FY2018 APPLICATION CYCLE

Community Development Block Grant

OWNER OCCUPIED HOUSING REHABILITATION SERVICES

APPLICATION



**City of Anniston**

**Community Development Department**

**1128 Gurnee Avenue**

**Anniston, AL 36202-2168**

**Application Cycle commences Monday, January 14, 2019 and concludes at 4:00 p.m. on Thursday, January 31, 2019**

**SUBMITTAL INSTRUCTIONS**

Please provide **one (1) original application with attachments & one (1) application copy with attachments** to the **City of Anniston Community Development Department** no later than **4:00 p.m. on Thursday, January 31, 2019.** Please label all attachments.

**CHECKLIST**

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| **Submission Requirements** | **Documentation** | **Check if Enclosed** |
| **1.** The applicant must   1. have nonprofit status for at least one (1) full year, **or** 2. have two (2) full years of operating experience under another nonprofit entity, **or** 3. be a local governmental entity or agency **(governmental agencies can skip to line 5)** | **ATTACHMENT 1:**  Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant |  |
| **2.** The applicant must be registered to conduct business in the State of Alabama at the time of application.  **(Not applicable to governmental agencies)** | **ATTACHMENT 2:**  Provide a copy of current certification from the AL Secretary of State. For assistance, please visit: <https://www.sos.alabama.gov/> |  |
| **3.** The applicant must have an audit prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each **audited** financial statement must be submitted with the application. **Reviews and Compilations will not be accepted.** Audit findings will make the applicant ineligible to receive assistance.**(Not applicable to governmental agencies)** | **ATTACHMENT 3:**  Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable. |  |
| 4. Non-profit organizations must have an active Board of Directors within the last 12 months. **(Not applicable to governmental agencies)** | **ATTACHMENT 4:**  Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors. |  |
| **5**. The applicant must have at least twelve (12) months experience directly related to the proposed project or program. | **ATTACHMENT 5:**  Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant’s previous related program activities. |  |
| **6.** The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures. | **ATTACHMENT 6:**  Provide a copy of the agency’s written financial management procedures, and a current organization chart. |  |
| **7.** Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker’s Compensation | **ATTACHMENT 7:**  Provide a copy of Certificate of Insurance. |  |
| **8.** Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit [www.sam.gov](http://www.sam.gov) | **ATTACHMENT 8:**  Provide proof of registration with the U.S. System for Award Management. |  |
| **9.** The contract period for the project, if approved, will begin in FY2018 after City Council approval and end six (6) months from contract execution. | **ATTACHMENT 9:**  Provide a projected timeline of proposed activities. |  |

***All submitted materials will be used in determining the organization’s eligibility for funding.***

**CDBG OWNER OCCUPIED HOUSING REHABLITAITON PROGRAM SERVICES**

The City of Anniston is requesting proposals from qualified nonprofit and for profit organizations or units of local government with single-family housing rehabilitation experience to administer the City’s Single-family Grant Rehabilitation Program. This program will target very low and low-income owner occupied homeowners with incomes at or below 80 percent of the area median income (AMI) that reside in the city or Calhoun County. Approximately $50,000 in Rehabilitation funding will be allocated in FY2018 program year through this Request for Proposals (RFP), the desired goal of having 5 property rehabilitative projects completed. Grant funding expenditure deadline will be six (6) months from the date of Agreement execution.

**PROJECT DESCRIPTION**

**Background**

The City of Anniston currently offers very-low and low-income owner occupied homeowners grants in an amount up to $10,000. Grant funds are for capital improvements related to emergency home repairs that threaten occupants’ health and safety. The program goal is to maintain the quality and habitability of Anniston’s existing housing stock, and to prevent homes from falling into disrepair and becoming blight on the community due to deferred home maintenance. Grants target households at or below 80 percent of the AMI. Annual occupancy verifications are required.

**SCOPE OF SERVICES**

The firm selected through this RFP as a Program Administrator will be responsible for applicant screening, grant administration and reporting for the program, including but not limited to ensuring compliance with the following:

* **Applicant Eligibility.** Applicant must reside in the City and hold title to the property to be assisted; and applicant’s household income must be at or below 80% AMI.
* **Eligible Properties.** Single-family, mobile and manufactured homes, duplexes and four-plexes.
* **Eligible Work.** Conduct inspections for all work scope items, adhere to all applicable state and local laws, codes, zoning and any other requirements relating to construction, rehabilitation and housing safety, quality, and habitability.
* **Review and Approval.** Applications for final grant approvals are submitted to the City for which the property in need of repair is located to the, designated City program contact.
* **Environmental Review.** All properties assisted under this RFP will be subject to an Environmental Review by the city prior to rehabilitation commencing. The organization will be required to submit the project site address, parcel identification number, and year the unit was built to the city, which will conduct the environmental review in compliance with 24 CFR Part 58.
* **Construction/Rehabilitation** –Construction or rehabilitation paid with City funds will be required to conform to 24 CFR 570.603 of the CDBG regulations, as applicable, and any other federal or state requirements which are associated with the loan/grant funding source.
* **Property Standards** -- All rehabilitated projects funded with Rehabilitation funds must meet local zoning ordinances and building codes. Plans should be of good design that will improve the quality of life for residents.
* **Energy Efficiency** -- Plans should incorporate energy efficiency measures through materials, heating, ventilation and air conditioning (HVAC) systems, design, and site orientation where feasible.
* **Lead-Based Paint** -- If a rehabilitated home was originally placed into service prior to January 1, 1978, rehabilitation must comply with HUD lead-based paint rules (24 CFR Part 35 and 24 CFR Section 570.608). A lead-based paint risk assessment for lead based paint hazards shall be conducted, and rehabilitation work must be done by contractors meeting the requirements of the HUD rule and the EPA Renovation, Repair and Painting rule.
* **Reporting –** For each rehabilitation grant funded the program administrator will be expected to collect and report information about the uses of funds at least monthly, including, but not limited to:
  + Property location & activity
  + Funds budgeted and expended (all funding sources)
  + Beginning and ending dates of activities
  + Other data needed to support HUD reporting requirements and performance measures
  + Homeowner income, family composition & other information required to document eligibility

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| 1. **FIRM PROFILE** | | | | |
| Agency Name: |  | | | |
| Mailing Address: |  | | | |
| Telephone Number: |  | | Email: |  |
| Contact Person: |  | | Title: |  |
| DUNS Number: |  | | Tax ID #: |  |
| 1. **ORGANIZATIONAL CAPACITY** | | | | |
| 1. What is your organization’s mission statement? | |  | | |
| 1. How long has the Organization existed in its current form? | |  | | |
| 1. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A. | |  | | |
| 1. How many years has the Organization conducted the project/program for which it is requesting funding? | |  | | |
| 1. Describe in detail the Organization’s related housing experience contracting with municipal agencies. | |  | | |
| 1. Have any persons employed by your agency been debarred by HUD or are otherwise restricted from entering into contracts with any federal agency? | | Yes**☐** No **☐** | | |

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| 1. **ORGANIZATION VIABILITY** | |
| 1. Provide most current unaudited financial statements and the last two (2) years of audited financial statements, and any other information that establishes the financial capacity of the administrator/developer to undertake and complete the proposed project. | |
| 2. Submit your organizations fiscal and personnel policies and procedures. | |
| 3. How many program staff persons are dedicated to this project ***(i.e. Case Managers, Intake Coordinators)***? |  |
| 3a. Attach complete listing of key personnel who will be assigned to this project. This should include their relevant experience, qualifications for this project, roles and responsibilities, in addition to their availability for this project. | |
| 4. Provide a minimum of three (3) client references from prior projects and/or programs of similar size and scope. | |

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| 1. **REPORTING** |
| 1. The City of Anniston will require organizations to submit monthly reports pertaining to expenditure of CDBG-funded activities. Describe and discuss any experiences you have in reporting, monitoring, and/or record-keeping compliance requirements with CDBG and other funding agencies. |
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| 2. Include a timeline for the program or project that indicates how long it will take to get the project underway and how long to finish the project. |
| 3. Clearly identify the organization’s process for achieving monthly housing rehabilitation goals and objectives for the program. |

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| 1. **CONFLICT OF INTEREST ACKNOWLEDGEMENT** |
| Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?  **Yes ☐ No ☐**  If yes, please explain in detail and document the staff person’s involvement with these grant funds in the section below. |
|  |
| Do any family relationships (by blood or marriage) exist between staff in your organization and/or the Anniston City Council?  **Yes ☐ No ☐**  If yes, please explain in detail and document the staff person’s involvement with these grant funds in the section below. |
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| **ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND CITY OF ANNISTON REQUIREMENTS** |
| The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by HUD and City of Anniston. Please select the following link to comprehensively review the CDBG regulations: [24 CFR 570](https://www.law.cornell.edu/cfr/text/24/part-570).  **Yes ☐ No ☐** |
| **CERTIFICATION** |
| I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the US Department of Housing & Urban Development. All board and staff members have disclosed any potential conflicts of interests that could violate CDBG Program regulations at this time or at a later date. I further certify that I have reviewed the contents of this application and the rating form and deem them to be accurate and true. |
| ***Authorized Representative*** |
|  |
| **Signature Date** |
|  |
| **Printed Name Title** |