

City of Erie
 Department of Economic and Community Development
 FY17 **HOME** Application (July 1, 2017 – June 30, 2018)

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Date: _____ Amount Requested: _____

This application is for Rehab, CHDO Operating, Homebuyer, Rental and Other:
 _____ CHDO Operating _____ Rehab _____ Homebuyer
 _____ Rental _____ Other _____ New Construction

A. GENERAL INFORMATION

1	Project Title: _____ Date of Application: _____ Name of Agency Submitting Application: _____ DUNS #: _____ Agency Street Address: _____ Telephone Number: _____ Fax: _____ Name of Contact: _____ Contact's Email: _____										
2	Housing Total Number of Housing Units: _____ Total Number of HOME-Assisted Units: _____ For HOME Projects: ___ CHDO Eligible ___ Non-CHDO Eligible Is this a continuation of a prior project? ___ Yes ___ No										
3	Target Beneficiaries <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">___ Homeowner</td> <td style="width: 50%;">___ Homeless</td> </tr> <tr> <td>___ Homebuyers</td> <td>___ Single Persons</td> </tr> <tr> <td>___ Renters</td> <td>___ Families</td> </tr> <tr> <td>___ Low & Moderate</td> <td>___ Disabled Population</td> </tr> <tr> <td>___ Very Low Income</td> <td></td> </tr> </table>	___ Homeowner	___ Homeless	___ Homebuyers	___ Single Persons	___ Renters	___ Families	___ Low & Moderate	___ Disabled Population	___ Very Low Income	
___ Homeowner	___ Homeless										
___ Homebuyers	___ Single Persons										
___ Renters	___ Families										
___ Low & Moderate	___ Disabled Population										
___ Very Low Income											
4	Attachments Included with Application – Submit only 1 set of Attachments with original Application ___ Map ___ Letters of Support ___ Time-Line ___ Site Control ___ Organizational Chart ___ Key Resumes ___ Board of Directors ___ IRS Letter Non-Profit Status ___ Audit or Financial Statements ___ Mission Statement ___ Budget ___ Site Analysis/Evaluation ___ Proforma/Sources & Uses ___ Capacity Forms ___ Market Analysis ___ Homebuyer Underwriting Guidelines ___ AFFH Questions ___ Section 3 Questions										

Certification: I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on proposed projects, and that none will be prior to issuance of a Release of Funds by the program administrator.

 Signature of Authorized Official Title Date

Organization Name: _____

B. PROJECT INFORMATION

1. Please describe the activity for which funding is requested (write brief description below):

2. What is the location and/or geographic area that will be served by the proposed activity? Please **attach a street map** indicating the proposed activity site(s):

3. What is the specific need to be addressed:

4. Describe how community residents, businesses or other agencies have been involved in the development of this project. Describe any partnerships that have been formed to undertake this project. **Attach any letters of support** or other evidence of community/stakeholder support for the project (no more than 3):

5. Provide a detailed project implementation schedule (**time-line**). Include progress benchmark dates and completion dates. Attach this schedule as a separate page.

6. What are the measurable objectives of the project? (BE SPECIFIC: i.e., 14 houses will be rehabilitated, 25 households will receive security deposit, 50 individuals will be counseled, 10 families will become first-time homeowners, etc.)

Organization Name: _____

7. How will you know if your project is successful? Briefly describe your method for (measuring) evaluating the success of your project.

8. Have you had prior HOME projects, and if so, were they timely (please explain any delays).

C. SITE CONTROL

1. If the project will take place at a location owned or managed by another agency or individual, describe how your agency will obtain site control in a timely manner. **Attach evidence of site control** if it is available (Deed or Purchase Offer).

2. Will there be any buildings demolished for the project? Yes No

3. Will there be any relocation of tenants or property owners for this project? Yes No

4. Will any residential units be lost due to this project? Yes No

5. Is the project located within a 100-year flood plain? Yes No

D. CONSTRUCTION/REHABILITATION

1. Project Plans and Specifications: What is the current status of the project plans and specifications for this proposed activity? If the plans and specifications are not completed, please indicate when they will be complete.

NOTE: If the project is construction or rehabilitation related, detailed final project plans and specifications must be complete within 3 months of project award or site selection and at least 90 days prior to the time the agency can expect to draw funds for the project. DECD must complete all required environmental and historic reviews for the project, and a contract must be executed between your organization and DECD prior to any construction beginning on site.

Organization Name: _____

2. Are any of the buildings or sites that would be involved in your project historic in nature? If yes, how will the rehabilitation be planned to maintain the historic character of the buildings or sites?

