**NOTICE OF POTENTIAL FUNDING AVAILABILITY**

**RENT RELIEF & HOUSING ASSISTANCE PROGRAM**

**APPLICATION PACKAGE**

**Revised July 7, 2020**

# ATTACHMENT A: APPLICATION

**MUST BE COMPLETED AND INCLUDED WITH THE**

**APPLICATION PACKAGE SUBMITTED**

**RENT RELIEF & MORTAGE LOAN MODIFICATION**

**ASSISTANCE PROGRAM**

**application**

Applicants applying to serve as an Intermediary for the Rent Relief & Housing Assistance Program must answer the following questions and/or provide the requested information. Please be sure to complete the entire application. The application includes the following:

* One signed original application (Attachment A);
* One signed Required Certifications (Attachment B);
* One Pre-Award Risk Assessment (Attachment C);
* Budget Worksheet (Attachment D);
* Past Performance (Attachment E); and
* Applicant Experience (Attachment F) (to be provided by applicant).

**Organizational Information**

|  |  |
| --- | --- |
| 1. Organization Legal Name: | |
| 1. Physical Street Address (include City and Zip Code): | |
| 1. Mailing Address (include City and Zip Code): | |
| 1. Main Business Phone Number: | |
| 1. Business Office Hours: | |
| 1. Executive Officer Name: | Title:  Phone Number: |
|  | Email Address: |
| 1. Primary Contact Name: | Title: |
|  | Phone Number: |
|  | Email Address: |
| 1. Fiscal Contact Name: | Title: |
|  | Phone Number: |
|  | Email Address: |
| 1. Federal Tax ID No.: |  |
| 1. GET No: | Expiration Date: |
| 1. DUNS Number(s) | |
| Federal Funding Accountability and Transparency Act (FFATA) Reporting System requirements: If awarded funds, the responses to the following two questions will be input into the Federal Sub-Award Reporting System (FSRS) by HHFDC staff and the public will have access to this information on line at <http://www.USASpending.gov>. **NOTE: Responses to Questions 12, 13, and 14 are REQUIRED.** | |
| 1. In your business or organization’s previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive: 2. Eighty percent (80%) or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, sub-grants, and/or cooperate agreements; AND 3. $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?   Yes. You are **required** to respond to Questions #13 and #14.  No. Questions #13 and #14 are not applicable, proceed to Question #16. | |
| **13. Required only if your response to Question 12 is YES.** Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under Section 13 (a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m (a), 780 (d)) or Section 6104 of the Internal Revenue Code of 1986?  Yes  No | |
| 1. **Required only if your response to Question 13 is YES**. Provide Name(s) and Compensations of all highly compensated officers in your organization (including parent organization, all branches, and all affiliates worldwide).   Last Name Middle Initial Last Name Title Salary/Compensation  **$**  **$** | |
| 1. Cage Code (www.SAM.gov) Expiration Date : | |
| 1. How long has the organization been in operation in the State of Hawaii? | |
| 1. Has the organization operated under another name?  No/Not Applicable  Yes   If “Yes”, please provide the previous organization’s name(s): | |
| 1. Provide one complete copy of the following documents, as applicable: 2. Internal Revenue Service (IRS) tax-exempt determination letter. 3. Cost Allocation Plan for Indirect Cost Rate (If Applicable) 4. List of the Board of Directors and principle officers, including name, occupation, and affiliations. | |
| **Authorized Signature of Applicant:** **The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, will assure that any funds received as a result of this application are used for the purposes set forth herein and the organization will comply with all contractual obligations.**  Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Typed Name and Title: Click here to enter text.  Date Signed: Click here to enter text. | |

**Program Administration and Fiscal Management**

1. **Please 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 programs. Describe the experience and competencies of your organization in managing the proposed program or similar housing assistance program.**

Click here to enter text.

1. **Please describe how your firm meets the Eligibility Criteria in the Notice of Potential Funding Availability for the Rent Relief & Housing Assistance Program.**

Click here to enter text.

