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**Washington County HOME Project Funding Application**  
Home Investment Partnerships Program (HOME) Funds

All complete application proposals are due to Washington County Community Development Agency no later than 4:30 PM on Friday January 29, 2021.

\*Applications that are incomplete or received after the deadline will not be considered for funding.

Note: Documentation of approvals by governing boards will be accepted through 4:30 PM on Friday, March 1, 2021

**Applications can be submitted by mail or email to:**

Angie Shuppert, Community Development Programs Manager  
Washington County Community Development Agency  
7645 Currell Boulevard  
Woodbury, MN 55125  
651-379-9551  
Fax: 651-458-1696  
[angies@washingtoncountycda.org](mailto:angies@washingtoncountycda.org)

It is highly recommended project applicants contact Angie Shuppert prior to filling out the application for technical assistance and eligibility criteria. Please reference the Evaluation and Ranking Criteria when filling out the application. If requesting Home Set Aside CHDO funding, you will need to contact the Washington County Community Development Agency for an additional application for certification.

## **REQUIRED DOCUMENTATION**

**The following documents are required to be attached with the application submission:**

- Resolution of governing body requesting funds or board minutes approving submission of application
- Community Support: Public Outreach may be demonstrated by a letter of support from the chief elected official of the primary municipality in which the Project is located; or a description of efforts to notify local officials. If local officials decline to support the project, the application should address any specific concerns that have been raised about the Project.
- If applicant is a non-profit - State and Federal Tax Exemption Determination Letter - 501 (c)(3) and list of Board of Directors/Council or Trustees
- Detailed Project timeline with significant milestones
- Project map
- Photos of site
- Appraisals
- Supporting documentation, such as, survey, Phase I/II environmental, census data, etc.
- Third party materials documenting project need
- Written financial commitments or letters of project support from **all** other funding sources.
- New Construction Projects: Third party market study
- Copy of the Relocation Plan and Relocation Budget, if applicable

### **Upon selection for funding:**

A copy of the applicant's Audit, Management & Compliance Report and Insurance coverage documentation, copy of General Information Notice, or Voluntary Acquisition notice will be required before a notice to proceed with funding will be issued.

# HOME PROJECT FUNDING APPLICATION

Requesting  HOME Funding  CHDO/HOME Funding

Funding Amount Requested:

Project Title	
Project Address	
Project Legal Description	

## Project Applicant

Organization/ Agency legal name:	
Contact Person / Title:	
Address:	
Telephone:	
Email:	

Type of agency:	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't/Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Date of incorporation:		Federal Tax ID number:			
Agency DUNS number: *required prior funding		Annual operating budget:			
Number of paid staff:		Number of volunteers:			

**BENEFIT TO LOW- AND MODERATE-INCOME PEOPLE**

- Low/Moderate Income Housing (Construction and Rehabilitation)
  - Owner Occupied
  - Rental Occupied

**1. How will you document your population as low/moderate income?**

## **PRIORITY ACTIVITIES**

Select an activity or activities that describes the project. Below is a list of the high priorities Washington County has selected to address in years 2020 through 2024.

If your project is not one of these activities, it will not be selected for funding.

Selection	
	<b>Activity</b>
	Affordable Rental Housing
	Rental Housing Rehabilitation
	Homeownership Assistance
	Housing Accessibility Improvements
	Energy Efficiency & Sustainability Improvements
	Owner-Occupied Housing Rehabilitation
	Housing for Persons with Mental Health Disabilities
	Housing for Persons with Developmental Disabilities

## PROJECT DESCRIPTION

Provide a brief description of the proposed project.

1. What is the need in the community that makes your project necessary? What geographic area will your project benefit?

2. What is your proposed timeline?

3. Please describe the proposed project accomplishments. Who will benefit from this project?

4. Is the project supported in the community? Is the project supported in the city in which it is being proposed? State how the level of community support/concerns was obtained (e.g. Held 3 meetings with project neighbors, one city council/planning commission hearing, published a notice in newspaper inviting comments, etc).

