

HOME Investment Partnership Program



2012-2013 Request for Funding Application

Planning Department
801 Crawford Street, 4th Floor
Portsmouth, VA 23704
757-393-8836



For City use, do not complete below this line

APPLICATION NUMBER: _____
APPLICANT: _____
PROJECT NAME: _____
REQUESTED AMOUNT OF HOME FUNDING: _____ \$



Dear Applicant:

Welcome and thank you for your interest in providing Community Planning & Development Programs within the City of Portsmouth!

To help promote the most efficient and effective delivery of programs and services, the City has worked extensively over the past three years to update its 5-year Consolidated Plan and to provide enhanced linkages and connectivity to the goals, objectives and strategies contained within *Destination 2025*, the City's Comprehensive Plan.

As the City considers your application, please ensure your request clearly meets an eligible Activity/Objective. Unfortunately, applications which do not meet such eligibility, or are incomplete, can not be considered. HUD, thru the City, has intensive documentation and reporting requirements – please be aware of all Federal, State and local requirements before applying. Every organization that is awarded funds must have a DUNS number and register in the Federal Center Contractor's Registration System (www.ccr.gov)

Further, it may be possible that requests for funding will exceed Portsmouth's Entitlement. In support of reviewing all submitted applications for funding, the City has developed the following goals and applications ultimately recommended for approval will have clearly demonstrated the following, moreso than requests which will not be recommended for funding:

- ✓ The degree to which the proposal is consistent with the Consolidated Plan and directly achieves specific Consolidated Plan priorities;
- ✓ The amount of funding leveraged from other sources; HUD's goals strive for a 3:1 match.
- ✓ Projects which have less admin. and/or overhead costs as a percentage of the total proposed budget; *As part of the 2012 entitlement process, the City expects HUD requirements will significantly reduce funding admin costs.*
- ✓ **New for 2012 applications:** The City strongly recommends the budget express admin and overhead costs as a percentage of the total costs required to deliver the activity; or alternatively, a fixed fee for each delivered and completed activity (rather than line-item admin/overhead costs) can be proposed;
- ✓ Funding for projects that complete previously funded and in-progress projects before beginning new projects;
- ✓ Project performance measurements that are obtainable and reportable; have realistic objectives and timeframes; and are financially feasible for the funds requested;
- ✓ Projects which will make a significant impact on the targeted neighborhood and/or population to be served;
- ✓ Provides a conservative budget with respect to estimating program income;
- ✓ Through past performance, the applicant has demonstrated the capacity to complete the proposal; and
- ✓ Projects which link services and resources with similar projects to achieve its goal.
- ✓ **New for 2012 applications:** Please be mindful that expenses associated with finding and qualifying new homebuyers are not HOME-eligible costs. Homebuyer recruitment, counseling and qualification costs are an eligible CDBG expense though, so please plan & apply accordingly. Given these austere economic times, combined with a tough lending environment, the City of Portsmouth strongly recommends that when an activity calls for needing a homebuyer, that all Sub-recipient Agencies partner up together with a single community agency that specifically specializes in providing and qualifying first time home buyers. By combining these resources, the City hopes to develop a more efficient and effective process; a greater pool of eligible homebuyers will be available which will translate to greater opportunities for delivery and completion of activities. Again, please plan & apply accordingly.

It's easy to be passionate about Portsmouth, and we look forward to working together in partnership with you to improve the lives of all Portsmouth residents.

**Fiscal Year 2013 Program Application for:
HOME Program
READ APPLICATION INSTRUCTIONS THOROUGHLY**

THIS APPLICATION SHALL ONLY BE USED TO APPLY FOR HOME INVESTMENT PARTNERSHIP PROGRAM FUNDS. IF APPLYING FOR COMMUNITY BLOCK GRANT PROGRAM (CDBG) FUNDS, PLEASE USE THE CDBG PROGRAM APPLICATION.

SECTION I - AGENCY INFORMATION

Organization/Agency Name:			
DUNS Number:		Employer Federal I.D. Number:	
Website:		Faith Based Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:	City:	State:	Zip:
Telephone:		Fax:	
Applicant Type <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Public agency <input type="checkbox"/> Certified CHDO. CHDO allocation requires current CHDO certification, request application from Staff			
Has this program received funding from the City in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, identify Funding Source _____ Program Year _____ Amount _____			
Executive Director		Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-Mail:			

SECTION II - PROJECT INFORMATION (FOR PROJECTS INVOLVING CONSTRUCTION OR REHABILITATION ON MORE THAN A ONE UNIT BASIS, CONTACT JEFFREY CRIMER AT 757-393-8836, EXT 4206, FOR ADDITIONAL APPLICATION REQUIREMENTS)

