

CITY OF CHANDLER
 FY 2013 - 2014 REQUEST FOR PROPOSALS
 HOME INVESTMENT PARTNERSHIP

HOUSING REHAB, HOMEBUYER ASSISTANCE, RECONSTRUCT, TBRA

SECTION A. HOME PROPOSAL PROFILE

| | |
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| 1. Check the type of housing activities that this proposal will undertake with HOME funds: | |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reconstruction <input type="checkbox"/> Acquisition <input type="checkbox"/> Rental Assistance (TBRA) <input type="checkbox"/> Home Buyer Assistance (Down Payment) <input type="checkbox"/> Other _____ | |
| 2. Project Name | |
| 3. Project Physical Address | |
| 4. What is the minimum HOME Funding Needed for this Proposal? | \$ |
| 5. Other Funds (if applicable) | \$ |
| 6. Total Project Cost: | \$ |

SECTION B. APPLICANT INFORMATION

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| 7. Applicant Organization (Full Legal Name) | |
| 8. Doing Business As (DBA) | |
| 9. Type of Entity (check one) | <input type="checkbox"/> Non-profit <input type="checkbox"/> Non-profit faith based <input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> City of Chandler Department |
| 10. Executive Director / CEO Name | |
| 11. Project Contact Person | |
| 12. Contact Person Phone & Fax | |
| 13. Contact Person Email Address | |
| 14. Number of Years Agency in Operation | |
| 15. Tax Exempt ID # | |
| 16. Date of IRS Determination | |
| 17. DUNS Number | |
| 18. Total Operating Budget for FY 2012 | |
| 19. List Other Cities Who Provide Your Organization with HOME Funding for this Project | |

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|---|--|
| 20. 2011 Financial Audit complete? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. Dates covered by Financial Audit | From: To: Completed: |
| 22. 2011 Financial Statement complete? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 23. Dates covered by Financial Statement | From: To: Completed: |
| 24. List Other Sources of Agency Funding (United Way, DES, State, donations) | |
| | List Funding Amount |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

SECTION C. PROJECT DETAILS

| | | |
|--|---|---|
| Project Location and Description of Target Population to be Served | | |
| 25. How many total units will this project provide? | <input type="checkbox"/> Not applicable | |
| 26. How many affordable units will this project provide facility? | <input type="checkbox"/> Not applicable | |
| 27. Describe the characteristics of the clientele/beneficiaries to be served by this project? | | |
| 28. Indicate the number of affordable units with their respective income thresholds: | Below 50% of Area Median Income (AMI) Between 50-60% of Area Median Income (AMI) Between 60-80% of Area Median Income (AMI) | |
| TBRA Applicant Questions | | |
| 29. How many People will be assisted by this this TBRA project? | | |
| Unduplicated TBRA Clients | Total TBRA Clients Served | Total TBRA Chandler Clients Served |
| End of Fiscal Year | | |
| Life of Project | | |
| 30. TBRA Proposals: Estimate the number of households to be served within the population group below. | | |
| Homeless Individuals or Couples | | |
| Homeless Families with children | | |
| Homeless Special Populations: (People with Disabilities, Elderly, Veterans, Other) | | |
| 31. TBRA Proposals: Complete the table, indicating the number of households expected to be assisted each quarter of the 2 year program. | | |
| <i>Unduplicated Households Assisted By Project:</i> Provide the number of unduplicated households to be assisted by this program each quarter. Count only the new households entering the program each quarter. <i>Number of Months of</i> | | |
| <i>Rental Assistance:</i> Provide the total number of months of rental assistance to be provided to participating households in the program each quarter (# of households in program during the quarter multiply by 1, 2, or 3 months of rental assistance per household). | | |

