

County Administration Government Relations 1112 Manatee Avenue West Bradenton, FL 34205 Phone: (941) 748-4501 Ext. 3769

mymanatee.org

# Community Development Block Grant Disaster Recovery (CDBG-DR) Administrative Action Plan

Manatee County, Florida April 2025

## Table of Contents

Backgr	ound	3
Comm	ent Period and Public Notices	3
Propos	ed Allocation of Funds	4
Appen	dix A: Certifications	6
A.	Authority of Grantee:	6
B.	Consistency with the Action Plan:	6
C.	Citizen Participation:	6
D.	Use of Funds:	6
F	Grant Timeliness:	7

### Background

The purpose of this Administrative Action Plan (AAP) for the Community Development Block Grant Disaster Recovery (CDBG-DR) program is to enable Manatee County (County) to access and begin using funds for allowable administrative activities prior to the submission of the full program Action Plan.

This will allow the County, as the grantee, to initiate planning activities, coordinate with units of local government within the County, procure and utilize consulting assistance for development of the CDBG-DR Action Plan, and begin general administrative tasks for the program.

General Information for Administrative Action Plan Submission			
Grantee Name	Manatee County		
State	Florida		
Date Plan Submitted	March 31, 2025		
Total Grant Amount	\$252,711,000		
Total Amount of Program Administrative Costs Budgeted (5% of grant)	\$12,635,550		
Grantee Contact (Name)	Michele R. Davis-Farnham, Grant Administration Division Manager		
Grantee Contact (Email/Phone)	michele.davis@mymanatee.org, (941) 748-4501, Ext. 3769		
HUD Contact (Name)	Cyntoria D. Thomas, Community Planning and Development Representative		
HUD Contact (Email/Phone)	Cyntoria.D.Thomas@hud.gov, (904) 877-3737		

### Comment Period and Public Notices

Normally, a grantee must publish for public comment any proposed action plan and substantial amendments to the plan. However, because the Administrative Action Plan will only include program administrative costs, and to allow for a more streamlined process and timely awarding of grants, HUD does not require a public comment period for the AAP.<sup>1</sup>

However, residents with concerns or questions about the AAP and the use of CDBG-DR administrative funds are encouraged to contact the County via the following methods:

Email: cdbg.dr@mymanatee.org

Phone: (941) 742-4787

**Mail: Manatee County Government Relations** 

Attn: CDBG-DR

<sup>&</sup>lt;sup>1</sup> See section I.B.2. of US Department of Housing and Urban Development. *Common Application, Waivers, and Alternative Requirements for Community Development Block Grant Disaster Recovery Grantees: The Universal Notice.* Published January 8, 2025. Updated March 19, 2025 (90 FR 1754). <a href="https://www.hud.gov/sites/default/files/CPD/documents/CDBG-DR/Updated-6489-N-01-CDBG-DR-UN-Compliance-with-Memo-25-02-English-PDF.pdf">https://www.hud.gov/sites/default/files/CPD/documents/CDBG-DR/Updated-6489-N-01-CDBG-DR-UN-Compliance-with-Memo-25-02-English-PDF.pdf</a>.

# 1112 Manatee Avenue West Bradenton, FL 34205

HUD requires that grantees publish the Administrative Action Plan online when it is submitted to HUD. The manner of publication of the Administrative Action Plan must include prominent posting on the grantee's official disaster recovery website and include any substantial amendments to the Administrative Action Plan. To fulfill this requirement, the County's Administrative Action Plan will be published online at:

#### https://www.mymanatee.org/cdbgdr

There is no due date for the Administrative Action Plan as it is optional and, as such, it may be submitted by the County at any time prior to submission of the grantee's Action Plan addressing the use of the overall CDBG-DR grant. Pursuant to section I.B.2. of HUD's January 8, 2025, Universal Notice (Updated March 19, 2025), HUD will review the Administrative Action Plan or substantial amendment to the Administrative Action Plan within 15 calendar days from the date of receipt and determine whether to approve the Administrative Action Plan.