3. What process did you use to estimate the construction or rehabilitation costs?

4. How will contractors be selected?

5. Labor Requirements:

HOME: Are there 12 or more HOME assisted units in this project? Yes No

NOTE: If there are more than 12 HOME-assisted units, the project will be subject to the Davis-Bacon Act and must be in compliance with other Federal Labor Standards. Is the project less than 12 units and above \$24,999 in costs? If so, Pennsylvania Prevailing Wage Rates must be used for contractors and subcontractors.

6. Accessibility: For rental projects, how will the project be designed to ensure access to physically disabled persons? If the project cannot be accessible, what reasonable accommodations can be made to improve the accessibility of the project?

Organization Name: _____

E. ORGANIZATIONAL CAPACITY

1. Identify the members of your organization’s staff that will perform the following functions for this project, and attach an **Organizational Chart**. Please list names, length of employment with your organization and relevant experience or training.

Function	Name	Years at your Organization	Relevant Training/Experience
Prepare Financial Projections for the Project			
Income Certification			
Home Ownership Counseling			
Construction Specifications			
Cost Estimates			
Construction Supervision			
Overall Development Coordination			
Accounting/Funding Draws			
CDBG/HOME Compliance & Reporting			
Property Management			
Ongoing Maintenance			

2. Please attach the following: **Resumes of key personnel**, a current list of your organization’s **Board of Directors**, a copy of the **IRS certification of your non-profit status**, and a **copy of your most recent audit or financial statement**. If your organization does not have an audit or financial statement, please explain why. If these have been previously submitted, please indicate this.

3. Do you anticipate any conflicts of interest for Board or Staff members on this project? Will any of the staff or Board members or their immediate families or business associates have a financial interest in this project? No Yes If yes, please explain below.

4. Attach your agency’s **Mission Statement**.

F. FINANCIAL – DEVELOPMENT AND OPERATING PROJECTIONS

Attach completed City of Erie **Budget Forms** (See Attached).

G. SITE ANALYSIS AND EVALUATION CRITERIA

Attach a description of the following **site analysis and evaluation** criteria on separate paper. (See application instructions and its accompanying Attachment A for guidance):

- (1) **Size, exposure and contour of site**
 - a. *See Instructions*
 - b. *See Instructions*
 - c. *See Instructions*
- (2) **Facilitating and furthering compliance**
 - a. *See Instructions*
 - b. *See Instructions*
 - c. *See Instructions*
- (3) **Promoting racial and ethnic minority desegregation** (*new rental construction only*)
 - a. *See Instructions*
 - b. *See Instructions*
 - c. *See Instructions*
- (4) **Expanding choice of housing opportunities**
 - a. *See Instructions*
 - b. *See Instructions*
 - c. *See Instructions*
- (5) **Neighborhood quality of life** (*new rental construction only*)
 - a. *See Instructions*
- (6) **Access to amenities**
 - a. *See Instructions*
- (7) **Transportation to work** (*does not apply to new construction of rental units for the elderly*)
 - a. *See Instructions*

H. UNDERWRITING GUIDELINE REQUIREMENTS

Attach the following forms/statements/descriptions for underwriting purposes:

- 1) **Proforma**, including Sources and Uses statement for the project. Note: For rental projects, proforma must be projected for the length of the affordability period.
- 2) Capacity Forms – Non-CHDOs complete **the HOME Developer (Non-CHDO) Checklist**. CHDOs complete the **Community Housing Development Organization CHDO Certification Form**. (Separate instructions are included with these forms).
- 3) Neighborhood **Market Analysis** for the project (Homeowner Rehabilitation projects may omit).
- 4) **Homebuyer Projects** must provide project underwriting guidelines – The Agency must follow underwriting guidelines as presented in the June 14, 2012 Underwriting and Developer Capacity for Homebuyer Projects webinar. See www.hudexchange.info/resource/2456/home-fy12-appropriations-developer-capacity-homebuyer-projects-webinar.

I. AFFIRMATIVELY FURTHERING FAIR HOUSING

The Federal Fair Housing Act prohibits discrimination based on race, color, religion, national origin, sex, disability, and familial status. The Federal Fair Housing act requires the Secretary of HUD to administer the programs and activities relating to housing and urban development in a manner *affirmatively to further the policies* of the statute. That is, HUD is required to take actions to affirmatively address segregation based on race and other protected classes, as well as to address acts of discrimination. This duty extends beyond HUD to those governmental entities that receive Community Development Block Grant (CDBG) and Home Investment Partnership Program (HOME) funds. Applicants and recipients of this funding, whether agency or community, are required to certify that they will take steps to “affirmatively further fair housing” (“AFFH”). Actions to AFFH should further policies of federal and state fair housing laws by actively promoting wider housing opportunities for all persons while maintaining a nondiscriminatory environment in all aspects of public and private housing markets.

HUD issued their Final Rule on Affirmatively Furthering Fair Housing on July 16, 2015 in the Federal Register. Details on the Final Rule are available at https://www.huduser.gov/portal/affht_pt.html#final-rule_

In order to be eligible for CDBG and HOME funding in the City of Erie, applicants are required to undertake and document fair housing activities. DECD strongly encourages all applicants to become thoroughly familiar with this topic. Applicants requiring additional guidance in determining appropriate activities to meet their obligations to affirmatively further fair housing are encouraged to contact Debra Smith, Grant Administrator at (814) 870-1274 or dsmith@erie.pa.us.

Instructions: Applicants will prepare and submit a narrative that describes the activities to be undertaken during the contract year to meet the obligation to affirmatively further fair housing. **Please note:** Applicants will be **ineligible** to receive funding unless they complete this attachment detailing their AFFH activities. Applicants’ must plan to conduct and/or participate in activities using their own resources (financial, staff, etc.). Use **no more** than 2 typewritten pages to answer the following bullets. A few examples are shown below. Additional examples and suggestions can be obtained through consultation with DECD staff.

- **Describe the applicant’s proposed AFFH activities for the FY 2017 contract year.**
Example: Agency/City – Staff attends educational session regarding Fair Housing
City – Adopts Fair Housing ordinance/resolution Agency/City - Plan and advertise event
- **What protected classes do you anticipate will benefit from your proposed activities?**
Example: ALL – Race, Color, Religion, Sex, National Origin, Disability, Family Status, Military
- **How will the identified protected classes benefit from the proposed activities?**
Example: Agency (infant car seat distribution) – Beneficiaries will be made aware of equal housing opportunities and protected class status of families with children
- **Who will be responsible for the AFFH activities? Provide name and title of all who will be involved.**
Example: Agency/City – Executive Director, Case Management Staff/Elected Official/Department Head
- **How will you document and report on your AFFH activities?**
Example: Agency/City – Submit attendance of planned outreach events or client served with invoices

- **How will you promote your activities?**

Example: Agency/City – Community newsletter, mailing, email, website, and local cable channel

J. SECTION 3

Introduction

Each year the U.S. Department of Housing and Urban Development invests billions of federal dollars into distressed communities for projects designed to build and rehabilitate housing, improve roads, develop community centers, and otherwise assist families to achieve the American Dream. The Section 3 regulation recognizes that HUD funding typically results in projects/activities that generate new employment, training and contracting opportunities. These economic opportunities not only provide “bricks and mortar,” but can also positively impact the lives of local residents who live in the neighborhoods being redeveloped. Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is **HUD’s legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects.**

Further, as a condition of receiving HUD Community Planning and Development assistance, recipients certify that they will comply with the requirements of Section 3 annually pursuant to 24 CFR 570.607(b). Accordingly, the Department has the legal responsibility to monitor recipients such as the City of Erie for compliance and can impose penalties upon those that fail to meet these obligations.

All projects/activities involving **housing construction, demolition, rehabilitation, or other public construction-i.e., roads, sewers, community centers, etc.** that are completed with covered funding (CDBG, HOME and others) are subject to the requirements of Section 3. Contractors or subcontractors that receive contracts in excess of **\$100,000** for Section covered projects/activities noted above are required to comply with the Section 3 regulations in the same manner as the direct recipient that provided funding to them. Section 3 applies to the **entire** covered project or activities regardless of whether the activity was fully or partially funded with covered assistance.

HUD requires that a recipient such as the City of Erie demonstrate compliance to the “greatest extent feasible” by meeting minimal Section 3 numerical goals. Those minimal goals include: (1) Commit to the greatest extent feasible to employ Section 3 residents as 30% of the aggregate number of new hires, and (2) commit to the greatest extent feasible to award at least 10% of the total dollar amount of all Section 3 covered contracts for building trades arising in connection with housing rehabilitation, housing construction and other public construction to certified Section 3 businesses.

Inquiries can be directed to Debra Smith, Grant Administrator, at (814) 870-1274 or dsmith@erie.pa.us. The DECD strongly encourages all applicants to become more familiar with the requirements of Section 3.

Instructions: Submit a brief narrative answering the bullets below as part of the required attachments of CDBG/HOME application.

