

**HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION
677 Queen Street, Suite 300
Honolulu, Hawaii 96813**

PY 2014 HOME PROGRAM CHDO FUNDS

Application Package

Instructions: Complete a separate application for each project you are proposing. All questions in the application must be answered. If a question is not applicable to your project, mark it as not applicable (N/A).

HHFDC request that applications be bound with attachments. Number each section in accordance with the Application Checklist. Should you have any questions, please contact Glori Inafuku at (808) 587-0538 or Sherrie Kagawa at (808) 587-0567.

HHFDC's receipt of this application, consisting of the documents cited on the Application Checklist, does not constitute acceptance of this application.

One (1) original and three (3) copies including attachments must be submitted to the Hawaii Housing Finance and Development Corporation, 677 Queen Street, Suite 300, Honolulu, Hawaii 96813, no later than 4:00 p.m. (based on date and time stamp by HHFDC's time clock) on Friday, June 6, 2014.

Applications must be complete in accordance with this checklist. Applications may be mailed but risk of late delivery lies with the applicant. Fax or emailed applications will not be accepted.

Incomplete applications, late applications, and applications that fail to meet program criteria, shall be returned to the applicant without further action.

Applications submitted will become the property of HHFDC and will not be returned. Applicants are responsible for retaining their own copies.

**HAWAII HOUSING FINANCE AND DEVELOPMENT CORPORATION
PY 2014 HOME PROGRAM CHDO FUNDS**

Application Checklist

(To be completed and signed by applicant and returned with application by submittal deadline)

Applicant Name:

Activity Name:

HOME CHDO FUNDS REQUESTED

HOME CHDO Funds: \$ _____

Done/Enclosed

Correct number of applications (1 original and 3 copies)

Complete Application

1. Application Checklist (completed and signed)

2. Completed Application Form

3. Certifications and Authorizations (Signed)

4. Index of Application and Exhibits Included

5. Exhibits Attached

CHDO Documentation (Exhibit 1)

Area Map (Exhibit 2)

Site Control (Exhibit 3)

Site Plans and Project Drawings (Exhibit 4)

Hazardous Materials (Exhibit 5)

Project/Activity Schedule (Exhibit 6)

Project/Activity Funding (Exhibit 7)

Applicant Team Information (Exhibit 8)

Applicant Experience (Exhibit 9)

Applicant: _____

Representative: _____

APPLICATION FORM

I. GENERAL INFORMATION

A. PROJECT/ACTIVITY INFORMATION

Project/Activity Name:	
Project/Activity Address:	
County:	
Census Tract(s):	
TMK(s):	

B. INFORMATION ON THE APPLICANT

Name of Applicant:	
Address:	
Mailing Address:	
Contact Person and Title:	
Phone Number:	
Fax Number:	
E-mail Address:	

In order to receive HOME CHDO grants or loans, the applicant must be an eligible CHDO organization under HUD regulations, 24 CFR 92.2. Please submit the following documentation to be certified by HHFDC as a CHDO as **Exhibit 1**:

- _____ Articles of Incorporation
- _____ By-Laws
- _____ IRS Tax Exemption Letter
- _____ CHDO Designation Checklist
- _____ Current list of Board Members with their term expiration dates
- _____ Signed and notarized certification from at least 1/3 of the board members who represent the low-income community

C. HOME CHDO FUNDS REQUESTED

Approximately \$452,683 in HOME CHDO funds is available in PY2014-15. Please enter the amount of CHDO funds you are requesting: \$_____.

II. Community Housing Development Organization (CHDO) Requirements

A. Eligible CHDOs

A Community Housing Development Organization (CHDO) is a specific type of private nonprofit entity that meets certain requirements pertaining to its:

- Legal status;
- Organizational structure; and
- Capacity and Experience

CHDO requirements	
Legal status	Select all that apply:
	<input type="checkbox"/> Organized under state/local law
	<input type="checkbox"/> Purpose of organization is to provide decent housing that is affordable to low- and very low-income persons
	<input type="checkbox"/> No part of the CHDO's earnings (profits) may benefit any members, founders, contributors or individuals
	<input type="checkbox"/> Clearly defined geographic service area
	<input type="checkbox"/> Tax exempt ruling from the Internal Revenue Service
Organizational Structure	Select all that apply:
	<input type="checkbox"/> At least one-third of the CHDO Board must be composed representatives from the low-income community
	<input type="checkbox"/> Provides a formal process for low-income program beneficiaries to advise the organization in its decisions regarding the design, siting, development, and management of affordable housing
Capacity and Experience	Select all that apply:
	<input type="checkbox"/> Has a demonstrated capacity of key staff for carrying out housing projects assisted with HOME funds
	<input type="checkbox"/> Organization has paid employees with required experience for the applicable role for the housing project
	<input type="checkbox"/> Has a history (i.e., at least one year) of serving the community within which housing to be assisted with HOME funds is to be located.

