

HOME INVESTMENT PARTNERSHIP PROGRAM



2015 – 2016 REQUEST FOR FUNDING APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT HOUSING & NEIGHBORHOOD SERVICES DIVISION

FOR CITY USE, DO NOT COMPLETE BELOW THIS LINE

APPLICANT: _____

PROJECT NAME: _____

REQUESTED AMOUNT OF HOME FUNDING: _____

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
f. Location of Project	<input type="checkbox"/> City-wide <input type="checkbox"/> Area
g. 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):	
h. 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:
OTHER CITY FUNDS	\$	
STATE FUNDS	\$	Source:
PRIVATE FUNDS	\$	Source:
OTHER	\$	Source:
TOTAL	\$	
Will the program generate program income?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please indicate the projected program income to be received.		
\$ _____		

SECTION IV – REQUIRED DOCUMENTS CHECKLIST

DESCRIPTION	YES	NO	ON FILE	N/A	COMMENTS
1. Application Completed & Signed Certification	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2. Articles of Incorporation and Bylaws	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3. State and Federal Tax Exemption Determination Letters	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4. Federal Employment Identification Numbers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5. List of Board of Directors, their Titles and Contact Information	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
6. Board of Director's Designation of Authorized Official	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
7. Most Recent Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
8. Job Description of Each HOME Program Salaried Position	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
9. Resume of Chief Fiscal Officer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
10. Financial Statement and Most Recent Audit Report	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
11. Leveraging Funds Commitments Documentation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12. List of Collaborative Partners and their role	<input type="checkbox"/>	<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"/>		<input type="checkbox"/>	
14. Grievance Procedure/Policy (Clients)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
15. Project Implementation Timeline showing completion of project by June 30, 2016 & Additional Outcome Objectives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

****ALL REQUIRED DOCUMENTS ARE REQUIRED TO BE WITH YOUR APPLICATION.**

SECTION V – 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.)
<input type="checkbox"/> Extremely low income (0-30% AMI). Number to be served: _____ <input type="checkbox"/> Very low income (31-50% AMI). Number to be served: _____ <input type="checkbox"/> Low income (51-80% AMI). Number to be served: _____
IDENTIFY IF THE PROJECT WILL SERVE TO PRIMARILY BENEFIT PERSONS WITH SPECIAL NEEDS. (COMPLETE ONLY IF THE OVERALL GOAL OF THE PROJECT IS TO SERVE THE IDENTIFIED SPECIAL NEEDS POPULATION.)
<input type="checkbox"/> Abused Spouses and Their Children <input type="checkbox"/> Elderly <input type="checkbox"/> Homeless <input type="checkbox"/> Individuals with Development Disabilities <input type="checkbox"/> Individuals with Mental Disabilities <input type="checkbox"/> Individuals with Physical Disabilities <input type="checkbox"/> Low-Mod Households <input type="checkbox"/> Individuals with alcohol or Other Drug Addiction <input type="checkbox"/> Person with HIV/Aids <input type="checkbox"/> Other (specify) _____
IDENTIFY COLLABORATIVE PARTNERS TO BE USED FOR OUTREACH OF THE PROJECT. ATTACH PROOF OF COMMITMENTS FOR THE PROJECT.

SECTION VI - AGENCY NARRATIVE & PROJECT DESCRIPTION

1. Program Description. Please provide a brief project description of the proposed activity.
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.)
3. Method of Work to be Performed. (Describe the method of work to be performed, activities to be undertaken, or the services to be provided and who will be providing those services. Be concise in stating the resources to be dedicated or utilized to meet proposed objectives. Describe how the agency will reach the target population and explain how client participation will be documented.)

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 or community associations, public agencies, and potential project residents and project neighbors. Attach copies of any evidence of such support.)

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 list 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 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 <i>(Please indicate the number & percentage of units set aside for each income category in the table below)</i> Description:	No. of Units	% of Total	Total
Number of HOME-assisted units occupied by households at 61-80% of median income	0	0	0
Number of HOME-assisted units occupied by households at 31-60% of median income	0	0	0
Number of HOME-assisted units occupied by households at 30% and below of median income	0	0	0
Number of HOME assisted units occupied by individuals who are homeless	0	0	0
TOTAL:	0	0	0