| 32. TBRA Client Assistance Table | | |
|---|---|---|
| Unduplicated Clients and Units of Rental Assistance Provided by Quarter | Total Chandler Households (unduplicated) | Number of Months of TBRA Rental Assistance |
| July – September 2013 | | |
| October – Dec 2013 | | |
| January – March 2014 | | |
| April – June 2014 | | |
| 33. TBRA Drop Out Rate / Success Rate | | |
| Expected Drop-out Rate: The percentage of total served who are estimated to drop out or no longer in the program due to non-compliance, abandoned unit or similar issues: | | |
| Expected Success Rate: The percentage of the total served are expected to successfully achieve self-sufficiency milestones and no longer need Chandler TBRA assistance: | | |
| 34. TBRA Outreach | | |
| Describe your organization's current outreach services provided for Chandler's homeless population and how will applicants be recruited for this program?. | | |
| Discuss the key services anticipated to be required by the clients in your proposed program to obtain self-sufficiency. | | |
| Describe the agencies the Agency will partner with and the services that will be provided by each agency to assist program participants and whether Valley of the Sun United Way, or other Chandler funded service providers will provide case management or other services for homeless clients. | | |
| 35. Geographic Service Area (applicable to all applicants) | | |
| Describe the geographic service boundaries for the project and attach a map: | | |
| 36. Project Description (applicable to all applicants) | | |
| Instructions: In the space provided, describe the type of project and how the HOME funds will be used. Be concise in stating the types of activities and nature of the project. | | |
| | | |
| 37. Project Rationale (applicable to all applicants) | | |
| Explain the rationale for the project and how it will directly benefit the identified population in Chandler (i.e. increase affordable housing choice, increase number of first time homebuyers, improved neighborhoods, ...etc). | | |
| | | |
| 38. Agency Personnel/Staff Capacity (applicable to all applicants) | | |
| Instructions: Briefing describe the agency's existing staff positions and qualifications and its capacity to carry out this HOME activity. | | |
| | | |
| 39. Property Ownership (not applicable to TBRA project) | | |

| | | |
|---|----------------|-----------------------|
| Has the property been secured as of the date of application? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please explain the status of the site control for the property(s): | | |
| Who will be the final owner of the property? | | |
| 40. Project Financial Feasibility (not applicable to TBRA project) | | |
| Attach a detailed pro forma that includes development budget, sources & uses of funds, permanent financing budget, operating budget, and a minimum of 10-year cash flow projections. Pro Forma Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Attach a project estimated timeline of project completion. Project Timeline Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| When do anticipate securing 100% of the funds needed for the completion of the project? | | |
| List the sources and amounts from Pro Forma of any <i>unsecured funds</i> and the estimated date the funds will be available. | | |
| SOURCES | DOLLARS | DATE AVAILABLE |
| | | |
| | | |
| | | |
| 41. Market Study (not applicable to TBRA project) | | |
| Has a market study been completed for this project activity? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If no, how have you determined that there is a need for this project? Please provide specific detail and data to support your market study effort and attach to your proposal. | | |
| 42. Relocation (not applicable to TBRA project) | | |
| Will permanent or temporary relocation be required for this project activity? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain: | | |
| 43. Energy Efficiency (not applicable to TBRA project) | | |
| Explain the design features and/or improvements will be included in the project to promote energy efficiency? | | |
| 44. Applicant Experience and Capacity (applicable to all applicants) | | |
| Describe the agency's prior experience in implementing HOME assisted activities similar to this proposal and attach resumes of members of the development team that will carry out this activity. Resumes Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | |
| 45. Project Objectives and Outcomes Description (all proposals) | | |
| Instructions: Briefly describe the goals, objectives and outcomes anticipated as a result of the project. | | |
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SECTION E. APPLICANT EXPERIENCE

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| 46. Agency Prior Experience & Performance History (applicable to all proposals) | |
| Instructions. In the space provided, summarize the two most recent HOME funded activities administered by your agency. Complete all fields or write NONE if not applicable. | |
| Project #1 HOME Funded? Yes <input type="checkbox"/> No <input type="checkbox"/> | Name the Funding Source if not HOME: |
| Project Name and Address: | |
| Briefly describe the project and include the goals achieved, number of persons served and program completion date. | |
| Project #2 HOME Funded? Yes <input type="checkbox"/> No <input type="checkbox"/> | Name the Funding Source if not HOME: |
| Project Name and Address: | |
| Briefly describe the project and included the goals achieved, number of persons served and project completion date. | |

**EXHIBIT A
PROJECT BUDGET
(DO NOT USE THIS BUDGET FOR TBRA- SEE EXHIBIT B)**

| Budget Cost Components | HOME Funds | Other Resources | Total Project Costs |
|---|------------|-----------------|---------------------|
| ACQUISITION | | | |
| Property Acquisition | | | |
| TOTAL ACQUISITION | | | |
| PROFESSIONAL SERVICES | | | |
| Architectural Services | | | |
| Asbestos Surveys | | | |
| Lead Based Paint Inspection | | | |
| Other Environmental Services | | | |
| Relocation Services | | | |
| Other _____ | | | |
| TOTAL PRO SERVICES | | | |
| CONSTRUCTION / REHAB MATERIALS / SUPPLIES / LABOR | | | |
| Owner Occupied Rehabilitation (Labor & Materials) | | | |
| Rental Property Rehabilitation (Labor & Materials) | | | |
| Homebuyer Assistance (Down Payment & Closing Costs) | | | |
| Project Management (not to exceed 10% of the total amount requested) | | | |
| Fees & Permits | | | |
| Other _____ | | | |
| TOTAL CONSTRUCT COSTS | | | |
| TOTAL PROJECT COSTS | | | |
| Use this box to explain any budgeted costs that require additional clarification: | | | |

**EXHIBIT B
TBRA BUDGET**

| Cost Components | HOME Funds | Other Resources | Total Project Costs |
|---|------------|-----------------|---------------------|
| HOUSING COSTS | | | |
| Rent for Housing | | | |
| Utility Costs for Housing | | | |
| Total Housing Costs | | | |
| SECURITY DEPOSIT ASSISTANCE (deposits that equal up to two months' rent) | | | |
| Security Deposit Assistance | | | |
| Total Security Assistance | | | |
| UTILITY DEPOSIT ASSISTANCE (only eligible as part of a TBRA security deposit or rental assistance program, and only for Section 8 eligible costs) | | | |
| Utility Deposit Assistance | | | |
| Total Utility Deposit Assistance | | | |
| TBRA PLANNING & ADMINISTRATIVE EXPENSES (subject to the 10 % limitation on administrative costs) | | | |
| Planning & Admin Costs | | | |
| Total Planning & Admin | | | |
| TOTAL TBRA COSTS | | | |
| Use this box to explain any budgeted costs that require additional clarification: | | | |

**EXHIBIT C
HOME CERTIFICATION
COMPLETE FOR ALL HOME FUNDING PROPOSALS**

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| To be eligible for HOME funding from the City, the agency must have the following administrative systems in place before services are delivered. Please indicate whether the following systems are in place within your organization: | |
| Formal Personnel System – are written procedures in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Staff salary tracking system by funding source? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Financial Management – are formal written accounting procedures in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Record keeping system/separate tracking for each funding source? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Formal written cash management practices including proper security measures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hard copy files and computer records systems with security and back-up in place | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Internal monitoring/evaluation system - Are written procedures in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Client eligibility verification procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Client demographic data collection and reporting system? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Procurement policy – are formal written procedures in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Conflict of Interest Policy ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Client Grievance Policy ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Non-discrimination policy for both clients and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have an agency Drug-Free Workplace Policy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization comply with E-Verify for employment activities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Provide reasonable accommodations for both clients and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If your agency provides housing services, do you advertise to clients that your agency is an equal opportunity housing provider? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will your project comply with Environmental Review, Davis-Bacon, Section 3, and all other applicable federal requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered "No" to any of the above statements, is your agency willing and able to work with the City of Chandler to implement these policies and procedures if awarded HOME funding from the City of Chandler? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Housing – The activity must result in housing that will be occupied by L/M income persons upon completion. The housing can be either owner- or renter-occupied and can be either one family or multi-family structures. Rental housing must be occupied at affordable rents. Does your project meet these criteria? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will the project verify and document that all program participants are Chandler residents that are at or below 80% of HUD's annual income levels? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will your project comply with affordability period, affordable rental amounts, 25% federal match, resale/recapture, and other applicable federal requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please describe the method of data collection to ensure that clients meet income requirements and to track client demographics (i.e. family size, race, ethnicity, income levels, city residency, etc.). Please specify if computer software or manual collection is used. | |
| <p>CERTIFICATION: <i>By signing and checking "yes" below, you are indicating that your agency has received and reviewed the required certifications and assurances necessary to enter a contract for HOME funding and that your agency has the capacity to meet these requirements should you be selected for a HOME funding award.</i> Yes <input type="checkbox"/></p> | |
| <p>Acknowledgement by Authorized Agency Representative: Title of Authorized Agency Representative: Date Certification Signed:</p> | |