Name of Project:	
Type of Project (mark all that apply) <input type="checkbox"/> Homeownership Number of units _____ <input type="checkbox"/> Rental Number of units _____ <input type="checkbox"/> Rental Assistance Number of units _____ <input type="checkbox"/> Administration <input type="checkbox"/> CHDO Operating <input type="checkbox"/> Other (specify) _____ Number of units _____	Project Activity (mark all that apply) <input type="checkbox"/> Rehabilitation Number of units _____ <input type="checkbox"/> Homebuyer Assistance Number of units _____ <input type="checkbox"/> New Construction Number of units _____ <input type="checkbox"/> Conversion Number of units _____ <input type="checkbox"/> Modular Number of units _____ <input type="checkbox"/> Tenant Based Rental Assistance Number of units _____ <input type="checkbox"/> Acquisition* (see below) Number of units _____ <input type="checkbox"/> Administration <input type="checkbox"/> CHDO Operating <input type="checkbox"/> Other (specify) _____ Number of units _____
*If Acquisition: Are any persons currently living on the site? <input type="checkbox"/> Yes <input type="checkbox"/> No Will project result in change in use of existing housing units? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered Yes to either question above, do you have an Anti-displacement and Relocation Assistance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Project <input type="checkbox"/> City-wide <input type="checkbox"/> Area For Area (including rehab, homebuyer assistance, construction, acquisition) identify specific street address	

*** Do Not Exceed Space Allocated for Each Question. ***

where funds will be expended. If more than one address, please add all addresses):

SECTION III - PROJECT FUNDING: Identify all leverage. All HOME project costs require matching contributions. To be counted as match, a contribution must be made to housing that qualifies as affordable under Section 215 of the National Affordable Housing Act.

REQUESTED THIS APPLICATION	\$	
OTHER FEDERAL	\$	Source:
OTHER CITY FUNDS	\$	
STATE FUNDS	\$	Source:
PRIVATE FUNDS	\$	Source:
OTHER	\$	Source:
TOTAL PROJECT COST	\$	
Will the program generate program income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate the projected program income to be received. The estimate should also include any PI generated by a prior year project.		

SECTION IV - 5 Year Consolidated Plan 2009 to 2013 see <http://www.portsmouthva.gov/planning/CommPlanDevPrg/>

Cite 5-Year Consolidated Plan 2009 to 2013 local priorities addressed by the project.

SECTION V - BENEFICIARIES AND COLLABORATION

Identify the number of low income households this project will serve.

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Identify if the project will serve to primarily benefit persons with special needs.

Abused Spouses and Their Children
 Elderly
 Homeless
 Individuals with Development Disabilities
 Individuals with Mental Disabilities
 Individuals with Physical Disabilities
 Individuals with alcohol or Other Drug Addictions
 Persons with HIV/Aids
 Other (specify) _____

Identify collaborative partners to be used for outreach of the project. Attach proof of commitments for the project.

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SECTION VII - COMPLETION CHECKLIST

	YES	NO	On File	N/A
1. Application Completed & Signed Certification				
2. Articles of Incorporation and Bylaws				
3. State and Federal Tax Exemption Determination Letters				
4. Federal Employment Identification Numbers				
5. List of Board of Directors, their Titles and Contact Information				
6. Board of Director's Designation of Authorized Official				
7. Most Recent Organization Chart				
8. Job Description of Each CDBG Program Salaried Position				
9. Resume of Chief Fiscal Officer				
10. Financial Statement and Most Recent Audit Report				
11. Matching Funds Commitments Documentation				
12. List of Collaborative Partners and their role				
13. Employee Handbook				
14. Grievance Procedure/Policy (Clients)				
15. Project Implementation Timeline & Additional Outcome Objectives				
16. Source and Uses of Funds – Commitment Letters for All Project Funding or documentation of application.				

**** AUTHORIZATION MUST BE RECEIVED FROM THE PLANNING DEPARTMENT TO USE THE "ON-FILE" RESPONSE.**

SECTION VIII - AGENCY NARRATIVE & PROJECT DESCRIPTION

See the HOME Program Application Instructions for more information regarding the Agency Narrative.

1. Provide a project description including purpose. Provide specific data used to identify and verify the need such as Census data, waiting list information, and other statistics to support the need. Cite reference to the need as identified in the 5 Year Consolidated Plan 2009 to 2013.

2. Describe the overall benefit to the City, i.e. how this project is the solution to the problem.

3. How will you use the HOME funds to implement the project?

4. Current Status of Project. Is project underway

Yes No

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12. Describe the outcomes associated with the project and how you will measure them: Measure at least one outcome.

