

APPLICATION FOR HOME FUNDS

City of Chattanooga

101 E. 11th Street, Suite 200

Chattanooga, TN 37402

(423) 643-7300

www.chattanooga.gov



It is the policy of the City of Chattanooga that all its services and activities be administered in conformance with the requirements of Title VI of the 1964 Civil Rights Act which ensures that “no person in the United States shall, on the grounds of race, color, or natural origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance”.

**Application Components**

The Application for HOME funds consist of four parts, all of which must be submitted for an application to be reviewed:

1. **The Table of Contents/ Self-Certification Checklist** - Provides the checklist for information and attachments that are required to be included as part of the Application. Should be completed last but placed in front of all documents.
2. **Intent to Apply Questionnaire – Part 1**

The Questionnaire provides a quick summary of project information and an opportunity for City and applicant to determine if proposed project is compatible with HOME funds and project requirements before completing a full application.

1. **Development Proposal Template – Part 2 (project development details and pro-forma)**

The Developmental Proposal Template is an EXCEL workbook containing sheets to be completed by the applicant to provide details on sources and uses of funds to cover project development costs, revenues, operations and debt. This information is used to evaluate project development feasibility and long-term operating feasibility, as well as the “gap” funding needed from the City. All sheets should be kept together and placed under a dividing sheet/tab labeled “Part 2 – Development Proposal and Pro Forma Template”

1. **Narrative Questions – Part 3**

This WORD document contains the narrative questions. Narrative Questions – Part 3 is divided into “Sections.” For example, Section 1 is Project Summary. Each Section should be completed with information requested. Attachments referenced in this part and other parts should be organized, sub-labeled and placed behind appropriate Section.

1. **Other Attachments – Part 4**

Unless otherwise stated, attachments should be organized, labeled and included under applicable Sections, any other attachments may be placed in this part of the application.

**Application Assembly**

Applications should be organized as follows:

1. Completed and signed Table of Contents/Self-Certification Checklist
2. Intent to Apply Questionnaire – Part 1 (If not already submitted)
3. Development Proposal Template – Part 2
4. Narrative Questions – Part 3
5. Other Attachments – Part 4

**Please note: There is no deadline for submission of applications. Applications will be accepted on a rolling basis.**

Eligible applicants will be awarded on a first come first served basis until all grant funds are allocated.

**Submit an electronic copy via email to HCI@chattanooga.gov**

**RFP Application - Preservation & Production of Affordable Housing**

**Table of Contents/Self-Certification Checklist**

|  |
| --- |
| Section 1 Project Summary: |
| Project Summary |
|  |
| Section 2 Project Additional Requirements: |
| Project Description |
| Section 2 Attachments: |
| Section 3 Developer Plan (if application is for $200,000 or more in funds)  Not applicable |
| Diverse Business Certification  Not applicable |
|  |
| Section 3 Project Description: |
| Project Description |
| Section 3 Attachments: |
| Preliminary drawings and site plan |
| Map showing project location, nearby facilities and distances |
| Documentation of Site Control |
| Informational Notice to Seller (if acquisition project) |
| Title Report (if available) |
| Photos of the site, buildings, and interiors of units (if existing units) |
|  |
| Section 4 Need & Population Served: |
| Need & Population Served |
|  |
| Section 5 Relocation:  Not applicable |
| Relocation ResponsesTenant Relocation Plan |
| Section 5 Attachments: |
| Tenant Relocation Budget |
| Samples of the General Information Notice issued to all current occupants |
| Tenant Rosters (current and last 30 days) |
| Draft Move-In NoticeDraft Intent to Vacate Notice |
|  |
| Section 6 Project Schedule: |
| Project Schedule narrativeProject Schedule |
|  |
| Section 7 Development Budget(s): |
| Development Budget(s) narrative |
| Section 7 Attachments: |
| Detailed Budget for information in Excel Template “C. Project Development ”As-Built Real Estate Appraisal |
|  |
| Section 8 Project Financing: |
| Project Financing narrative including, description and status of any funding negotiations |
| Section 8 Attachments: |
| Documentation of all funding commitments supporting information in Excel Template “B. Project Financing” |
|  |
| Section 9 Match: |
| Project Match Sources, Uses and Infusion Timeline |
| Section 9 Attachments: |
| Match Documentation, including donation documentation |
|  |
| Section 10 Project Operations: |
| Operating Budget narrative |
| Section 10 Attachments: |
| Documentation of all funding commitments supporting information in Excel Template “D. Project Operations” |
|  |
| Section 11 Development Team/Experience/Capacity: |
| Project Team - narrative |
| Section 11 Attachments: |
| Development consultant agreement |
| Most recent audited financial statement and current year operating budget |
| Copy of Property Management Agreement |
| Copy of proposed tenant selection policies |
|  |
| Section 12 Services: |
| Services - narrative |
| Section 12 Attachments: |
| Memorandum of UnderstandingServices/funding commitment letters |
|  |
| Section 13 Certifications and Authorizations: |
| Self-Certification and Threshold Requirements |
| Certification of Information |
| Authorization to Submit |
| Exclusion and Debarment |
| Conflict of Interest Disclosure Form |
| Woman/Minority Business Enterprise Certification |

**Self-Certification of Threshold Requirements**

I, Name, Title (Authorized Official) of Organization/Applicant acknowledge that I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.

**ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Organization |  | | |
| Project |  | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

|  |
| --- |
| **Part 3 Narrative Questions** |

**SECTION 1: PROJECT SUMMARY**

**Applicant Information**

|  |  |
| --- | --- |
| Organization/Applicant: |  |
| Address: |  |
| Project Contact Person: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |

**Development Organization/Applicant Type (check only one):**

|  |
| --- |
| Local Housing Authority |
| Nonprofit Community, Neighborhood, State or Regional Organization (Date Established      ) |
| Community Housing Development Organization (CHDO) |
| For-Profit Entity |
| Other (please specify) |

**Project Name and Location**

|  |  |
| --- | --- |
| Project Name: |  |
| Project Address: |  |
| City and Zip Code: |  |
| Tax Map Parcel Number(s): |  |
| Current Zoning: |  |
| Census Tract and Block Group: |  |
| Name of Ownership Entity: |  |
| Total HOME award requested: | $ |
| Total Project Cost: | $ |

**Development Consultant (if applicable)**

|  |  |  |
| --- | --- | --- |
| Organization Name: |  | |
| Consultant Name: |  | |
| Phone: |  | |
| Fax: |  | |
| Email: |  | |
| Will the Development Consultant serve as the primary project contact? | | Yes  No  N/A |

**Project Activity Type (check all that apply)**

|  |  |
| --- | --- |
| Rental | Homeowner |
| New Construction | Rehabilitation |
| Rehab or Adaptive Reuse of an Existing Building (not currently residential) | Redevelopment |
| Mixed Use (please explain) | |
| Other (please specify) | |

**Ownership Structure (check all that apply)**

|  |  |
| --- | --- |
| Nonprofit | Limited Liability Corporation (LLC) |
| Limited Liability Partnership (LLP) | Limited Partnership |
| CHDO | Nonprofit Single Asset Entity |
| Other Corporation | Joint Venture |
| Cooperative |  |
| Other, Describe: | |

**For Existing Housing Only (check one):**

|  |  |
| --- | --- |
| Privately Owned | Publicly Owned |
| Owned by Applicant | Other (please specify) |

**Owner Entity Makeup**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Individuals/Organizations that Comprise the Ownership Entity (if known at time of application): | | | | | |
| Name | Address | Phone | Entity Type | Federal ID # | % Ownership |
|  |  |  |  |  | % |
|  |  |  |  |  | % |
|  |  |  |  |  | % |
|  |  |  |  |  | % |
|  |  |  |  |  | % |

**Proposed Units**

|  |  |
| --- | --- |
| 1. Total number of units: |  |
| 1. Number of proposed HOME units: |  |
| 1. Have HOME funds previously been awarded to this project? | Yes  No |
| If yes, when does/did the affordability period end? |  |

**Rental Assistance Projects**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you have a commitment for rental assistance for housing units in the project? | | | Yes  No |
| 1. If yes, indicate the type of rental assistance: | Section 8 New Construction/Substantial Rehabilitation | | |
|  | Section 8 Certificates | | |
|  | Section 8 Project-Based Assistance | | |
|  | Other (please specify) | | |
| 1. Number of housing units receiving rental assistance | |  | |
| 1. Number of years remaining on rental assistance contract: | |  | |
| 1. Is the project currently required to restrict rents? | | Yes  No | |
| 1. If yes, what is the expiration date? | |  | |

**Low Income Housing Tax Credits (LIHTC)**

|  |  |
| --- | --- |
| 1. Does this project propose to use Low Income Housing Tax Credits? | Yes  No |
| If yes, please select the LIHTC type: | 4% tax credit/bond project |
|  | 9% competitive project |

