

HOME Investment Partnership Program



2023-2024 Request for Funding Application



Planning Department
801 Crawford Street, 4th Floor
Portsmouth, VA 23704
757-393-8836
crimerj@portsmouthva.gov



For City use, do not complete below this line

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

**Fiscal Year 2024 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. IF HOME FUNDS ARE AWARDED, ALL PROJECTS INVOLVING USE OF FUNDS FOR CREATION OF NEW HOUSING WILL BE REQUIRED TO DOCUMENT THE DEVELOPER'S CAPACITY TO COMPLETE THE PROJECT AND THE NEIGHBORHOOD CHARACTERISTICS THAT SUPPORT THE PROJECT.

SECTION I - AGENCY INFORMATION

Organization/Agency Name:		Employer Federal I.D. Number:			
Website:		DUNS Number:			
Mailing Address:		City:	State:	Zip:	
Telephone No:	Fax No:	Type of Agency (x all that apply)			
		501(c)(3) <input type="checkbox"/>	Govt / Public <input type="checkbox"/>	For Profit <input type="checkbox"/>	Faith Based <input type="checkbox"/>
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)

a. Name of Project:		
b. Location of Project (Specific Street Address where funds will be expended. If more than one address, add all addresses):		
c. Census Tract(s) / Block Group(s):		
d. Type of Project (mark all that apply)		e. Project Activity (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 _____		c) 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 f below) Number of units _____ <input type="checkbox"/> Administration <input type="checkbox"/> CHDO Operating <input type="checkbox"/> Other (specify) _____ Number of units _____
f. *If Acquisition:		
Will project result in change in use of existing housing units?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Are any persons currently living on the site?	<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
g. Location of Project	<input type="checkbox"/> City-wide <input type="checkbox"/> Area
h. For Area (including rehab, homebuyer assistance, construction, acquisition) identify specific street address where funds will be expended. If more than one address, please add all addresses):	
i. Check all that apply to the Project Location Include a map showing the project location.	<input type="checkbox"/> Located in National Register Historic District <input type="checkbox"/> Located in Local Historic District <input type="checkbox"/> Located in low/mod income census tract/block group <input type="checkbox"/> Located in 100-year floodplain <input type="checkbox"/> Zoned for intended use.

SECTION III - PROJECT FUNDING: The City can not commit HOME funds without documentation of other committed funds. Identify all leverage and attach documentation of commitments. 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. The City will not put HOME funds under agreement without documentation of eligible match.

REQUESTED THIS APPLICATION	\$		
OTHER FEDERAL	\$		Source: <input type="text"/>
OTHER CITY FUNDS	\$		
STATE FUNDS	\$		Source: <input type="text"/>
PRIVATE FUNDS	\$		Source: <input type="text"/>
OTHER	\$		Source: <input type="text"/>
TOTAL	\$		
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 - COMPLETION CHECKLIST

DESCRIPTION	YES	NO	COMMENTS
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 HOME Program Salaried Position (specific to the tasks to be completed for the project for which funds are requested).			
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. Grievance Procedure/Policy (Clients)			
14. Project Implementation Timeline showing completion of project by June 30, 2024 & Additional Outcome Objectives			

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED WITH YOUR APPLICATION. ONLY ONE SET OF THE DOCUMENTATION IS REQUIRED. SELECT THE APPROPRIATE RESPONSE FOR EACH DOCUMENT LISTED. IF YOU ARE SUBMITTING MORE THAN ONE APPLICATION, ONLY ONE SET OF THE DOCUMENTATION IS REQUIRED.

SECTION V - 5 Year Consolidated Plan 2020 to 2024 see <http://www.portsmouthva.gov/planning/CommPlanDevPrg/>

Cite 5-Year Consolidated Plan 2020 to 2024 local priorities addressed by the project.

SECTION VI - BENEFICIARIES AND COLLABORATION

Identify income category of targeted households. (Note it is the City's policy to limit homebuyer assistance to households with income at or above 60% of AMI unless otherwise agreed to.)

- Extremely low income (0-30% AMI). Number to be served: _____
- Very low income (31-50% AMI). Number to be served: _____
- Low income (51-80% AMI). Number to be served: _____

Identify if the project will primarily benefit persons with special needs. (Complete only if the overall goal of the project is to serve the identified special needs population.)

- 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.

SECTION VII - AGENCY NARRATIVE & PROJECT DESCRIPTION

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

1. Provide information on purpose of the project as follows:

a. Provide a project description including purpose.

b. Provide specific data used to identify and verify the need such as Census data, waiting list information, and other statistics to support the need. (Prior to use of HOME funds for all homeownership and rental development projects recipients shall document neighborhood market conditions supporting adequate need for the project.)

2. Provide description of services and activities as follows:

a. A description identifying the project and the activities that will be performed or services that will be provided and how they are a solution to the problem identified in 1.

b. Describe your organization's experience in operating Federal programs/projects of a similar nature. If none, please indicate.

c. Identify other funds being allocated to the project/program (i.e. federal, private, or foundation grants, City of Portsmouth funds, etc.) by specific funding source and status (attach letters of commitment).