### Proposed Allocation of Funds

Pursuant to an overall appropriation of \$12 billion by Public Law 118-158,<sup>2</sup> HUD allocated \$252,711,000 to Manatee County in CDBG-DR disaster recovery and mitigation grant funding to meet unmet needs from presidentially declared disasters under FEMA DR-4806-FL (Debby), DR-4828-FL (Helene), and DR-4834-FL (Milton). Up to 5 percent of the total allocation (\$12,635,550) may be used for the administration of the program.

Administration costs are necessary to support expenses related to administrative activities and include Action Plan development, community engagement, overall grant management, compliance and monitoring, and other costs specified as eligible administrative expenses in 24 CFR 570.206.<sup>3</sup>

Under the Administrative Action Plan, Manatee County is proposing to receive access to \$2,527,000 or approximately 20 percent of the overall amount available for administration under the County's CDBG-DR grant. The County recognizes that it must budget available administrative funds over the full six-year life of the grant as established by HUD (see section III.F.1. of HUD's January 8, 2025, Notice) and balance that reality against the fact that higher costs will be incurred during program formulation and launch. It is for this reason that the County is budgeting the requested \$2,527,000 essentially against first year costs.

The requested administrative funds will be for the following allowable administrative activities:

Administrative Acti	vity	Budget Allocation
other expenses ass	tive costs, consulting fees, and ociated with the development, gement of the Action Plan and	\$2,527,000

<sup>&</sup>lt;sup>2</sup> US Department of Housing and Urban Development. *Allocations for Community Development Block Grant Disaster Recovery and Implementation of the CDBG–DR Consolidated Waivers and Alternative Requirements Notice (UN AAN)*. Published January 16, 2025 (90 FR 4759). https://www.govinfo.gov/content/pkg/FR-2025-01-16/pdf/2025-00943.pdf.

<sup>&</sup>lt;sup>3</sup> 24 CFR 570.206. *Program administrative costs*. <a href="https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570/subpart-C/section-570.206">https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570/subpart-C/section-570.206</a>.

general CDBG-DR grant set-up including financial certifications, unmet needs analysis, capacity assessment, and implementation plan.

Staff time, administrative costs and other expenses associated with activities and services for Action Plan drafting, public engagement, and technical assistance support.

Staff time, administrative costs, and other expenses associated with the design, development, review, implementation, and monitoring of resilience and recovery programs and activities.

Other eligible activities as authorized under 24 CFR 570.206 and HUD's Notice of January 8, 2025 (90 FR 1754) (Updated March 19, 2025).

### Appendix A: Certifications

In accordance with Appendix A of HUD's January 8, 2025, Federal Register Notice (90 FR 1754) (Updated March 19, 2025), Manatee County, Florida (Grantee) provides the following certifications with respect to its Administrative Action Plan:

- **A. Authority of Grantee:** The Grantee certifies that the Administrative Action Plan for disaster recovery is authorized under state and local law (as applicable) and that the grantee, and any entity or entities designated by the Grantee, and any contractor, subrecipient, or designated public agency carrying out an activity with CDBG-DR funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations as modified by waivers and alternative requirements.
- **B.** Consistency with the Action Plan: The Grantee certifies that activities to be undertaken with CDBG-DR funds are consistent with its Administrative Action Plan.
- C. Citizen Participation: The Grantee certifies that it is following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.115 or 91.105 (except as provided for in waivers and alternative requirements). Also, each local government receiving assistance from a state Grantee must follow a detailed citizen participation plan that satisfies the requirement of 24 CFR 570.486 (except as provided for in waivers and alternative requirements).
- **D.** Use of Funds: The Grantee certifies that it is complying with each of the following criteria:
  - (1) Purpose of the Funds. Funds will be used solely for necessary expenses related to disaster relief, long-term recovery, restoration of infrastructure and housing, economic revitalization, and mitigation in the most impacted and distressed areas for which the President declared a major pursuant to the Stafford Act (42 U.S.C. 5121 et seq.).
  - (2) Maximum Feasibility Priority. With respect to activities expected to be assisted with CDBG-DR funds, the Admin Action Plan has been developed so as to give the maximum feasibility priority to activities that will benefit low- and moderate-income families.
  - (3) Overall benefit. The aggregate use of CDBG-DR funds shall principally benefit low- and moderate-income families in a manner that ensures that at least 70 percent (or another percentage permitted by HUD in a waiver) of the grant amount is expended for activities that benefit such persons.
  - (4) Special Assessment. The grantee will not attempt to recovery any capital costs of public improvements assisted with CDBG-DR grant funds by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) the grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than under this title; or (b) for purposes of assessing any amount against properties owned and occupied by persons of moderate income, the Grantee certifies to the Secretary that it lacks sufficient CDBG funds (in any form) to comply with the requirements of clause (a).