**SECTION 2: PROJECT ADDITIONAL REQUIREMENTS**

**Environmental**

|  |  |  |
| --- | --- | --- |
| 1. What is the status of the City’s Environmental Review? | | In progress  Completed Date: |
| 1. Has any third-party environmental testing been done on the proposed project site? | | Yes  No |
| If yes, please check all that are applicable. | | |
| Phase I | Phase II | |
| Radius Review | Asbestos Survey | |
| Lead Based Paint Assessment | Radon | |
| Other – Specify: | | |
| 1. Are there known adverse environmental conditions on the site? | | Yes  No |
| If yes, what are they and can they be mitigated though reasonable measures? | | |
|  | | |

**Section 3**

|  |  |
| --- | --- |
| Does this application include HOME funds of more than $200,000? | Yes  No |

**If yes, additional documentation and reporting requirements will be needed. Please contact Regina Partap at 643-7335 or** [**rpartap@chattanooga.gov**](mailto:rpartap@chattanooga.gov)**.**

All applicants are required to submit a Section 3 Business Concern Certification to the City with their applications. The Certification should have the required documentation attached, as well as the Section 3 Resident Certifications to back up any employees claiming Section 3 status.

**For all projects with more than $200,000:** 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 are subject to the requirements of Section 3. Recipients of HUD financial assistance must attempt to reach the Section 3 minimum numerical goals by:

1. Twenty-five percent (25%) of the total labor hours worked by all workers on a Section 3 covered project (not including professional services) must be worked by “Section 3 Workers,” and
2. Five percent (5%) of the total labor hours worked by all workers on a Section 3 covered project (not including professional services) must be worked by “Targeted Section 3 Workers.”

|  |
| --- |
| **For all projects with more than $200,000:** Explain any previous experience with Section 3, including but not limited to,   1. Section 3 training received 2. Current commitments to hiring/training/outreach to Section 3 Business Concerns/Residents 3. Section 3 hiring on non-federally subsidized developments |
|  |

**Minority and Women Owned Businesses**

|  |  |
| --- | --- |
| 1. Are you a certified Diverse Business Enterprise by the State of Tennessee? | Yes  No |
| 1. If so, which designation? | |
| Minority-owned Business Enterprise (MBE)\* | Yes  No |
| Women-owned Business Enterprise (WBE)\* | Yes  No |
| Persons with disabilities-owned Business Enterprise (DSBE) | Yes  No |
| Service disabled veteran-owner Business Enterprise (SDVBE) | Yes  No |
| Small Business Enterprise (SBE) | Yes  No |
| **\*If you qualify as a MBE or WBE, please fill out the certification on the last page of this application.** | |
| What steps will you take to hire businesses that are registered with the State of Tennessee as MBE or WBE firms? | |
|  | |

**Attachments**

|  |
| --- |
| Section 3 Business Certification |
| MBE/WBE Certification |

**SECTION 3: PROJECT DESCRIPTION**

**Project Narrative**

|  |
| --- |
| Please provide a brief narrative summary of the proposed project (new vs. acquisition-rehab, rental, or homebuyer). Describe target population and the need/housing demand/market need in both Chattanooga and the neighborhood in which the project is proposed, any unique design components, project characteristics, and why an allocation of HOME funds is crucial to the successful implementation of your project and its affordability level(s). |
|  |

**Homebuyer Units**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. If the project includes construction or rehabilitation of units for homeownership, will eligible homebuyers be identified prior to start of construction? | | | | Yes  No |
| 1. What size unit are you proposing to build/rehab? | | | | |
| 1 bedroom | 2 bedrooms | 3 bedrooms | 4+ bedrooms | |
| 1. Describe organization’s underwriting guidelines to determine the appropriate amount of assistance necessary to assist the low-income buyer; assessment of a buyer’s ability to purchase and remain in the home (e.g., housing and consumer debt ratios, anticipated income, and available assets); and anti-predatory lending and subordination policies and process to provide housing counseling. | | | | |
|  | | | | |

**Rental Units**

|  |  |  |  |
| --- | --- | --- | --- |
| If the project includes construction or rehabilitation of units for rental, please indicate the number of proposed units to be available at the end of construction/rehabilitation: | | | |
| 1 bedroom | 2 bedroom | 3 bedroom | 4 bedroom |

**Project Design**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Describe the design of the unit | | | | | | | |
|  | | | | | | | |
| 1. Describe how the proposed design will meet the needs of the targeted and special need populations (if applicable). | | | | | | | |
|  | | | | | | | |
| 1. Will any units be handicapped accessible? | | Yes  No | | If yes, how many? | | | units |
| 1. How are the units accessible? | | | | | | | |
| Ramps | Wider Doorways | | | | Bathroom accessories (grab bars, walk/roll in tubs, etc.) | | |
| Modified structures (cabinet/counter heights) | | | Other, please explain: | | | | |
| 1. Does the project include components that contribute to: | | | | | | | |
| Improved energy performance? | | | | | | Yes  No | |
| Healthier indoor environment? | | | | | | Yes  No | |
| Increased durability and/or simplified maintenance requirements? | | | | | | Yes  No | |
| 1. Does the project meet and green building certifications? | | | | | | Yes  No | |
| 1. If you answered “yes” to any of questions 5 or 6 above, please explain. | | | | | | | |
|  | | | | | | | |
| 1. Provide any additional information the proposed design, construction, rehabilitation, and/or other improvements not covered above. | | | | | | | |
|  | | | | | | | |

