

COUNTY OF SUMMIT  
HOME INVESTMENT PARTNERSHIPS PROGRAM  
2011-2012 PROJECT APPLICATION

***COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)***

*Applications must be TYPED and FULLY completed and submitted by the application*



COUNTY OF SUMMIT  
THE HIGH POINT OF OHIO  
RUSSELL M. PRY, EXECUTIVE

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**1. APPLICANT INFORMATION** (The application score will be reduced by 5 points if not completed in full.)

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Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

Name/Title of Person Completing Application: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Organization, if any: \_\_\_\_\_

Has the agency applied for HOME funds before:  Yes  No If yes what year(s) \_\_\_\_\_

Is the agency claiming status as a Non-Profit Community Housing Development Organization (CHDO)?  Yes  No \* A separate application must be completed for the County of Summit to certify or re-certify the agency as a CHDO

(a separate application is available for non CHDP projects)

Agency Mission:

Summary of Housing Development Experience (list only if within the past five (5) years)

| <u>Unit Type Developed</u> | <u>Rehabilitation</u> | <u>New Construction</u> |
|----------------------------|-----------------------|-------------------------|
|----------------------------|-----------------------|-------------------------|

|                        |       |       |
|------------------------|-------|-------|
| Number of Rental Units | _____ | _____ |
|------------------------|-------|-------|

|                           |       |       |
|---------------------------|-------|-------|
| Number of Ownership Units | _____ | _____ |
|---------------------------|-------|-------|

At the time of this application, how many vacant rental units does the agency own \_\_\_\_\_

At the time of this application, how many vacant new construction ownership units does the agency own \_\_\_\_\_

At the time of this application, how many vacant rehab ownership units does the agency own \_\_\_\_\_

\*please include units funded by any funding source\*

Please describe any experience the organization has in owning, managing or developing affordable housing.

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## **2. ORGANIZATIONAL SERVICES**

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Please indicate the type(s) of services provided *directly* by the agency:

- Accessibility Improvements
- Architectural/Engineering
- Construction Management Services
- Credit Counseling
- Down Payment Assistance
- Employment Training
- Emergency/Transitional Housing Services
- Grant Writing
- Historical Rehabilitation
- Home Buyer Education
- HUD Certified Counseling Agency
- Legal Services
- Real Estate Development
- Rental Property Management
- Rental Property Owner
- Foreclosure Rescue Funds

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**2. ORGANIZATIONAL SERVICES Cont.**

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Supportive Housing Special Needs Provider to:

- Abused Spouses and Their Children
- Elderly
- Homeless
- Individuals with Development Disabilities
- Individuals with Mental Disabilities
- Individuals with Physical Disabilities
- Individuals with alcohol or Other Drug Addictions
- Persons with HIV/Aids

Please describe any additional services provided by the organization not listed above

**3. PROJECT NARRATIVE**

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**\*\*\* Projects can NOT be located in the Cities of Akron, Barberton or Cuyahoga Falls\*\*\***

*If explanation(s) do not fit on this page, please attach additional pages*

**TOTAL AMOUNT OF HOME FUNDS BEING REQUESTED \$ \_\_\_\_\_**

*1. Need:* Document the need for the project in the community, using information available in public records and/or developed by private research. If you agency has allocated Neighborhood Stabilization Program (NSP) funds in a targeted area, please indicate how additional funding will assist in the revitalization of the specific neighborhood(s).

2. Target Group: Identify the number of low- and moderate-income persons/households potentially eligible per service/activity/project. Identify potential collaborative partners to utilize for outreach for the program.

3. Total number of estimated low income households this project will serve \_\_\_\_\_.

4. Other Resources and Collaboration: Clearly describe other sources of funds that will be used for this project and other agencies which will be involved to complete the process. ***Please provide letters of intent from funders and/or other participating agencies if available.***

5. Organization Capacity: Summarize the organization's background/programmatic capacity specifically housing activities. (Please use additional sheet if necessary)

6. Board Composition: Does the agency have a diverse board of directors/trustees that receives annual board training.  Yes  No If Yes, please provide a list of board training. *Please attach a current list of board members.*

7. Staff Composition: Describe the Executive Director's and Project Manager's experience in community development and administering HOME funds. *Attach executive director and project manager resumes to application along with an organization flow chart.*

8. Agency Role in Project: What is the agency's proposed role?  Owner  Sponsor  Developer  Property Manager  Construction Manager \*check all that apply\*

9. Which of the following steps has the agency completed for this project:

- Project Concept
- Feasibility Concept
- Identification of Potential Sites
- Preliminary Design and Cost Estimates
- Identification of Potential Funding Sources  (attach any support letters)
- Applications for Financing  (not including HOME)
- Site Control  please provide purchase agreement
- Other major steps completed:

**\*Note that if the agency has site control, construction or rehabilitation is based upon County approval and the results of any Environmental or Historical Reviews\***

10. . *Performance Schedule*: Complete the Work Plan for implementation/completion of the services and activities identified in the Scope of Services. (Exhibit 2). In addition, the agency will be required to indicate performance measurements as they relate to the activities of your project.

11. Will this project require any relocation and/or displacement of business or residential tenants?  Yes  No If yes, you MUST work with the County on preparing relocation plans.

12. Will the project be carried out in partnership with any other entities?  Yes  No Name entities, identify whether for-profit or non-profit and describe proposed roles and capacity.

13. Identify key individuals who will be responsible for carrying out all major activities necessary to complete this project. Include a brief synopsis of the key individuals qualifications. If all staff/consultants are not yet identified, describe what efforts have and will be undertaken to engage the necessary services. Use an additional sheet if necessary.

14. Community Outreach: Describe what efforts, (including public meetings), the agency has taken or plans to take to make sure the project is compatible with the neighborhood plans and strategies. What is the expected impact of the project on the neighborhood? Include minutes of meetings and/or sign-in sheets.

15. Describe any services that will be provided for the beneficiaries of the housing that will enhance the quality of the development, such as homebuyer counseling? The County of Summit and HUD requires that all homebuyer counseling be conducted by a HUD certified housing counseling agency. If your agency will be partnering with a certified counseling agency, please indicate which agency. Also indicate if there is a fee for the counseling or if it is a form of match.

16. Project Funding: (Complete Exhibit 1) Identify each proposed sources of financing. Explain the status of each funding source. In the event that sufficient funds are not available to fully fund this request, can this project be funded in phases? Include any cost implications which will result if phased funding occurs. (Attach additional pages if necessary)

17. Project Budget: Complete a budget (exhibit 3) summarizing the use of the proposed funding. Also complete a non-capital budget (exhibit 4) for the agency. Each contract requires a 25% match in the form of a permanent contribution to the project. Indicate where the match funds will come from, and the committed match amounts.

18. Scope of Services: Clearly describe the proposed service/activity/project to be carried out with the funds requested, include what access the clients will have to necessary public services and employment assistance. **Please include a project name.** (Use additional sheet if necessary)

**50% of the HOME funds requested will serve:**

50% and below of AMI     60% and below of AMI     80% and below of AMI

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#### **4. PERFORMANCE AND OUTCOME MEASUREMENTS**

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1. Which of the following objectives best describes the purpose of the project? (Choose One)

Suitable Living Environment

In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.

Decent Housing

This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under Suitable Living Environment.

2. Which of the following outcome categories is the most applicable to the project? (Choose one category, unless the project has two outcomes of equal importance to be realized.)

Availability/Accessibility

This outcome category applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low-to-moderate income individuals, including persons with disabilities. In this category, accessibility refers to physical barriers as well as the availability of affordable daily living basics to low-to-moderate income individuals where they live.

Affordability

This outcome category applies to activities that provide affordability in the lives of low-to-moderate income people through a variety of ways. It can include the create or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

Sustainability: Promoting Livable or Viable Communities

This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to individuals of low-to-moderate income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

3. The outcome categories are connected to each objective for the project. Select the statement that best applies to the proposed project.

- Accessibility for the purpose of creating suitable living environments
- Accessibility for the purpose of providing decent affordable housing
- Affordability for the purpose of creating suitable living environments
- Affordability for the purpose of providing decent affordable housing
- Sustainability for the purpose of creating suitable living environments
- Sustainability for the purpose of providing decent affordable housing.

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## 5. GENERAL REQUIREMENTS

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1. **HOME funds are provided on a reimbursement basis.** Please complete the information below regarding the person responsible for submitting the agencies request for reimbursement:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Provide one of the following documents to prove the agency conforms to the financial accountability standards of 24 CFR 84.21:

- Notarized statement by your Chief Financial Officer or a Certified Public Accountant
- HUD-approved Audit Summary

Please attach the agencies most current audit including management letter and/or executive summary.

3. **Authorization and Certification:** Exhibit 5 must be completed by the individual completing the HOME application. A board resolution **must** be attached acknowledging the board is aware of the application.

4. **Attachments:** The following items must be attached with the application:

- Most recent strategic plan (if applicable) \*
- Succession plan- alternative plans for board and staff leadership \*
- By laws
- Most recent newsletter – (if applicable)
- Current client application used by agency
- List of all board committees and committee members
- Current organizational flow chart indicating lines of authority

\*Please note the County can provide technical assistance to agencies to assist in developing these items.

If all items can not be provided, you must provide a reason as to why attachments are not included.

Applications must be submitted via certified mail or hand delivered to:

County of Summit  
Department of Community and Economic Development  
175 S. Main St.  
Room 207  
Akron, Oh 44308

Attn: Holly R. Miller – Community Development Coordinator – HOME

**APPLICATIONS DUE NO LATER THAN**  
**MARCH 11, 2011 BY 4:00 P.M.**

Facsimiles will not be accepted

Late applications will not be accepted

Please provide original application and two copies. All applications should be unbound.

If you have any questions concerning this application, please contact:

Holly Miller, Certified HOME Specialist; Regulations and Administration  
Community Development Coordinator –HOME  
330-643-8013

[Hmiller@summitoh.net](mailto:Hmiller@summitoh.net)

## EXHIBIT 1 PROJECT FUNDING

TOTAL COST OF PROJECT \$ \_\_\_\_\_

| Proposed Source of Funding | Amount    | Term       | Status  |
|----------------------------|-----------|------------|---------|
| 1. HOME                    | \$        | Grant/Loan | Applied |
| 2.                         | \$        |            |         |
| 3.                         | \$        |            |         |
| 4.                         | \$        |            |         |
| 5.                         | \$        |            |         |
| 6.                         | \$        |            |         |
| 7.                         | \$        |            |         |
| 8.                         | \$        |            |         |
| <b>TOTAL</b>               | <b>\$</b> |            |         |

If using a line of credit, please attach documentation from financial institution.

**MATCH** 25% of total amount awarded in HOME funds (i.e. \$200,000 = \$50,000 match)  
 Match must be a permanent contribution to the project. For additional explanation on  
 Match consult with the Community Development Coordinator- HOME  
 Status should indicate; pending, committed, received or applied for.

| Proposed Source of Match | Amount | Status |
|--------------------------|--------|--------|
| 1.                       |        |        |
| 2.                       |        |        |
| 3.                       |        |        |
| 4.                       |        |        |
| 5.                       |        |        |
| 6.                       |        |        |
| 7.                       |        |        |

## EXHIBIT 2 PERFORMANCE SCHEDULE

| <b>ACTIVITY</b><br>(What task will be undertaken with HOME funds i.e. Rehab) | <b>INDICATOR</b><br>(The direct products of program activities) | <b>OUTCOME</b><br>(Potential # of individuals assisted) |
|--|---|---|
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |

**EXHIBIT 3**  
**CAPITAL PROJECT BUDGET SUMMARY\***  
**\*Estimated\***

| <b>Budget Category</b>           | <b>Proposed Project<br/>“HOME<br/>Portion”</b> | <b>Other Sources</b> | <b>Total</b> |
|----------------------------------|--|----------------------|--------------|
| <b><i>Land Acquisition</i></b>   |  |                      |              |
| Land/Unit Cost                   | \$   | \$                   | \$           |
| ER Review (non HUD)              | \$   | \$                   | \$           |
| Site Improvements                | \$   | \$                   | \$           |
| <b><i>Development</i></b>        |  |                      |              |
| Wages and Salaries               | \$ n/a   | \$                   | \$           |
| Fringe Benefits                  | \$ n/a   | \$                   | \$           |
| Materials                        | \$   | \$                   | \$           |
| Soft Costs                       | \$   | \$                   | \$           |
| Carrying Costs                   | \$   | \$                   | \$           |
| Fees                             | \$   | \$                   | \$           |
| Permits                          | \$   | \$                   | \$           |
| Developers Fee                   | \$   | \$                   | \$           |
| Other Costs                      | \$   | \$                   | \$           |
| <b><i>Rehab/Construction</i></b> |  |                      |              |
| Electrical                       | \$   | \$                   | \$           |
| Plumbing                         | \$   | \$                   | \$           |
| Heating                          | \$   | \$                   | \$           |
| Interior Rehab                   | \$   | \$                   | \$           |
| Exterior Rehab                   | \$   | \$                   | \$           |
| New Construction Hard Cost       | \$   | \$                   | \$           |
| Construction Contingency         | \$   | \$                   | \$           |
| Contractor Profit                | \$   | \$                   | \$           |
| Appraisal                        | \$   | \$                   | \$           |
| Legal Fees                       | \$   | \$                   | \$           |
| Permits                          | \$   | \$                   | \$           |
| Signage at Unit                  | \$   | \$                   | \$           |
| Other                            | \$   | \$                   | \$           |
| <b><i>TOTAL</i></b>              | <b>\$</b>                                      | <b>\$</b>            | <b>\$</b>    |

- Please revise this form and annotate budget items as needed
- All applicants are required to submit a copy of the organizations operating budget.

## EXHIBIT 4 OPERATING BUDGET SUMMARY

| Budget Category              | Proposed Projection<br>"HOME Portion" | Other<br>Sources | Total     |
|------------------------------|---------------------------------------|------------------|-----------|
| Salaries & Wages             | \$ n/a                                | \$               | \$        |
| Fringe Benefits              | \$ n/a                                | \$               | \$        |
| Consultant/Contract Services | \$ n/a                                | \$               | \$        |
| <b>TOTAL PERSONNEL</b>       | <b>\$ n/a</b>                         | <b>\$</b>        | <b>\$</b> |
| Office Rent                  | \$ n/a                                | \$               | \$        |
| Utilities                    | \$ n/a                                | \$               | \$        |
| Telephone                    | \$ n/a                                | \$               | \$        |
| Office Supplies              | \$ n/a                                | \$               | \$        |
| Equipment                    | \$ n/a                                | \$               | \$        |
| Printing/Duplication         | \$ n/a                                | \$               | \$        |
| Travel/Conferences           | \$ n/a                                | \$               | \$        |
| Other (Specify)              | \$ n/a                                | \$               | \$        |
| <b>TOTAL NON-PERSONNEL</b>   | <b>\$ n/a</b>                         | <b>\$</b>        | <b>\$</b> |
| <b>TOTAL BUDGET</b>          | <b>\$</b>                             | <b>\$</b>        | <b>\$</b> |

\* Please revise this form and annotate budget items as needed\*

Please indicate what the percentage of each dollar raised is used towards overhead \_\_\_\_\_

Please indicate what percentage of each dollar raised is used towards accomplishing the mission of the agency \_\_\_\_\_

**EXHIBIT 5**  
**AUTHORIZATION AND CERTIFICATION**

**The undersigned certifies that:**

- 1. He/She is legally authorized to request and accept financial assistance from the County of Summit;**
2. To the best of his/her knowledge, all representations that are part of this application are true and correct;
3. All official documents and commitments that are part of this application have been duly authorized by the governing body of the agency;
4. Should the requested financial assistance be provided, that in execution of this project, the agency will comply with all assurance required by Federal laws that govern the HOME Investment Partnerships Program of the Department of Housing and Urban Development and all assurances set forth in the contract to be signed with the County of Summit. The agency also certifies that physical construction of the project as defined in the application has not begun and will NOT begin until a 2011-2012 Program Year HOME Investment Partnership agreement with the County of Summit has been executed and any necessary Environmental review is completed. Action to the contrary may result in termination of the agreement.
5. No part of the agencies net earning benefit any member, founder, contributor, or individual affiliated with the agency.

Name of Certifying Representative: \_\_\_\_\_

Title of Certifying Representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Representative

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