<p>3. Provide a concise description regarding use of HOME funds toward implementing the project. The narrative should be <u>specific</u> regarding use of the HOME funds and tasks to be completed. Specifically how will you use the HOME funds to implement the project?</p>
<p>4. For “development projects” consisting of acquisition, construction, rehabilitation, or related activities, respond to the following items. (Attach your project pro-forma or other financial feasibility data and describe how this information supports the feasibility of the project.)</p>
<p>a. Identify whether you have site control or the anticipated date when you will have site control. If not identify plan for obtaining site control including date.</p>
<p>b. Provide a review of neighborhood market conditions documenting adequate need for the project.</p>
<p>c. Identify need for local and other permits and status of completion and approval.</p>
<p>d. Indicate the total cost of this project (from start to finish) and whether all financing required, other than the amount applied for in this application, is in place. (Include documentation of commitment of other funding.)</p>
<p>e. Indicate time frame anticipated for completion of project. Is there a firm start date or commitment date by another agency or funding source?</p>
<p>5. Explain how long and in what manner your organization has served the community in which the project will be located. Describe any support the proposed project has received from local government officials, neighborhood groups, community associations, public agencies, and/or potential project residents and project neighbors Attach copies of evidence of support.</p>
<p>6. Ability and Experience.</p>
<p>a. Describe the objective, management structure, and staffing of your organization.</p>
<p>b. Explain your organization’s experience and ability to implement, administer, and manage affordable housing projects.</p>
<p>c. Describe your plan to satisfy all long-term monitoring requirements required by HUD, City, and federal regulations during the HOME affordability period.</p>

d. Provide a list of facilities that you currently operate. Include location, type of project, number of persons/households served, and length of years in operation.	
e. Describe your staff levels and expertise specific to the implementation of this activity including their experience working with the targeted population.	
f. Summarize organization's accomplishments over the past 5 years.	
7. Project Work Schedule. Prepare a realistic schedule showing projected time frames for the commencement and completion of <u>each</u> stage of the project (including design, planning, bidding, construction, and occupancy).	
Projected FY 2024 Project Timeline	
Milestones	Completion Date (00/00/0000)
8. Describe the agency's fiscal management structure, i.e. who administers the bookkeeping or accounting services, financial reporting, record keeping, accounting systems, payment procedures, and audits performed; financial oversight by the Board of Directors; identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five years.	
9. Is the project for which funds are being requested a multi-phased activity requiring funds from future years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe how project will be completed should additional HOME funds not be available or awarded.	
10. Accessibility Requirements (rental projects only). A minimum of 5% of project units (no less than one unit) and 100% of common areas must be fully wheelchair accessible as defined by the Uniform Federal Accessibility Standards. Describe the number of units to be set-aside to meet the accessibility requirements and any features of the project that will promote accessibility for people with physical disabilities, such as ramps, doorways, hallways, bathrooms, elevators, hardware fixtures, signage in Braille, TTD's or TTY's or audio/visual emergency systems.	

11. Will the agency collaborate with others to provide services? If so, provide evidence by attaching proof of commitments for the project.

Yes No

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 VIII Budget (if funded, an itemized sources and uses budget will be required prior to completion of an agreement for funding)

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.

If funded, an itemized sources and uses budget will be required prior to completion of an agreement for funding.

The City can not commit HOME funds without documentation of other committed funds. Identify all leverage and attach documentation of commitments.

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:								
Other Administrative								
TOTAL OTHER ADMINISTRATIVE:								
TOTAL ADMINISTRATIVE:								
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:								
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:								
TYPE			QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL
Other Project Soft Costs								
TOTAL OTHER PROJECT SOFT COST:								
TOTAL PROJECT SOFT COST:								
4. CHDO Developer Fee* See fee policy in application instructions.								TOTAL
Developer Fee								
GRAND TOTAL:								\$0.00

HOME Match

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. If awarded

HOME funds, applicants must make contributions to their HOME assisted projects equal to 25% of the total amount awarded in HOME funds (i.e. \$50,000 = \$12,500 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 IX - FY 24 BUDGET DESCRIPTION

1. Identify all personnel involved in the administration and implementation of the project. (If awarded, the City may request a more detailed summary of responsibilities)

Job Title	Status	Time Devoted to Program	New / Existing	Brief Summary of Responsibilities
e.g. Programs Manager	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	Oversight of budgets
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	

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

	<input type="checkbox"/> Volunteer			
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	

2. Calculate the following Total and CDBG costs per household served.

Total Program Costs / Unduplicated Households Served:	\$	
Total Program Costs / Unduplicated Individuals Served:	\$	
HOME Grant Request / Unduplicated Households Served:	\$	
HOME Grant Request / Unduplicated Households Served:	\$	

3. Provide a description of the leverage funds your agency will be using for the program.

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4. Why are program and or project costs reasonable and justifiable?

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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.
17. Project Certification – for all projects involving use of FY 2023 HOME funds for acquisition, construction/rehabilitation, before committing HOME funds, the Sub-recipient must document and provide the City with a copy of an underwriting review; developer capacity and fiscal soundness; and a review of neighborhood market conditions documenting adequate need for project.

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 _____, 20__.

Signature	Title	Organization