1. **Provide a detailed Service Plan for achieving the Program Objectives and achieving the desired program outcomes:**

**Part 1 – Program Objectives. Based on your organization’s experience, are the current Program Objectives outlined in Exhibit A sufficient to achieve the desired program outcomes? Please explain and, if not sufficient, propose objectives that your organization believes will increase the effectiveness of the Program.**

Click here to enter text.

**Part 2 – Issues and Concerns. What are the primary concerns and issues your organization has in administering the Program? Describe at least three concerns, citing past examples on previous or current programs and how your organization dealt with those concerns? Could those concerns have been dealt with more effectively? Please explain.**

Click here to enter text.

**Part 3 – Implementation. Please describe how your organization plans to implement the program, including your organization’s capacity to carry out each component and the specific timeline for implementation. Include a process flowchart to illustrate how the program will work.**

Click here to enter text.

1. **Please describe the minimum qualifications of the Community Non-Profit Agencies (CNAs) that your organization will partner with to carry out services; the amount and method of compensation; and the extent to which the CNAs may provide direct payments to landlords and homeowners associations. At a minimum, CNAs must have “Compliant” status in the Hawaii Compliance Express (HCE) system or otherwise demonstrate compliance with all laws governing entities doing business in the State.[[1]](#footnote-1)**

Click here to enter text.

1. **Please describe your organization’s internal control procedures. Does your organization have policy and procedures regarding the financial operations of the organization? What is the framework the organization follows for internal controls? How does the organization ensure the proper use and safeguarding of public funds?**

Click here to enter text.

1. **Please describe your organization’s current financial condition and outlook for sustainability. If the organization is facing financial challenges, describe what steps are being taken to strengthen the organization’s financial condition.**

Click here to enter text.

1. **Please describe your organization’s fiscal management system, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.**

Click here to enter text.

1. **Please describe how your organization will monitor and prevent fraud and duplication of benefits.**

Click here to enter text.

1. **Please identify the software that will be used by CNAs for reporting and monitoring.**

Click here to enter text.

1. **Are there any legal actions or potential lawsuits pending against your organization? If so, please describe.**

Click here to enter text.

**Personnel**

1. **Provide an organizational chart showing the staffing and lines of authority for the key personnel to be used in the program.**

Click here to enter text.

1. **Identify all positions involved in the operation of the program and whether they are full or part-time. If less than forty hours per week indicate estimated total weekly hours to be spent on this program.**

Click here to enter text.

1. **Who will be responsible for the overall operation of the program and what are their qualifications? Please include the name and position titles of staff that will be working on the program.**

Click here to enter text.

1. **The Intermediary is required to have personnel with a working knowledge of 2 CFR 200 – The Uniform Guidance. Please list the person’s name, job title, and a brief description of the person(s) working knowledge of 2 CFR 200.**

Click here to enter text.

1. **Will you need to hire new staff for this project?**

Click here to enter text.

**Past Performance**

1. **Please indicate if your organization has received other Federal, State, local or private financial assistance in the past three (3) years. Complete *Attachment E* for each award and include it with your application.**

Click here to enter text.

1. **Please submit as *Attachment F: Applicant Experience* a list of activities or projects similar in nature to the Program described herein that are currently managed by your organization.**

# ATTACHMENT B: REQUIRED CERTIFICATIONS

**MUST BE COMPLETED AND INCLUDED WITH THE**

**APPLICATION PACKAGE SUBMITTED**

required certifications

This form must be signed and submitted with the Application. This form must contain the signature of the person(s) authorized to execute a contract on behalf of the organization.

By submitting this Application and by my signature on this document, the undersigned acknowledges that he/she has carefully read and understands the terms and conditions specified in the Notice and Application. The undersigned further understands and agrees that by submitting this Application, the undersigned certifies that applicant:

* 1. Has current certificates of good standing in all states in which it operates.
  2. Is currently authorized to do business in the State of Hawaii.
  3. Has program offices and services that are accessible to people with disabilities.
  4. Shall affirmatively further fair housing as provided in 24 C.F.R. 5.150.
  5. Shall comply with all applicable federal and State laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, sex, age, sexual orientation, gender identity and expression, marital status, handicap, human immunodeficiency virus infection (HIV), or arrest and court records in employment and any condition of employment with the Contractor or in participation in the benefits of any program or activity funded in whole or in part by the State.
  6. Currently uses an online or other electronic client management system that will supply the necessary client-level and aggregate reporting data.
  7. Has the capacity to track and report both client level and aggregate data. Reporting must be done via electronic data files.
  8. Has the capacity to furnish client level data and aggregate reports on program activity in electronic file format.
  9. Agrees to comply with quality control, compliance, and evaluation of the program through the end of the federal monitoring period.
  10. Has documented service capacity, outreach capacity, past successful performance and positive outcomes with documented program plans related to rental housing and homeownership programs.
  11. Has submitted an application that is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts;
  12. Has submitted a budget composed of costs and prices that are fair and reasonable based on current market conditions and industry standards;
  13. Acknowledges and agrees that applicant shall comply with HRS Section 11-355, which states that campaign contributions are prohibited from a State and county government contractor during the term of the contract if the contractor is paid with funds appropriated by a legislative body; and
  14. Acknowledges and agrees that applicant shall comply with all the requirements, provisions, terms, and conditions specified in the Notice and Application.

**Conflict of Interest**:

* The undersigned certifies that the applicant presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The applicant further covenants that in the performance of this program/application, no person having any conflicting interest will be employed.
* The applicant should disclose conflicts of interest, in writing, to the selection committee who will consider the nature of the applicant’s responsibilities and the degree of potential or apparent conflict in deciding the course of action that the applicant needs to take to remedy the conflict of interest.

**Application Approval and Signature: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, will assure that any funds received as a result of this application are used for the purposes set forth herein and the organization will comply with all contractual obligations.**