EXHIBIT D
HOME CERTIFICATION
COMPLETE FOR HOUSING RECONSTRUCT PROPOSALS

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| ORGANIZATION CAPACITY FOR ALL HOME FUNDED ACTIVITIES | |
| To be eligible for HOME Housing Reconstruct funding from the City, the applicant's must follow the following rules: | |
| Income Verification: Does your organization have the capacity to re-verify household income if required and meet HUD loan terms including verifying income, affordability and debt ratios to secure loans for program participants? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Environmental Review: Will your organization insure completion of all environmental review requirements prior to the start of any demolition or reconstruction activities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Design and Construction: Does your organization have the capacity and resources to work with the family and comply with City and HUD regulations regarding design, bidding, construction, and construction management? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Demolition: Does your organization agree to perform required inspections for lead based paint, asbestos, and other hazardous materials prior to demolition and comply with all program requirements including abatement of hazardous materials where applicable? (| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization commit to create and utilize program standards that specify appropriate construction materials, energy efficiency, voluntary relocation, and other program requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible Activities and Other Resources: Does your organization understand and agree that HOME funds are available only to provide housing reconstruction for eligible homeowners and to cover program costs directly related to homeowners that have their home rebuilt through this program. Other resources will need to be identified in the Program Budget to assist homeowners with covering all the costs related to reconstructing their home and cover other program delivery costs not covered above? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other Requirements: Does your organization agree to comply with HUD's After-Rehab Value criteria, Debarred Contractor, Equal Employment Opportunity, Section 3, Minority and Women Owned Businesses, and other applicable requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Provide reasonable accommodations for both clients and employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If your agency provides housing services, do you advertise to clients that your agency is an equal opportunity housing provider? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will your project comply with Environmental Review, Davis-Bacon, Section 3, and all other applicable federal requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered "No" to any of the above statements, is your agency willing and able to work with the City of Chandler to implement these policies and procedures if awarded HOME funding from the City of Chandler? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please describe the method of data collection to ensure that clients meet income requirements and to track client demographics (i.e. family size, race, ethnicity, income levels, city residency, etc.). | |
| CERTIFICATION: <i>By signing and checking "yes" below, you are indicating that your agency has received and reviewed the required certifications and assurances necessary to enter a contract for HOME funding and that your agency has the capacity to meet these requirements should you be selected for a HOME funding award.</i> Yes <input type="checkbox"/> | |
| Acknowledgement by Authorized Agency Representative: Title of Authorized Agency Representative: Date Certification Signed: | |

**EXHIBIT E
HOME CERTIFICATION
COMPLETE FOR TBRA PROPOSALS**

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|---|--|
| ORGANIZATION CAPACITY FOR ALL HOME FUNDED ACTIVITIES | |
| To be eligible for HOME TBRA funding from the City, the applicant's must follow the following rules: | |
| Income Verification: Does your organization have the capacity to income qualify program participants in accordance with HOME program rules? (Participants must have an initial household income less than 50% AMI. Income must be verified annually using the Section 8, Census Long Form, or IRS Form 1040 method. See the Technical Guide for Determining Income and Allowances for the HOME Program for more information at www.HUD.gov .) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Lease: Does your organization have resources to assist and verify that participants will sign a lease agreement that complies with HOME and TBRA requirements? (The lease must be for at least 1 year unless tenant and owner agree otherwise. If housing is provided by the program, participants may be permitted to move out of these units into other private market rentals.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization agree to perform a Housing Quality Standards inspection at move-in and annually thereafter, and to comply with lead based paint requirements, including inspection of pre-1978 housing units for all Chandler TBRA participants? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization commit to create and implement rent standards that identify the maximum and minimum tenant payments for each participant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization agree that if funded, the contract will facilitate supportive services that are available to program participants? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization agree to partner with Valley of the Sun United Way or another agency for the provision of case management services to every program participant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organization understand and agree that: <ol style="list-style-type: none"> 1) HOME funds are available only for rental assistance to tenants; 2) Up to 10% can be used to cover program costs directly related to clients that receive rental assistance; and 3) Other funds will need to be identified in the Program Budget to provide client intake, supportive services, and program management costs not covered by the 10% amount above? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CERTIFICATION: <i>By signing and checking "yes" below, you are indicating that your agency has received and reviewed the required certifications and assurances necessary to enter a contract for HOME funding and that your agency has the capacity to meet these requirements should you be selected for a HOME funding award.</i> Yes <input type="checkbox"/> | |
| Acknowledgement by Authorized Agency Representative: Title of Authorized Agency Representative: Date Certification Signed: | |

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| <p>PROPOSAL CERTIFICATION</p> <p>I certify the information contained in this proposal is true and accurate. I further understand material omission or false information contained in this proposal constitute grounds for disqualification of the proposer (s) and this proposal.</p> <p>Authorized Signature and Title:</p> <p>Typed Name:</p> <p>Date:</p> |
|---|