**On-Site Amenities**

|  |  |
| --- | --- |
| 1. Will the property have any of the following amenities? | |
| Outdoor greenspace/park/recreation area | Yes  No |
| Laundry facility | Yes  No |
| Broadband internet access | Yes  No |
| Security (alarm, lighting, etc.) | Yes  No |
| Onsite bus access | Yes  No |
| 1. Please describe any addition on-site amenities, including any project characteristics that address special needs of the population you intend to serve: | |
|  | |

**Neighborhood/Off-Site Amenities**

|  |  |
| --- | --- |
| 1. How far is the project site from the nearest bus stop? | miles |
| 1. Are there sidewalks present on the street or in the neighborhood? | Yes  No |
| 1. What schools is the property zoned for? | |
|  |  |
| 1. Is the property within walking distance (0.5 miles) or is there bus access to the following: | |
| Emergency medical facilities | Yes  No |
| Grocery stores/food shops | Yes  No |
| Greenspaces/parks | Yes  No |
| Library | Yes  No |
| Major employment centers | Yes  No |
| Churches | Yes  No |
| Cultural centers | Yes  No |
| 1. Provide any additional information on Neighborhood/off site amenities. (Please include locations of amenities on a map in Attachments.) | |
|  | |

**Potential Development Obstacles**

|  |  |
| --- | --- |
| 1. Are there any known issues or circumstances that may delay the project? | Yes  No |
| If yes, list issues, including an outline of steps that will be taken and the time frame needed to resolve these issues: | |
|  | |

**Neighborhood Notification**

|  |  |
| --- | --- |
| The level of neighborhood notification appropriate for a project is based on the size and proposed use. | |
| 1. In what neighborhood is the project located? | |
|  | |
| 1. Was the neighborhood notified of your project? | Yes  No |
| 1. How did you notify the adjacent property owners and the neighborhood about the project? | |
|  | |
| 1. Given the specific characteristics of your project, (if applicable) what will be done to encourage neighborhood support? Describe how surrounding neighbors will continue to be informed about the project. Identify concerns that neighbors have raised and strategies to mitigate those concerns. | |
|  | |

**Site Control**

|  |  |  |
| --- | --- | --- |
| 1. Has site control been established? | | Yes  No |
| 1. Are there any anticipated changes to the project’s legal description? | | Yes  No |
| If yes, please describe | |  |
|  | | |
| 1. What is the square footage of the proposed project parcel? |  | |
| 1. Is the proposed project site subject to any existing encumbrances such as a restrictive covenant, use restriction, or regulatory agreement? | Yes  No | |
| If so, how do you plan to mitigate the encumbrance? | Quit-Claim Deed | |
|  | Subdivision of the Property | |
|  | Other: | |

**Zoning**

|  |  |  |
| --- | --- | --- |
| 1. What is the current zoning of the project site? |  | |
| 1. Is the proposed project consistent with the zoning status of the site? | Yes  No | |
| If current zoning is not consistent, please explain: | | |
|  | | |
| 1. Is the proposed project consistent/compatible with surrounding uses? | | Yes  No |
| If yes, please describe. | | |
|  | | |

**Rehabilitation of Existing Structures**

|  |  |  |
| --- | --- | --- |
| 1. Does the site contain existing housing units? | Yes  No | |
| If yes, how many? |  | |
| 1. What is to be done with on-site existing housing units? | Demolish | |
|  | Rehab | |
|  | Nothing (does not apply/not part of this project) | |
| 1. Please provide the following information for any on-site structures to be retained as part of this project: | | |
| Approx. Total Sq. Footage: |  | |
| Number of Building(s): |  | |
| Date Built: |  | |
| Number of Stories: |  | |
| 1. Please give a brief description of the condition of the buildings to be rehabilitated: | | |
|  | | |
| 1. For the systems that will not be replaced as part of the renovation of the unit(s), please indicate their remaining useful life. | | |
| HVAC | | years |
| Electrical | | years |
| Plumbing (including hot water heater) | | years |
| Roof | | years |
| Appliances | | years |
| Windows | | years |