11. Accessibility Requirements. (Rental Projects Only)

A minimum of five (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		
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		
14.a. Program Outcome Objective – (choose one)								
Accessible Units	Yes	No	Affordable Units	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sustainability	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
14.b. Project Outcomes. Describe the outcomes associated with the project and how you will measure them: You need to measure at least two outcomes. (Refer to the instructions in Exhibit A on pages 16-19 when developing outcomes for your specific program. If your responses do not fit on this page, use Exhibit B on pages 20 and 21 and attach to the application for each program.)								
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:								
c. In the table below, provide an estimated FY 2016 project schedule indicating significant milestones (e.g., planning, budgeting, advertising, inspections, bidding, hiring, service delivery, discrete units of work or project phases completed, etc.) and an anticipated completion deadline for each.								
Projected FY 2016 Project Timeline								
Milestones						Completion Deadline		

SECTION VII A. - FY 2016 HOME BUDGET

1. PERSONNEL OR ESSENTIAL SERVICES					APPLICANT MATCH			TOTAL
POSITION TITLES	ANNUAL SALARY	ANNUAL FRINGE BENEFITS	TOTAL ANNUAL SALARY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	
Example: Case Manager	\$25,000	\$5,000	\$30,000	\$20,000	\$0	\$10,000	\$0	\$30,000
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONNEL:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. GENERAL & ADMINISTRATIVE EXPENSES					APPLICANT MATCH			TOTAL
TYPE		QUANTITY	HUD REQUESTED AMOUNT		NON-HUD	CASH	IN-KIND	
Management Fee		100	\$20		\$0	\$30	\$0	\$50
Repairs & Maintenance		0	\$0		\$0	\$0	\$0	\$0
Utilities (electric & gas only)		0	\$0		\$0	\$0	\$0	\$0
Utilities (water, sewer & trash only)		0	\$0		\$0	\$0	\$0	\$0
Annual Insurance Premiums		0	\$0		\$0	\$0	\$0	\$0
Annual Insurance Premiums		0	\$0		\$0	\$0	\$0	\$0
Property Tax		0	\$0		\$0	\$0	\$0	\$0
Other		0	\$0		\$0	\$0	\$0	\$0
TOTAL EXPENSES:		0	\$0		\$0	\$0	\$0	\$0
3. DEBT SERVICING					APPLICANT MATCH			TOTAL
TYPE		QUANTITY	HUD REQUESTED AMOUNT		NON-HUD	CASH	IN-KIND	
First Deed of Trust Annual Loan Payment		100	\$500		\$0	\$0	\$0	\$500
Second Deed of Trust Annual Loan Payment		0	\$0		\$0	\$0	\$0	\$0
Third Deed of Trust Annual Loan Payment		0	\$0		\$0	\$0	\$0	\$0
Other Annual Loan Payment		0	\$0		\$0	\$0	\$0	\$0
		0	\$0		\$0	\$0	\$0	\$0
NET CASH FLOW:		0	\$0		\$0	\$0	\$0	\$0
4. SUMMARY OF RESOURCES					APPLICANT MATCH			TOTAL
TYPE OF FINANCING		QUANTITY	HUD REQUESTED AMOUNT		NON-HUD	CASH	IN-KIND	
Example: HOME		12 months	\$1,700		\$0	\$1,700	\$0	\$3,400
HOME Initiatives Fund		0	\$0		\$0	\$0	\$0	\$0
Cash Equity		0	\$0		\$0	\$0	\$0	\$0
In-Kind Equity		0	\$0		\$0	\$0	\$0	\$0
CDBG		0	\$0		\$0	\$0	\$0	\$0
Local Contribution		0	\$0		\$0	\$0	\$0	\$0
Other		0	\$0		\$0	\$0	\$0	\$0
TOTAL RESOURCES:			\$0		\$0	\$0	\$0	\$0
5. SUMMARY OF USES					APPLICANT MATCH			TOTAL
TYPE		SOURCE		HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	
Example: Construction Support				\$3,000	\$10,000	\$15,000	\$12,000	\$40,000
Acquisition Costs				\$0	\$0	\$0	\$0	\$0
Pre-Development Costs				\$0	\$0	\$0	\$0	\$0
Fees Related to Construction/ Rehabilitation				\$0	\$0	\$0	\$0	\$0
Financing Fees & Charges				\$0	\$0	\$0	\$0	\$0
Other				\$0	\$0	\$0	\$0	\$0
TOTAL SUMMARY OF USES:		0		\$0	\$0	\$0	\$0	\$0
TOTAL HOME BUDGET:				\$0	\$0	\$0	\$0	\$0

SECTION VII B. - FY 2016 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 - FY 2016 HOME Match Information (COMPLETE MATCH SECTION FOR ALL HOME PROGRAMS YOUR AGENCY IS APPLYING)

Match Description. For each source of match listed in budget chart above, please describe how you have determined that laws governing this funding source do not prohibit its use for the proposed activity. Please limit your responses per source of match.

