

2021

HOME Investment Partnerships APPLICATION FOR FUNDING



APPLICATIONS WILL BE ACCEPTED:

Monday, January 25, 2021 - Friday, February 26, 2021

APPLICATIONS SHOULD BE SUBMITTED TO:

City of Anniston

Community Development Department

4309 McClellan Blvd

Anniston, AL 36206

Agency Name

Project Title



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 Friday, February 26, 2021.** Please label all attachments.

CHECKLIST

Submission Requirements	Documentation	Check if Enclosed
<p>1. The applicant must</p> <ul style="list-style-type: none"> a. have nonprofit status for at least one (1) full year, or b. have two (2) full years of operating experience under another nonprofit entity, or c. be a local governmental entity or agency (governmental agencies can skip to line 5) 	<p>ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant</p>	<input type="checkbox"/>
<p>2. The applicant must be registered to conduct business in the State of Alabama at the time of application. (Not applicable to governmental agencies)</p>	<p>ATTACHMENT 2: Provide a copy of current certification from the Alabama Secretary of State. For assistance, please visit: www.sos.alabama.gov</p>	<input type="checkbox"/>
<p>3. The applicant must have an audit or audited financial statements 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)</p>	<p>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.</p>	<input type="checkbox"/>
<p>4. Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)</p>	<p>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.</p>	<input type="checkbox"/>
<p>5. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.</p>	<p>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.</p>	<input type="checkbox"/>
<p>6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.</p>	<p>ATTACHMENT 6: Provide a copy of the agency’s written financial management procedures, and a current organization chart.</p>	<input type="checkbox"/>
<p>7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker’s Compensation</p>	<p>ATTACHMENT 7: Provide a copy of Certificate of Insurance.</p>	<input type="checkbox"/>
<p>8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov .</p>	<p>ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.</p>	<input type="checkbox"/>

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



HOME Program Overview

The HOME Investment Partnerships (HOME) Program was created by the National Affordable Housing Act (NAHA) of 1990. It is the largest Federal block grant available to communities to create affordable housing for low to moderate income families. Each year, the U.S. Department of Housing and Urban Development (HUD) determines the amount of HOME funds that states and local governments are eligible to receive using a formula designed to reflect relative housing needs.

The primary objective of the HOME Program is to expand affordable housing options for persons of low and moderate-income by:

- Providing decent affordable housing to low-income residents
- Expanding the capacity of non-profit housing providers
- Strengthening the ability of state and local governments to provide housing
- Leveraging private sector participation.

This funding application is for the period beginning October 1, 2021 through September 30, 2022. Annually, the **City of Anniston Community Development Department** requests proposals from local non-profit organizations and government entities to carry out eligible HOME activities in the City. Submission of an application does not guarantee funding. Costs associated with the preparation of this application shall be the responsibility of the Applicant. Applications will become the property of the City of Anniston.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the August 2021.

Eligible activities for the HOME Program consists of the following:

Activities

- Homebuyer Rehabilitation (repair, rehabilitation, and reconstruction)
- Homebuyer Activities (acquisition, rehabilitation, new construction, down-payment assistance)
- Rental Housing (acquisition, rehabilitation, new construction)
- Tenant Based Rental Assistance (monthly rental assistance, security & utility deposits)

2020 HOME MAXIMUM HOUSEHOLD INCOME LIMITS
Effective: July 1, 2020

<u>FAMILY SIZE</u>	<u>EXTREMELY LOW 30%</u>	<u>VERY LOW INCOME 50%</u>	<u>MODERATE INCOME 60%</u>	<u>LOW INCOME 80%</u>
1	\$12,750	\$21,250	\$25,500	\$33,950
2	\$14,600	\$24,250	\$29,100	\$38,800
3	\$16,400	\$27,300	\$32,760	\$43,650
4	\$18,200	\$30,300	\$36,360	\$48,500
5	\$19,700	\$32,750	\$39,300	\$52,400
6	\$21,150	\$35,150	\$42,180	\$56,300
7	\$22,600	\$37,600	\$45,120	\$60,150
8	\$24,050	\$40,000	\$48,000	\$64,050

Source: U. S. Department of Housing and Urban Development (HUD) www.huduser.gov

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I. AGENCY INFORMATION

Agency Name:			
Mailing Address:			
Telephone Number:		Email:	
Contact Person:		Title:	
DUNS Number:		Tax ID #:	

II. PROGRAM INFORMATION

Program Title:			
Program Location:			
Project Priority:	If your agency submits more than one HOME application, please rank the priority. This project is ranked ___ of ___ HOME project applications.		
Project Type:	<u>HOME Activities</u>		
	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Down Payment Assistance	
	<input type="checkbox"/> Acquisition	<input type="checkbox"/> Tenant Based Rental Assistance	
Funding Request Type:	<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project Expansion	

III. REQUESTED FUNDING

Total Program Cost	\$
Total HOME Amount Requested	\$
Percentage of HOME Investment (<i>HOME Amount Requested/ Total Program Cost</i>)	_____ %



IV. ORGANIZATION INFORMATION

1. What is your organization’s mission statement?	
2. How long has the Organization existed in its current form?	
3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A.	
4. How many years has the Organization conducted the project/program for which it is requesting funding?	

V. ORGANIZATION CAPACITY

1. What percentage of the Organization’s budget is grant funded?	
2. How many program staff persons are dedicated to this project (<i>i.e. Case Managers, Intake Coordinators</i>)?	
3. Does the organization have administrative staff (<i>i.e. Accountants, Executive Director</i>) dedicated to this grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the organization secured funding for the administrative staff for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VI. PERFORMANCE OBJECTIVES & OUTCOMES

Select only one of the following <u>objectives</u> that best describes your project.	Select only one of the following <u>outcomes</u> that best describes your project.
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Improving Availability / Accessibility
<input type="checkbox"/> Decent Housing	<input type="checkbox"/> Improving Affordability
<input type="checkbox"/> Creating Economic Opportunity	<input type="checkbox"/> Improving Sustainability



VII. NARRATIVE

1. *Please provide a detailed description of the proposed project for funding.*

2. *The City of Anniston will require organizations to submit monthly reports pertaining to expenditure of HOME-funded activities. Describe and discuss any experiences you have in reporting, monitoring, and/or record-keeping compliance requirements with HOME and other funding agencies.*

3. *Describe the need for the proposed program/project within the community and provide data that supports this need. Where will the program/activity be completed or carried out?*



4. Describe the services/activities to be provided or completed and estimate the number of persons to be assisted with HOME funding. Persons to be assisted should be described in terms of race, ethnicity, and income level. Include any necessary data to support the clientele who will benefit from the program/project.

5. Please describe your organization's method for determining income eligibility.



BUDGET PROPOSAL CONTINUED			
Line Items	HOME Funds	Other Funds	Total Funds
HOME Eligible Activities			
Homebuyer Rehabilitation			
1. Repair	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. Reconstruction	\$	\$	\$
Total Homebuyer Rehabilitation	\$	\$	\$
Homebuyer Activities			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. New Construction	\$	\$	\$
4. Down-Payment Assistance	\$	\$	\$
Total Homebuyer Activities	\$	\$	\$
Rental Housing			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. New Construction	\$	\$	\$
Total Rental Housing	\$	\$	\$
Tenant Based Rental Assistance			
1. Monthly Rental Assistance	\$	\$	\$
2. Security Deposit	\$	\$	\$
3. Utility Deposit	\$	\$	\$
Total TBRA Assistance	\$	\$	\$
GRAND TOTAL OF ALL COMPONENTS	\$	\$	\$



BUDGET PROPOSAL NARRATIVE

1. For each line item listed in your budget, provide a detailed description of how HOME funds will be used to support your program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years for this project.



VIII. PROPOSED MATCH & SOURCES

Per 24 CFR 92.218, Subrecipients must make a matching contribution of 25% for HOME funds used. Match may be cash or “in-kind”, but it must be documented during program operations, reported monthly with each request for reimbursement, and is subject to review during monitoring. Match must be used in providing the same or closely related services. Please list sources and uses of proposed match in the spaces provided below.

Agency/ Organization/Grantee/Donor	Source (Non-Federal, In-Kind, etc.)	Amount of Match (For 25% of HOME Funds Requested)



IX. 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 City Council for the City of Anniston?
 Yes No
 If yes, please explain in detail and document the staff person’s involvement with these grant funds in the section below.

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 the City of Anniston. Please select the following link to comprehensively review the HOME regulations, 24 CFR Part 92.
 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 HOME 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**