

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD) DEPARTMENT

**AFFORDABLE HOUSING DEVELOPMENT PROGRAM APPLICATION**

**COVER SHEET**

**Applicant/Agency/Developer:**

**Proposed Project Name:**

**Total Project Cost:**

**Total HOME funds Requested:**

The complete application must include:

* Cover Sheet / Checklist
* Part I: Agency Information
* Part II: Project Information
* All required attachments (labeled)

**Applications will need to be mailed or delivered to:**

Tye Vaught, Director

Cumberland County Community Development

707 Executive Place

Fayetteville, NC 28305

Please include **one (1) signed original and one (1) digital copy (provided on a flash drive) of the completed application with attachments**. Applications must be received at the CCCD office by 5:00 p.m. of the deadline date.

When completing the application, please answer each question thoroughly. If you feel a response is not applicable to your project/program, please indicate not applicable or “N/A” in that section. An application checklist has been included in the application to assist you in packaging your application.

**CHECKLIST**

|  |
| --- |
| Please complete the entire application and include all applicable documents listed below. All applicable documents must be attached and labeled.  **Label**        Part I – Checklist / Applicant Information (Required for all applicants) AND        Part II - Project Information (Required for all applicants)- *Refer to Application Guidelines*  **ATTACHMENTS**  **Agency Information / Structure and Background**        Articles of Incorporation        Current Bylaws (*Nonprofit*)        Copy of 501(c)(3) / IRS Letter of Designation (*Nonprofit*)        Board of Directors List with name, title, address, term *(Nonprofit*)        Organization Chart        Current resumes on key project personnel        A copy of most recent audit / financial statements with details for a two-year period        Insurance / Bonding / Worker’s Compensation        List of similar projects completed  **General Information (If Applicable)**        Client intake / application documents        Marketing materials (brochures, flyers, etc.)        Community Housing Development Organization Certification / Application        Copy of the Relocation Plan and relocation budget  **Project Financial Information**        Unit Mix and Rent Schedule        Detailed Development / Construction Budget with Financing Sources and Uses        Proforma with Reasonable Rent and Operating Costs Assumptions        Applicant’s Current Operating Budget        Evidence of Other Sources of Funds: Commitment letter and/or application (from LIHTC, Banks, etc.)  **Project Property Information/Environmental Attachments**        Project Implementation Schedule        Market Analysis Summary and Report        Evidence of Ownership or Site Control (deed, purchase option agreement, etc.)        Verification of Site Zoning        Property Appraisal (Required for acquisition of property)        Project site map(s), photos, site plans, architectural drawings, surveys, and environmental studies        Other:  **Other Documents (If applicable):**        Other |

**Before you begin completing the application:**

Please refer to the HOME Affordable Housing Development Program application guidelines. Ensure the proposed project will meet threshold requirements listed below.

Please initial next to each criteria to indicate your understanding of the threshold requirements:

      Project applicant must be an eligible entity (see Section III of the Application Guidelines);

      The Project must consist of five (5) or more units;

      If a rental project, the unit(s) assisted with County HOME funds must target renter households with incomes at or below 60% of the area median income (AMI) or if the proposed project is for homebuyers, then the County HOME funded unit(s) must target households with incomes at or below 80% of the AMI; and

      The proposed project must be located in Cumberland County’s geographic service area.