**E. Grant Timeliness:** The Grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out disaster recovery activities in a timely manner and that the grantee has reviewed the requirements applicable to the use of grant funds.

Further, Manatee County provides assurance that it shall comply with the following certifications:

- A. General Certifications at 24 CFR 91.225(a)(1) and (a)(3).
- B. Community Development Block Grant Program Certifications at 24 91.225(b)(5), (b)(6), and (b)(8).

Completed certifications attached	$\boxtimes$

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001, and 31 U.S.C. 3729.

Signature of Certifying Official

George Kruse, Chairperson

Printed Name of Certifying Official

CLERK OF CIRCUIT COURT AND COUNTY COMPTROLLER

DEPUTY CLERK

	Of:			
*a. Applicant FL-016			b. Program/Project FL-016	
Attach an additional list of Prog	ram/Project Congressional Distric	ts if needed.		
		Add Attachment	Delete Attachment View	Attachment
17. Proposed Project:				
* a. Start Date: 01/21/2025	5		* b. End Date: 08/14/2	2031
18. Estimated Funding (\$):				
* a. Federal	2,527,000.00			
b. Applicant	0.00			
* c. State	0.00			
* d. Local	0.00			
* e, Other	0.00			
* f. Program Income	0.00			
* g. TOTAL	2,527,000.00			
Yes No				
If "Yes", provide explanation  21. *By signing this applicate a comply with any resulting te	tion, I certify (1) to the statem nd accurate to the best of n rms if I accept an award. I am	ents contained in the list ny knowledge. I also pro aware that any false, fict	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement	s** and agree to
If "Yes", provide explanation  21. *By signing this application are true, complete a comply with any resulting to subject me to criminal, civil,  **   AGREE	tion, I certify (1) to the statem	ents contained in the listy knowledge. I also proaware that any false, fict J.S. Code, Title 18, Section	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
If "Yes", provide explanation  21. *By signing this application are true, complete a comply with any resulting to subject me to criminal, civil,  ** I AGREE  ** The list of certifications and	tion, I certify (1) to the statem nd accurate to the best of n rms if I accept an award. I am or administrative penalties. (I	ents contained in the listy knowledge. I also proaware that any false, fict J.S. Code, Title 18, Section	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
If "Yes", provide explanation  21. *By signing this application are true, complete a comply with any resulting to subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.	tion, I certify (1) to the statem nd accurate to the best of n rms if I accept an award. I am or administrative penalties. (I assurances, or an internet site	ents contained in the listy knowledge. I also proaware that any false, fict J.S. Code, Title 18, Section	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
21. *By signing this application are true, complete a comply with any resulting to subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:  Middle Name:	tion, I certify (1) to the statem nd accurate to the best of n rms if I accept an award. I am or administrative penalties. (I assurances, or an internet site	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
If "Yes", provide explanation  21. *By signing this applical herein are true, complete a comply with any resulting te subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:	tion, I certify (1) to the statem nd accurate to the best of n rms if I accept an award. I am or administrative penalties. (I assurances, or an internet site	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this	of certifications** and (2) the vide the required assurance tious, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
If "Yes", provide explanation  21. *By signing this application are true, complete a comply with any resulting te subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Bishop	tion, I certify (1) to the statem nd accurate to the best of nrms if I accept an award. I am or administrative penalties. (I assurances, or an internet site	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this	of certifications** and (2) the vide the required assurance tious, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
If "Yes", provide explanation  21. *By signing this application are true, complete a comply with any resulting te subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Bishop  Suffix:	tion, I certify (1) to the statem nd accurate to the best of n rms if I accept an award. I am or administrative penalties. (I assurances, or an internet site	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this st Name: Charlie	of certifications** and (2) the vide the required assurance tious, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
If "Yes", provide explanation  21. *By signing this application are true, complete a comply with any resulting to subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Bishop  Suffix:  * Title:  County Admin.	ition, I certify (1) to the statem nd accurate to the best of nrms if I accept an award. I am or administrative penalties. (I assurances, or an internet site assurances, or an internet site assurances.)	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this st Name: Charlie	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
21. *By signing this application herein are true, complete a comply with any resulting to subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Bishop  Suffix:  * Title:  County Admin.  * Telephone Number: 941-74	tion, I certify (1) to the statem nd accurate to the best of nrms if I accept an award. I am or administrative penalties. (I assurances, or an internet site  * Fin  istrator  19-3004  mymanatee.org	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this st Name: Charlie	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements s** and agree to ts or claims may
21. *By signing this application herein are true, complete a comply with any resulting to subject me to criminal, civil,  ** I AGREE  ** The list of certifications and specific instructions.  Authorized Representative:  Prefix:  Middle Name:  * Last Name:  Bishop  Suffix:  * Title:  County Admin.  * Telephone Number: 941-74  * Email: charlie.bishop@	tion, I certify (1) to the statem nd accurate to the best of no rms if I accept an award. I am or administrative penalties. (I assurances, or an internet site assurances, or an internet site assurances.)  * Find the statem assurance is a surance and internet site assurances.  * Find the statem assurance as a surance assurance and internet site assurance as a surance	ents contained in the list by knowledge. I also pro aware that any false, fict J.S. Code, Title 18, Section where you may obtain this st Name: Charlie	of certifications** and (2) the vide the required assurance tlous, or fraudulent statement 1001)	at the statements st* and agree to its or claims may

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for Federal Assistance SF-424						
Preapplication New		ontinuation	If Revision, select appropriate letter(s):  Other (Specify):			
* 3. Date Received:  4. Applicant Identifier:						
5a. Federal Entity Identifier:			5b. Federal Award Identifier:			
State Use Only:	State Use Only:					
	6. Date Received by State: 7. State Application Id		Identifier:			
8. APPLICANT INFO	ORMATION:					
* a. Legal Name: C.	ounty of Manatee					
* b. Employer/Taxpayer Identification Number (EIN/TIN):  59-6000727		I/TIN):	* c. UEI: TM1APB6J5TD6			
d. Address:	***					
* Street1: Street2:	1112 Manatee Ave Wes	st				
* City: County/Parish:	Bradenton					
* State: Province:	FL: Florida					
* Country:  * Zip / Postal Code:	USA: UNITED STATES 34205-7804					
e. Organizational U	Init:					
Department Name:			Division Name:			
f. Name and contac	ct information of person to	be contacted on ma	atters involving this application:			
Prefix:  Middle Name:  * Last Name:  Dav  Suffix:	is-Farnam	* First Name	Michele			
Title: Grants Adm	Title: Grants Administration Division Manager					
Organizational Affilia	tion:					
* Telephone Number	941-392-0444		Fax Number:			
*Email: michele	.davis@mymanatee.org	· · · · · · · · · · · · · · · · · · ·				

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Housing and Urban Development
11. Assistance Listing Number:
14.28
Assistance Listing Title:
Community Development Block Grants/Entitlement Grants
* 12. Funding Opportunity Number:
FR-6512-N-01
* Title:
Allocations for Community Development Block Grant Disaster Recovery and Implementation of the CDBG-DR Consolidated Waivers and Alternative Requirements Notice (UN AAN)
DESCRIPTION OF THE PROPERTY OF
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
County of Manatee HUD CDBG-DR Administrative Action Plan
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments