CITY OF ASHEVILLE
ASHEVILLE REGIONAL HOUSING CONSORTIUM

Application for Funding for a
CONSTRUCTION PROJECT
2016-2017

CHECKLIST OF DOCUMENTATION INCLUDED WITH THIS APPLICATION:
(Check each box)

Your application must include following sections in the order listed:

☐ Section I: Applicant Information

☐ Section II: Project Description

☐ Section III. Financial Information

☐ Section IV. Agency Management

☐ Section V. Disclosure of Potential Conflicts of Interest

REQUIRED ATTACHMENTS

Please provide one electronic copy of each of the following documents:

☐ An **organizational chart**. Highlight staff who will be responsible for this project

☐ **By-Laws, Articles of Incorporation, and 501c(3) determination letter**.

☐ A copy of your most recent financial statements and audited financial statements, including the management letter, if an audit was performed in the past year.

☐ A complete list of the members of your current **Board of Directors**. Include addresses, phone numbers, and relevant affiliation.

CITY OF ASHEVILLE
ASHEVILLE REGIONAL HOUSING CONSORTIUM
CONSTRUCTION PROJECT APPLICATION
2016-2017

This is an application for: ☐ CDBG ☐ HOME
(Check only one box)

SECTION I: APPLICANT INFORMATION

Full Legal Name of Applicant Agency:
Tax ID #:   **DUNS #:**
Name of Project:
Contact Person: **Title:**
Telephone Number: -   -   **ext:**   **E-Mail:**
Agency Address:
City: **State:**   **Zip:**
Mailing address (If different than agency address):

Total Funds Requested: $

Total Project Cost: $

Applying For: ☐ **CDBG** (Asheville only)

                                      HOME
                                      ☐ Buncombe
                                      ☐ Asheville
                                      ☐ Henderson
                                      ☐ Madison
                                      ☐ Transylvania

                                      ☐ CHDO Activity
                                      ☐ CHDO Predevelopment Loan

By submittal of this application you acknowledge that to the best of your knowledge and belief, all data in this application are true and current and that this document has been duly authorized by the governing board of the applicant.

Name: _____   **Date:** */ /* _____
          Authorized Signatory

SECTION II
PROJECT DESCRIPTION

II.A.   **Project Title**:

II.B.   **Project Location**(s) (be as specific as possible):

II.C.   **Type of Activity** (check one):

☐ New Construction for Homeownership   ☐ Rental Housing Rehabilitation
☐ New Construction for Rental   ☐ Owner Occupied Housing Rehabilitation
☐ Predevelopment Loan (HOME Only)   ☐ Public Facility or Infrastructure (CDBG Only)
☐ Acquisition/Rehab/Sale   ☐ Commercial Property Improvement (CDBG Only)
☐ Other (Specify)

II.D.   **Project Overview**

1. What is your project? Please provide a short description of your project proposal, activity type, and who will be served. (600 characters)
2.   How do you specifically intend to use these grant funds for your program? What will they be used to pay for? (600 characters)
3. What is the purpose of your project? (400 characters)

II.E. Project Justification

1. Which 2015-2016 Consolidated Plan priority does your proposed program meet? Describe how your program meets that priority. If it does not meet a priority, explain why it should be considered a priority for funding. (Click here for link to the plan, 1000 characters)
2. What local or regional need or market does the program address? (400 characters)
3. Provide objective data- including information from reports, surveys, client records and other data sources- that documents your local or regional market and need. (1000 characters)

II.F Project Site Details

1. What is the size and current use of the development site? (400 characters)

2.   Please give a site description, including any existing site improvements, natural or constructed features (streams, ponds, e.g.). slope, elevation, and other relevant information about the site characteristics.   (2000 characters)

3.   What is the current site zoning and the status of any required planning reviews? (1000 characters)

(II.F Project Site Details Continued)

4. What is the status of your assessment of environmental conditions at the site? Will there need to be mitigation of any existing environmental conditions before the project proceeds? (400 characters)

Please attach the following:

☐   **Site plan showing lot boundaries, street access, location of structure(s), and other site features**