- **Does the proposed project trigger Section 3 based on activity type?**
- **Does the proposed project trigger Section 3 based on cost threshold?**
- **Does your organization plan to use contractors or subcontractors that qualify as Section 3 certified businesses?**

TOOLS AND CONTACTS

General Application and HOME Application Questions

Debra Smith (814) 870-1274 dsmith@erie.pa.us

Abigail Skinner (814) 870-1271 askinner@erie.pa.us

WEBSITES

HUD Home Investment Partnerships Program

Portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/programs/home

Community Development Block Grants

www.hudexchange.info/programs/cdbg-entitlement/

US Census Data (use to complete application forms)

factfinder.census.gov

Fair Housing Resource Center (resource for completing Fair Housing narrative)

FHRC.org

Multi-Family Affirmatively Furthering Fair Housing Marketing Plan – 12 pages

<http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf>

Single Family Affirmatively Furthering Fair Housing Marketing Plan – 5 pages

<http://portal.hud.gov/hudportal/documents/huddoc?id=935-2b.pdf>

HUD (Section 3 Information)

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/section3/section3
http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_12048.pdf Section 3 reporting form

IF NEEDED, PLEASE CONTACT HOME PROGRAM MANAGER FOR ASSISTANCE WITH THESE FORMS.

APPLICATIONS DUE BY: 4:00 P.M., January 30, 2017

OVERALL AGENCY BUDGET

Fund Source 2017-2018

Circle One

CDBG HOME

Agency Name: _____ Project: _____

Agency Fiscal Year: _____ CD Contract No.: _____

OVERALL AGENCY BUDGET

Line Item No.	Cost Category	Total Est. Cost (A)	Other Funding Sources (B)	Community Devel. Share (C)
1.	Personnel			
2.	Consultant & Contract			
3.	Travel			
4.	Space			
5.	Consumable Supplies			
6.	Rent, Lease, Purchase of Equipment			
7.	Other			
TOTAL				

OVERALL AGENCY FUNDING SOURCES

List Sources Identified in Column B (D)	Amount (E)	Cash or In-Kind (F)	Date Available (G)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			

Enter your organization's total budget _____

- Column A – Enter the total amount of funding used.
- Column B – Enter the amount of funds obtained from other sources to be used.
- Column C – Enter the amount of CDBG or HOME funds to be used for each category.
- Column D – List the individual sources of funding identified in column B.
- Column E – Enter the total amount of funds received from the sources identified in Column D.
- Column F – Identify whether funds in Column D are cash or in-kind (volunteer labor, donated materials, supplies, etc.)
- Column G – Enter the date funds will be available.

Please list Agency Programs below:

BUDGET

Fund Source 2017-2018
 Circle One
 CDBG HOME

Agency Name: _____ Project: _____

Agency Fiscal Year: _____ CD Contract No.: _____

PROGRAM BUDGET

Line Item No. Cost Category	Total Est. Cost (A)	Other Funding Sources (B)	Community Dev. Share (C)
1. Personnel			
2. Consultant & Contract			
3. Travel			
4. Space			
5. Consumable Supplies			
6. Rent, Lease, Purchase of Equipment			
7. Other			
TOTAL			

PROGRAM FUNDING SOURCES

List Sources Identified in B (D)	Amount (E)	Cash or In-Kind (F)	Date Available (G)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			

Enter your organization's project budget _____

- Column A – Enter the total amount of funding used.
- Column B – Enter the amount of funds obtained from other sources to be used.
- Column C – Enter the amount of CDBG or HOME funds to be used for each category.
- Column D – List the individual sources of funding identified in column B.
- Column E – Enter the total amount of funds received from the sources identified in Column D.
- Column F – Identify whether funds in Column D are cash or in-kind (volunteer labor, donated materials, supplies, etc.)
- Column G – Enter the date funds will be available.

Additional Information for the Program: State the percentage of funds spent on administration vs. program activity.

 President/Chairman

 Date

 Executive Director

 Date

 E.C.D. Director

 Date

PERSONNEL CHARACTERISTICS ON NEXT PAGE

FY17
 DEPARTMENT OF ECONOMIC AND
 COMMUNITY DEVELOPMENT
 Room 404, 626 State Street
 Erie, Pennsylvania 16501

PERSONNEL CHARACTERISTIC SHEET FOR ENTIRE AGENCY

PROJECT NUMBER: _____

Today's Date: _____

PROJECT OPERATOR: _____

EMPLOYEE NAME	ADDRESS	POSITION/TITLE	SALARY	FUNDING SOURCE	DATE HIRED	TERM. DATE	Temporary Job	Retained Job	Construction Job	Full-Time	Part-Time	Male	Female	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	Amer. In/Alaskan Native	Asian & Pac. Islander	Handicapped