HOME requires a 12.5% match. The applicant must make matching contributions to supplement the HOME program in an amount that equals the 12.5% amount of HOME funds provided by the City of Hampton. The applicant must identify the source of match at the time of applying for HOME.

Matching contributions may be obtained from cash contributions from nonfederal sources including:

- Program income from Housing Development Action Grant, Rental Rehabilitation Program, Urban Development Action Grant after grant closeout,
- Local or state general revenues,
- Housing trust funds, foundations, donations, state appropriations,
- Interest rate subsidy by the exemption of state or local taxes,
- Present value of the interest subsidy for loans made at rates below market rate.

Please identify the sources and amounts of proposed matching funds:

Match Source		Amount	
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
Total		\$	0.00

If matching funds will be provided through in-kind services, please describe the source and amounts of proposed in-kind matching funds below:

Description and value of Donated Building

	\$	0.00
--	----	------

Description and value of any Lease on Building

	\$	0.00
--	----	------

Salary paid to staff of the grantee or fees paid to a nonprofit recipient (as appropriate in carrying out the ESG program).

\$	0.00
----	------

Time and Services contributed by volunteers to carry out the ESG Program, must be determined at the rate consistent with those ordinarily paid by other employers for similar work in the same labor market.

Total HOME Match amount: \$ _____

5. If your agency received federal funds in Fiscal Years 2013, 2014, 2015, complete one copy for each project for each year funded. If you have more than three projects/years to report on, contact the Department of Neighborhood Development/HUD Entitlement Unit for additional pages.

Agency name:			
Project name:			
Year(s) of funding:	<input type="checkbox"/> Fiscal Year 2013	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015

Indicate the source of the federal funding awarded to the prior year projects & total program outcome:

<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:

SECTION IX FY 2016 BUDGET

6. If your agency received federal funds in Fiscal Years 2013, 2014, 2015, complete one copy for each project for each year funded. If you have more than three projects/years to report on, contact the Department of Neighborhood Development/HUD Entitlement Unit for additional pages.

Agency name:			
Project name:			
Year(s) of funding:	<input type="checkbox"/> Fiscal Year 2013	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015

Indicate the source of the federal funding awarded to the prior year projects & total program outcome:

<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:

7. If your agency received federal funds in Fiscal Years 2013, 2014, 2015, complete one copy for each project for each year funded. If you have more than three projects/years to report on, contact the Department of Neighborhood Development/HUD Entitlement Unit for additional pages.

Agency name:			
Project name:			
Year(s) of funding:	<input type="checkbox"/> Fiscal Year 2013	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015

Indicate the source of the federal funding awarded to the prior year projects & total program outcome:

<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:

SECTION X – APPLICANT SUSTAINABILITY

Through the use of HUD Entitlement funding, the City seeks to ensure that diverse needs are being met on a citywide basis. Realizing that limited funding exists to meet the demand for organizational support, it is important to the City that as many organizations and their clients benefit from the HUD funding. The City wants to be reasonably certain that future HUD grant dollars will only fund a project or program for a short time, while providing long-term benefits. Therefore the City is requesting the applicant's plans for carrying the project/program into the future should HUD funding be significantly reduced or eliminated.

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.

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

SECTION XI - STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is accurate, 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. That the applicant will participate, if necessary in a required interview for project assessment and cooperatively assist in the review process.
5. That, if the project 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.
6. The City of Hampton reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
8. That, if the project is funded, the organization agrees to abide by the city's locally established policies and guidelines
9. That past program and financial performance will be considered in reviewing this application.
10. That services are to be provided at minimal cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
11. That, if the project 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.
12. That, if the project is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if the project 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.
14. That a project's funding does not guarantee its continuation in subsequent action plans.
15. 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 of Hampton, its employees and agents as additional insures) will be submitted to the city prior to receiving funds.
16. 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.
17. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
18. 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.
19. 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.

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.

Certification: To the best of my knowledge and belief, the data in this application are true and correct. This document has been duly authorized by the governing body of the applicant. The applicant will comply with CDBG, HOME, ESG grant agreement (*Select the program*) and federal and state regulations if assistance is approved.

Signature of Authorized Official of Governing Body

Date

Title

Organization Name