

HAMPTON VA

HOME INVESTMENT PARTNERSHIP PROGRAM FISCAL YEAR 2021

SECTION I - AGENCY INFORMATION

Organization/Agency Name:		Employer Federal I.D. Number:			
Website:		DUNS Number:			
Mailing Address:		City:	State:	Zip:	
Telephone No.: 000-000-0000	Fax No.: 000-000-0000	Type of Agency (✓ Check those that apply)			
		501 (c)(3) <input type="checkbox"/>	Gov't / Public <input type="checkbox"/>	For Profit <input type="checkbox"/>	Faith Based <input type="checkbox"/>
		Other <input type="checkbox"/>			
Has this program received HOME funding in the past?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Executive Director	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-Mail:			

SECTION II - PROJECT INFORMATION

Name of Project:		
Location of Project:		Census Tract(s):

SECTION III - PROJECT FUNDING

SECTION IV - PROJECT TYPE

REQUESTED	\$	Project Type	PROJECT LOCATION IS: (check those that apply)
OTHER FEDERAL FUNDS	\$	<input type="checkbox"/> Acquisition Only <input type="checkbox"/> Rehabilitation Only <input type="checkbox"/> Acquisition & Rehabilitation <input type="checkbox"/> New Construction <input type="checkbox"/> Homebuyer Assistance <input type="checkbox"/> Other	Listed in National Register of Historic Places <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY FUNDS	\$		Listed in a Local Register of Historic Places <input type="checkbox"/> Yes <input type="checkbox"/> No
STATE FUNDS	\$		Within a Federal Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No
PRIVATE FUNDS	\$		In a LMI Census Tract <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER	\$		In a difficult to develop area <input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	\$		Is the property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the program generate program income? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the property in the process of rezoning? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, indicate the projected program income to be received. \$ _____		Population to be served: <input type="checkbox"/> Homeless <input type="checkbox"/> Low-Mod Households <input type="checkbox"/> Elderly <input type="checkbox"/> Special Needs <input type="checkbox"/> Other (specify)	Is the property zoned for intended use? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Please include a map showing a project location</i>

SECTION V – REQUIRED DOCUMENTS CHECKLIST

Description	YES	NO	COMMENTS
1. Application Completed & Signed Certification	<input type="checkbox"/>	<input type="checkbox"/>	
2. Articles of Incorporation and Bylaws	<input type="checkbox"/>	<input type="checkbox"/>	
3. State and Federal Tax Exemption Determination Letters	<input type="checkbox"/>	<input type="checkbox"/>	
4. Federal Employment Identification Numbers	<input type="checkbox"/>	<input type="checkbox"/>	
5. DUNS (Dun and Bradstreet (D&B)) 9-Digit Number & Certification: <i>Data Universal Numbering System</i>	<input type="checkbox"/>	<input type="checkbox"/>	
6. List of Board of Directors, including Titles and Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	
7. Board of Director’s Designation of Authorized Official	<input type="checkbox"/>	<input type="checkbox"/>	
8. Most Recent Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>	
9. Resume of Chief Fiscal Officer	<input type="checkbox"/>	<input type="checkbox"/>	
10. Financial Statement and Most Recent Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
11. Matching Funds Commitments Documentation	<input type="checkbox"/>	<input type="checkbox"/>	
12. List of Collaborative Partners and their role	<input type="checkbox"/>	<input type="checkbox"/>	
13. 504 Self Evaluation Plan (Americans with Disabilities Act) <i>Agencies with 15 Employees or More</i>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Grievance Procedure/Policy (Clients)	<input type="checkbox"/>	<input type="checkbox"/>	

****ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION.**

SECTION VI - AGENCY NARRATIVE & PROJECT DESCRIPTION

<p>1. Program Description. Please provide a brief description of the proposed activity and the goals to be achieved.</p>
<p>2. Project Need/ Impact. Describe the need for the proposed housing project in the area. Include current information detailing existing housing and economic conditions. Summarize or cite evidence from public sources to document the need.</p>
<p>3. Method of Work to be Performed. Describe the method of work to be performed, activities to be undertaken, the services to be provided and who will be providing those services. Be concise in stating the resources utilized to meet proposed objectives. Describe how the agency will reach the target population and explain how client participation will be documented.</p>
<p>4. Community Involvement and Impact. 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 any evidence of such support.</p>

5. Ability and Experience.

1. Describe the objective, management structure and staffing of your organization. Explain your organization's experience and ability to implement, administer and manage affordable housing projects. Describe your ability and plan to satisfy all long-term monitoring and reporting requirements required by HUD, City and Federal Regulations.

2. Provide a schedule of facilities that you currently operate. Include information such as location, type of project, number of persons served, and length of years in operation.

3. Describe the applicant's staff levels and expertise specific to the implementation of this activity including their experience working with the targeted population.

6. Identifying and Justifying Unspent Program Funds. Identify and justify any prior year funds that remain unspent. If funds remain, justify this funding request.

7. Accomplishments. Summarize accomplishments over the past 5 years.

8. Fiscal Management. Describe the agency's fiscal management structure.

9. Identifying On-Going or Multi-Phased Activity. Is the project for which funds are being requested an on-going or multi-phased activity?

Yes No

10. Units of Measure. Depending on the nature of your program, please indicate the number of units that will be developed by the project:

Set-Aside Income Category (Please indicate the number & percentage of units set aside for each income category in the table below) Description:	No. of Units	% of Total	Total
Number of HOME-assisted units occupied by households at 61-80% of median income			
Number of HOME-assisted units occupied by households at 31-60% of median income			
Number of HOME-assisted units occupied by households at 30% and below of median income			
Number of HOME assisted units occupied by individuals who are homeless			
TOTAL:			

11. Accessibility Requirements. (Rental Projects Only)
 A minimum of 5% of project units (no less than one unit) and 100% of the 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.

12. Collaboration. Will the agency collaborate with others to provide services? If so, provide evidence by attaching proof of commitments for the project as indicated in item 12 of the completion checklist.

Yes No

13. Objective Category (check one)

<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Decent Affordable Housing	<input type="checkbox"/> Creating Economic Opportunities
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OUTCOMES (check one)

Accessibility/Availability	Affordability	Sustainability/Livability Promoting Livable/Viable Communities
<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/> Enhance suitable living environment through new/improved affordability	<input type="checkbox"/> Enhance suitable living environment through new/improved sustainability
<input type="checkbox"/> Create decent housing with new/improved availability	<input type="checkbox"/> Create decent housing with new/improved affordability	<input type="checkbox"/> Create decent housing with new/improved sustainability
<input type="checkbox"/> Promote economic opportunity through new/improved accessibility	<input type="checkbox"/> Promote economic opportunity through new/improved affordability	<input type="checkbox"/> Promote economic opportunity through new/improved sustainability

SECTION VII.B. - FY 2021 BUDGET DESCRIPTION

1. Identify all personnel involved in the administration and implementation of the proposed project.

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	Program development and oversight of budgets and compliance
	<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"/> 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"/> 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 HOME costs per household served.

Total Program Costs / (divided by) Unduplicated Household Served:	\$	0.00
Total Program Costs / (divided by) Unduplicated Individuals Served:	\$	0.00
HOME Grant Request / (divided by) Unduplicated Household Served:	\$	0.00
HOME Grant Request / (divided by) Unduplicated Individuals Served:	\$	0.00

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

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

SECTION VIII - RESULTS OF PRIOR YEAR PROJECTS, IF APPLICABLE

1. If your agency received federal funds in Fiscal Years 2018, 2019, 2020, complete one copy for each project for each year funded. If you have more than one project/year to report, please photocopy this page and attach this form to each project/year.

Agency name:			
Project name:			
Year(s) of funding:	<input type="checkbox"/> Fiscal Year 2018	<input type="checkbox"/> Fiscal Year 2019	<input type="checkbox"/> Fiscal Year 2020

Indicate the source of the federal funding awarded to the prior year projects:

<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (indicate):

Indicate the outcomes achieved below:

a.	
b.	
c.	

If any anticipated outcome was not achieved, specify which ones and explain why below:

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SECTION IX – APPLICANT SUSTAINABILITY

1. Please use the space below to briefly describe your organization’s sustainability plans. Be sure to address such strategies as fees for service, annual fund campaigns, major gift programs, corporate sponsorships, etc.

2. Will your agency still implement this project should HOME funds not be awarded? Yes No
If yes, how will the implementation be achieved?

SECTION X - STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That this request may be forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Hampton may request or require changes in the information submitted, and may substitute its own figures which it deems reasonable for any or all figures provided.
5. That the applicant will participate if interviews are requested for project assessment and cooperate in the review process.
6. That, if the project(s) is recommended and approved, the city reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
7. The City of Hampton reserves the right not to fund any submittals received.
8. By submission of this application, the organization agrees to abide by all the federal regulations applicable to this program.
9. That, if the project(s) is funded, the organization agrees to abide by the city's locally established policies and guidelines.
10. That past program and financial performance will be considered in reviewing this application.
11. 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.
12. 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.
13. That, if the project(s) is funded, the city will perform an environmental review prior to the obligation of funds.
14. 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.
15. That a project's funding does not guarantee its continuation in subsequent action plans.
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 insured) will be submitted to the city prior to receiving funds.
17. That proof of Fidelity Bonding, in an amount to be determined by the City of Hampton, with a company licensed to do business in Virginia will be submitted to the city prior to receiving funds.
18. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
19. Agrees to abide by the City of Hampton's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.
20. Agrees to comply with the following: Fair Housing Act, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

By signature below, the applicant acknowledges the above on this ____ day of _____, 2020.

Signature Title Organization Name