☐   **General location map showing development site in relation to streets, points of interest in the surrounding neighborhood, neighborhood facilities and services (at least ½ mile radius). Interstates (within 1000 feet), airports (within 5 miles), railroads (within 3000 feet), waterways, and flood zones _must_ be shown (show all streams or waterways on or adjacent to the property).**

☐   **If you already own the site of property, submit a copy of the deed and describe all existing liens or deeds of trust on the property. If the site is currently under an option agreement, submit a copy of the option and purchase agreement.**

☐   **Any environmental studies that have been completed for the property.**

II.G. Property Acquisition

1. Describe the real property the agency has acquired or plans to acquire in order to carry out the project. Has the property already been acquired, or is property acquisition planned? When did closing occur, or when is closing planned? (400 characters)
2. Has property owner been notified of your intention to use federal funds for this project? If so, please attach copy of the letter. **(100 characters)**

(II.G Property Acquisition Continued)

3. Is the property currently occupied? If so, indicate the status and number of tenants or owners and describe <u>in detail</u> how you will determine relocation needs and help occupants relocate in accordance with Uniform Relocation Act. Include the cost of this in your budget. If you have issued a General Information Notice to tenants informing them of their rights to relocation assistance, attach a copy of notice. (400 characters)

II.H. Construction Detail

1. Provide in detail the proposed construction; information such as the total square footage or lineal feet of the proposed completed project; the number of stories; the materials to be used, infrastructure in place or needed and other details to help us understand the project. (2000 characters)

(II.H Construction Detail Continued)

2. How many housing units will be newly constructed? (50 characters)

3. How many housing units will be rehabilitated? (50 characters)

4. What is the square footage of each housing unit? (200 characters)

5. What is the number of bedrooms/baths for each housing unit? (200 characters)

6. How many units will be available to people with special needs (Elderly, Disabled, Homeless, or People with HIV)? (200 characters)

7. Describe how the project will be designed and built to provide accessibility to persons with disabilities. Include information about "visitability" on non-accessible units. (400 characters)

8. Describe in detail the green building, energy conservation and use attributes of the proposed project. What fuel sources will be used for heating and cooling? What, if any, alternative energy sources will be employed? Will the project participate in an externally monitored energy efficiency program (e.g. Energy Star)? Please provide details. (1000 characters)

9. If the project is a rehabilitation project, please describe historic features of the property. How will the project comply with the requirements of the National Historic Preservation Act? Does the project include property that is in or eligible for the National Register of Historic Places? (400 characters)

Please attach the following:

☐   Floor Plan(s)

☐   Site Plan

☐   Elevation drawings of finished building(s), and annotated sketches to emphasize design
         features that you consider particularly attractive.

☐   Photos of current street views to demonstrate neighborhood compatibility.

II.I. Lead-Based Paint (Repair/Rehab projects only)

1. Describe in detail how you plan to address lead-based paint testing and abatement or hazard control on any property built before 1978. (200 characters)

II.J. Housing Affordability, Marketing and Supportive Services

1. What are the proposed rents or sales prices for completed housing units per unit by number of bedrooms? Estimate utility costs. (400 characters)
2. Explain in detail your process for marketing to ensure an adequate pool of income-eligible renters or buyers. How will you affirmatively market the project? (400 characters)
3. Explain in detail your process for marketing to ensure an adequate pool of special-needs (Elderly, Disabled, Homeless, Persons with HIV/AIDS) renters or buyers. (400 characters)
4. For how long will the housing remain affordable to persons of low and moderate income? Describe in detail how you will ensure long-term affordability of housing units, including subsidy recapture, equity sharing, buy-back options, etc. (400 characters)

(II.J. Housing Affordability, Marketing, and Supportive Services Continued)

5. What, if any services will be coordinated with the project that will help ensure occupants' long-term housing success? Please describe. (400 characters)

6. What services will be coordinated with the project that will help ensure the long-term housing success for special needs occupants (Elderly, Disabled, Homeless, or People with HIV/AIDS)? Please describe. (400 characters)

II.K.   Infrastructure and Public Facilities (this information not required for housing development and rehab projects). Attach maps to illustrate information below.

1. How many persons will have direct access to improved infrastructure or transportation accessibility? (100 characters)

2. What quantity of infrastructure will be added/improved (e.g. LF of waterline, sewer line, etc.) (400 characters)

II.L. Outcomes

Outcomes are measurable results that show what your beneficiaries will achieve by participating in your program/project. Outcomes do not typically list what services will be provided, but instead break out the benefits to beneficiaries of those services. Your activity may have multiple outcomes, please pick the top three (3) to report here.

Example: 10 affordable homes will be constructed for first time homebuyers.
Outcomes might be –
> *A: 10 people will increase their access to affordable housing*
> *B: 10 people will increase their financial wellbeing*
> *C: 5 people will improve their living conditions*

1. What outcomes do you expect to obtain from this program? (up to 3)   **Outcome A:**   **Outcome B:**   **Outcome C:**   **What is the total number of UNDUPLICATED clients served from all Outcomes above?**
2. How many people/households will achieve each outcome? See Tables 2a & 2b for guidance on counting households or people.   *(This section should match any numbers included in question 1. If they do not, please provide an explanation about why they do not).*   **Number achieving Outcome A:**   People: **OR**   Households: **Number achieving Outcome B:**   People: **OR**   Households: **Number achieving Outcome C:**   People: **OR**   Households:
3. How will you measure these outcomes? (600 characters)

II.L. Outputs

How many persons or households will be served? Please read the instructions carefully and provide your answers based upon the program or service you will provide.

1. **Client Demographics**. Please show numbers of clients, **not percentages**, in each category. Current income limits are on page VIII of the general instructions. For CDBG Applications, numbers should reflect Asheville residents only.

   NOTE:

   1. Totals must match people/households listed in II L.

   2. For existing programs, the total must be consistent with data you submitted for the CAPER.

Table 2a: Client Demographics – PERSONS
Use if applying for:
- Public Facilities or Infrastructure

Number of <u>Persons</u> by Income Group					
Year	**<30% of median**	**31-50% of median**	**51-80% of median**	**>80% of median**	**Total**
2015/2016 (as now projected)					
2016/2017 (target)					

Table 2b: Client Demographics – HOUSEHOLDS
Use if applying for:
- Emergency Repair
- Rental or Owner Occupied Rehabilitation
- New Construction for Homeownership or Rental

Number of <u>Households</u> Served, by Income Group					
(To be completed for Emergency Repair, Rehab, New Construction projects only.)					
Year	**<30% of median**	**31-50% of median**	**51-80% of median**	**>80% of median**	**Total**
2015/2016 (as now projected)					
2016/2017 (target)					

Table 2c: CBDG Area Benefit Activities only (Public Infrastructure, Public Facilities)*

Street	Census Tract	Block Group	Total Persons`	#LMI Persons

*If assistance is needed, please call CD staff

Table 2d: HOME-Eligible Production Underway or Planned

Project Name	Expected Number of HOME-eligible units in City of Asheville ONLY			Unit type: S/F or M/F	Expected completion date	Amount project receives in CDBG project delivery or HOME-funded developer fees
	New Constr.	**Rehab**	**Down-payment assistance**			
						$
						$
						$
						$
Unduplicated Total:						$

II.M. Project Design and Timetables

1. Who will be eligible for and served by this program Describe any specific geographic, demographic or other targeted beneficiaries and why you have established these targets. (1000 characters)

2. How will you inform potential beneficiaries about your program? What is your outreach and marketing plan? (600 characters)

3. Describe whether and how your marketing and outreach plan addresses minority and underserved populations. If a HOME applicant, describe how you will meet the Consortium Affirmative Marketing and HUD Fair Housing policy?(600 characters)

4. What are the program requirements for clients? (400 characters)

5. Is there anything else about the program design or implementation that is important to know? (600 characters)

Table 2e: Key Implementing Steps and Target Dates
Please complete the following to identify the key implementing steps and target dates. Add rows as needed.

Action	Start date (m/d/yy)	Target date for completion (m/d/yy)

6. Do you foresee any challenges that could delay the progress or completion of the activity according to the given timeline? If yes, explain. (600 characters)

II.N. Capacity

1. What qualifies your agency to undertake the proposed project? (1000 characters)
2. What other agencies in the community develop complementary or similar projects or provide complementary or similar services? Does your program duplicate services provided elsewhere? (600 characters)

3. How will you ensure collaboration and minimize duplication of services? Please list any specific organizations you currently work with, or plan to work with during this fiscal year, and in what capacity. (600 characters)

4. What other programs in your agency will support the intended beneficiaries of this project? (400 characters)

5. What are your plans to staff the program? Please describe the function and qualifications for each staff person having responsibility for program planning and delivery. (1000 characters)

Section III
Financial Information

III.A. Financial Information for Proposed Program

1. Have you been funded with CDBG or HOME grants in the past? ☐Yes   ☐No
2. What is your operational and funding plan of the next 3 to 5 years (400 characters)
3. How would you operate this program without CDBG or HOME funds? What would be the impact in outcomes without these funds? (400 characters)
4. Do you anticipate needing CDBG/HOME funds every year? Describe your fundraising plans for the future and how the CDBG/HOME grant factors into your plans. (1000 characters)

III.B. Operating Budget

1. What is your agency's fiscal year?   /   /   through   /   /

2. Does this program budget cover significant activities <u>outside</u> Asheville? ☐ Yes
☐ No
If YES:
- ▪ Please indicate where activities will be provided:
(*list all cities and/or counties this program will serve*)
- ▪ Please estimate the percentage of program activities provided **in** Asheville:
%

3. What is your estimated total <u>agency</u> budget for FY2016? $
4. What is the total estimated budget for this program? $

Please complete Attachment A:

Tab <u>Agency Budget</u>

Tab <u>Sources and Uses</u>

Tab <u>Staff Table</u>

Tab <u>Program Income</u>

**If you do not use our fiscal year (July 1-June 30) for your budgeting, please
amend the column heading**

III.C. Indirect Costs

1.   Do you currently have an indirect cost agreement with the City of
Asheville?

2.   Do you intend to request an indirect cost agreement for the coming year?

3.   If YES, please complete the Indirect Cost Allocation worksheet and submit
with your funding application.

SECTION IV
AGENCY MANAGEMENT

IV.A Organization

1.   What is your organization mission statement?

2.   Incorporation date (Month and Year)?   /   /

3.   Number of staff employed (full time equivalents)

Note: If funded, your agency must submit your most recent personnel policy, purchasing policy, code of conduct, indirect cost allocation plan, and ADA policy.

IV.B. Board of Directors

1.   How many board members should you have according to your by-laws?

2.   How many do you actually have at this date?

3.   How often does your board meet?

4.   What was the actual attendance at each of the last three regular Board meetings?
        a.   Date: / /   #   attended
        b.   Date: / /   #   attended
        c.   Date: / /   #   attended

5.   Have you failed to reach a quorum at any Board meetings in the last 12 months? ☐Yes ☐No
        IF YES: how many times?

6.   Do any of your organization's staff members serve on your board? ☐Yes ☐ No
        IF YES: What is the job title of the staff member(s) on the board?

7.   What efforts do you make to ensure that your board represents the community it serves?

CHDO and CDBO

 1.   Are you currently an approved CBDO or CHDO?
 2.   Is the proposed activity or program a qualified CBDO or CHDO activity?

 3.   If Yes, please complete the CBDO or CHDO application and submit it with
          your funding application.

SECTION V
DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any Board Members or employees, or members of their immediate families, or their business associates;

1. Employees of or closely related to employees of the City's Planning and Development Department?
   ☐ YES ☐ NO

2. Members of or closely related to Members of City Council? ☐ YES ☐ NO

3. Current beneficiaries of the program for which funds are requested? ☐ YES ☐ NO

4. Paid providers of goods or services to the program or having other financial interest in the program?
   ☐ YES ☐ NO

5. Creditors (i.e. persons who have made loans to the agency or provided loan collateral)?
   ☐ YES ☐ NO

If you have answered YES to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.