

PY2020 APPLICATION CYCLE
HOME Investment Partnerships Program
APPLICATION



CDBG Program Office
192 Anderson Street, Suite 150
Marietta, GA 30060

Application Cycle commences Friday, February 1, 2019
and ends at 4:00 p.m. on Friday, April 5, 2019

SUBMITTAL INSTRUCTIONS

Please provide **one (1) original application with attachments & one (1) application copy with attachments** to the Cobb County CDBG Program Office no later than **4:00 p.m. on Friday, April 5, 2019**. Please label all attachments.

CHECKLIST

Submission Requirements	Documentation	Check if Enclosed
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)	ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant	<input type="checkbox"/>
2. The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies)	ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov	<input type="checkbox"/>
3. The applicant must have an audit or audited financial statements (if budget is <u>less than \$25,000</u> annually) 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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov	ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.	<input type="checkbox"/>
9. The contract period for the project, if approved, will begin January 1, 2020 and end no later than December 31, 2020.	ATTACHMENT 9: Provide a projected timeline of proposed activities.	<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 January 1, 2020 through December 31, 2020. Annually, the Cobb County CDBG Program Office requests proposals from local non-profit organizations and government entities to carry out eligible HOME activities in the County. 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 Cobb County.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Chairman and Cobb County Board of Commissioners (BOC). Recommendations for grant awards will be provided to the Chairman and BOC during the month of November 2019.

Eligible activities for the HOME Program consists of the following:

Activities

- Homeowner 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)

HOME MAXIMUM HOUSEHOLD INCOME LIMITS Effective: June 1, 2018

<u>FAMILY</u>	<u>EXTREMELY LOW 30%</u>	<u>VERY LOW INCOME 50%</u>	<u>MODERATE INCOME 60%</u>	<u>LOW INCOME 80%</u>
1	\$15,750	\$26,200	\$31,440	\$41,900
2	\$18,000	\$29,950	\$35,940	\$47,900
3	\$20,250	\$33,700	\$40,440	\$53,900
4	\$22,450	\$37,400	\$44,880	\$59,850
5	\$24,250	\$40,400	\$48,480	\$64,650
6	\$26,050	\$43,400	\$52,080	\$69,450
7	\$27,850	\$46,400	\$55,680	\$74,250
8	\$29,650	\$49,400	\$59,280	\$79,050

**Income of all persons living in the household*

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



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	
<p>If PY2019 funds were available, would you want to be considered for these funds?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If yes, please let us know how soon after signing an agreement could your project start?</p> <p><input type="checkbox"/> Immediately (within first 30 days)</p> <p><input type="checkbox"/> 2-4 months</p> <p><input type="checkbox"/> 5-7 months</p> <p>Anticipated completion date: _____</p>		
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.e. Case Managers, Intake Coordinators*)?

3. Does the organization have administrative staff (*i.e. Accountants, Executive Director*) dedicated to this grant?

Yes ☐ No ☐

4. Has the organization secured funding for the administrative staff for this project?

Yes ☐ No ☐

VI. PERFORMANCE OBJECTIVES & OUTCOMES

Select only **one** of the following **objectives** that best describes your project.

Select only **one** of the following **outcomes** that best describes your project.

☐ Suitable Living Environment

☐ Improving Availability / Accessibility

☐ Decent Housing

☐ Improving Affordability

☐ Creating Economic Opportunity

☐ Improving Sustainability

VII. NARRATIVE

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



2. The CDBG Program Office 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.



VIII. BUDGET PROPOSAL			
Line Items	HOME Funds	Other Funds	Total Funds
HOME Eligible Activities			
Homeowner Rehabilitation			
1. Rehabilitation	\$	\$	\$
2. Reconstruction	\$	\$	\$
Sub-total Homeowner Rehabilitation	\$	\$	\$
Homebuyer Activities			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. New Construction	\$	\$	\$
4. Down-Payment Assistance	\$	\$	\$
Sub-total Homebuyer Activities	\$	\$	\$
Rental Housing			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. New Construction	\$	\$	\$
Sub-total Rental Housing	\$	\$	\$
Tenant Based Rental Assistance (TBRA)			
1. Monthly Rental Assistance	\$	\$	\$
2. Security Deposit	\$	\$	\$
3. Utility Deposit	\$	\$	\$
Sub-total TBRA Assistance	\$	\$	\$
GRAND TOTAL	\$	\$	\$



IX. 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.

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X. 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)



XI. 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 Cobb County Board of Commissioners?

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 COBB COUNTY REQUIREMENTS

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by HUD and Cobb County. Please select the following link to comprehensively review the HOME regulations: [24 CFR 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