



**COMMUNITY PLANNING
&
DEVELOPMENT
GRANTS**

FY 2023 FUNDING APPLICATION

HOME Investments Partnerships Program
(HOME)

Funding Application Deadline

June 13, 2023

The Office of Community & Neighborhood Services uses this pre-application to determine applicant eligibility, the eligibility of its proposed activity, and the financial supports for prospective activities under the City's Community Development Block Grant, which is administered by the US Department of Housing and Urban Development.

The Office of Community & Neighborhood Services will use **ONLY** the information provided in this form to evaluate applicant and activity eligibility, and financial leverage.

If the applicant and/or proposed activity is ineligible under the Community Planning & Development guidelines, the applicant is encouraged to apply for HOME funds for the next program year.

ONLY eligible activities that closely align with our local and federal standards and priorities as determined by the Office of Community & Neighborhood Services will receive AN INVITATION to complete the final application.

Instructions

1. The applicant may type within this form or the applicant may hand write its information. Please use blue or black ink. Please take care to ensure the legibility of the form.
2. The applicant **must** sign and date the form. Unsigned and/or undated applications are not reviewed and are automatically disqualified.
3. Additional forms and documents are PROHIBITED.
4. This pre-application may be submitted in three ways:
 - a. Electronic
Email pdf to cnservices@tuscaloosa.com
 - b. Hand delivery
Office of Community & Neighborhood Services
City of Tuscaloosa
2201 University Boulevard
Tuscaloosa, AL 35401
 - c. Mail
Office of Community & Neighborhood Services
City of Tuscaloosa
2201 University Boulevard
Tuscaloosa, AL 35401

HOME INVESTMENT PARTNERSHIPS PROGRAM APPLICATION SUMMARY

Complete the following sections to provide a succinct, but detailed overview of the proposed activity for HOME Investment Partnerships Program funding.

Organization & Activity Information

Organization Name	
Activity Name	

Funding Request Amount

\$

Activity Summary

In the space below, provide a brief and detailed description of the proposed activity. At minimum, describe the work to be performed, provide location(s), the number of beneficiaries/units, and cost per beneficiary/unit for the proposed activity.

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SECTION 1: ORGANIZATIONAL ELIGIBILITY, CAPACITY, & PAST PERFORMANCE

The following section focuses on the applicant organization. These questions will help the Office of Community and Neighborhood Services determine if the organization meets the HOME organizational & operational standards to receive and successfully implement a federal funding award.

Organizational Information

Organization Name			
Organization Address			
Organization Contact			
Contact Title			
Telephone		Website	
Email Address			

Organizational Eligibility

Does the applicant organization have 501(c)(3) tax-exempt status?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the applicant organization have a Federal Employer Identification Number (FEIN)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide the applicant organization's Federal Employer Identification Number (FEIN)	<input type="text"/>			
Does the applicant organization have a Unique Entity Identifier?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide the applicant organization's Unique Entity Identifier	<input type="text"/>			
Does the applicant organization have an active registration in SAM.gov?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide the SAM.gov registration expiration date	<input type="text"/>			

Organization Type

Select the option (s) that describes the applicant organization's type.

Faith-based organization*	<input type="checkbox"/>
*A faith-based organization may provide social services, but is restricted from using funds for worship, religious activities, religious instruction and/or proselytization	
Non- profit developer	<input type="checkbox"/>
For- profit developer	<input type="checkbox"/>
City of Tuscaloosa approved Community Housing Development Organization (CHDO)	<input type="checkbox"/>
Member, Tuscaloosa County Continuum of Care (CoC), West Alabama Coalition for the Homeless (WACH)	<input type="checkbox"/>

Organization History

How many years has your organization been in operation?

Write the number of years and months under the year and month column. If the applicant organization has operated for less than one (1) year, please write the number of months under the month column. Give the exact calculation. Do not round up.

YEARS	MONTHS
<input type="text"/>	<input type="text"/>

Organizational Leadership

Administration Staff-Organizational Leadership

Executive Director Information & Experience	Name			
	Telephone		Email	
	Years in Position		Years Experience with HOME	
	Years in Organization		Number of similar projects completed	
	<i>*Resume attached as part of Document Review</i>			

Chief Financial Officer Information & Experience	Name			
	Telephone		Email	
	Years in Position		Years Experience with HOME	
	Years in Organization		Number of similar projects completed	
	<i>*Resume attached as part of Document Review</i>			

Organizational Oversight

Board of Directors

Does the applicant organization have an active Board of Directors? * Yes ☐ No ☐

*An active Board of Directors is defined as having a quorum at 75% of board meetings during this current fiscal year

Number of Board of Directors	
Number of vacant Board of Directors positions	
Number of meetings per year	
Date of most recent Board of Directors meeting	

Board of Directors Composition

Number of board members who live or work within Tuscaloosa City Limits

Does the Board of Directors require membership from a former or current member of the applicant organization's client community? Yes ☐ No ☐

Board Gender Demographics	Male	Female	Not Identified

Board Racial Demographics	White	Black	Asian	Native American	Biracial	Other

Board Ethnicity

Hispanic

Non-Hispanic

Board of Directors Contact

Board of Directors
President

Name
Telephone Email
Year Elected Term End

Board of Directors
President-Elect

Name
Telephone Email
Year Elected Term End

Briefly explain how the Board of Directors exercises programmatic and fiscal oversight of the applicant organization

Activity/ Project Management

Key Personnel- **Attach Resumes for each person as part of Document Review**

Name Position
Years in Current Position Years experience with HOME
Years in Organization Number of similar projects completed

Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>

Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>

Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>

Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>

Federal Grant Experience

Is the applicant organization a current or former grantee, subgrantee, subrecipient, and/or developer of any of the following Community Planning and Development Grants from the US Department of Housing and Urban Development?

Yes

No

Please check each Community Planning and Development Grant the applicant organization in past **ten (10)** years. For each grant, check if the applicant organization is a current or former recipient. In the corresponding column, write the number of years that the organization has received the grant. An applicant is considered a current recipient if it is currently under a FY 2022 or later grant award.

Example: ABC Nonprofit received CDBG funding for three (3) consecutive years: FY 2017, 2018, and 2019. In FY 2020, ABC Nonprofit did not receive an award. However, ABC Nonprofit was awarded FY 2021 and FY 2022. ABC Nonprofit has received a total of five (5) years of CDBG funding.

In the table, ABC Nonprofit, would find the Community Development Block Grant (CDBG) Row. Under this row, ABC Nonprofit would check the "Current" column and input "two" (2) in the "Current Years" column for FY 2021 and FY 2022. Next, ABC Nonprofit would check the "Former" column and input three (3) under the Former Years column for FY 2017, 2018, and 2019.

Grant	Awarding Agency/Organization	Current	Current Years	Former	Former Years
Community Development Block Grant (CDBG)					
HOME Investment Partnerships Program (HOME)					
Emergency Solutions Grant (ESG)					
Homeless Management Information Systems (HMIS)					
Continuum of Care (CoC)					
Housing Opportunities for Persons with AIDS Program (HOPWA)					

In the space provided, explain any gaps in funding for each grant, if applicable. If reasons for a gap in funding are unknown, write unknown for the applicable grant.

Affordable Housing Experience

Briefly narrate the applicant organization’s history as it pertains to affordable housing

Briefly highlight the applicant organization’s experience and major accomplishments in providing services to LMI residents and/or communities

List affordable housing projects, if any, of similar size, scope or complexity, as the activity being proposed in this application that the applicant organization has completed in the past five (5) years. Including name, location, type and number of units, total budgets, proposed completion dates, developer role, and current status.

List any projects that the applicant organization is currently working on, including name, location, type and number of units, total budgets, proposed completion dates, developer role, and status.