B. CHDO set-aside activity

The proposed project/activity must meet the CHDO set-aside requirements pursuant to 24 CFR 92.300. Please identify the role you intend to undertake for your project/activity.

CHDO Role	Select one:	
	<input type="checkbox"/>	Rental housing owned by the applicant in fee simple (or has a long term ground lease) for rental to low-income families in accordance with 24 CFR 92.252.
	<input type="checkbox"/>	Rental housing is “developed” by the applicant if it’s the owner of multifamily or single family housing in fee simple absolute (or has a long term ground lease) and the developer of new housing that will be constructed or existing substandard housing that will be rehabilitated for rent to low-income families in accordance with 92.252.
	<input type="checkbox"/>	Rental housing is “sponsored” by the applicant if it’s a rental housing “owned” or “developed” by a subsidiary of the organization, a limited partnership of which the applicant or its subsidiary is the sole general partner, or a limited liability company of which the applicant or its subsidiary is the sole managing member.
	<input type="checkbox"/>	HOME-assisted rental housing is also “sponsored” by the applicant if it “developed” the rental housing project that it agrees to convey to an identified private nonprofit organization at a predetermined time after completion of the development of the project.
	<input type="checkbox"/>	Housing for homeownership is “developed” by the applicant if it is the owner (<u>in fee simple absolute</u>) and developer of new housing that will be constructed or existing substandard housing that will be rehabilitated for sale to low-income families in accordance with 92.254.

III. PROJECT/ACTIVITY INFORMATION

A. Summary of the Project/Activity:

Please describe your proposed project/activity and the proposed outcomes. Include all appropriate information that will explain and clarify the specifics of the activity/project. For example, this section should include:

- A description of the service area;
- Quantify the activity (i.e., number of housing units to be acquired or built, number of households to be served);
- Indicate the targeted income levels of households that will benefit from the activity (i.e., those at or below 50% AMI, 80% AMI). Identify the target population;
- Provide estimated sales prices or rents;
- Describe the length of time HOME units will remain affordable and how the applicant will enforce the HOME affordability restrictions. Will the activity use resale/recapture provisions;
- If the activity is real property acquisition, construction or rehabilitation, explain what is being acquired, ownership of the property and specify the property improvements;
- If applicable, discuss whether the project could be implemented at a lower level or smaller scale with or without the HOME award.
- Please detail your plan to promote energy efficiency in your activity.

Please attach Exhibit 2: Project/Activity Area Map

A project map to show the location(s) of the project or service area. Please outline the boundaries of the proposed service area on the map.

B. SITE INFORMATION

1. Are you in control of the project site?

Yes. Provide documentation of site control as **Exhibit 3: Site Control**.

No. If no:

a. Identify the legal owner of the property: _____

b. Describe where you are in obtaining site control: _____

c. Anticipated date to acquire site control: _____

2. Is the community aware of the proposed project?

Yes. Describe the process for informing the community and the community's position on the proposed project. _____

 _____.

No. If no:

a. Describe the process for informing the community of the proposed project.

 _____.

b. Do you anticipate opposition? Yes No

c. Describe your plan of action to resolve any issues. _____

 _____.

3. If applicable, indicate if any of the following conditions apply to the infrastructure servicing the project site by checking the appropriate category.

	Yes	No	Not Applicable
Road access to the site is adequate.			
Electrical service is adequate.			
Water service is adequate.			
Sewer capacity is adequate.			

4. If the answer to any of the above questions on the adequacy of infrastructure is "no," describe and document any actions being taken to resolve any potential problems associated with the particular infrastructure deficiency. _____

 _____.

5. Attach location map(s). Include schematics and/or preliminary drawings, if available. ***Please provide the documents as Exhibit 4: Site plan and project drawings***

6. Will you have to obtain changes to, or exemptions from, the following land use designations and code requirements in order to carry out your project? Indicate by checking “yes” or “no” for each item.

	Yes	No	Not Applicable
State Land Use District Boundary			
General Plan Designation			
Development Plan Designation			
Subdivision Code Requirements			
Building Code			
Zoning Code			
Housing Code			
Other : (Please Identify)			

7. If the answer to any of the above questions on planning and zoning is “yes,” identify the kinds of changes which are required as well as any actions taken toward obtaining the necessary clearances. _____

8. Does the project involve any relocation of existing tenants or existing homeowners?

Yes No

If yes, your project will be required to comply and meet the relocation requirements of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, under 49 CFR Part 24 and as required under Section 104(d) of the Housing and Community Development Act of 1974, as amended.

Should your project be selected for funding, you will be required to submit documentation indicating compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

If your project will involve the acquisition of real property, the property is subject to the Uniform Relocation Act and its requirements of 49 CFR Part 24.

Should your project be selected for funding, documentation indicating compliance with the Uniform Relocation Act and its requirements of 49 CFR Part 24 will be required to be submitted.

Information regarding HUD’s relocation requirements may be found at the HUD website. <http://www.hud.gov/offices/cpd/library/relocation/>

Information regarding relocation requirements and tenant protections for the HOME may be found on the following website.

<http://www.hud.gov/offices/cpd/library/relocation/HOME/index.cfm>

9. Will your project involve rehabilitation of a facility built prior to 1978?

No

Yes. If yes, your facility will need to be tested for lead based paint and abatement.

10. Is there a likely presence of hazardous materials?

	Yes	No	Not Applicable
Lead Based Paint			
Asbestos			
Other : (Please Identify)			

***If yes, describe plans to remediate and abate these identified hazards as Exhibit 5:
Hazardous Materials***

C. Rental Activities (Complete this Section for Rental Activities)

Applicant commits to set-aside units based on the following income and rent restrictions. Complete the chart below.

Restricted at % of AMGI	Unit Type	Number of units	Proposed Rents
HOME Units	Studio, 1br etc.		
% of AMGI		units	
% of AMGI		units	
% of AMGI		units	
Total Affordable Units		units	
Manager's Unit		units	
Market Rate Units		units	
Total Number of Units		units	

How long will your activity commit to HOME affordability restrictions and program compliance?

_____ Years

Type of project:

- New Construction
- Acquisition and Rehabilitation
- Acquisition Only

D. Homeownership Activities (Complete this Section for Homeownership Activities)

Please complete the table below regarding your homeownership program.

New Construction with HOME funds:

No. of Proposed Units: _____

Range of Proposed Sales Prices: \$ _____ to \$ _____

Acquisition with HOME funds:

No. of units to be acquired: _____

Projected acquisition cost of homes: Total: \$ _____; Avg. per Unit: \$ _____

No. of Units Acquired to be Sold to Qualified Buyers: _____

Range of Proposed Sales Prices: \$ _____ to \$ _____

How many hours of homeownership counseling will prospective homebuyers be required to complete? _____ Hours

Please identify the homeownership counselor that will be used:

Homeownership Counselor: _____

HUD Certified? Yes No

How long will homeowners be subject to HOME affordability restrictions and program compliance? _____ Years

E. PROJECT/ACTIVITY SCHEDULE

The applicant must be able to expend the HOME funds in a timely manner. Will your activity be able to meet the following milestones (Enter “Yes” or “No”)

A. Execution of written agreement with HHFDC to commit CHDO funds within 12 months of PY 2014 HOME Funding Approval (estimated to be August, 2015) _____

B. Disburse 25% of HOME funds within 15 months of PY 2014 HOME Funding Approval with HUD (estimated to be November, 2015) _____

C. Disburse 100% of HOME 3 funds within 24 months of PY 2014 HOME Funding Approval with HUD (estimated to be August, 2016) _____

HHFDC will recapture and reallocate the amount of funds not expended by those deadlines or provide for other corrective action(s) or sanctions(s).

1. Please accurately describe what the HOME funds will be spent on, the date you expect this expenditure to occur and who will perform these tasks within the prescribed period.
2. Please provide the HHFDC with a detailed schedule of the proposed project’s monthly activities and drawdown of HOME funds. Indicate the milestones (i.e., design, bid,

construction, advertisement for positions, order equipment, zoning changes, acquisition process, etc.) and anticipated start and completion dates of each milestone.

Examples:

Multifamily

Milestones Objectives/Tasks	Start Date	Completed Date	Projected Expenditure	Performed By
Environmental Review				
Procurement Policy				
Executed Construction Contract				
Construction Start				
Construction Completion				

Homebuyer

Milestones Objectives/Tasks	Start Date	Completed Date	Projected Expenditure	Performed By
Environmental Review				
Procurement Policy				
Acquisition				
Rehabilitation				
Resale				

Please submit all documents as Exhibit 6: Project/Activity Schedule.

F. ENVIRONMENTAL

A federal environmental review that complies with 24 CFR Part 58 – Environmental Review Procedures for Entities assuming HUD Environmental Responsibilities is required if your proposal is approved for funding. However, information relating to environmental concerns at the selection stage can have a significant impact on your proposal.

The extent to which an applicant has considered and acted upon potential environmental concerns is important. Please select the status of the environmental review for your project/activity:

- Exempt
- Categorically Excluded
- EA/FONSI Completed
- EIS Completed

If your project is selected for funding, you will be required to submit documentation indicating compliance with 24 CFR Part 58.

Information regarding environmental review requirements may be found on HUD's website. <http://www.hud.gov/offices/cpd/environment/review/>

G. BUDGET AND FUNDING

1. State the total amount of HOME CHDO funds being requested and the activities being funded with HOME funds.
2. Provide a detailed budget that includes other sources of funds of the proposed project and its activities as shown in the example below.
3. Identify who did the estimates and discuss how these estimates are current and realistic. Provide documentation to support estimates. (Quotes, proposals, etc.)
4. If other sources of funds will be used (i.e., County, State, private donations, etc.), state the amount, the source, the date of expected availability and expiration and submit documentation (letters) to verify that these funds are secured.
5. Explain your organization's ability to access other funds and the overall attempts to obtain additional resources if necessary.

6. If you are requesting a loan, identify repayment source, terms and describe and justify your proposed terms. If your project will generate project income, state the projected amount and the expected date to receive this program income. All project income should be included and incorporated into the budget along with other funding sources.

Be sure your submitted budget identifies specifically what the HOME funds and other sources of funds will be used for.

1. Type of funding assistance requested: (check one)

Grant ___ Loan ___ Other ___

Example:

Milestones	Total Cost	HOME	Other funds	Status
Environmental Review				
Acquisition				
Construction				
Rehab				
TOTAL				

Please submit all letters of commitment, if any, from all sources of funding as Exhibit 7: Project/Activity Funding.

H. COMPLIANCE WITH FEDERAL OVERLAY STATUTES

Below is a list of federal overlay statutes that may apply to your particular project. Please review the statutes and if you check yes to any of the following, please describe your procedures on a separate sheet of paper for complying with the following federal rules.

Please note: Should your project be selected for funding, the HHFDC will request additional information and documentation to show compliance. Failure to comply with the applicable statutes will be reasons for non-compliance and termination of any agreement to utilize the HOME funds and which will be required to be recaptured.

COMPLIANCE REQUIRED	YES	NO
a. Equal Employment Opportunity	___	___
b. Fair Housing	___	___
c. Section 504 of the Rehab Act	___	___
d. Section 3	___	___
e. Section 109	___	___
f. Environmental Review	___	___
g. Displacement/Relocation/Acquisition	___	___
h. Federal Labor Standards (Davis-Bacon)	___	___
i. Lead-based Paint	___	___
j. Conflict of Interest	___	___
k. Debarred and Suspension	___	___
l. Flood Insurance	___	___
m. OMB Circulars A-110, A-122, A-87, 24 CFR Part 84 & 85 (financial procedures)	___	___
n. OMB Circular A-133-Audits (required for federal funds in excess of \$300,000)	___	___
o. Drug-free Workplace	___	___
p. Minority/Women Business Enterprise	___	___
q. Anti-lobbying Provisions	___	___

I. PROJECT MANAGEMENT

1. Name of agency or person who will manage, coordinate and implement the proposed project:

2. Address: _____

3. Contact person and staff primarily responsible to oversee and implement project:

4. Phone and fax numbers:

5. Years in business or operations. _____

6. Describe your organization’s management ability. Describe the mission, management structure and staffing of your organization. Provide a detailed description of your organization’s experience and ability in implementing and managing projects. Provide an organizational chart showing the staffing and lines of authority for the key personnel to be used in the project.

7. Explain any past or current experience with federal or state award or loan programs.

8. Describe the accounting/record keeping system used by your organization (i.e., manual, computer software, etc.). Indicate whether it complies with applicable OMB circulars governing financial management and audits.

9. Give a brief job description of the overall duties of the staff assigned or management team assigned to manage the program during each phase, a description of related experience and how the project will be implemented and structured. If staff has not been hired, provide a job description for each vacant position. If a third party (consultants) will be involved in management, describe their roles in implementing the project.

Please submit a list of consultants used, resume’s or summary of qualifications of consultants and key staff as Exhibit 8: Applicant Team Information.

J. PAST PERFORMANCE

Indicate if you received other HOME grants or other Federal, State, local or private financial assistance in the past. If yes, briefly describe the program and project(s) and include:

1. Project Title

2. Project Amount

3. Project Status

4. Project achievement and if there were any problems encountered.

5. Explain any delays encountered and the reasons for the delays.

6. Identify any federal audit finding(s) from your previous federal audit and explain the status of the finding(s). Also, explain what your organization is doing to eliminate or reconcile the finding(s).

