

RESOLUTION NUMBER 86-193

A RESOLUTION AUTHORIZING SUBMISSION OF AN APPLICATION FOR COMMUNITY DEVELOPMENT BLOCK GRANT (SMALL CITIES) TO THE DEPARTMENT OF COMMUNITY AFFAIRS, STATE OF FLORIDA, FOR FISCAL YEAR 1986-87.

WHEREAS, the COUNTY of ST. JOHNS desires to submit an application to the Department of Community Affairs (DCA), State of Florida, for a Small Cities Community Development Block Grant (CDBG) to provide funds for the rehabilitation and replacement of houses in the Target Area

and,

WHEREAS, the County of St. Johns desires to use the proceeds of the CDBG, when funded, for improvements consisting of rehabilitation, removal and replacement of houses in the Sunnyside Park Target Area and the Cathedral Place Target Area

NOW THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSION of the County of St. Johns FLORIDA, as follows:

- 1. That the County of St. Johns hereby authorizes the filing of an application with the DCA for a CDBG in the amount of Six Hundred and Fifty Thousand Dollars and no/100ths (\$650,000.00) for the purpose set forth herein.
2. That the Chairman of the County Commission is hereby authorized to execute all documents required in connection with the filing of said application, the same to be filed with DCA on or before

THIS RESOLUTION PASSED THIS 29th DAY OF December, 1986.

BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

By: Phyllis L. Lydon Chairman

ATTEST: Carl "Bud" Markel, Clerk

By: Sami J. Secker Deputy Clerk

FLORIDA DEPARTMENT OF
COMMUNITY AFFAIRS
Small Cities CDBG Program
APPLICATION SUMMARY AND ASSURANCES
CDBG-2
10/86
Page 1 of 8

Target Area's Districts:

- 7) Congressional: 4
8) Senate: 9
9) House: 19, 21, 22
10) Date of Submission: 1/5/87

Application is hereby made for a Community Development Block Grant under Title I of the Housing and Community Development Act of 1974, as amended, Section 290.045, F.S. Chapters 9B-25 and 9B-35, F.A.C.

- 11) City Applicant: _____
12) County Applicant: X
13) Joint Applicant: _____
(check one)

Legal Applicant-Recipient

- 1) Name of Applicant:
St. Johns County
2) Mailing Address:
P.O. Drawer 300
St. Augustine, Florida 32084
3) Street Address:
U.S. 1 North
St. Augustine, Florida 32084
4) Telephone: (904)824-8131
5) County: St. Johns

- 14) Resolution Attached: X
Dated: _____

- 15) Name of Local Contact Person:
Bill Bryan

- 16) Title: Grant Coordinator

- 17) Telephone: (904)824-8131, Ext.252

- 18) Agency or Firm Responsible for Preparing the Application:

Fred Fox Enterprises, Inc.

- 19) Program Category (check one)
X Housing

____ Neighborhood Revitalization

6) Brief Project Description:

SEE ATTACHED PAGE

- 20) CDBG Funds Requested:
\$ 650,000

- 21) Prior CDBG Funds: [X] Yes [] No
Amount: Year Funded:

\$650,000	1984
\$650,000	1986

- 22) I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge and belief, data in this application is true and correct, submission of the application has been duly authorized by resolution by the governing body of the applicant and the applicant will comply with the certifications and assurances as attached as pages ____ through ____ if assistance is approved. If other than the chief elected official, attach a copy of the official authorization.

- 23) Typed Name of Chief Elected Official: Phyllis Lydon, Chairman

Phyllis L. Lydon 29 Dec 86
Signature Date

- 24) If joint application, the other participating jurisdictions must certify to comply with the attached assurances by signing below.

____ N/A _____ N/A
Signature Date

____ _____
Signature Date