**BUDGET**

Identify the federal, state and local leveraging resources used for the proposed project. Proformas are encouraged to be included but will not substitute this budget form. Budgets must be:

- Specific
- Include all things public funds will be used for. **Anything not accounted for in the budget will not be funded.**

**DO NOT** include your entire organization’s operating budget. This may be asked for if awarded.

Use of Funds	Source of Funds (Please list amount and source specifically)								
Line Item	Requested HOME Funds	Applicant Funds	Other Federal Funds	State of MN Funds	City Funds	Other/CDA/County Funds	Private/Foundation Funds	Total	Committed Yes/No Date
<b>Total</b>									



**1. Budget Narrative**

a. Provide an explanation of the project budget and funding sources:

b. Describe the applicant's fiscal management including financial reporting and record keeping. Explain how you will ensure the financial integrity of the project and avoidance of any misdirection of the funding sought. Note the expertise of persons managing the funds and providing accounting services. Please include required federal audits, internal audits, or other controls:

- c. If your application is partially funded, how would you proceed or how would it impact your ability to move forward? What adjustments to the scope of work would need be made?

- d. Describe how if awarded funding HOME funds would be used in order to meet the MATCH requirements?

- e. Have all other funding sources been or will be formally committed by June 30, 2021?

No       Yes

- f. Is there a fiscal agent other than the applicant?

No       Yes

If yes, please provide contact information:

- g. Does the total project cost account for federal prevailing wages if applicable (reference the Application Guide for information on federal prevailing wage)?

No       Yes

- h. Indicate if a loan or grant is preferred:

Loan       Grant

## COMPLIANCE CAPACITY

2. How do you plan to verify income? Describe the process for collecting income and beneficiary data, including who will collect it and how the data will be stored:

3. Describe Management and Staff Capacity for use of Federal funds:

### 4. Use of Contractors and Consultants

In accordance with federal regulations, HOME funds may not be used to directly or indirectly employ, award contracts to, or otherwise engage the services of any contractor or sub-recipient during any period of debarment, suspension, or placement of ineligibility status. The CDA will assist in providing a consultant if needed for Prevailing Wage Compliance. It is the applicant's responsibility to administer this contract and any construction contracts.

Will you hire a contractor, professional services, or consultant to complete this project?

No       Yes, complete the following:

- a. Name of consultant/firm and owner:

- b. How were they selected?

*Projects must meet Federal bidding requirements. If funded, procurement requirements will be reviewed with CDA staff.*

- c. Is the consultant/firm already under contract with your organization?     No             Yes
- d. Is this consultant/firm a women or minority owned business?     No             Yes

**If you are unable to complete this section at the time of application, all contracts must be reviewed for debarment before a release of HOME funds.**

## ENVIRONMENTAL

1. **Has a Level 1 Environmental Review been completed?**  No  Yes, provide a copy with application
  
2. **Flood Hazard Area: Is there evidence or knowledge that a portion of the proposed project is in a 100– or 500-year flood plain?**  
 No  Yes
  
3. **Noise Abatement and Control:**  
Distance from nearest railroad:  More  Less than 3,000 feet  Don't Know  
Distance from nearest major roadway:  More  Less than 3,000 feet  Don't Know  
Distance from nearest airport:  More  Less than 3,000 feet  Don't Know
  
4. **Wetland Protection: Is there wetland associated with the proposed project?**  
 No  Yes
  
5. **Does the project include repair, rehabilitation, or conversion of existing building/facilities?**  
 No  Yes
  
6. **Does the project involve new construction, acquisition of undeveloped land or any construction that requires moving dirt, excavation or ground disturbance?**  
 No  Yes
  
7. **Is there any known presence of lead or lead hazards within the property?**  
 No  Yes  Unknown  
How was the presence of lead determined? \_\_\_\_\_
  
8. **Is there any known presence radon or radon hazards within the property?**  
 No  Yes  Unknown  
How was the presence of radon determined? \_\_\_\_\_
  
9. **Does the project involve existing units that are 50 years or older?**  
 No  Yes  
If yes, does the property have any known historical significance?  No  Yes  Unknown

## **CATEGORY FORMS AND DIRECTIONS**

The next few sections are specific to your activity's category referenced on page 7. Please fill out only one of these forms. Once that form is complete, proceed to page 22.

- **Public Improvements: Page 16**
- **Public Facilities: Page 17**
- **Housing Activities: Pages 18-21**

**HOUSING ACTIVITIES**

**1. Type of Housing:**

- Single-Family
- Multi-Family

**2. Tenancy:**

- Owner-Occupied
- Renter-Occupied

**3. Income Levels of Clients:**

- 0-30% Area Median Income                      # of units
- 31-50% Area Median Income                      # of units
- 51-60% Area Median Income                      # of units
- 61-80% Area Median Income                      # of units

Total # of units

**1. Non-Homeless Special Needs Population to be Served:**

- Elderly (62 years +)
- Alcohol/Drug Abuse
- HIV/AIDS
- Developmentally Disabled
- Physical Disability
- N/A
- Severe Mental Illness
- Victims of Domestic Violence

**2. Benefit to Homeless:**

- N/A
- Homeless Individuals
- Homeless Families

**3. Site Control - Indicate the status of the project site and attach documentation:**

Applicant owns property - Date acquired: \_\_\_\_\_

Lease - Expiration date: \_\_\_\_\_

OR

Purchase – Agreement Expiration date: \_\_\_\_\_

Other - Describe:

**7. Zoning - Is the site zoned for the proposed activity?**     No             Yes

\*If, no, provide an explanation and timetable to obtain zoning or variance approval:

**8. Appraisal** - If request is for property acquisition, has an appraisal been completed within the last 12 months?

No; how is the fair market value determined?                       Yes; attach copy to application

What is the fair market value?

**9. Relocation - Will the project require relocation (moving) of any occupants of a structure?**

Yes; Temporary                       Yes; Permanent

No relocation necessary

Have the sellers and/or tenants received a Voluntary Acquisition Notice (Owner-Occupied) or General Information Notice of Relocation or No Relocation benefits (Renter-Occupied) notice?

Yes; provided to occupants on the following date:

Attach copy to application

No; will be completed on the following date:

\*this must be provided within the URA timeframes and a copy sent to the CDA before a notice to proceed will be issued.



**10. What are the current racial and income demographics of the neighborhood (not city) the project is located?**

**11. Is this project proposing to create or rehabilitate housing for a special population (i.e. elderly, persons with disabilities, victims of domestic violence, persons with substance abuse disorders, etc.)?**

**12. Is this project proposing to create or rehabilitate housing for large families? Does it have family friendly components (i.e. wide hallways, playgrounds, etc.)? Does it have units with 3 or more bedrooms?**

**13. New Construction Only:** Describe how the project location of the housing opportunity, in whole or part, provides and promotes greater housing choice and will not create an undue concentration of poverty.

**14. New Construction Only:** Describe how the project location will connect residents to jobs, transportation, and community resources.

**POTENTIAL OR PERCEIVED CONFLICT OF INTEREST**

**As an applicant requesting funding, will any of your employees, agents, consultants, or officers experience any of the following conflicts of interest:**

- Yes       No    Have a financial interest or reap a financial benefit from this program/activity?
- Yes       No    Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?
- Yes       No    Participate in the decision-making process for the approval of this application?  
(i.e., staff member or official of Washington County, the CDA or Citizen Advisory Committee)

**If you selected, “yes,” to any of the above, clearly describe the conflict below:**

**CERTIFICATION**

I hereby acknowledge that by applying for HOME funds, this activity may require compliance in the following areas:

- Utilization of minority and women contractors
- Prevailing Wage Compliance
- Uniform Relocation Act and Section 104(d)
- Section 3
- Environmental Regulations
- Flood Insurance
- Lead-Based Paint Assessment and/or Remediation or Abatement
- Debarred, suspended, and ineligible contractors and sub-recipients
- Handicapped accessibility
- Title VI of the Civil Rights Act of 1964
- Title VII of the Civil Rights Act of 1969 - Fair Housing Act

**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 and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the CDA.**

Signature of Authorized Official

Name of Authorized Official

Title

## EXECUTIVE PROJECT SUMMARY

<b>Organization Name</b>	
<b>Project Title</b>	
<b>Eligible Activity</b>	

Funding Amount Requested: \$

HOME  CHDO

Total budget for this project		Other sources	
Individuals/Households to be Served		Cost per Individual/Household	

Timeline (months)

Estimated Start date

Completion date

2. Project Summary- Provide a summary of your project. What is the intended result of funds invested?

3. Community Need-Describe the community need and who are the people who would be served.

2. Project Outcomes- What will the project be accomplishing?

3. Community Support-Briefly state how the level of community support/concerns was obtained (e.g. Held 3 meetings with project neighbors, one city council/planning commission hearing, published a notice in newspaper inviting comments, etc.)