Please submit a list of activities or projects managed by your organization as Exhibit 9: Applicant Experience.

CERTIFICATION AND AUTHORIZATION

1. To the best of my knowledge, the statements in this proposal are true and correct.
(Proposal is not complete without an authorized signature)
2. I hereby authorize the Hawaii Housing Finance and Development Corporation(HHFDC) to obtain further information and to verify any statements made as it deems necessary.
3. The applicant will comply with and certify all HOME program regulations, policies, guidelines and requirements as set forth in this application.
4. The applicant certifies that they have read and understand that compliance with all aspects of Section H, (Compliance with Federal Overlay Statutes), is required if the project is selected.
5. The applicant assures the HHFDC that it will provide sufficient funds to cover any cost overrun to complete the project and where required by its by-laws, the Board of Directors have duly passed a resolution authorizing its authorized official to file this application and provide further information to the HHFDC.
6. I certify that the applicant has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
7. I certify that the applicant will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
8. I certify that the applicant will give the HHFDC, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
9. I certify that the applicant will comply with the conflict of interest provisions at 24 CFR 85.36 and 84.42, and 24 CFR Part 85 related to the establishment of safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict or interest, or personal gain.
10. I certify that the applicant will comply with the uniform administrative requirements in accordance with OMB Circular A-110 “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations” as implemented at 24 CFR Part 570 §570.502.
11. I certify that the applicant will comply with the requirements and standards of OMB Circular A-122 “Cost Principles for Non-Profit Organizations”.
12. I certify that the applicant will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations”.

13. I certify that the applicant will comply with all Federal statutes, related amendments, and implementing regulations relating to nondiscrimination, fair housing and equal opportunity including, but not limited to: (a) Title VI of the Civil Rights Act of 1964, as amended; (b) Fair Housing Act; (c) Equal Opportunity in Housing (Executive Order 11063, as amended by Executive Order 12259); (d) Section 109 of Title I of the Housing and Community Development Act of 1974, as amended; (e) Age Discrimination Act of 1975, as amended; (f) any other nondiscrimination provisions in the specific statute under which application for Federal assistance is being made; and (g) the requirements of any other nondiscrimination statute which may apply.
14. I certify that the applicant will comply with all Federal statutes, related amendments, and implementing regulations relating to handicapped accessibility including, but not limited to: (a) Architectural Barriers Act of 1968, as amended; and (b) Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973.
15. I certify that the applicant will comply with all Federal statutes, related amendments, and implementing regulations relating to employment and contracting including, but not limited to: (a) Equal Employment Opportunity, Executive Order 11246, as amended; and (b) Section 3 of the Housing and Urban Development Act of 1968.
16. I certify that the applicant will comply, if applicable, with flood insurance requirements of Section 202 of the Flood Disaster Protection Act of 1973.
17. I certify that the applicant will comply, as applicable, with the provisions of the (a) Davis-Bacon Act; (b) the Contract Work Hours and Safety Standards Act; (c) the Copeland (Anti-Kickback) Act; and (d) Fair Labor Standards Act of 1938, as amended regarding labor standards for federally assisted construction subagreements.
18. I certify that the applicant will comply with the requirements found at 24 CFR Part 5 regarding debarred, suspended and ineligible contractors and subrecipients.
19. I certify that the applicant will comply, or has already complied, with the requirements of the Uniform Relocation Assistance Act, Section 104(d) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs.
20. I certify that the applicant will comply with environmental standard which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environment Policy Act of 1969 and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972; (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended; (g) protection of underground sources of drinking water under the Safe Drinking Water act of 1975, as amended; and (h) protection of endangered species under the Endangered Species Act of 1973, as amended.

21. I certify that the applicant will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1968, EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974.
22. I certify that the applicant will comply with the Lead-Based Paint Poisoning Prevention Act which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
23. I certify that the applicant will comply, as applicable, with the provisions of the Hatch Act which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
24. I certify that the applicant will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program. In cases where County, State, and/or Federal laws, rules and regulations address certain issues, the most stringent ruling shall apply.
25. I certify that I am authorized on behalf of _____ (name of applicant) to submit this proposal; to carry out the proposed project/activity pursuant to its charter and by-laws; and comply with the standards for private non-profit entities established by HUD and the State of Hawai`i. **(Please submit resolution authorizing filing and submittal).**

Signature of Authorized Certifying Official

Title

Applicant Organization

Date Submitted