Common Outcome 1:	
Indicator:	
Target:	
Data Source:	
Data Collection Method:	
Common Outcome 2:	
Indicator:	
Target:	
Data Source:	
Data Collection Method:	
Common Outcome 3:	
Indicator:	
Target:	
Data Source:	
Data Collection Method:	

Section IX Budget		
Source of Funds		
CATEGORY	AMOUNT	Identify Status Pending, Committed, Received, or Applied for
HOME Funds (this request)	\$	
Previous Award	\$	
Other Federal Funds Source: _____	\$	
State Funds Source: _____	\$	
Private Funds	\$	
Private Funds	\$	
Private Funds	\$	
In-Kind Contributions Describe: _____	\$	
In-Kind Contributions Describe: _____	\$	
In-Kind Contributions Describe: _____	\$	
Other Source: _____	\$	
Other Source: _____	\$	
Other Source: _____	\$	
TOTAL FUNDS	\$	

Use of Funds
Complete the table below showing use of all funds shown in the Source of Funds table. For rehab and construction projects HOME funds may be used for eligible project costs per 24 CFR Part 92 206(a), (c), and (d) unless otherwise agreed to. Eligible administrative costs include those per 24 CFR Part 92 207(a)(1) and (a)(5) unless otherwise agreed to.
All program income and CHDO proceeds shall be returned to the City. Applicants shall provide the City with a specific itemized working budget itemizing all project hard costs, all project soft costs, and developer fee.
The budget must identify all sources and uses of funds, and allocate HOME Program funds and non-HOME funds to activities or line items.
If awarded HOME funds, no funds may be expended or obligated unless done pursuant to the approved line-item budget implementing activities identified in the approved budget. The City will not accept reimbursements requests from the Sub-recipient if they deviate from the approved Project Budget

Use of Funds								
1. Administrative			PROGRAM FUNDS			APPLICANT MATCH		TOTAL
POSITION TITLES	ANNUAL SALARY	ANNUAL FRINGE BENEFITS	TOTAL ANNUAL SALARY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL
TOTAL PERSONNEL:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Administrative								
TOTAL OTHER ADMINISTRATIVE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL ADMINISTRATIVE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Project Hard Costs			CPD PROGRAM FUNDS			APPLICANT MATCH		TOTAL
TYPE			QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL
TOTAL PROJECT HARD COSTS:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Project Soft Costs			CPD PROGRAM FUNDS			APPLICANT MATCH		TOTAL
POSITION TITLES	ANNUAL SALARY	ANNUAL FRINGE BENEFITS	TOTAL ANNUAL SALARY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL
TOTAL PERSONNEL:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TYPE			QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL
TOTAL OTHER PROJECT SOFT COST:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PROJECT SOFT COST:				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Developer Fee*								TOTAL
Developer Fee								
GRAND TOTAL:								\$0.00

* The developer's fee shall be calculated as the negotiated developer fee percentage (not to exceed 10%) multiplied by the hard construction costs less the cost of the property acquisition if any. The developer fee will be paid incrementally (based on the negotiated developer fee percentage) with each construction draw. A 10% or \$1,000.00 retainage, whichever is less, will be withheld by the City on each developer fee payment. Upon completion as evidenced by proof of final inspections from the City and submission of all project close out documents, the City will release the accrued retainage to the developer. The developer is required to submit an itemized invoice for each request of developer's fee and should take into account the 10% retainage. The City will not pay any developer's fee unless an accurate invoice is submitted as part of each construction draw.

HOME Match

If awarded HOME funds, applicants must make contributions to their HOME assisted projects equal to 12.5% of the total amount awarded in HOME funds (i.e. \$50,000 = \$6,250 match). Match must be a permanent contribution to the project.

Identify match requirement and source based on expected project costs. Status should indicate; Pending, Committed, Received or Applied for. HOME funds used for administrative costs per 24 CFR Part 92.207 are not required to be matched.

See CPD 97-03 for guidance regarding HOME Program Match

<http://www.hud.gov/offices/adm/hudclips/notices/cpd/97cpdnotices.cfm>

Required Match	Source of Match	Amount	Status
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SECTION X - STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of Portsmouth may request or require changes in the information submitted, and may substitute its own figures that it deems reasonable for any or all figures provided.
4. That, if the project(s) is recommended and approved by City Council, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
5. The City of Portsmouth reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines
8. That past program and financial performance will be considered in reviewing this application.
9. Those services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
10. That, if the project(s) is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. That, if the project(s) is funded, the City will perform an environmental review prior to the obligation of funds.
12. That, if the project(s) is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
13. That a project's funding does not guarantee its continuation in subsequent action plans.
14. The City of Portsmouth reserves the right not to fund any submittals received.
15. That services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
16. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Virginia, and in the aggregate naming the City, its employees and agents as additional insures) will be submitted to the City prior to receiving funds.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above on this ____ day of _____, 2011.

Signature

Title

Organization