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD) DEPARTMENT

**AFFORDABLE HOUSING DEVELOPMENT PROGRAM APPLICATION**

**PART I – AGENCY INFORMATION (SECTIONS A – D)**

**A. AGENCY INFORMATION**

|  |
| --- |
| **1.** **Legal Name of Agency (Applicant):**  **2.** **Mailing Address:**  **City:**       **State:**       **Zip:**  **3.** **Street Address:**  **City:**       **State:**       **Zip:**  **4.** **Primary/Contact Person:**  **5.** **Telephone:**       **6.** **Fax:**  **7.**  **Email:**  **8. Agency website address:**  **9. Agency registered to conduct business in the State of North Carolina?**  Yes  No  **10. Registered in System for Awards Management (SAM)?**  Yes  No  **11. SAM Cage Code:**       **Federal Identification Number (required):**  **12. DUNS Number (required):**  **13. Type of Developer / Applicant:**  Individual  General Partnership  Limited Partnership  For-Profit Corporation  Non-Profit Corporation  Other (Specify):  **14. Please list other managing general partner(s), if applicable:**  Name:       Owns:      %  Name:       Owns:      %  Name:       Owns:      %  **15. Date Agency Established (if nonprofit, should be the date on the Articles of Incorporation)**:  **18. Will development be owned or sponsored by:**  Community Housing Development Organization (CHDO) Designed by CCCD |

**B. AGENCY CONTACT SHEET**

|  |
| --- |
| Agency Head Name/Title:  E-Mail:  Phone and Fax #:  Grant Writer Name/Title:  Agency Name:  E-Mail:  Phone and Fax #:  Financial Staff Name/Title:  E-Mail:  Phone and Fax #:  Board Chair Name:  Mailing Address:  City/State/Zip:  Phone and Fax #: |

**C. PROJECT TEAM**

|  |
| --- |
| If applicable, provide the name of the consultant or staff person, agency, telephone number, and email that will perform the following tasks. Please note that consultants paid for with HOME funds must be selected through a competitive process and in accordance with 2 CFR 200.  **1. Application Submission**  Contact information:  **2. Prime Contractor:**  Contact information:  Indicate most recent project(s) completed:  **3. Architect:**  Contact information:  Indicate most recent project(s) completed:  **4. Engineer:**  Contact information:  **5. Labor Standards / Davis-Bacon Requirements**  Obtain Davis-Bacon payroll reports from contractors/subcontractors and submit to CCCD:  Contact information:  **6. Section 3 Requirements**  Obtain forms from contractors/subcontractors and submit to CCCD:  Contact information:  **Does the developer or owner hold a direct financial interest in any development team member listed above?**  Yes  No  If yes, provide details of the relationship:  Is the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owner or partners, ever been debarred from Federal contracting opportunities by any agency of the Federal Government? If yes, please provide details.  Yes  No |

**D. appicant / agency / DEVELOPER structure, experience, and capacity**

|  |
| --- |
| **1. Background and Program Experience**  Describe the length of time the agency has operated, date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency’s capabilities, and required licenses to operate (if applicable).    **Attach** the following documents:   * Articles of Incorporation * Current Bylaws *(Nonprofit)* * Copy of IRS Letter Confirming 501(c)(3) Status *(Nonprofit)* * List of Board of Directors with at least the names, title, address, and term *(Nonprofit)* * Organization Chart * Current Resumes * A copy of most recent Audit; if an audit is not available, then financial statements that include General Ledger and Balance Sheet detail for a two-year period. * If Community Housing Development Organization (CHDO), updated information demonstrating current CHDO eligibility status.   **2. Personnel/Staff Capacity**  Briefly describe the agency’s existing staff positions and qualifications, its capacity to carry out the proposed activity.    **3. Financial Management**  Describe the agency’s fiscal management, including financial reporting, record keeping, accounting  systems, payment procedures, and audit requirements. Indicate if the agency have written procedures manual for financial management and personnel.    **4. Audit Requirements**  Indicate your agency’s status as it relates to audit reports by checking the appropriate box below:  Agency conducts audits of all its funding sources and will submit a copy of its most recent audit with this application.  Agency does not have a current audit process in place.  If an audit is not available, then please **attach** financial statements that include General Ledger and Balance Sheet detail covering the last two most recent reporting periods of operation.  **5. Monitoring**  Has the agency received any Federal findings, resolved or unresolved, within the past 5 years?  No  Yes If “Yes”, please explain:  Subgrantees of Cumberland County Community Development / HOME funds will be required to provide data and information related to the progress and expenditures of funded activities on a monthly / quarterly / and annual basis. Briefly describe how you will monitor progress in implementing the program. Describe and discuss agency’s experience in reporting, monitoring, or recordkeeping compliance requirements.    **6. Insurance / Bonding / Worker’s Compensation**  State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker’s compensation as required by Federal and state laws.    **7. Minority-Owned Business Enterprise (MBE) or a Women-Owned Business Enterprise (WBE)**  Is this agency a Minority-owned Business Enterprise (MBE) or a Women-owned Business Enterprise (WBE)? Yes  No  Will the applicant include any MBE/WBE partners?  Yes  No  **8. Excluded Parties List System (EPLS)**    Is the applicant or any of the partners listed on the EPLS?  Yes  No  Summarize the agency’s experience in affordable housing development, housing management, and/or other areas relevant to the proposed project. Describe the agency’s experience in operating Federal programs/projects of a similar nature.    **Attach** a list previous affordable housing projects (beginning with the most recent) developed by your agency. Include:   * name of the project * location * project type (rental or for-sale) * type of work completed (new construction or rehabilitation) * number of units completed * year completed * total development costs * funding source(s) used   Describe how your agency will implement this project. Once completed, who will manage the project? |

