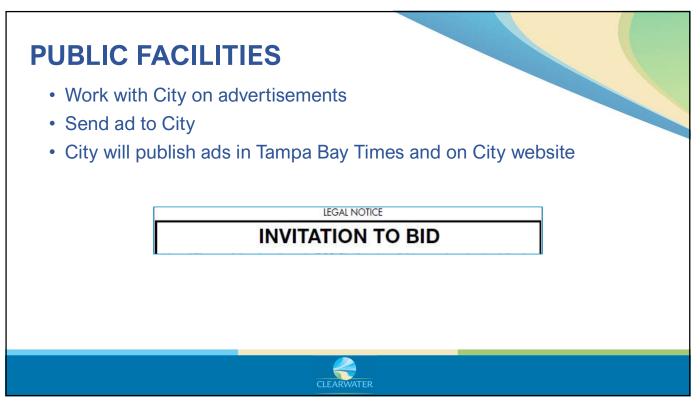


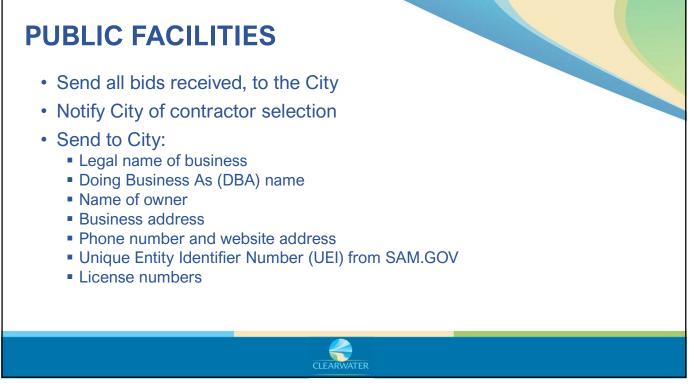
28

COMP Goals	LISHMENTS: PUBLIC FACILITIES	
	Update ess of your project as compared against your project plan/schedule. Maintain steady progress with project phases/tasks.	
Progress	Enter goal progress here	
Difficulties Encountered	Enter any difficulties encountered here	
Planned Activity Next Period	Enter activity anticipated next reporting period here	



