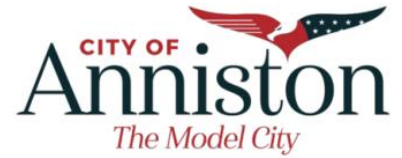


2022



**HOME Investment Partnerships
American Rescue Plan Program
HOME-ARP
APPLICATION FOR FUNDING**

**APPLICATIONS WILL BE ACCEPTED:
WEDNESDAY, NOVEMBER 30, 2022 - FRIDAY, DECEMBER 30,
2022**

APPLICATIONS SHOULD BE SUBMITTED TO:
City of Anniston
Community Development Department
4309 McClellan Blvd
Anniston, AL 36206

Agency Name _____

Project Title _____

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 **3:00 p.m. on Friday, December 30, 2022.** Please label all attachments.

CHECKLIST

Submission Requirements	Documentation	Check if Enclosed
<p>1. The applicant must 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>	<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-ARP Program Overview

The American Rescue Plan (ARP) provides \$5 billion to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability across the country. These grant funds will be administered through HUD's HOME Investment Partnerships Program (HOME). The City of Anniston has been allocated **\$1,454,489** in HOME ARP funding.

ELIGIBLE QUALIFYING POPULATIONS

HOME-ARP funds must be used to primarily benefit individuals or families from the following qualifying populations:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence.
- An individual or family who will imminently lose their primary nighttime residence within 14 days.
- Unaccompanied youth under 25 years of age
- Individuals fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- Individuals for whom provision of supportive services or assistance herein would prevent homelessness or who are at the greatest risk of housing instability
- Veterans and their families that meet any of the preceding criteria.

HOME-ARP funds must primarily benefit individuals and families that meet one of the qualifying populations. However, not more than 30 percent of the total number of rental units assisted with HOME-ARP funds may be occupied by low-income households as defined in 24 CFR 92.2.

ELIGIBLE ACTIVITIES

HOME-ARP funds must be used to primarily benefit the qualifying populations through the four eligible activities:

1. **Tenant-Based Rental Assistance (TBRA)** - payments to make up the difference between the amount a household can afford to pay for housing and the local rent standards and other costs to include security and utility deposits.
2. **Production or Preservation of Affordable Rental Housing (New Construction, Acquisition, Rental or Rehabilitation of housing units)** - Acquire, construct and rehabilitate rental housing for occupancy by individuals and families that meet one of the Qualifying Populations.
3. **Provision of Supportive Services** - Homeless prevention services and housing counseling. Also, includes supportive services such as childcare, basic educational skills, employment assistance and job training programs, legal services, rental application fees, security/utility, payment of rental arrears deposits, etc.
4. **Acquisition and Development of Non-Congregate Shelter Units (NCS)** - These structures can remain in use as non-congregate shelter or can be converted to: 1) emergency shelter under the Emergency Solutions Grant program; 2) permanent housing under the Continuum of Care; or 3) affordable housing under the HOME Program (Includes locations where each individual or household has living space that offers some level of privacy such as hotels, motels, or dormitories).

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 February 2022.

HOUSEHOLD INCOME

Household Income: The following income requirements apply to HOME-ARP households:

Qualifying Households: At initial occupancy and each subsequent year during the minimum 15-year compliance period, the Subrecipient must use the definition of annual income at 24 CFR 5.609 and the process described in the HUD CPD Notice to determine the household’s contribution to rent.

Low-Income Households: The Subrecipient must use the definition of annual income at 24 CFR 5.609 and the process described in the HUD CPD Notice to examine the household’s income at initial occupancy and each subsequent year during the minimum 15-year compliance period to determine the household’s ongoing income eligibility and applicable contribution to rent.

Tenant Contribution to Rent: A qualifying household may not contribute to rent more than is affordable based on the Subrecipient’s determination of the household’s income.

CITY OF ANNISTION, AL
2022 HOME Income Limits
Effective June 1, 2021

Family/Household Size	Extremely Low	Very Low Income 50%	Moderate Income 60%	Low Income 80%
1	\$14,500.00	\$24,100.00	\$28,920.00	\$38,550.00
2	\$16,550.00	\$27,550.00	\$33,060.00	\$44,050.00
3	\$18,600.00	\$31,000.00	\$37,200.00	\$49,550.00
4	\$20,650.00	\$34,400.00	\$41,280.00	\$55,050.00
5	\$22,350.00	\$37,200.00	\$44,640.00	\$59,500.00
6	\$24,000.00	\$39,950.00	\$47,940.00	\$63,900.00
7	\$25,650.00	\$42,700.00	\$51,240.00	\$68,300.00
8	\$27,300.00	\$45,450.00	\$54,540.00	\$72,700.00

Source: U. S. Department of Housing and Urban Development [HUD] www.huduser.gov

**Income of all persons living in the household*

https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_AL_2022.pdf

ADMINISTRATIVE AND OPERATING FUNDING

HOME-ARP provides up to 15% of the allocation for administrative and planning costs of the participating jurisdiction and subrecipients administering all or a portion of the grant. In addition, HOME-ARP can provide up to 5% of its allocation for operating costs of a Community Housing Development Organization (CHDOs).

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-ARP application, please rank the priority. This project is ranked ____ of ____ HOME-ARP project applications.		
Project Type:	<u>HOME-ARP Activities</u>		
	<input type="checkbox"/> Provision of Supportive Services		
	<input type="checkbox"/> Acquisition and Development of Non-Congregate Shelter Units (NCS)		
	<input type="checkbox"/> Production or Preservation of Affordable Rental Housing		
	<input type="checkbox"/> Tenant Based Rental Assistance		

III. REQUESTED FUNDING

Total Program Cost	\$	
Total HOME-ARP Amount Requested	\$	
Percentage of HOME-ARP (<i>HOME-ARP Amount Requested/ Total Program Cost</i>)	_____	%
Can this project be partially funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 including project location.*

2. *Describe the need and urgency for the proposed project. What are the consequences if the project is not funded?*

3. *Describe how the location(s) of the housing opportunity, in whole or part, provides and promotes greater choice and will not create undue concentration of poverty in any given area?*

4. Describe how the project locations(s) will connect the population to jobs, transportation and community resources.

5. Describe how the project creates new affordable housing units, prevents the loss of viable units or significantly changes the composition of those units to meet the needs of the proposed population.

6. Describe the length of time the proposed project will provide long-term affordable housing and what mechanisms will ensure this.

7. Describe the outcomes expected to occur in the community as a result of the proposed activity. Describe how outcomes will be achieved.

8. Describe the organization's fiscal management including financial reporting and recording keeping.

9. Is there a fiscal agent other than the applicant? If yes, name of fiscal agent.

Project Performance Measurement
*Indicate the number of people/units expected and choose household type(s) this project will target:
 (Complete each box - leave no blanks)*

People - Enter # of people	_____
Housing Units - Enter # of units	_____
Small Households (2-4 individuals) - Enter # households	_____
Large Households (5 or more individuals) - Enter # of households	_____

Household Type: (Check all that apply)

<input type="checkbox"/> Single non-elderly	<input type="checkbox"/> Youth
<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled
<input type="checkbox"/> Families	<input type="checkbox"/> Homeless
<input type="checkbox"/> Veterans	

Commitment of Funds

- If awarded funding for your project, will you be able to complete the project within 24 months of the project setup date? Yes No
 If no, explain:
- If applying for rehabilitation, new construction, or demolition, will you be able to break ground (start construction) within 12 months of the project setup date?
 Yes No Not Applicable

Project Timeline

Estimated Project Start Date: _____.

Estimated Project Completion Date: _____

Data Collection

1. Describe the process for collecting income and beneficiary data, including who will collect it and how the Data will be stored.

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

Fiscal Year 2022
HOMEARP Program
Application for Funding



BUDGET PROPOSAL CONTINUED			
Line Items	HOME-ARP Funds	Other Funds	Total Funds
HOME-ARP Eligible Activities			
Production or Preservation of Affordable Rental Housing			
1. Acquire	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. Construction	\$	\$	\$
Total Affordable Rental Housing	\$	\$	\$
Provision of Supportive Services	\$	\$	\$
1. Case Management [Homeless Prevention/Housing Counseling]	\$	\$	\$
2. Operating Costs	\$	\$	\$
3. Childcare	\$	\$	\$
4. Educational Skills	\$	\$	\$
5. Employment Skills			
6. Job Training			
7. Legal Services			
Total Supportive Services Activities	\$	\$	\$
Acquisition and Development of Non-Congregate Shelter Units (NCS)			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. Construction	\$	\$	\$
Total NCS Activities	\$	\$	\$
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 HOMEARP 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 HOMEARP 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**