|  |
| --- |
| Click here to enter text. |

Printed Name and Title

|  |
| --- |
|  |

Signature

|  |
| --- |
| Click here to enter text. |

Agency

|  |
| --- |
| Click here to enter text. |

Date

# ATTACHMENT C: PRE-AWARD RISK ASSESSMENT WORKSHEET

**MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKAGE SUBMITTED**

**Pre-Award Risk Assessment Worksheet**

**Instructions**

Answer all questions and comment on your answers. If you have to submit supporting documents, please verify the dates are correct, dollar amounts, the most current policies are submitted, and correct agency information are provided. Pre-Award Risk Assessments are governed by 2 CFR Part 200. **Submit the most current documentation and all requested documentation.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Financial Stability** | | **Yes** | | **No** | **NA** | **Comments** |
| 1. Has the organization had changes to key staff or positions in the past twelve (12) months? Key staff may include the Director, Program Supervisor and Fiscal Manager. If yes, please provide the title of the position and the length of time the person serving in the position has been at the organization. | |  | |  |  | Click here to enter text. |
| 2. Does the organization have any outstanding obligations with federal, state or local governments? If yes, please explain and provide the plan(s) for re- payment. | |  | |  |  | Click here to enter text. |
| **Management System** | | **Yes** | | **No** | **NA** | **Comments** |
| 1. Does the accounting system provide for the recording of actual grant/contract costs according to categories of your approved budget, and provide for complete disclosure? If yes, please explain. | |  | |  |  | Click here to enter text. |
| 2. Has your organization had changes to business systems in the past twelve (12) months? If yes, please describe. | |  | |  |  | Click here to enter text. |
| 3. Is there a time and effort tracking system in place to adequately record staff hours worked against awards? Please provide a sample timesheet and a report showing how staff time is charged to grants and programs. | |  | |  |  | Click here to enter text. |
| 4. Does management review financial reports monthly to assess the status of performance activity? If yes, please provide an example of the reports reviewed. | |  | |  |  | Click here to enter text. |
| 5. Are indirect costs accumulated into cost pools for allocation to projects, contracts and grants? If yes, please provide your indirect cost rate and/or cost allocation plan. | |  | |  |  | Click here to enter text. |
| **History of Performance** | **Yes** | | **No** | | **NA** | **Comments** |
| 1. Has the organization had any challenges in meeting grant reporting deadlines on time in the past three years? If yes, please explain. |  | |  | |  | Click here to enter text. |
| **Audit Reports and Findings** | **Yes** | | **No** | | **NA** | **Comments** |
| 1. Did your organization expend $750,000 or more in federal funds in any one of the past three (3) fiscal years? |  | |  | |  | Click here to enter text. |
| 2. Has your organization had any type of independent audit within the last three years? Provide a copy of the organization’s most recent financial audit and report on internal control over financial reporting and on compliance or, if an audit has not been completed, reviewed financial statements by a third party. |  | |  | |  | Click here to enter text. |
| 3. Did your organization have any monitoring visits by grantors or funders in the last three years? Provide a list of significant monitoring findings and whether they are resolved. |  | |  | |  | Click here to enter text. |
| 4. Has the agency submitted any corrective action plans to resolve audit findings within the last three (3) years? If yes, please provide copies. |  | |  | |  | Click here to enter text. |
| 5. Has an audit indicated any questioned or unallowable costs within the last three (3) years? If yes, please explain. |  | |  | |  | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicants Ability to Implement Requirements** | **Yes** | **No** | **NA** | **Comments** |
| 1. Does the organization have the resources of staff and funding to meet the performance requirements of the award? If yes, please provide the staff positions and the capacity to perform grant deliverables. |  |  |  | Click here to enter text. |
| 2. Does the organization have the resources to undertake additional requirements? Please explain. |  |  |  | Click here to enter text. |
| 3. Has the agency been suspended or debarred within the last thirty-six (36) months? If yes, explain the circumstances. |  |  |  | Click here to enter text. |
| **Please submit the most current documentation** | **Yes** | **No** | **NA** | **Comments** |
| 1. Agency Financial Statements – Please provide the last three months of organization’s Balance Sheets and Income Statements, by month. |  |  |  | Click here to enter text. |

Prepared by: Click here to enter text.

Date Prepared: Click here to enter text.

# ATTACHMENT D: BUDGET WORKSHEET

**The Applicant’s budget must comply with the Cost Principles outlined in 2CFR200, Subpart E. This form must be completed and included with the Application package.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **CARES** | **Agency/Other** | **Total** |
| Salaries & Wages | Click to add data. | Click to add data. | Click to add data. |
| Office Supplies | Click to add data. | Click to add data. | Click to add data. |
| Rent & Utilities | Click to add data. | Click to add data. | Click to add data. |
| Office Equipment | Click to add data. | Click to add data. | Click to add data. |
| Training & Certification | Click to add data. | Click to add data. | Click to add data. |
| Insurance | Click to add data. | Click to add data. | Click to add data. |
| Other Overhead (Describe and itemize on separate sheet) | Click to add data. | Click to add data. | Click to add data. |
| Indirect Costs\* | Click to add data. | Click to add data. | Click to add data. |
| Direct Payments for Rental and HOA Assistance | Click to add data. | Click to add data. | Click to add data. |
|  |  |  |  |
| **GRAND TOTAL** | Click to add data. | Click to add data. | Click to add data. |

\*Indirect Costs may not exceed 10% of Modified Total Direct Cost (MTDC), unless otherwise acceptable under 2CFR200.414. MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

# ATTACHMENT E: PAST PERFORMANCE

**MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKAGE SUBMITTED**

**Past Performance**

Indicate if you received 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

Click to add text.

* 1. Project Amount

Click to add text.

* 1. Project Status

Click to add text.

* 1. Project achievement and if there were any problems encountered.

Click to add text.

* 1. Explain any delays encountered and the reasons for the delays.

Click to add text.

1. See section 103D-310(c), Hawaii Revised Statutes, and the HCE website: <https://vendors.ehawaii.gov/> . [↑](#footnote-ref-1)