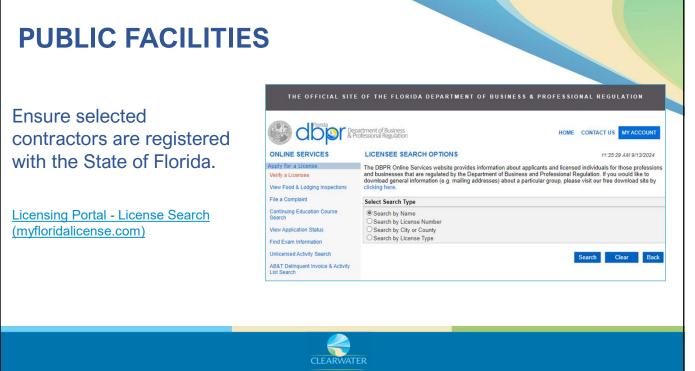




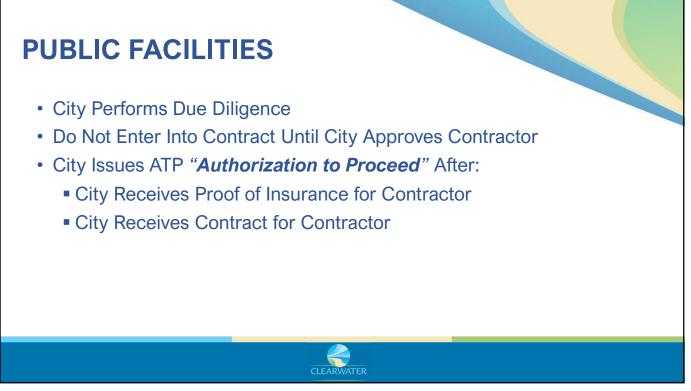




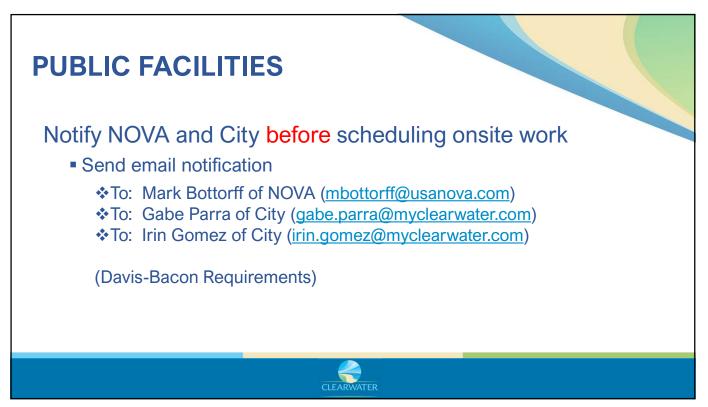












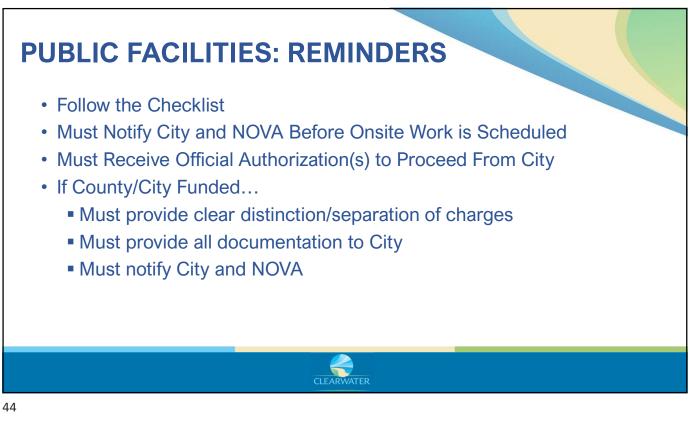


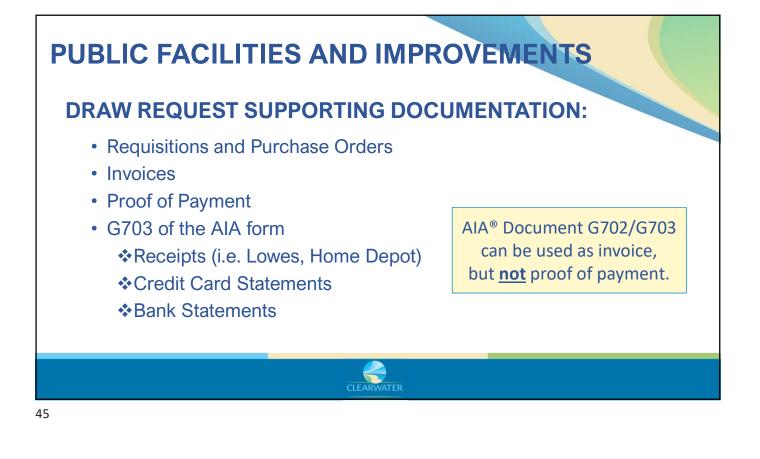
PUBLI	C FACILIT	TIES	
		С I T Y O F CLEARWATER Post Office Box 4748, Слемента, Frommy 33758-4748 500 S. Ewn Avt, Sterr. 227, Слемента, Frommy 33756 Телерчики: (727) 562-4030 Fax (727) 562-4037	
	Econome Divilopment & Housing	AUTHORIZATION TO PROCEED	
	Date: Property Address: Case ID/Project: Owner: Contractor:		
		CLEARWATER	1

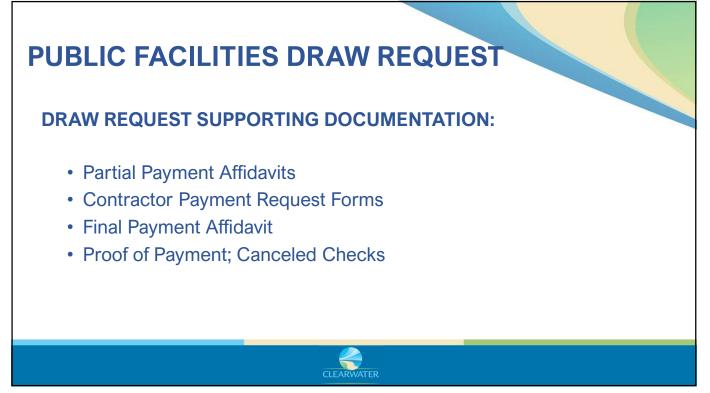
C FACILITIES: ACTOR PAYMENT REQUEST
CONTRACTOR PAYMENT REQUEST
Property Owner: Property Address: Contractor: Contractor Address: Contractor Address: Contract Amount: S This Payment: S Payment: Payment: Payment: Payment: Payment: Payment: Payment: Payment: Payment: Signature of Contractor
Print or Type Name Date
CLEARWATER

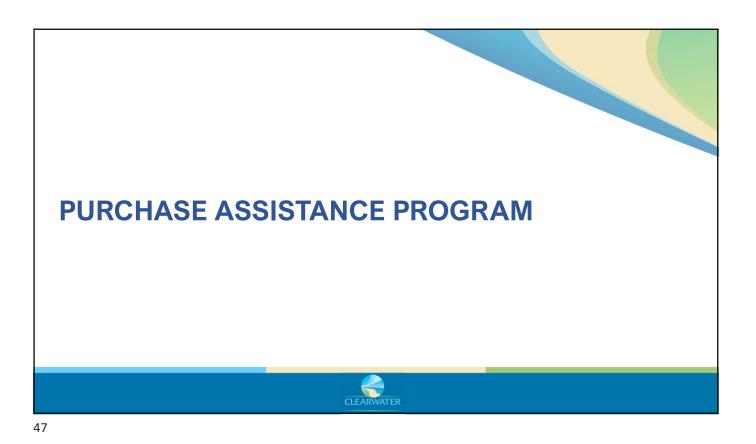
 LIC FACILITIES:
PARTIAL PAYMENT AFFIDAVIT FOR PROJECT FUNDING THROUGH CITY OF CLEARWATER ECONOMIC DEVELOPMENT & HOUSING DEPT Housing Division
DATE:
OWNER: ADDRESS:
PHONE: () - ext. CASE ID:
CONTRACTOR:
ADDRESS:
PHONE: () - ext.
PROPERTY ADDRESS:
INVOICE NUMBER:
PARTIAL RELEASE OF LIEN
CONTRACT DATED: CONTRACT AMOUNT: _\$
The undersigned Contractor certifies that the work covered by this payment has been completed in
CLEARWATER

PUBLIC FACILITIES: FINAL PAYMENT AFFIDAVIT	
FINAL PAYMENT AFFIDAVIT FOR PROJECT FUNDING THROUGH CITY OF CLEARWATER ECONOMIC DEVELOPMENT & HOUSING DEPT Housing Division	
DATE:	
CONTRACT DATED: CONTRACT AMOUNT: _\$ The undersigned Contractor certifies that the work covered by this final payment has been completed in	
CLEARWATER	







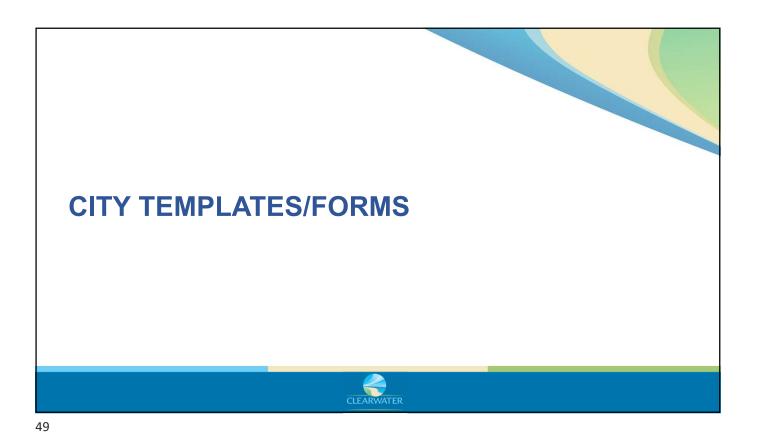


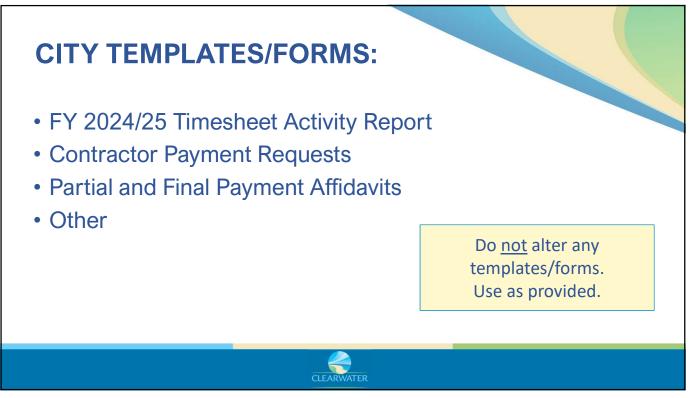
PURCHASE ASSISTANCE PROGRAM

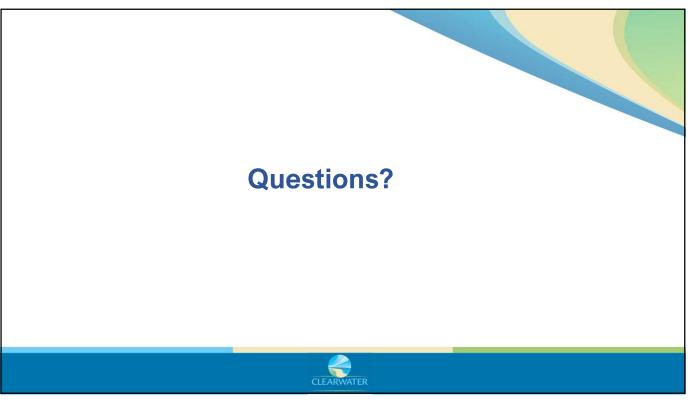
- 1. Read the Purchase Assistance Manual, it will help you become familiar with our requirements.
- 2. As soon as you receive client information from the first mortgage lender, send the City the Prior Assistance form.
- 3. After receiving Prior Assistance form back from City of Clearwater indicating client is qualified to proceed, order the inspection and complete the application in the Neighborly Purchase Assistance portal.
- 4. In the Documents section of Neighborly, upload documents as per the provided checklists. The names should begin with the corresponding checklist number.
- 5. All documents should be uploaded **<u>10 business days</u>** prior to closing.
- 6. After the documents are uploaded and the application is complete, send the DPA Approval form to the City for execution. We will return this after we have reviewed the **full file** and find it to be in order.
- 7. Request the final insurance, title commitment and Closing Disclosures as required.

Draw Requests are uploaded in the Budget section of Neighborly. You may upload reimbursement invoices directly after closing and we will get them paid as soon as possible. You can also upload the processing fee invoice (\$1650) at that time, but those are not paid until the original recorded Mortgage and ALTA title policy are received by the City. Stay on top of this because it isn't a big priority for title companies.









CONTACT INFORMATION

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brenda.douglas@myclearwater.com	
kara.grande@myclearwater.com	
gabe.parra@myclearwater.com	
dania.perez@myclearwater.com	
Jessica.chueka@myclearwater.com	
	brenda.douglas@myclearwater.com kara.grande@myclearwater.com gabe.parra@myclearwater.com dania.perez@myclearwater.com