Indicate any other opportunities that the applicant organization plans to pursue during the performance period for the proposed activity. Explain how the applicant organization will ensure that the activity will not be negatively affected

SECTION 2: ACTIVITY MANAGEMENT & IMPLEMENTATION

The following section focuses on the applicant activity. These questions will help the Office of Community and Neighborhood Services determine if the activity incorporates activity management and implementation best practices seen in federally funded programs, projects, and activities.

Activity Information

Activity Title	
Activity Address	

Activity Scope of Work

Use the space below to write a narrative description of the proposed activity. In the description, the following details must be addressed:

1. Description of activity to be undertaken, work to be performed or services to be provided
2. Proposed Number of HOME-assisted Units
3. Amount of HOME assistance needed per unit
4. Proposed number of unduplicated households to be served
5. Identify the proposed use of the requested HOME funds (i.e., development hard costs, soft costs, materials, salary, etc.).

Activity Scope Continued

Unit Details

In the space below, briefly explain how the activity's configuration and sizing of units, materials, design, and amenities will meet the needs of the target population*

**Attach plans and elevations for housing model units in the Document Review*

Activity Estimates

If proposed activity involves new construction or rehabilitation, briefly explain if the activity has construction estimates and whether a firm construction contract can be obtained prior to disbursing funds*

**Attach construction estimates and/or construction contract(s) in the Document Review*

Need for the Activity

Provide evidence of the need or demand for this activity. Respond as specifically as possible. Cite sources.

New or Current Activity & Activity Length

Is this a new activity or is this an additional phase of a current activity?	<input type="text"/>		
Can this activity be completed in one phase?	Yes	<input type="text"/>	No
		<input type="text"/>	<input type="text"/>
If not, please list the estimated number of phases required to complete the activity.	<input type="text"/>		
Will the applicant organization seek additional HOME funds for additional phases of this activity	Yes	<input type="text"/>	No
		<input type="text"/>	<input type="text"/>

Environmental Review & Clearance

Has the applicant organization contacted the participating jurisdiction to obtain an appropriate level environmental review for the activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has an appropriate level environmental review been conducted for the activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, indicate the date of the environmental review		<input type="text"/>		

Activity Locations & Site Control

Briefly explain, as specifically as possible, whether the activity area is near public transportation, grocery stores, parks, and other amenities that may add value to the activity and stabilize the community

Does the activity occur in multiple locations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide the addresses for each additional location. Please indicate if the applicant organization has site control of each address.

Additional Locations						
	Street	City	State	Zip Code	Census Tract	Site Control*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

*Provide proof of site control for each address such as warranty deeds, sales, or option contracts in the Document Review

If the applicant organization does not have site control of any of the addresses listed above, identify the property, and indicate the date(s) by which the organization will gain site control.

Address Number	Date of Site Control	Address Number	Date of Site Control	Address Number	Date of Site Control	Address Number	Date of Site Control
1		10		19		28	
2		11		20		29	
3		12		21		30	
4		13		22		31	
5		14		23		32	
6		15		24		33	
7		16		25		34	
8		17		26		35	
9		18		27			

Does the activity locations require additional acquisitions of right-of-way, etc.?

Yes

No

If yes, please indicate in the space below when the additional right-of-way, etc. will occur.

Service Delivery Area

Based on the Census Tracts provided for each address, select the applicable Service Delivery Area(s) for the activity. More than one service area may be selected. For all seven City Council Districts, select City-Wide.

City Council District 1		City Council District 6	
City Council District 2		City Council District 7	
City Council District 3		City- Wide	
City Council District 4		Outside Tuscaloosa City Limits	
City Council District 5			

Activity Implementation Schedule

In the space provided, provide a brief outline of the activity schedule. Use month/year format to identify key dates.

Start Date

End Date

Activity Outputs, Evaluation, & Monitoring

Use the space below to identify the activity outputs and evaluation tools the applicant organization will use to track and monitor the progress of the activity. Include how often evaluation will occur.

Section 3, MBE, WBE, & DBE Compliance

Briefly describe the applicant organization's efforts to comply with HUD's Section 3 requirements and compliance with required MBE, WBE, and DBE initiatives*

**Attach Section 3 Plan in Document Review*

Provision of Participant Information to Office of Community and Neighborhood Services

According to 24 CFR 121.2, subrecipients, developers, subgrantees, are required to furnish participant data to the Office of Community and Neighborhood Services. This information includes but is not limited to such data concerning the race, color, religion, sex, national origin, age, handicap, and family characteristics of persons and households who are applicants for, participants in, beneficiaries or potential beneficiaries of those programs as determined by the Secretary of the US Department of Housing and Urban Development.

Is the applicant organization willing to provide participant information to the Office of Community and Neighborhood Services?

Yes

☐

No

☐

If yes, please describe the data collection methods used to collect this participant information.

If no, please details the reasons why the applicant organization will not provide the participant data.

Targeted Population

Please select the main population, if any, that your activity will serve. Select one.

Elderly	
Persons with Disabilities	
Abused and Neglected Youth	
Survivors of Domestic Violence	
Low-to- Moderate Income Persons	
General Population/No specialized populations	

Eligible Beneficiaries- New Construction

If the proposed activity involves new construction, use the space below to explain if the applicant organization has a pipeline of eligible buyers interested in the homes and neighborhoods that are part of this activity. Describe the eligibility requirements and intake process, if any.

Affirmative Marketing & Outreach

Briefly describe your agency's affirmative marketing programming used to attract prospective buyers and/or tenants of all minority and majority groups. Also, describe how this activity will be promoted to non-English speakers and visually, hearing, and/or physically impaired*

*Attach Affirmative Marketing Plan to the Document Review

Collaboration

Community Partnerships

Describe the collaborative efforts with other nonprofit or for-profit organizations, and/or governmental agencies that play a specific role and/or will provide in-kind or financial support towards the implementation of the activity

PRE-APPLICATION SECTION 3: ACTIVITY ELIGIBILITY

The following section focuses on activity eligibility. These questions will help the Office of Community and Neighborhood Services determine if the activity is likely to be an eligible activity and meets additional as required by the HOME Investments Partnerships Program. The answers in the section also illustrate the applicant organizations' understanding of the fundamentals of HOME.

Eligible Activity

Select the Eligible Activity option that best describes the activity. Select one.

New Construction- Single Family Homes		Acquisition of Real Property	
New Construction- Multi Family Housing		Demolition	
Reconstruction- Single Family Homes		Relocation	
Reconstruction – Multi-Family Housing		Tenant Based Rental Assistance	
Rehabilitation- Single Family Homes		CHDO Operating Expenses	
Rehabilitation- Multi-Family Housing		Site Improvements	
Homebuyer Acquisition		Conversion	

Eligible Costs

Select the National Goal that the activity will meet. Select one.

Construction Hard Costs		Acquisition Cost- Homebuyer	
Rehabilitation Hard Costs		Soft Costs- Financing	
Refinancing Costs- Single Family Homes		Soft Costs- Development	
Refinancing Costs- Multi-Family Housing		Soft Costs- Financing & Development	
Acquisition Costs- Real Property			

HOME Objective		Activity Outcome	
Identify ONE HOME Objective that the activity most closely matches.		Identify ONE Activity Outcome that the activity most closely matches	
Provide safe, decent & affordable housing to lower-income households		Availability/Accessibility	
Leverage public-private partnerships		Affordability	
Create suitable living environments		Sustainability	

Strategic Action Plan Priorities

Select the Strategic Plan Priority that the activity will meet. Select one.

Increase or Maintain Affordable Housing Units	
Increase Communities Access to Affordable Housing Units	
Develop and Sustain LMI Persons, Families, Youth, Seniors, and/or other vulnerable populations	
Equitable Access to Public Infrastructure & Facilities for underserved people	
Increase Access to Employment Training & Educational Opportunities	

Core Beliefs

Select the City of Tuscaloosa Core Belief that the activity will meet. Select one.

Citizen Safety	
Neighborhood Protection- Economic Growth, Strategic Infrastructure	
Educational, Economic, and/or Recreational opportunity in underserved area	

SECTION 4: FINANCIAL MANAGEMENT

The following section focuses on the financial aspects of the activity. These questions will help the Office of Community and Neighborhood Services determine if the activity is adequately funded, if there are sufficient collaborations to justify the project, and if funding request is reasonable.

HOME Funding Request

HOME Funding Request:	\$
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HOME- Assistance per Unit	\$
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Is HOME the primary source of cash funding for the proposed activity?

Yes ☐ No ☐

If HOME is 51% of the total funding for the activity, then HOME is the primary funding source.

What is the minimum HOME funding needed to implement this activity?	\$
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Partial Award

Indicate if the applicant organization will accept at partial award of funds	Yes	No

By selecting "NO", the applicant organization states that it will NOT accept less than the HOME funding requested in this application. CNS will only be evaluated for an award based on the full amount requested. CNS will not award the applicant any funds less than the full amount.

If yes, what is the minimum funding amount the applicant organization will accept?	\$
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Compliance History

In the last five years has the applicant organization defaulted on a loan or been in non-compliance of a grant or any type of funding source?	Yes		No	
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If yes, detail the dates and conditions of each default or noncompliance

Financial Management

Briefly describe your agency's 1) financial reporting system/accounting procedures, 2) record-keeping system,3) internal controls in place aimed at minimizing opportunities for fraud, waste, and mismanagement*

**Attach Financial Management policies and procedures, including procurement Policies in the Document Review*

Briefly explain the applicant organization will segregate HOME funds from other agency funds for purposes of identification, tracking, and reporting

Program Income

Does the applicant organization assess fees for the activity?

Yes

☐

No

☐

If yes, identify each of the fees that will be assessed

Does the applicant organization intend to request to retain the activity proceeds?

Yes

☐

No

☐

If yes, identify the percentage and itemize what the proceeds will be used for.

Describe the internal controls the applicant organization has in place to manage fees assessed to activity participants

Matching Contributions/Partnerships

HOME funded activities are required to provide, at minimum, 25% match for every HOME dollar awarded.

Identify the number of organizations that financially contribute to this activity

Identify the number of organizations that provide direct, in-kind (personnel, materials, space, equipment, etc.) contributions to this activity

Funding Sources & Matching Funds- ATTACH a DETAILED itemized activity/project Budget in Document Review

Use the table below to identify the sources of funding for the activity. This HOME funding request has been identified in the table. Fill in the remaining information for your HOME funding request. Select either “**Anticipated**” or “**Committed**” for each fund.

TABLE-Sources of Funding and Financial Contributions						
Funding Source	Funder Name	Funding Type	Total Funding	Anticipated	Committed	Award Date
City of Tuscaloosa	City of Tuscaloosa- HOME	Grant		X		TBD
Other Municipal Funding						
Tuscaloosa County Funding						
State of Alabama						
Federal Funding						
Philanthropic, Foundation, Private Funds						
Donations Payroll Deductions						
Special Events Fundraising						
Service Fees						
Investment Income						
Program Income						
Other						
TOTAL ANTICIPATED						
TOTAL COMMITTED						
TOTAL						

Community Collaborations & In-Kind Contributions

Use the table below to identify collaborations and in-kind contributions to the activity. Select either **"Anticipated"** or **"Committed"** for each collaboration and/or contribution.

TABLE- Community Collaborations & In-kind Contributions					
Community Organization	Contribution Type	Financial Value of Contribution	Anticipated	Committed	Start Date
TOTAL					

Audit

When was your organization last audited?

What were the results of the audit? In the space provided, please describe the results of the most recent audit.

SECTION 5: DOCUMENT REVIEW

This section is Document Review. Applicant organizations are required to submit the listed documents as attachments. The method of attachment is at the discretion of the applicant organization; however, the documents must be received/delivered to the Office of Community and Neighborhood Services by the deadline of the Funding Application.

DOCUMENTS

1 Articles of Incorporation/Charter/ Bylaws

2 Non-profit Determination Letter (from Internal Revenue Service- IRS)

3 Business License- For profit entity

4 Board of Director Membership Directory

The membership directory must include a roster of the current board or other governing body of the applicant organization. The directory must include the name, telephone number, address, occupation or affiliation of each member must identify the principal officers of the governing body. Additionally, the directory must identify any vacancies at the time of application and the board member(s), if any, that is a current/former member of the target/client population.

5 Authorization to Request Funds

6 Designation of Authorized Official

7 Organizational Chart

8 Verification of Unique Entity Identifier

9 Financial Statement and/or Audit

Applicant Organization's single audit report for its most recent fiscal year or applicant organization's financial statement for the most recent fiscal year

In accordance with the Office of Management and Budget, the federal government requires that applicant organizations expending \$750,000 or more in federal financial assistance in a fiscal year and MUST SECURE AN AUDIT

10 Organizational Policies and Procedures

11 Financial Management Policy and Procedures

12 Affirmative Marketing Plan

13 Section 3 Plan

14 Site Control Documents

15 Activity Schedule

Activity Schedule must include the start and end date as well as key milestones

16 Activity Budget and Support Letters

Activity budget must identify all sources of committed and/or anticipated funds. The budget must also include the cost per unit and the HOME assistance per unit. Letters of Support must be included

17 Plans & Elevation Documentations

18 Organization Staff Resumes

SECTION 5: SIGNATURE

As the official designated by the Applicant, I hereby certify that if approved by the City of Tuscaloosa HOME Investment Partnerships Program for a HOME funding allocation, that _____ assumes the responsibilities specified in the HOME regulations and certifies that:

- A. It possesses the legal authority to apply for the allocation and to execute the proposed activity;
- B. It has resolved any audit findings for the prior fiscal year to the satisfaction of the City of Tuscaloosa or any other federal agency by which a finding was made;
- C. It is not currently suspended or debarred from receiving federal funds;
- D. If a CHDO, its board composition complies with and will continue to comply with the requirements for CHDOs in the definition contained in 24 CFR Section 92.2;
- E. It will comply with all statutes and regulations governing or applicable to the HOME program;
- F. The information, statements and attachments contained in support of this application is given for the purpose of obtaining financial assistance from the City of Tuscaloosa is true and correct to the best of my knowledge and belief. Representations made in the application will be the basis of the written HOME agreement if funding is awarded. All information contained in this application is acknowledged to be public information;
- G. The applicant understands and agrees that if false information provided in this application has the effect of increasing the applicant's competitive advantage, the City of Tuscaloosa will disqualify the applicant and may hold the applicant ineligible to apply for HOME funds until any issue of restitution is resolved;
- H. If false information is discovered after the award of HOME funds, the City of Tuscaloosa may terminate the applicant's written agreement and recapture all HOME funds expended;
- I. The applicant shall not, in the provision of services, or in any other manner discriminate against any person on the basis of race, religion, sex, national origin, familial status, or handicap.
- J. The applicant agrees that verification of any of the information contained in this application may be obtained from any source named herein.
- K. The applicant will at all times indemnify and hold the City of Tuscaloosa harmless against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of or relating to the City of Pawtucket's acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HOME funds herewith.

This certification must be signed by the individual authorized to submit the application as determined by applicant's governing board of directors and who will be authorized to execute HOME Program agreements.

Name/ Title

Signature

Date

Name/ Title

Signature

Date

