





General Information:  Local Government Applicant Name  Official Project Title  DUNS #  Please select which qualifying county the project is located in.  BAY  Application Preparer: (This is the person that DEO will contact regarding any question within your submitted application.)  First and Last Name  Darryl Cox  Title  Program Manager  Mailing street address  2120 Killarney Way  City  Tallahassee  FL  Zip  32309  Phone Number		
City of Springfield  Official Project Title  OUNS #  Please select which qualifying county the project is located in.  BAY  Application Preparer: (This is the person that DEO will contact regarding any question within your submitted application.)  First and Last Name  Darryl Cox  Program Manager  Mailing street address  City  Tallahassee  FL  Zip  Phone Number  Email Address  City of Springfield  Springfield Medical Center  Springfield Medical Center  Decated in.  Springfield Medical Center  Decated in.  Springfield Medical Center  Springfield Medical Center  Springfield Medical Center  Decated in.  Springfield Medical Center  Decated in.  Springfield Medical Center  Decated in.  Springfield Medical Center  Springfield Medical Center  Decated in.  Springfield Medical Center	Applicant Information	
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Title Program Manager  Mailing street address  2120 Killarney Way  Tallahassee  State  FL  32309  Phone Number  850-739-3600  Email Address  darryl.cox@theintegritygroup.net  Does the Application Preparer also serve as the project lead?  Yes	Application Preparer: (This is the person that Dyour submitted application.)	DEO will contact regarding any question within
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State Zip  32309  Phone Number  Email Address  Does the Application Preparer also serve as the project lead?  Yes	Mailing street address	2120 Killarney Way
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Phone Number  Email Address  darryl.cox@theintegritygroup.net  Does the Application Preparer also serve as the project lead?  Yes	State	FL
Email Address  darryl.cox@theintegritygroup.net  Does the Application Preparer also serve as the project lead?  Yes	Zip	32309
Does the Application Preparer also serve as the project lead?  Yes	Phone Number	850-739-3600
Yes	Email Address	darryl.cox@theintegritygroup.net
	Yes	he project lead?

Local project manager/lead contact: (This is the	ne person who will lead the project locally.)
First and Last Name	Olivia Schmidt
Title	Project Manager
Mailing Street Address	2120 Killarney Way
City	Tallahassee
State	FL
Zip	32309
Phone Number	(850)739-3600
Email Address	olivia.schmidt@theintegritygroup.net
Total CDBG-DR requested (in dollars):	
1,500,000	
Total Project Budget (in dollars):	
1,500,000	
Select which leveraged funds have been procuthat apply).	ured for the program or project, if any (select all
FEMA	Private Funds
Local Match	Other
State Funds	
If you selected "Other" in the previous question, please specify which leveraged funds have	

been procured.

Does the proposed recovery activity reside within any tribal governments?  Yes  No
Please state which tribal government(s) the project resides within.
Does the proposed recovery activity exist within any municipality(s)?  Yes No
Please state which municipality(s) the proposed project effects.
City of Springfield
Does the proposed recovery activity involve any unincorporated area(s)?  Yes  X No
Please state which unincorporated area(s) the proposed project effects.
Is the local government covered by the National Flood Insurance Program?
Applicants must be covered by the National Flood Insurance Program to receive CDBG-DR funding, or they will be disqualified.  Yes No
Are there any co-applicants involved in this project?  Yes  No

Please select which National Objective the project addresses:  Low-Moderate Income Area  Urgent Need
How was the LMI data obtained for this project?  Survey Data  Census Block Data
Please specify which census blocks were used in calculating LMI area.  See Map

Please select which Eligible Activity that best describes the proposed program or project:	:
Restoration of Infrastructure  Public Facilities such as emergency community shelters  Re-nourishment of protective coastal dunes systems  X Demolition, rehabilitation of publicly or privately owned commercial or industrial buildings  Other	
If you selected "Other" for the previous question, please specify what Eligible Activity best describes your program or project.	

Does the applicant have a citizen complaint policy, acquisition and relocation policy, housing assistance plan and procurement policy in place that meets HUD guidelines? (Select all that apply)
Citizen Complaint Policy  Housing Assistance Plan
Acquisition and Relocation Policy Procurement Policy
Readiness to Proceed
Select "Yes" or "No" for key factors achieved to support that the program or project is ready to proceed. If "Yes" is selected, you will be prompted to provide any supporting documentation with the file upload link for the pertaining question.
Site Control  Yes  No
Zoning and Community Approval  Yes  No

## **Supporting Documents**

Please provide three (3) maps with an overlay that clearly shows each of the following criteria:

- 1. Project Location and/or Service Area
- 2. Low-and-Moderate-Income Service Area
- 3. Most Recent Flood Plain Map

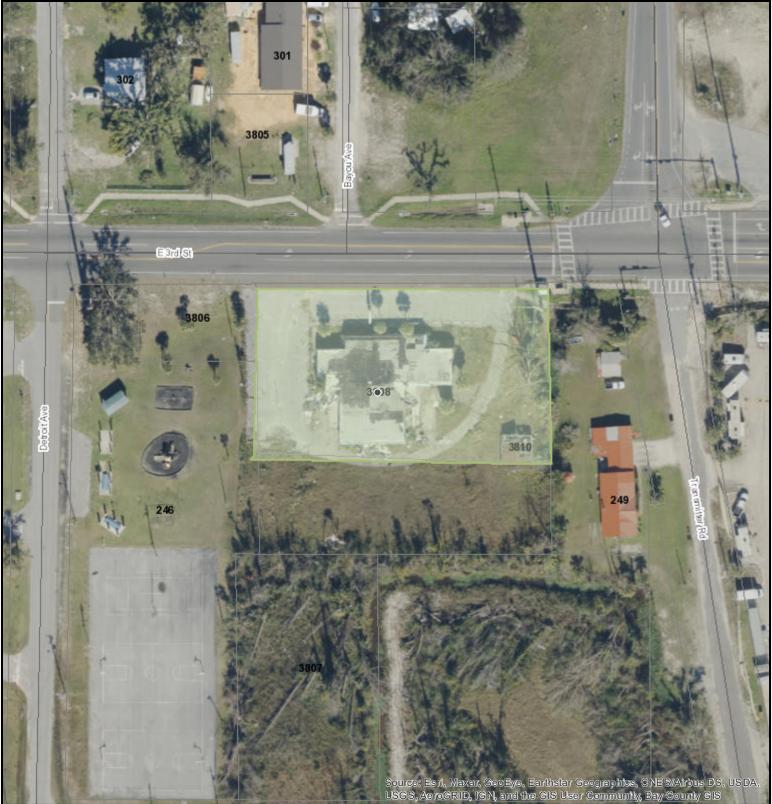
### City of Springfield: Acquisition and Demolition of Springfield Medical Center

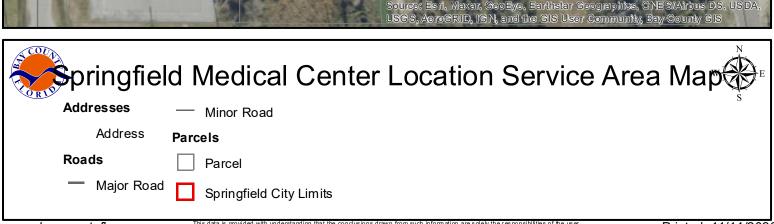
Purpose: Acquire demolish severely damaged property and use property for expansion of existing park.

On October 18, 2018, Hurricane Michael devasted the City of Springfield and the surrounding area. One of the properties severely damaged during the storm was a property located at 3808 E. 3<sup>rd</sup> Street, locally known as the Springfield Medical Center. The property is located adjacent to long-time city recreation facility, Buddy McLemore Park. The park also sustained significant damage and the city is currently seeking funding to repair and upgrade the Community Park.

The acquisition and demolition of the Springfield Medical Center property will allow the city to expand the park's borders to include safe and lighted, ADA approved parking space for the expansion of tennis courts. The property is currently owned by a city resident who relocated their practice to another location after Hurricane Michael. The owner left behind a heavily damaged building. Due to the significant costs to demolish this facility, the owner has not complied with the City's demand for corrective action. These damages greatly affect property values in the surrounding area. The facility is in Census Tract 10, Block Group 1, and has an LMI population of 67.36%.

Acquisition and demolition of this property will enable the city to expand the existing park and thereby enhance overall recreational facilities for the City's 9,000 residents.





# National Flood Hazard Layer FIRMette



#### Legend SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT Without Base Flood Elevation (BFE) With BFE or Depth Zone AE, AO, AH, VE, AR SPECIAL FLOOD **HAZARD AREAS** Regulatory Floodway 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X **Future Conditions 1% Annual** Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee. See Notes. Zone X OTHER AREAS OF FLOOD HAZARD Area with Flood Risk due to Levee Zone D NO SCREEN Area of Minimal Flood Hazard Zone X Effective LOMRs OTHER AREAS Area of Undetermined Flood Hazard Zone D - - - Channel, Culvert, or Storm Sewer **GENERAL** STRUCTURES | LILLI Levee, Dike, or Floodwall 20.2 Cross Sections with 1% Annual Chance 17.5 Water Surface Elevation **Coastal Transect** Base Flood Elevation Line (BFE) Limit of Study **Jurisdiction Boundary Coastal Transect Baseline** OTHER **Profile Baseline FEATURES** Hydrographic Feature Digital Data Available

an authoritative property location. This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below.

