

CITY OF ASHEVILLE
ASHEVILLE REGIONAL HOUSING CONSORTIUM
Application for Funding for a
NON-CONSTRUCTION PROJECT

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: Program 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
Application for Funding for a
NON-CONSTRUCTION PROJECT
2014-2015

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

SECTION I
APPLICANT INFORMATION

Full Legal Name of Applicant Agency:

Tax ID #:

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: \$

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

HOME

- Buncombe
- Asheville
- Henderson
- Madison
- Transylvania

CHDO organizational capacity

By typing in below the name of the authorized signatory and date of submittal, you acknowledge that your governing body has authorized this application, that it is true and current to your knowledge, and that you have retained a copy of this application.

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

Section II Program Description

II.A Program Title:

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

II.C Type of Activity (check one):

Public Services

Economic Development

Homeowner Assistance

Other (Specify)

Housing Services

Tenant-Based Rental Assistance

Microenterprise Development

CHDO Organizational Capacity

II.D Overview:

1. Please provide a short description of the proposed program or service for which you are seeking grant funds: (500 characters)

2. What is the purpose of your program? (400 characters)

II. E Program Justification

1. Which 2010-2015 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)

4. Describe how your methods for providing services are based on current research and best practices. (1000 characters)

II.F. 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: 15 people will receive Tenant Based Rental Assistance. Outcomes might be –

A: 15 people will increase their access to affordable housing

B: 10 people will avoid eviction

C: 5 people will move into permanent rental housing

1. What outcomes do you expect clients 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.G. 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:

- a. Totals must match people/households listed in II.F, questions 2
- b. 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 Services (CDBG)
- Housing Services (CDBG)
- Economic Development (CDBG)
- Microenterprise Development (CDBG)
- CHDO Organizational Capacity(HOME)

Number of Persons by Income Group					
Year	<30% of median	31-50% of median	51-80% of median	>80% of median	Total
2013/2014 (as now projected)					
2014/2015 (target)					

Table 2b: Client Demographics – HOUSEHOLDS

Use if applying for:

- Tenant Based Rent Assistance (HOME)
- Homeownership Assistance (CDBG or HOME)

Number of Households Served, by Income Group					
Year	<30% of median	31-50% of median	51-80% of median	>80% of median	Total
2013/2014 (as now projected)					
2014/2015 (target)					

Asheville CDBG HOUSING SERVICES applicants only.

If you are applying for a CDBG Housing Services grant to assist with the staff and overhead costs of producing HOME-assisted units, please complete the following table.

Table 2c: HOME-Eligible Production Underway or Planned in City of Asheville that will be supported with CDBG Housing Services Funds.

Project Name	Expected Number of HOME-eligible units in City of Asheville ONLY			Unit type: Single Family (SF) or Multi-Family (MF)	Expected completion date	Amount project receives in CDBG project delivery or HOME-funded developer fees
	New Constr.	Rehab	Down-payment assistance/TBRA			
				<input type="checkbox"/> SF <input type="checkbox"/> MF	/ /	\$
				<input type="checkbox"/> SF <input type="checkbox"/> MF	/ /	\$
				<input type="checkbox"/> SF <input type="checkbox"/> MF	/ /	\$
				<input type="checkbox"/> SF <input type="checkbox"/> MF	/ /	\$
Unduplicated Total:						\$

II.H. Program Design and Timetable

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 specific assistance will be available to eligible beneficiaries? What will be your requirements for program participation? (1,200 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)

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

8. Who else in the community provides complementary or similar services? And does your program duplicate services provided elsewhere? (600 characters)

9. 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)

10. What else about the program design or implementation is important to know? (600 characters)

Table 2d – 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	Target date for completion
	/ /	/ /
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	/ /	/ /

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

II.I – Capacity

- 1. What qualifies your agency to operate the proposed program? (1000 characters)**
- 2. To what extent do you rely on volunteers to staff your program? (600 characters)**
- 3. If your agency has operated this program in the past, please describe the program’s success AND its challenges. (1000 characters)**

Section III Financial Information

III.A. Financial Information for Proposed Program

<p>1. Have you been funded with CDBG or HOME grants in the past?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. How do you specifically intend to use these grant funds for your program? (600 characters)</p>
<p>3. What is your operational and funding plan of the next 3 to 5 years? (1000 characters)</p>
<p>4. How would you operate this program without CDBG or HOME funds? What would be the impact in outcomes without these funds? (1000 characters)</p>
<p>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)</p>

III.B. Operating Budget

1. What is your agency's fiscal year? / / through / /
2. Does this program budget cover significant activities outside 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 agency budget for FY 2014? \$
4. What is the total estimated budget for this program? \$

Please complete Attachment A:

Tab Agency Budget

Tab Sources and Uses

Tab Staff Table

Tab Program Income

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

III.C. Indirect Costs

5. Do you currently have an indirect cost agreement with the City of Asheville?
6. Do you intend to request an indirect cost agreement for the coming year?
7. 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.