

A. Applicant Information

Completed by jsadonis@northportfl.gov on 4/3/2025 1:52 PM

Case Id: 31054

Name: City of North Port Social Services Case

Address: 4970 City Hall Blvd, North Port, FL 34286--4100

A. Applicant Information

Please provide the following information.

AGENCY/ORGANIZATION INFORMATION

A.1. Agency/Organization Name

City of North Port

A.2. Agency/Organization Type

Local Government

A.3. Address

4970 City Hall Blvd
North Port, FL 34286--4100

A.4. Telephone Number

(941) 429-7000

A.5. Organization Website

<https://www.northportfl.gov>

A.6. Federal Tax ID Number

59-6072227

A.7. SAM Registration/Unique Entity ID

Z9MLXPDL2AM3



SAM/UEI Documentation *Required

SAM.pdf

AUTHORIZED OFFICIAL CONTACT INFORMATION

A.8. First Name

Jennifer

A.9. Last Name

Sadonis

A.10. Title

Grants Coordinator

A.11. Telephone Number

(941) 290-2723

A.12. Email Address

jsadonis@northportfl.gov

A.13 Please select your agency type:

Municipality

B. Organizational Status

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B. Organizational Status

Please provide the following information.

B.1. How long has the Agency/Organization been in business?

66 years

B.2. How many employees does the Agency/Organization have?

800

B.3. Has there been a change in senior level management (e.g. Executive Director/CEO, Finance Director/CFO) within the past twelve (12) months?

No

B.4. Is the individual primarily responsible for fiscal and administrative oversight of grant awards to the agency/organization familiar with the applicable grants management rules, principles, and regulations include the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR § Part 200)?

Yes

B.4a. Please Explain:

The Grants team, including the grant coordinator for this project, is fully familiar with the stipulated requirements and have successfully applied for and managed CDBG grants in the past.

B.5. Has the agency/organization substantially changed or implemented a new management or software system in areas of personnel, financial, informational technology, etc., within the past twelve (12) months?

No

C. Financial Activity and Experience

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C. Financial Activity and Experience

Please provide the following information.

C.1. Does the agency/organization have personnel policies and procedures governing conflicts of interest and purchasing and procurement? If so, please provide a copy of these procedures.

Yes

C.1a. Website (if applicable)

<https://cityofnorthport.sharepoint.com/sites/Finance>

C.1b. Documentation (if applicable)



Conflict of Interest, Purchasing, and Procurement Policies

Purchasing Procedure Manual.pdf

Purchasing Procedure Manual.pdf

C.2. Does the agency/organization have purchasing policies that conform with the procurement standards identified in 2 CFR 200.317 through 2 CFR 200.327?

Yes

C.2a. Website (if applicable)

<https://cityofnorthport.sharepoint.com/sites/Finance>

C.2b. Documentation (if applicable)



Conflict of Interest, Purchasing, and Procurement Policies

Purchasing Procedure Manual.pdf

Purchasing Procedure Manual.pdf

C.3. Does the agency/organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?

Yes

C.4. Has the agency/organization entered into a financial agreement with Sarasota County where federal, state, and/or local county funds have been issued for services in the last three (3) fiscal years?

Yes

C.4a. Please provide a list of awards

Contract Number	Brief Summary of Services	Amount of Contract
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B-22-UC-12-0014	Garden of Five Senses Story Walk	\$20,000.00
B-20-UC-12-0014	Kirk Park Playground	\$220,706.00
B-22-UC-12-0014	Greenwood Avenue Sidewalk	\$305,000.00
B-22-UC-12-0014	Jeffrey Seawall	\$100,000.00
B-23-UC-12-0014	Ponce de Leon Sidewalks	\$325,000.00
B-23-UC-12-0014	Social Services Case Management	\$55,000.00
B-21-UC-12-0014	Lift Stations Rehab	\$435,000.00
		\$1,460,706.00

C.5. Has the agency/organization received a federal or state award or subaward to conduct programs similar to these covered under the proposed subaward agreement in the last three (3) fiscal years?

Yes

C.5a. Please provide a list of awards.

Contract Number	Brief Summary of Services	Amount of Contract
B-23-UC-12-0014	Social Services Case Management	\$55,000.00
B-22-UC-12-0014	Social Services Case Management	\$55,000.00
		\$110,000.00

C.6. Has the agency/organization had to comply with the Single Audit requirements in accordance with 2 CFR § Part 200, Subpart F – Audit Requirements or in accordance with the Florida Single Audit Act within the last two (2) fiscal years? If yes, please provide a copy of the statements for the last three (3) fiscal years.

Yes

C.6a. Please upload



Most Recent Single Audit *Required

2023-annual-comprehensive-report.pdf

2022-annual-comprehensive-report.pdf

2021-annual-comprehensive-financial-report.pdf

2023-annual-comprehensive-report.pdf

2022-annual-comprehensive-report.pdf

2021-annual-comprehensive-financial-report.pdf

C.7. Has the agency/organization's annual financial statements been audited by an independent audit firm within the last three (3) fiscal years? If yes, please provide a copy of the statements for the last three (3) fiscal years.

Yes

C.7a. Please upload



Most Recent Independent Audit *Required

2023-annual-comprehensive-report.pdf

2022-annual-comprehensive-report.pdf

2021-annual-comprehensive-financial-report.pdf

2023-annual-comprehensive-report.pdf

2022-annual-comprehensive-report.pdf

C.8. If the answer to Question C.6 and C.7 is “Yes”, were there any findings or questioned costs in the last three (3) fiscal years?

No

D. Project Information

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D. Project Information

Please provide the following information.

D.1. Proposed Project Title

Social Services Case Management

D.2. Type of Project

Providing financial assistance to income-qualified residents

D.3. Which of the following activities will the proposed project achieve? (Priority Needs as identified in the Consolidated Plan):

- ☐ Rehabilitation of Affordable Housing
- ☐ Production of Affordable Housing
- ☐ Housing Assistance and Supportive Services
- ☐ Mental and Behavioral Health Services
- ☐ Senior Facilities and Services
- ☐ Child Care Facilities and Services
- ☐ Health Care Facilities and Services
- ☐ Neighborhood Improvements
- ☐ Homeless Housing and Services
- ☐ Homeless Outreach and Case Management
- ☐ Water/Sewer Improvements
- ☐ Parks/Recreation or Community Facilities
- ☐ Special Needs Facilities and Services
- ☒ Public Services

D.4. Total Amount of CDBG Funds Requested

\$55,000.00

D.5. Total Estimated Project Cost:

\$55,000.00

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D.6. Will additional funding sources be used for this project?

No

D.7. Physical Location of Proposed Project:

City of North Port

North Port, FL 34286-4100

D.8. What National Objective does this project satisfy? (Check all that apply):

- ☒ Benefiting low- and moderate-income persons
- ☐ Preventing or eliminating blight
- ☐ meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

D.9. Area Benefit

Census Tract	Block Group
27.44	1
27.44	2
27.38	2
27.38	3
27.38	1
27.40	1
27.40	2
27.41	1
27.41	2
27.48	1
27.48	3
27.48	2
27.39	2
27.39	1
27.37	1
27.36	2
27.43	1
27.36	3
27.43	2
27.45	2
27.45	1
27.42	2
27.42	3
27.42	1
27.47	2
27.47	1
27.46	1

27.46	2
27.36	1
27.37	2
27.37	3
27.10	3
27.10	2
27.10	1
27.21	1
27.21	2
27.23	1
27.33	2
27.33	1
27.31	1
27.34	2

E. Project Summary

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E. Project Summary

Please provide the following information.

E.1. Summary of the Project.

For all applications: Describe how your project/program will meet a priority need in the County's 5-Year Consolidated Plan. Provide a program narrative for general public understanding about the proposed project/service.

For Public Service applications only: Is this project a new service being provided or an improvement of a service already being provided?:

The City of North Port is requesting funds to support social services case management salaries and benefits associated to providing services for CDBG income eligible clients. The City of North Port is also requesting funds for use with CDBG income eligible clients to pay utility bills on a case-by-case basis and as a last resort when other funding sources have already been utilized. Community development is one of the Goals and Priorities of the County's 5-Year Consolidated Plan. "Public Services" fall under this broad heading, and the continued administration of social services case management plays a crucial role in supporting low-income individuals by helping them access essential services and resources that can improve their quality of life. Clients requesting assistance will be interviewed and complete an income screening verification to determine if they are eligible to receive CDBG assistance, as defined in 24 CFR 5.609, as at or below 80% of the Area Median Income (AMI) for Sarasota County. Once eligibility is determined for the client, social service case managers will work with the client to determine the appropriate financial assistance that is needed and/or refer the client to the appropriate agency for assistance. Continued social service case management in the City of North Port aims to stabilize and improve the quality of life for low-income individuals and their families during times of hardship.

E.2. Community Impact.

For all applications: Describe the need or justification for this project. Include demand and location of similar services and also include an explanation of what input citizens have had in identifying the need/project:

A significant portion of North Port's population falls within lower to moderate-income brackets. According to the HUD map provided by the County for this application cycle, 43.10% of households in the City of North Port are considered to be low-to-moderate income (LMI). The presence of LMI households in a city has significant implications for the local community. On one hand, it can lead to increased demand for social services and affordable housing, along with potential challenges related to education and crime. On the other hand, if managed well, it can result in stronger community networks, opportunities for social programs, and long-term improvements in workforce development. The key is for local governments and communities to find ways to address these challenges, including the use of CDBG funding for public service initiatives such as social service case management. As stated previously, The presence of LMI households in a city has significant implications for the local community. On one hand, it can lead to increased demand for social services and affordable housing, along with potential challenges related to education and crime. On the other hand, if managed well, it can result in stronger community networks, opportunities for social programs, and long-term improvements in workforce development. The key is for local governments and communities to find ways to address these challenges, such as providing social services case management supported by CDBG funding. As mentioned previously, social services case management plays a crucial role in supporting low-income individuals by

helping them access essential services and resources that can improve their quality of life. Key benefits of social services case management include access to resources, personalized support, advocacy, improved stability, long-term empowerment, a holistic approach, and crisis intervention. The City of North Port has been receiving CDBG funding to provide social services case management for a number of years, helping to improve the quality of life for LMI individuals on a case-by-case basis. Continued support in providing these services is essential for the City of North Port so that everyone in the community is able to thrive.

E.3. Project Timeframe:

For Public Facilities and Improvement applications: List project-specific milestones and planned dates of accomplishment including but not limited to: bid, design, construction, completion, etc.

For Public Service applications: List project-specific outcomes and planned dates of accomplishment including but not limited to: proposed number of unduplicated beneficiaries, whereby each household is counted one time for the fiscal year, regardless of the number of times assisted (Person, Household, etc.)

Please note: Information listed below will become part of the Subrecipient Agreement if project is approved for funding.

Date	Description
11/30/2025	Grant Execution
04/30/2026	Serve 62 beneficiaries and expend at least \$25,000 in CDBG funds
09/30/2026	Serve 125 beneficiaries and expend in total \$55,000 in CDBG funds

E.4. What activities are involved in the project? (Select all that apply)

- ☐ Acquisition (including refinance) of real property
- ☐ Leasing
- ☐ Maintenance
- ☐ Repair/Improvement/Rehabilitation
- ☐ New construction/Reconstruction
- ☐ Demolition
- ☐ Disposition
- ☐ Removal of architectural barriers
- ☐ Soft costs or other non-physical activities (e.g. planning, services, administration, predevelopment costs)
- ☒ Public/Social Services
- ☐ Other

E.5. Description of Budget. Provide a budget narrative that identifies how the project/service/activity will be accomplished. The Project Budget must include all funding sources (including leveraged funds) that are being used

for the proposed project/service; not just the funding being requested.

Include the resources that will be used for the project prior to reimbursement, any potential funding concerns, completeness of budget given, and estimates used. Backup documentation for the budget amounts and associated contracts and statements should be available upon request.

The City of North Port is requesting funds to support social services case management salaries and benefits associated to providing services for CDBG income eligible clients. The City of North Port is also requesting funds for use with CDBG income eligible clients to pay utility bills on a case-by-case basis and as a last resort when other funding sources have already been utilized. Should the grant be awarded, the City will fund the services and then be eligible for reimbursement by the County. The City will request reimbursement of salaries and benefits for social services case managers working with CDBG income eligible clients on a monthly basis. The City will also request reimbursement of utility payments made for CDBG income eligible clients on a monthly basis. All supporting documentation will be provided per the County's guidelines.

F. Required Documents

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F. Required Documents

Please provide the following information.



Conflict of Interest, Purchasing, and Procurement Policies ***Required**

Purchasing Procedure Manual.pdf

Purchasing Procedure Manual.pdf



Organization Chart ***Required**

CNP org-chart-updated-2024.pdf



Most Recent Financial Audit

2023-annual-comprehensive-report.pdf

2022-annual-comprehensive-report.pdf

2021-annual-comprehensive-financial-report.pdf

2023-annual-comprehensive-report.pdf

2022-annual-comprehensive-report.pdf

2021-annual-comprehensive-financial-report.pdf



Official Correspondence

****No files uploaded**



Proof of Current 501(c)(3) Status

****No files uploaded**



Copies of Executed Agreements for Committed or Secured Funds

****No files uploaded**



W-9

W-9 2024 (signed) (1) (2).pdf

Submit

No data saved

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Submit

Please provide the following information.

☐ The signature below certifies that I am an Authorized Representative approved by the Agency's Board of Directors to enter into this agreement and that the applicant will conduct the proposed activity in the location, time, and manner within the budget presented. It certifies that the proposed activity addresses one of the priorities as contained in the Sarasota County 5-Year Consolidated Plan.

☐ The applicant certifies that the CDBG funds will be used in the manner described and will be used only to reimburse those eligible costs described in the approved budget and any other type of funds presented in the budget, will be obtained and used for the proposed project.

Name

Title

Signature

****Not signed**