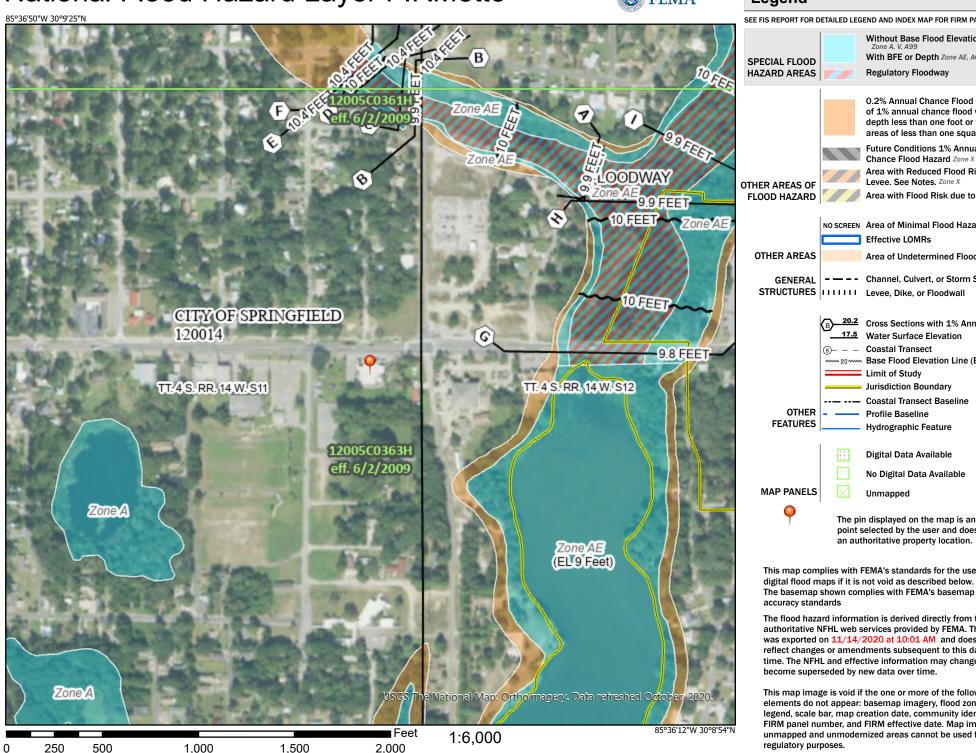
Unmapped

No Digital Data Available

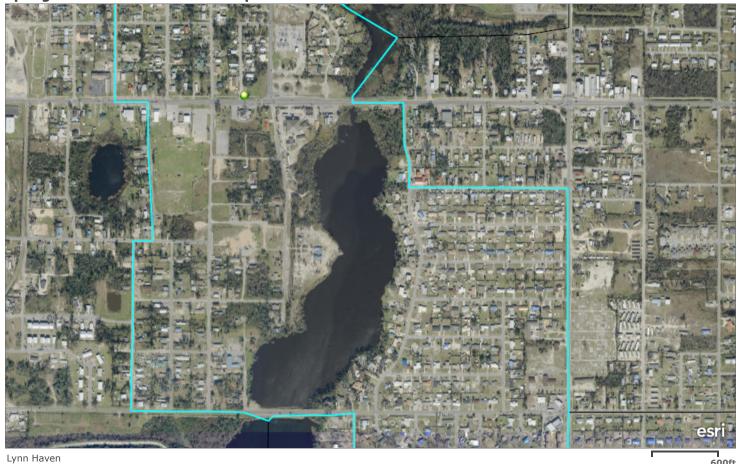
The pin displayed on the map is an approximate point selected by the user and does not represent

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 11/14/2020 at 10:01 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



### **Springfield Medical Center LMI Map**



Bay County, Bay County, FL, USDA FSA, GeoEye, Maxar

LMISD by Block Group: Block Group 1, Census Tract 10, Bay County, Florida Source 2015ACS geoname Block Group 1, Census Tract 10, Bay County, Florida

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Countyname Bay County

State 12 005 County 001000 Tract Blckgrp 495 Low Lowmod 650 Lmmi 765

Lowmoduniv Lowmod\_pct 965 67.36

uclowmod

0.00 ucLowmod\_p MOE\_Lowmod MOE\_ucLowm Shape\_\_Area +/-19.90 0.00

600ft