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)

**AFFORDABLE HOUSING DEVELOPMENT PROGRAM APPLICATION**

**PART II – PROJECT INFORMATION (SECTIONS A – K)**

|  |
| --- |
| **PROJECT NAME:** |

**A. ACTIVITY (REFER TO REQUEST FOR PROPOSAL GUIDELINES)**

|  |
| --- |
| What type of development activity applies to this project (Check all that apply):  New construction of rental housing  New construction of home ownership housing\*  Reconstruction (rebuilding) of a structure on the same lot  Conversion of an existing structure from another use to affordable residential housing  Site improvements  Acquisition of existing standard property, or substandard property in need of rehabilitation  Acquisition of vacant land  Demolition of an existing structure\*\*  Relocation costs  Project-related soft costs    \* If using HOME funds for homeownership construction/rehab projects, then units must be sold and occupied within 6 months from completion of construction.  \*\*Construction must begin on the project within 12 months |

**B. GENERAL INFORMATION**

|  |
| --- |
| Indicate the status of this project.  New Project / Underway  Existing Project  If this project is already underway, describe what has been done so far, including the sources and amounts of financial assistance already received.    **Relocation**  Relocation is the moving of residential or commercial occupants from their current space.  Please indicate which statements apply to your proposed project:  Building on undeveloped site:  Yes  No  All buildings have been vacant for at least 90 days prior to the submission of this application:  Yes  No  Some or all of the buildings are (or were) occupied within 90 days prior to the submission of this application.  Yes  No  Will your development plans require any occupants to move temporarily?  Yes  No  If yes, number of households to move temporarily:  Will your development plans require any occupants to move permanently?  Yes  No  If yes, number of households to move permanently:  Will your development plans require any commercial occupants to move?  Yes  No  If yes, number of commercial occupants to move:  If your plans will require occupants to move, **attach** your relocation plan.  **Supportive Services (if applicable)**  Describe the supportive services to be provided to the beneficiaries (target population):    Coordination with Other Agencies: Describe how your agency will coordinate with other agencies to provide needed services to beneficiaries.    **Program Intake Process / Marketing Plan**  How will the HOME assisted units be marketed to the target population? How will this marketing approach promote equal opportunities and ensure compliance with Federal Fair Housing regulations? Describe your marketing plan for qualified homeowner or renters. Include a copy of your Affirmative Marketing Plan or applicable HUD form 935.2.    Do you have a waiting list of pre-approved applicants? Yes No  If YES, indicate the number of eligible households currently on the wait list.  If NO, please describe how you will find eligible applicants.    If applicable, attach a sample format of applications, intake forms, and actual material proposed to be used to document eligibility for the program. |

**C. CONSISTENCY WITH LOCAL NEEDS AND DEMAND / MARKET STUDY**

|  |
| --- |
| Provide a brief narrative of the proposed project: Include project objectives, target population, major project characteristics, number and type of units, surrounding neighborhood, proximity to services, public or other transportation, etc. Explain how the use of CCCD/HOME funds makes this project feasible. Provide attachments if necessary.      Document the need for the project. How were the housing priorities determined? Cite reference to the need as identified in CCCD’s 5 Year Consolidated Plan 2020 to 2025**.** Refer to the application guidelines for more information.    Has the Applicant prepared a Market Study?  Yes  No  **Attach** a market study which must include an evaluation of the location and characteristics of the housing and residents. |

1. **PROJECT FINANCIALS**

|  |
| --- |
| CCCD/HOME funds are provided in the form of an amortized loan or grant. Only Community Housing Development Organizations meeting HOME set aside requirements qualify for grants. The costs listed in this application are to be based upon firm bids or estimates and should be reasonable and sufficient to complete the proposed development project. The costs in this application should include only those costs that are reasonable and directly necessary to the construction and financing of the project. The applicant must provide any funds necessary to complete the development of the project over and above the sources indicated as available to complete the project and it has such funds available to pay such costs.  **Attach** the items listed below to be included in your application. An Excel format version can be requested by contacting the Community Development office at 910-323-6112.   1. Unit Mix and Rent Schedule 2. Development / Construction Budget 3. Operating Budget 4. All of the project financing sources and uses (attach commitment letters) 5. Cashflow Proforma: at a minimum, provide a 15-year income and expense pro forma on a separate sheet, similar to the format below for long-term projects (e.g. rental housing projects or large owner-occupied housing projects). The Pro Forma must include all income and expenses (for each year and in total) projected for the development to determine cash flow. Assumptions should be clearly stated such as rent levels (including utility allowances), vacancy/collection loss rates, projected annual income and expense percentages increases, etc.).    1. Gross Income    2. Vacancy and loss %    3. Effective Gross Income       1. Operating Expenses:       2. Taxes and Insurance       3. Repair and Maintenance       4. Management/Administration       5. Replacement Reserves       6. Operating Reserves    4. Total Operating Expenses    5. Net Operating Income    6. Debt Service    7. Cash Flow 6. Terms of repayment, interest, and repayment schedule |
| If you are requesting additional funds for a project currently receiving funds from the County, indicate the anticipated date of project completion and estimate any additional financial assistance that must still be secured, including the amount requested by this application, to complete the project.    Reduction Options -- Can your project be funded at a reduced level if necessary?  Yes  No Minimum amount needed to make project viable: $  Explain what element of your project would be modified to address this reduction?    Is the project for which funds are being requested a multi-phased activity requiring funds from future years?  Yes  No  If Yes, describe how the project will be completed should additional HOME funds not be available or awarded?    Has the applicant been in arrears and/or delinquent with any loan in the past five (5) years?  Yes  No |

**E. AFFORDABILITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Development funds must assist low to moderate income persons. Homebuyer units that are not sold to eligible homebuyers within six (6) months of the project’s completion are to be rented to eligible tenants. For owner-occupied units, all HOME funds that are used for existing owner-occupied housing or to assist homebuyers must benefit units that are occupied by households with incomes at or below 80% of area median income. For rental units, the units assisted with HOME funds must serve households at or below 60% of the area median income. Rents must not exceed HUD’s published maximum rents for the HOME program. In projects with five or more HOME-assisted units, at least 20 percent of the HOME-assisted rental units must be occupied by families who have annual incomes that are 50 percent or less of median income. These very-low-income tenants must occupy units with rents at or below the Low HOME Rent level.  Explain measures that will ensure long-term affordability of the units. Describe all provisions made to ensure low-income households will occupy units initially and throughout the life of the project.    **Development Rents/Affordability**  For acquisition, rehabilitation, and/or construction of rental housing projects, complete the following tables for units designated as low income and for those units with market rents. If agency is proposing to use HOME funds for homeownership, it is recommended that this section is completed in case units are not sold within 9 months of completion. For information on HUD’s income limits, please refer to the HUD’s website at <https://www.huduser.gov/portal/datasets/il.html>.  Units Designated Low Income   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **A** | **B** | **C** | **D** | **E** | **G** | **H** | **I** | **J** | | **# of Bedrooms / Bath** | **Total # of Units** | **# HOME Assisted Units in Total (B)** | **# of Tax Credit Units** | **# of Non-Subsidized Units** | **Monthly**  **Resident Paid Rent (w/o Utilities)** | **Monthly Utility Allowance** | **Monthly Rent Plus Utility Allowance (G + H)** | **% of Area Median Income Targeted** | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |   Total Rental Income:  Non-Rental Income:  Less Vacancy Allowance of:  Effective Monthly Income:  Effective Annual Income:  What is the expected annual increase in net rent?  **Special Populations**  Number of units designated for elderly (ages 62 and older):       units  Number of units designated for disabled (mental / physical):       units  Number of units designated for victims of domestic violence:       units  Number of units designated for large families (5 or more household members)       units:  **Monthly Utility Allowance** (Contact the Fayetteville Metropolitan Housing Authority)**:**  Complete the following table of allowances for tenant paid utilities:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Expense Item** | **Electric or Gas** | **Paid by Property Owner or Tenant** | **0**  **Bdrm** | **1**  **Bdrm** | **2**  **Bdrm** | **3**  **Bdrm** | **4**  **Bdrm** | **5**  **Bdrm** | | Heating |  |  |  |  |  |  |  |  | | Cooking |  |  |  |  |  |  |  |  | | Hot Water |  |  |  |  |  |  |  |  | | Lighting |  |  |  |  |  |  |  |  | | Air Conditioning |  |  |  |  |  |  |  |  | | Water/Sewer |  |  |  |  |  |  |  |  | | Trash |  |  |  |  |  |  |  |  | | Refrigerator |  |  |  |  |  |  |  |  |   Source of utility allowance data:  Utility Provider Name:  Local PHA Name:  Other Name:  Do you expect to receive or are you currently receiving any rental subsidies for this development?  Yes  No  If you answered yes, please check the types of subsidy expected:  Section 8 Moderate Rehabilitation  Section 8 Project Based Assistance  Other:  Number of units expected to receive assistance:  Number of years in assistance contract: |

**F. PROPERTY SITE AND BUILDING CONSIDERATION**

|  |
| --- |
| Projects must provide services within the County’s participating jurisdiction (Refer to the Request for Application guidelines for a description of the participating jurisdiction). If your project is located within the City limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County.  Please provide property site information by answering the following items:  Does applicant currently have site control?  Yes  No  If YES, provide evidence of site control (i.e. Include copy of grant deed, purchase option agreement, etc.).  If site is not under applicant’s control, provide timeline and schedule for establishing site control.    Parcel Identification Number:  Address:  City:       Zip:  Property size:       Zoning Classification:       Year built:  Landmark designation (if applicable):  Will the project be located in Shaw Heights, CCCD’s [Neighborhood Revitalization Strategy Area (NRSA)](http://www.co.cumberland.nc.us/departments/community-development-group/community_development/plans-reports/nrsa)?  Yes  No  Have an appraisal been prepared for the project?  Yes  No  If so, please **attach** the appraisal with this application.  List Deed Restrictions, Liens, Covenants (if applicable):  List Existing debt (if applicable) $  Lien Holder Name:  Lien Holder Address:  **Attach** a map of the site showing details of the site, including the locations of any existing buildings or other structures. Include photos, architectural drawings, surveys, and environmental studies.  Describe any special or unusual features which should be known about this site?    What utilities are presently available to the site?    Is the location of the proposed project currently occupied by tenants?  Yes  No  Will there be a need for residents to temporarily or permanently relocate for any reason?    **Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act**  For certain developments, HUD require a minimum of 5 percent of the units be accessible to individuals with mobility impairments and additional 2 percent of units be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). These developments include:   * new construction of multifamily developments; * substantial alterations of a housing development with 15 or more units where the costs will be 75 percent or more of the replacement cost of the completed facility; or * when other alterations that do not meet the regulatory definition of substantial alterations are undertaken in multifamily rental housing developments of any size.   Indicate the number of units designated for individuals with mobility impairments:       units  Indicate the number of units designated for individuals with sensory (hearing/vision) impairments:       units |

**G. DEVELOPMENT PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For development projects, respond to the following items.**  Type of Housing Planned:  Single-family detached  Duplex or Triplex  Row house/townhouse  One/two story gardens  More than four stories  Other:  Type of Occupancy Planned:  Standard rental  Homeownership  Single-room occupancy  Transitional Housing  Other:  Target Unit:  Family:       units  Elderly:       units  Disabled:       units  Mixed Use: \_\_\_\_\_ units  Other:  **Attach** a copy of preliminary site plan, elevation renderings, and floor plans for each unit type in the project. Plans must be to scale. Preliminary plans do not have to be done by architects or engineers.   |  |  | | --- | --- | | Total number of units planned | units | | Residential floor area planned | gross sq. ft. | | Total floor area planned | gross sq. ft | | Total number of buildings |  | | For existing buildings, indicate year built |  | | Are buildings residential or commercial? |  |   Describe the structural system:  Describe the floor system:  Describe the exterior finish:  Garages:  Yes  No If yes, number of garages:  If no, number of parking spaces:  Covered parking spaces:  Yes  No If yes, number of parking spaces:  Parking pads:  Yes  No If yes, number of parking spaces:  Recreational facilities planned:  Commercial space planned (include square footage):  Accessory buildings planned (include square footage):  Security procedures planned:  Cost for use of any of the above, if not part of the unit rent:  **Energy and Equipment Information**  Describe the project’s heating and air system.    Will any of the units follow Energy Star or green building certification system standards?  Yes  No  Will any of the units follow green building certification system standards?  Yes  No  Describe interior features and specifications (appliances, flooring, security, fireplace, laundry hookups, garbage disposal, etc.) that will be included in the units and HOME-assisted units.    **On-Site Amenities – Rental Developments Only**  Community Room  Recreation Room  Common Dining  Crafts Room  Tennis Court  Residential Kitchen  Other:  **Broadband Internet Connections to Housing:**  HOME funds may pay for the development costs to make utility connections, including connections from the property line to the adjacent street. This includes broadband internet connections. HOME funds cannot be used for any off-site improvements, including running broadband internet cable or wires to the project site. Use of HOME funds is limited to the improvements on the project site, i.e., the land, owned by the project owner, upon which the HOME-assisted project is located. Only the actual HOME development costs of the assisted units may be charged to the program. If a multi-unit project does not contain 100 percent HOME-assisted units, then only a portion of the cost of the utility connections may be charged to the HOME program.  Will this project include broadband internet connections?  Yes  No |

**H. ESTIMATED PROJECT/PROGRAM IMPLEMENTATION SCHEDULE**

Work funded with HOME funds **cannot start** until the environmental review has been completed; funds are released by the U.S. Department of Housing and Urban Development; and the agency is under contract with Cumberland County Community Development. Include the time it will take to complete studies, finalized financial sources, complete construction, and obtain Certificate of Occupancy.

|  |  |
| --- | --- |
| **Milestones** | **Projected Number of Days to be Completed** |
| Environmental Review Completed by CCCD & Authority to Use Grant Funds Received\* | 30 - 90 |
| Contract Preparation & Approval | 30 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***\*****Environmental Review will begin as soon as the applicant has been conditionally selected for funding. Environmental reviews may take approximately 30-90 days to complete unless there are pending issues or additional studies that have to be completed.*

**I. ENVIRONMENTAL REVIEW**

|  |
| --- |
| On the date the Affordable Housing application is submitted, the entire project is subject to the federal environmental review (ER) requirements of the National Environmental Policy Act (NEPA). Costs associated with NEPA review are the responsibility of the applicant, even if the NEPA review results in a determination that the project is not eligible for HOME funding. Environmental review costs are eligible HOME expenditures.  Applicants should note that projects with certain characteristics such as, but not limited to, the following may require a consultant study as part of the environmental review procedures and should budget for them accordingly and allow additional time in the project milestones for completion:   * 1. Are within a Federal Emergency Management Agency (FEMA) 100-year floodplain;   2. Are (or are eligible for) local, state, or federal historic or landmark registers;   3. Are located within 3,000 feet of a toxic site or solid waste landfill;   4. Have exposure to significant airport or highway noise;   5. Affect species that are listed or proposed for listing under the Endangered Species Act (ESA);   6. Involve digging in, or otherwise impacting, soil that has not been previously disturbed**.**   You are encouraged to consult CCCD staff prior to submitting an application to determine whether your project will require a consultant study. A portion of the funds awarded will be used to procure any required studies. Consideration for this expense should be given in the preparation of the project budget.  Environmental review of projects must be completed by CCCD staff prior to a contract being executed and prior to any work being undertaken at the site.  **\*\*Note on Choice-Limiting Activities**: From your application submittal date until the ER completion date, no “choice limiting” activities (such as property acquisition, leasing, demolition, rehabilitation, construction, and site improvements, clearing, grading, etc.) may occur. Undertaking such activities after application submittal could void the project’s eligibility.  **Please thoroughly answer the following questions:**  What is the current use of the site?    What are the current site natural conditions (trees, ground surface, stream, lake, etc.)? How developed (buildings, concrete, asphalt, roads, etc.) is the site? Describe the surrounding area (commercial, residential, wooded, etc.).    Does a current storm water system exist at the project site? Please explain.    Will the project excavate or otherwise disturb soil? If so, to what depth and horizontal dimensions? Will any previously undisturbed soil be impacted? Please explain.    Is the project located in or within:  *(check and respond to all that apply)*  A FEMA-designated floodplain? If so, does your agency have flood insurance (please provide covered items, dollar amount and duration)? *(HOME funds may not be used for any projects located in a FEMA-designated floodway).*  A wetland?  An ecologically sensitive area?  A designated Historic area?  Railroad tracks (within 300 feet)?  Airport (within 5 miles)  High noise levels?  Industrial sites?  Commercial sites?  300 feet of a recreational park?  Other unusual site conditions (please describe):  Toxics:  Has a *Phase I Environmental Site Assessment* (or equivalent toxics review) been completed? (These are normally completed upon property purchase.) If so, on what date?    Do any underground storage tanks (used to store oil/fuel) exist on, or adjacent to, the property? Did any exist in the past? If yes, please explain, include size of the tank(s).    What was the previous use of the property?      Identify any other environmental reviews or studies completed for this site.  Studies: [ Title:      ] Date Completed:    Other: [ Title:      ] Date Completed:  -Provide any pictures you have of the project site and its surrounding area to CCCD.  -Attach any site plans you have available.  **If you need assistance with the Environmental Review Details section, please contact Devon Newton at (910) 323-6112 or dnewton@co.cumberland.nc.us** |

**J. FEDERAL AND GENERAL REQUIREMENTS**

|  |
| --- |
| Agencies must adhere to applicable statutes and regulations listed below:  **Debarment and Suspension -** The applicant/agency is not currently debarred nor suspended from submitting proposal for contracts issued by any political subdivision or agency of the State of North Carolina or the Federal government. Applicant/agency must be registered at Sam.gov to be eligible.  **Utilization of Minority/Women & Disadvantaged Contractors** – Projects receiving HOME funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise) and Executive Order 12138 (Utilization of Female Business Enterprise).*  **Davis-Bacon Prevailing Wage Rate Labor Standards** – Any construction project receiving $2,000 or more in HOME or other federal funds, as applicable, will be required to comply with prevailing wage requirements.  **Section 3** – Projects receiving HOME funding that involve building or public facilities improvements must, to the greatest extent feasible, utilize area lower income residents for employment and training opportunities. *(24CFR Part 135).*  **Environmental Regulations** – All funded projects must undergo environmental review to ensure compliance with the National Environmental Protection Act regulations. CCCD will conduct the environmental review with cooperation from the funded agency.  **Title VIII of the Civil Rights Act of 1969** – The Fair Housing Act prohibits discrimination in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including otherwise making unavailable or denying a dwelling to a person, because of race, color, religion, sex, national origin, or familial status. *(Public Law 90-294).*  **American with Disabilities Act** – Projects receiving HOME funding involving physical activities must include accessibility and comply with the Americans with Disabilities Act guidelines. Any HOME funded service must be provided in an accessible location.  **Drug-Free Workplace** – The agency shall make a good faith effort to maintain a drug-free workplace. *(24CFR Part 21).*  **Anti-Lobbying** – No federal funds shall be used for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress. *(USC Title 31 Section 1352).*  **Lead-Based Paint** – Any activities involving the presence of lead-based paint shall comply with the requirements of 24CFR Part 35.  **Inspections** – CCCD staff or its agents may perform on-site inspections of HOME-assisted projects when the project is completed and, for HOME-assisted rental housing, throughout the affordability period. HOME-assisted rental units must be inspected at least every three years during the affordability period (or more frequently if problems related to health and safety are discovered) and the property owner must certify annually that the project and the HOME-assisted units are “suitable for occupancy.” CCCD will review the financial viability of HOME-assisted rental projects (with ten or more units) at least annually during the affordability period.  **Home Investment Partnerships Program** funds shall be used exclusively for eligible activities permitted by 24 CFR 92.  **Procurement** - Contracts funded with federal grant or loan funds must be procured in a manner that conforms with all applicable Federal laws, policies, and standards, including those under the Uniform Guidance (2 C.F.R. Part 200).  **Conflicts of Interest**. In addition to the prohibition against self-benefiting from a public contract under G.S. 14-234, no officer, employee, or agent of the County of Cumberland may participate directly or indirectly in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. A real or apparent conflict exists when any of the following parties has a financial or other interest in or receives a tangible personal benefit from a firm considered for award of a contract:   1. the employee, officer, or agent involved in the selection, award, or administration of a contract; 2. any member of his or her immediate family; 3. his or her partner; or 4. an agency which employs or is about to employ any of these parties.   Any officer, employee, or agent with an actual, apparent, or potential conflict of interest as defined in this policy shall report the conflict to his or her immediate supervisor. Any such conflict shall be disclosed in writing to the federal award agency or pass-through entity in accordance with applicable Federal awarding agency policy.  **See Request for Application Guidelines for additional requirements.** |

**K. APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT**

|  |
| --- |
| The undersigned hereby makes application to Cumberland County (through the Community Development Department) through its Affordable Housing Development Program for **HOME funding** in the amount of **$**      to undertake the activities described in this application. The financial assistance will be in the form of an amortized loan unless the entity is a nonprofit, local unit of government, or a public agency.  It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County and the Community Development Department will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County and the Community Development Department and a matter of public record.  The applicant understands that Cumberland County and the Community Development Department makes no representations or warranties regarding the financial feasibility of the development and that any and all financing of the development is solely based on representations made by the applicant. The applicant therefore agree to hold harmless and indemnify Cumberland County and the Community Development Department and the individual directors, employees, members, officers, and agents of Cumberland County and the Community Development Department in the event that the applicant or anyone acting on the applicant's behalf, at the applicant's request or by and through the applicant incurs any loss in conjunction with the development.  It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the Cumberland County and the Community Development Department may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision-making process.  By execution of the Application, the applicant understands and agrees that Cumberland County and the Community Development Department will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County and the Community Development Department.  I understand and agree that my application for financing, all attachments thereto, and all correspondence relating to my application are subject to a disclosure request and I expressly consent to such disclosure. I further understand that any and all correspondence to me from Cumberland County and the Community Development Department or other Cumberland County-generated documents relating to my application are subject to a request for disclosure and I expressly consent to such disclosure. I agree to hold harmless Cumberland County and the Community Development Department and the individual directors, employees, members, officers, and agents of Cumberland County and the Community Development Department against all losses, costs, damages, expenses, and liability of whatsoever nature or kind (including, but not limited to, attorney's fees, litigation, and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to my application pursuant to a disclosure request. All Federal, State and local subsidies have been disclosed and revealed.  I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Authorized Official Date**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name / Title**  *Applications submitted by cities or townships must be signed by the mayor, town board chair, or city/town manager and must be authorized by the city council or town board. Applications submitted by nonprofit organizations must be signed by an authorized representative and must be authorized by the governing board.* |