**Attachments**

|  |
| --- |
| Map showing project location, nearby facilities (schools, bus stops, parks, etc.) and distances to those facilities |
| Preliminary drawings and site plan |
| Documentation of Site Control |
| Informational Notice to Seller (for acquisition projects)  Not applicable |
| Title Report (if available) |
| Photos of the site, buildings, and interiors of units (if existing units) |
| Market assessment or  Market study |

**SECTION 4: NEED & POPULATIONS SERVED**

**Target Population**

|  |
| --- |
| Describe the target population to be served. |
|  |

**Target Population Income**

|  |
| --- |
| Indicate the income level your project will target and the number of units proposed for each: |
| 0-30% AMI       units |
| 31-50% AMI       units |
| 51-80% AMI       units |

**Homeless**

|  |  |
| --- | --- |
| Will this project serve homeless individuals and/or families? | Yes  No |

**Special Needs**

|  |  |
| --- | --- |
| Will this project serve Special Needs populations? | Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If you are a non-profit who is NOT developing housing for special needs populations OR a for-profit entity that DOES NOT have a MOU with an organization serving this population, you are NOT required to complete the next questions and can skip to Section 5.** | | | | |
| Special Needs Populations to be served (Check all that apply). | | | | |
| Elderly/Frail Elderly | Severe Mental Illness | | Developmentally Disabled | |
| Physically Disabled | Substance Abuse | | Young adults aging out of foster care | |
| HIV/AIDS | Domestic Violence | | Youth Under 18 | |
| Ex-Offenders | Veterans | | Other Special Needs (please explain) | |
| Is your organization working with a referral service entity on this project? | | | Yes  No | |
| State the name of the referral entity: | |  | | |
| If a working arrangement with a referral service entity has not been established, briefly state why not. | | | | |
|  | | | | |
| Will this project provide services? (e.g. Child Care, Case Management, Transportation) | | | | Yes  No |
| Describe services promoting self-sufficiency and independent living. Include in this discussion any counseling, job training, or other education, both on site and off site, which will be made available to residents of your project. | | | | |
|  | | | | |
| Describe how residents will be encouraged to participate in decision making processes. | | | | |
|  | | | | |

**SECTION 5: RELOCATION**

|  |  |
| --- | --- |
| 1. Does this project involve the acquisition, demolition, or rehabilitation of any existing structures that are currently occupied or were occupied prior to the submission of this application? (If no, skip to Section 6) | Yes  No |

**Relocation Plan**

|  |  |
| --- | --- |
| 1. Provide a description of how tenants will be relocated, permanently or temporarily, as a result of this project. Describe how the plan minimizes displacement. It should identify staff that will carry out relocation activities, provide an estimated timeline for all relocation activities, including the issuing of notices. The plan should include a budget showing estimated costs associated with tenant relocation. Include detailed budget under Attachments and be sure to include cost in Project Development budget. The City HOME funds cannot be used to cover relocation costs. If the applicant does not properly adhere to relocation requirements, the City will not provide funding for the project. | |
|  | |
| 1. Have you collected information on all current occupants of the property, including both residential and commercial tenants, and occupants with or without leases? | Yes  No |
| 1. If acquisition, have you included provisions that enable you to obtain tenant income and rent information, and to give notices to existing and incoming tenants prior to closing? | Yes  No |
| 1. Did anyone move out within the 90 days prior to the execution of the Option Agreement/Conditional Contract? | Yes  No |

**Type of Relocation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Enter the number of tenant households to be relocated: for each type: | | | | |
| Residential | None | Permanently | | Temporarily |
| Commercial | None | Permanently | | Temporarily |
| 1. Explain the income verification process and the strategy for addressing any current residents who are not eligible to remain in the building. | | | | |
|  | | | | |
| 1. Have you identified replacement or temporary units for those who will be displaced? | | | Yes  No | |
| 1. Have you calculated tenants’ relocation benefits in preparation of a relocation budget? | | | Yes  No | |

**Relocation Notices**

|  |  |
| --- | --- |
| **For projects subject to an established local relocation policy:** | |
| 1. Have you provided General Information Notices to all occupants using the sample notices in HUD’s Handbook on relocation (including both residential and commercial tenants, and occupants with or without leases)? | Yes  No |
| 1. Are you prepared to provide tenant information to City of Chattanooga so that subsequent notices can be provided to tenants immediately upon notification of award of funding? (i.e., Notice of Eligibility or Notice of Non-Displacement)? | Yes  No |
| 1. Is the applicant or property owner prepared to issue move-in notices to all new tenants that sign leases subsequent to this funding application? | Yes  No |
| 1. Is the applicant or property owner prepared to issue Intent to Vacate forms to all tenants who move from the property subsequent to this funding application? | Yes  No |

**Please contact HCI for additional relocation guidance.**

**Attachments**

|  |
| --- |
| Relocation Budget |
| Sample of the General Information Notice issued to all current occupants |
| Tenant Rosters (current and last 30 days) |
| Drafts of Move-in Notices |
| Drafts of Intent to Vacate Notices |

**SECTION 6: PROJECT SCHEDULE**

**Project Schedule**

|  |  |
| --- | --- |
| Estimated Project Begin Date |  |
| Estimated Project Completion Date |  |

**Project Schedule Narrative**

|  |
| --- |
| Please provide a narrative to explain proposed project progress. Please be specific about how the timelines were determined for obtaining commitments for leveraged project financing, forming legal ownership entities, real estate closing, temporary and permanent relocation, construction commencement, construction completion, lease-up, etc. |
|  |

**SECTION 7: DEVELOPMENT BUDGET**

**Development Budget Narrative**

|  |
| --- |
| Discuss the development budget – line items, justifications and sources of costs estimates and assumptions. (Specifically related to the Sheet C. Project Development of the Development Template. Budget information must be detailed and costs reasonable. Describe any choices the development team has made related to long-term affordability and cost savings. |
|  |

**Attachments**

|  |
| --- |
| Post construction/renovation Real Estate Appraisal |
| Detailed development budget supporting numbers in Excel Template |

**SECTION 8: PROJECT FINANCING: SOURCES**

**Financing Circumstances**

|  |  |
| --- | --- |
| HOME funds requested: | $ |
| Other resources: | $ |
| Total Project cost: | $ |

**Sources of Project Funding**

|  |  |  |
| --- | --- | --- |
| Source | Amount | Percentage of Total |
| HOME Request | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
| **Totals Project Financing** | **$** | % |

|  |
| --- |
| 1. Please describe financing details and funding structures related to sources of funding shown in the Excel Template “B. Project Financing” for project development. |
|  |

**Attachments**

|  |
| --- |
| Funding commitment letters – All sources (Lender(s)' commitment letters, copies of promissory notes for each mortgage, documentation for all other liens or encumbrances against the property) |
| Documentation for financial sources and match, including donations |

**SECTION 9: MATCH**

**Sources of Match**

Eligible sources of a match for HOME funds include: cash; donated construction materials or volunteer labor; value of donated land or real property; value of foregone interest, taxes, fees, or charges levied by public or private entities; investments in on-or offsite improvements; proceeds from bond financing; the cost of supportive services provided to families living in HOME units; and the cost of homebuyer counseling to families purchasing HOME-assisted units. (See 24 CFR 92.218 for more information on HOME Match)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please explain your required match, including amounts, sources, and intended uses. Please be as specific as possible. Also include a timeline of the infusion of match funds into the project and documentation for match. | | | |
| **Match Amount** | **Match Source** | **Use of Funds** | **Match Timing** |
| $ |  |  |  |
| $ |  |  |  |
| $ |  |  |  |
| $ |  |  |  |

**Attachments**

|  |
| --- |
| Documentation for match sources, including donations |

**SECTION 10: PROJECT OPERATIONS**

**Operations Narrative**

|  |
| --- |
| 1. Please provide a narrative description of the long-term operations (specifically related to Excel Template “D. Project Operations”. Please justify costs and assumptions. If not using HOME Rents, please describe why the other rents were selected (may still be required to use HOME Rents). |
|  |

**Attachments**

|  |
| --- |
| Support, detailed budget/documentation for numbers in Excel Template “D. Project Operations” |

**SECTION 11: PROJECT TEAM/EXPERIENCE/CAPACITY**

**Personnel**

|  |  |  |
| --- | --- | --- |
| List the names of key members of the organization’s development team, their titles and their years of experience in affordable housing below. | | |
| Name | Title (e.g., executive director, project manager) | Years’ Experience in Affordable Housing |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Organizational History**

|  |  |  |
| --- | --- | --- |
| 1. Has the organization developed affordable housing projects previously? | | Yes  No |
| 1. Experience in affordable housing | | Years |
| 1. Has the organization completed similar projects for which you are seeking funding through this application – HOME funds? | | Yes  No |
| 1. Please describe the similar projects completed and their current status | | |
|  | | |
| 1. Number of total units in service | Occupied | Vacant |
| 1. Number of affordable units in service | Occupied | Vacant |
| 1. Number Units Placed in Service | | Units |
| 1. When was the organization’s last independent financial audit completed? | | Date: |
| 1. Were there any findings? | | Yes  No |
| 1. Have these findings been resolved? | | Yes  No |
| **INTENTIONALLY LEFT BLANK** | | |
| 1. If not, what is your plan for resolution? | | |
|  | | |
| 1. Is the organization currently engaged in any project workouts on other projects? | | Yes  No |
| 1. If yes, please list any projects in workout, and provide a brief summary of the reason for the workout status. | | |
| **Project Name** | **Reason for Workout** | |
|  |  | |
|  |  | |
|  |  | |

**Property Management**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided: | | | |
|  | | | |
| 1. Explain your marketing strategy and the tenant selection process, including the establishment and management of any waiting lists. | | | |
|  | | | |
| 1. Describe your organization’s experience with income verification including information collected, required documentation, and third party verifications. | | | |
|  | | | |
| 1. If you contract with a property management agency, discuss the management agency‘s ability to efficiently maintain additional properties and assets. | | | |
|  | | | |
| 1. Will management be provided on site? | | Yes  No | |
| 1. If yes, form of management: | | Resident Manager(s) - Number of units: | |
|  | | Management office (Business Hours Only) | |
| Management office (24 Hours) | |
| Other, Describe: | |
| 1. If no, describe your service area and how this project fits within your organization’s capacity. | | | |
|  | | | |
| 1. List the names of key property management staff, their titles and their years of experience in affordable housing. | | | |
| Name | Title (e.g., project manager, intake staff) | | Years’ Experience in Affordable Housing |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |

**Attachments**

|  |
| --- |
| Development Consultant Agreement |
| Copy of Property Management Agreement |
| Most recent audited financial statement and current year operating budget |
| Copy of proposed tenant selection policies |

**SECTION 12: SERVICES**

**Intake and Transition**

|  |  |  |
| --- | --- | --- |
| 1. If in Section 3, you indicated that your organization is working with a referral agency, describe their focus and service areas: | | |
|  | | |
| 1. If in Section 3, you indicated that your organization is NOT working with a referral agency, describe how individuals and families will find out about your program: | | |
|  | | |
| 1. If your organization intends to serve homeless individuals and families, indicate your expected client source (check all that apply): | | |
| Streets | Jails | |
| Shelters | Other (please explain) | |
| Hospitals |
| 1. Specify any imposed time limit on tenancy (i.e. up to 24 months for transitional housing). | | Months |
| 1. Explain how time-limited households will transition into permanent housing. | | |
|  | | |

**Case Management and Other Services**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe your case management or services model and how it leads to housing stability and self-sufficiency for the client. | | | |
|  | | | |
| 1. What are the proposed staffing levels (case manager to household ratio)? | | case managers to       households | |
| 1. If services will be provided by another agency, provide the name of the organization that will provide the services, the roles and responsibilities of the agency, and who will be the lead. | | | |
| Service Provider | Role/ Responsibility | | Lead at Service Provider |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| 1. Describe how coordination of services will be handled. | | | |
|  | | | |

**Project Fit with Agency Mission**

|  |
| --- |
| 1. Briefly describe how this project fits the organization’s mission and that of any project partner’s mission. |
|  |
| 1. Describe your property management experience, or that of your proposed property manager entity, as it relates to working with the proposed population. |
|  |

**Cultural Competency**

|  |
| --- |
| 1. Explain how your organization will provide culturally competent services that meet the needs of the proposed population. |
|  |
| 1. Describe how your organization’s staff and board reflect the population that will be served, and how your organization is working to broaden staff and board diversity and knowledge around cultural competency. |
|  |

**Attachments**

|  |
| --- |
| Memorandum of Understanding with service provider(s) |
| Services/funding commitment letter(s) |

**SECTION 13: CERTIFICATIONS AND AUTHORIZATIONS**

1. **Certification of Information**

The undersigned hereby certifies that the information set forth in this form, and in any attachment in support thereof, is true, correct and complete. If additional sources of federal funds become available, The City will be notified immediately. The undersigned also certifies that they are aware that providing false information can subject the individual signing to criminal sanctions up to and including a Class B Felony.

|  |  |  |
| --- | --- | --- |
| **Applicant Information** | | |
| Applicant/Organization |  | |
| Name of Authorized Signee |  | |
| Title of Authorized Signee |  | |
| Mailing Address |  | |
| Cell Phone | | Home/Office Phone |
| Email Address |  | |

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application:

1. **Authorizations for Submittal**

|  |  |
| --- | --- |
| Name of Organization |  |
| Address |  |
| Name of Individual Authorized to Submit Application |  |
| Title |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date:

**Board of Directors Authorization to Submit (If applicable)**

I (We) certify to the City of Chattanooga that the Board of Directors of the organization identified in this application has authorized the submission of this request for funding support. I(We) certify that the information contained in this proposal is true and complete to the best of my(our) knowledge.

|  |  |
| --- | --- |
| Name of Authorized Board Official |  |
| Title |  |

Signature of Authorized Board Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

|  |  |
| --- | --- |
| Name of Authorized Board Official |  |
| Title |  |

Signature of Authorized Board Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

1. **Exclusion and Debarment**

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

**Lower Tier Covered Transactions\***

(\*Note: Lower Tier refers to the agency or contractor receiving Federal funds, as well as any subcontractors that the agency or contractor enters into contract with using those funds.)

*Title 24 Code of Federal Regulations Part 24 requires that City of Chattanooga not enter into contract with any agency, corporation, partnership, or other legal entity that has been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by the Federal Government from participating in transactions involving Federal funds. You are required to sign the certification below which specifies that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in programs funded by a Federal agency. It also certifies that you will not use, directly or indirectly, any of these funds to employ, award contracts to, engage the services of, or fund any contractor that is debarred, suspended, or ineligible under 24 Code of Federal Regulations Part 24.*

*If you need to determine whether your agency/firm has been debarred or suspended, or if a subcontractor you plan to hire is suspended or debarred, please refer to the following sources:*

• *List of Parties Excluded from Federal Procurement and Nonprocurement Programs, issued by the U.S. General Services Administration, Office of Acquisition Policy. Contact the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402 (Reference Stock # 722-002-00000-8). The telephone number is 202-512-1800.*

• *Internet access is also available at http://epls.arnet.gov*

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,'' without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

**Lower Tier Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three year period preceding the effective date of this contract been convicted

of or had a civil judgment rendered against me or

(Contractor’s/Company Name)

for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of these statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signed: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

(Authorized Recipient Name/Title)

|  |  |
| --- | --- |
| Print Name |  |
| Organization |  |

1. **Conflict of Interest Disclosure Form**

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction (1) or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity…either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Are you currently a (Please Check One): | | | |
| Board Member | Council Member | Officer | |
| Executive Management Staff | Staff (associated with delivery of program) | | |
| 1. City position held |  | | |
| 1. Are you a business partner of any City of Chattanooga employee(s), member of City Council or member of the Community Development Advisory Committee (CDAC)? | | | Yes  No |
| 1. If yes, please state the name of the City employee(s) and the Department, City Council Member(s) or CDAC Member: | | | |
|  | | | |
| 1. Are you an immediate family member of any City of Chattanooga employee(s), member of City Council or member of the CDAC? | | | Yes  No |
| 1. If yes, please state the name of the City employee(s) and the Department, City Council Member(s) or CDAC Member and the relationship. | | | |
|  | | | |

I have no conflict of interest associated to funding received from the City under this project/program. Should any arise, I will immediately notify the City and make this know.

|  |  |
| --- | --- |
| Name (Please Print) |  |
| Name of Current Employer |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

(1) 24 CFR: 570.611 (CDBG, ESG, NSP1, NSP3); 24 CFR: 92.356 (HOME); 24 CFR: 574.625 (HOPWA)

and/or any other citations applicable to any future funding that may be awarded to this jurisdiction.

1. **Woman/Minority Business Enterprise Certification**

**Basic Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Name |  | | | |
| Business Address |  | | | |
| Phone |  | | | |
| Email |  | | | |
| Type of Business | | | | |
| Corporation | | Partnership | Sole Proprietorship | Joint Venture |
| Type of Services Provided | | | | |
|  | | | | |

**Woman/Minority Business Enterprise**

Please answer the following questions and provide the indicated required documentation where applicable. The City of Chattanooga’s Office of Community Development reserves the right to request additional documentation (see page 2) to verify the information provided on this form.

|  |
| --- |
| 1. Is this a business concern that is: |
| a sole proprietorship, owned and controlled by a minority (list race(s):      ) |
| a partnership or joint venture controlled by minorities in which 51% of the beneficial ownership interest is held by minorities |
| a corporation or other entity controlled by minorities in which at least 51% of the voting interest and 51% of the beneficial ownership interest are held by minorities |
| **If yes, please attach proof of ownership** |
|  |
| 1. Is this a business concern that is: |
| a sole proprietorship, owned and controlled by a woman |
| a partnership or joint venture controlled by women in which 51% of the beneficial ownership interest is held by women |
| a corporation or other entity controlled by women in which at least 51% of the voting interest and 51% of the beneficial ownership interest are held by women |
| **If yes, please attach proof of ownership** |

**Certification**

I hereby certify under penalty of perjury that all information presented herein is true and correct to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status. I agree to allow this information to be shared with local and federal entities in an effort to increase my business’ contracting potential.

|  |
| --- |
| Print Name: |
| Title: |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: