



CITY OF SANTA BARBARA HOUSING AND HUMAN SERVICES

HOME FUNDING APPLICATION

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The City of Santa Barbara is a Participant Jurisdiction for the U.S. Department of Housing and Urban Development's (HUD) HOME Investment Partnerships Program (HOME). The City receives HOME entitlement funds annually that are used to promote affordable housing through activities such as acquisition, new construction, rehabilitation and tenant-based rental assistance (including Security Deposit assistance). The amount available is subject to increase or decrease based upon HUD funding. The City currently has approximately \$943,000 of HOME funding available to commit. Please note that \$185,646 of these funds must be set-aside for qualified private nonprofit Community Housing Development Organizations (CHDO)*. CHDO funds may not be utilized for TBRA activities. All HOME Project/Activity must follow guidelines set by HUD. It is the applicant's responsibility to be aware of HOME regulations. Visit:

<http://www.ecfr.gov/cgi->

[bin/retrieveECFR?gp=1&SID=4707dde21845d41d761caca5f6558b3e&ty=HTML&h=L&mc=true&n=pt24.1.92&r=PART](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4707dde21845d41d761caca5f6558b3e&ty=HTML&h=L&mc=true&n=pt24.1.92&r=PART)

*See *COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) CERTIFICATION APPLICATION AND GUIDELINES* at <http://www.SantaBarbaraca.gov/HomeRFP>

APPLICATIONS **MUST** BE RECEIVED BY: **4:30 p.m. Monday, June 25, 2018**

DELIVER TO: **Community Development Department**
Housing & Human Services Division
Attention: David Rowell
630 Garden Street, 2nd Floor
Santa Barbara, California 93101
(805) 564-5461, x 4578

FORMAT INSTRUCTIONS:

- The Application must be typed in 12-point font size or larger.
- Answer all questions in the order presented without variation.
- Print all documents double-sided.
- Do not revise or alter the application format; an altered application will be returned to you.
- Completeness of application is important.

SUBMISSION INSTRUCTIONS:

- Applications received after 4:30 p.m. on Monday, June 25, 2018 will NOT be considered.
- Handwritten Applications will NOT be considered.
- Applications may NOT be submitted by fax.
- Postmarks will NOT be considered.
- Provide ONE original "wet ink" application.
- Provide ONE Required Attachment packet.

REVIEW AND SELECTION CRITERIA:

- Community Housing Development Organizations (CHDO)
- Applicant's expertise with HOME funded Project/Activity
- Project/Activity's compliance with HOME regulations
- Cost and financial feasibility
- Project/Activity's impact on affordable housing
- Compatibility with the City's "Consolidated Plan, 2015-2019".

Amount Requested

\$ _____

Does this Project/Activity involve: (check all that apply)

- Acquisition
- New Construction
- Rehabilitation
- Tenant Based Rental Assistance

Section A -- General Project/Activity Information Summary

1. Project/Activity Title: _____
2. Brief Summary of the Project/Activity: _____

3. Project/Activity Address: _____
4. Service Area of Proposed Project/Activity (i.e., specific city, countywide, etc.) _____

Section B -- General Applicant Information

1. Legal Name of Applicant Organization: _____
2. Are you a 501(c) organization? yes no
(All agencies must complete a Board of Directors Affidavit on page 16)
3. Address of Organization:
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
4. Mailing Address (if different from above):
 - a. Street: _____ Apt. # _____
 - b. City: _____ State: _____ Zip: _____
5. Person to Contact Regarding this Application:
 - a. Name: _____
 - b. Relationship to Agency: _____
 - c. Street: _____ Apt. # _____
 - d. City: _____ State: _____ Zip: _____
 - e. Work Phone: (_____) _____ - _____ Ext. _____
 - f. E-mail: _____
6. Organization's Federal Identification Number (Tax ID #) _____
7. Agency Organizational DUNS number: _____
(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

8. Are you registered with the California Attorney General Registry of Charitable Trusts? yes no

9. If yes to question 8, please provide your Registry of Charitable Trusts Registration Number: # _____

10. Is the applicant organization or any parties associated with the applicant or proposed Project/Activity debarred from entering into federal, state or local contracts? yes no
*If yes, explain under separate cover. **Please note, this will be verified pursuant to federal program requirements, and applications containing false information will be deemed ineligible for funding.*

11. Is this organization applying as a Community Housing Development Organization (CHDO)? yes no
 A CHDO must apply for certification with each project proposal submitted in response to a Notice of Funding Availability (NOFA). All required forms, attachments and documentation must be included. Faxed applications will not be accepted. See [COMMUNITY HOUSING DEVELOPMENT ORGANIZATION \(CHDO\) CERTIFICATION APPLICATION AND GUIDELINES](http://www.SantaBarbaraca.gov/HomeRFP) at <http://www.SantaBarbaraca.gov/HomeRFP>

Federal Grant Experience within past 2 years:

Federal Grant Program	Project/Activity Name	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

- What is your agency's fiscal year end date? _____
- Did you provide a copy of the most recent financial audit with your completed 2017-18 CDBG/HS application?
 yes no
 If not, please attach a copy of your organization’s audited financial statements for the most recent fiscal year.
- What fiscal year did this most recent audit include? _____ (Month/Year - Month/Year)
- Are there any outstanding financial audit findings which remain unresolved? yes no
 If yes, please explain. _____

- If your organization is a non-profit organization:
 - Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? yes no
 - Does your organization have any outstanding litigation or other legal issues? yes no
If yes, please attach written explanation as a separate sheet.
- How is the membership of your Board of Directors representative of the target population you serve?
- Describe the level of leadership and involvement of your Board of Directors. What role do they play? Are they required to donate funds or raise a specific amount of money? Provide specific examples

Section C – Project/Activity Information

1. Describe the characteristics of the clientele/beneficiaries to be served by this Project/Activity (i.e., Homeless, Elderly individuals, developmentally disabled, etc.) _____

2. Briefly describe your Project/Activity proposal. (250 words or less)

3. The Project/Activity must comply with the following codes and/or property standards upon Project/Activity completion. Check boxes to confirm Project/Activity will comply with each applicable requirement.

- | | |
|--|---|
| <input type="checkbox"/> City code requirements | <input type="checkbox"/> CA Building Standards Code (Title 24) |
| <input type="checkbox"/> Handicapped Accessibility requirements of Section 504 | <input type="checkbox"/> International Energy Conservation Code |
| <input type="checkbox"/> Site and neighborhood standards at 24 CFR 893.6 (b) | <input type="checkbox"/> Regulations under §92.209 |

4. Personnel/Staff Capacity: Briefly describe the agency’s existing staff positions and qualifications (including whether staff is full-time, part-time, volunteer, etc.), its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. (150 words or less)

5. Financial Capacity: Describe the agency’s current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. (150 words or less)

Section D – Beneficiary Information

Income verification: How does (will) your organization verify income eligibility of your clients?

Client Document Review: yes no
Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please attach blank worksheet.

Self-Certification: yes no
Clients independently “self-certify” on an agency form. If you use this method, please attach blank certification form.
Please note that this is not a commonly approved method of tenant eligibility certification under the City HOME Program.

Other: Other documentation (required documentation for other governmental programs, etc.). yes no

Ethnicity and Race: (*Very few Project/Activities are exempted from this requirement.*)

1. Does your organization request information on whether your clients are of Hispanic ethnicity? yes no
2. Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: yes no
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native and White
 - Asian and White
 - Black or African American and White
 - American Indian or Alaska Native and Black or African American
 - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)
3. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed Project/Activity, please explain how this information will be obtained to meet this requirement:

1. Has a Market Study been completed for this Project/Activity? *If yes, please attach.* yes no
 - a. If yes, when was this conducted? _____
 - b. If no, how have you determined there is a need for this Project/Activity? Please provide specific detail and data under a separate cover.
 2. Will relocation be required for this Project/Activity? yes no
If yes, please attach a relocation plan that is consistent with the requirements of the Uniform Relocation Act, including a budget for expenses related to relocation.
-

Section G – Applicant Experience

Describe your organization's previous experience in implementing programs/Project/Activities similar to the activity proposed. Attach resumes and references for each member of the proposed development team (i.e., developer, architect, consultants, and Project/Activity coordinator, if applicable). (250 words or less)

Who will be preparing the bid packet and administering the bid process?

- a. Name: _____
- b. Relationship to Agency: _____
- c. Work Phone: (_____)_____-_____ Ext. _____
- d. Fax: (_____)_____-_____
- e. E-mail: _____

Section H – Energy Conservation and Efficiency

Explain what design features and improvements will be included in your Project/Activity to promote energy efficiency and conservation. (150 words or less)

Will this Project/Activity exceed Title 24 Standards by 15% or greater? yes no

Section I – Asset Management and Operations

- 1. Who (agency name) will be responsible for the ongoing asset management?

- 2. Who (agency name) will be responsible for the ongoing property management and maintenance of the Project/Activity?

- 3. If this is a special needs Project/Activity, who (agency) will be responsible for provision of services to Project/Activity residents?

If agreements are in place, please attach. Please note an authorized person representing the responsible organization(s) must sign the certification enclosed.

Section J – Environmental Review

A. Project/Activity Information

- 1. Assessor’s Parcel Number of Project/Activity site:

Please attach a map of the site.

2. Parcel Size: _____

B. Historic Preservation

1. Note the year that each of the structure(s) on the parcel was constructed. _____

2. Are any of the structures designated or eligible for listing on the National Register of Historic Places? yes no

3. Please indicate how the structures are currently used (i.e., real estate office, residential apartment, etc.)

4. Are any of the structures considered of local historic significance? If yes, cite the source. yes no

5. If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted. _____

C. Local Land Use Review

1. What is the local land use authority for this site? _____

2. What is the zoning for this parcel? _____
(Contact City Planning Division)

3. Is the Project/Activity's land use consistent with the zoning designation? yes no

4. What is the General Plan and/or Area Plan Designation? _____
(Contact City Planning Division)

5. Is the Project/Activity land use consistent with the General Plan and/or Area Plan Designation? yes no

6. Please list the local permits required to approve the proposed Project/Activity (i.e., site approval/conditional use permit, planned development permit, etc).

7. Have the listed permit applications been initiated? yes no
Please note the status of any required permit applications that are outstanding.

8. Has a CEQA environmental document already been prepared for this Project/Activity by the local Planning Department or is this review in process? yes no

If completed, what was the determination (i.e., MND, ND, EIR, etc.)? _____

9. Has a NEPA review for this Project/Activity already been completed, or is this review in process by another agency? yes no

If yes, which agency completed the NEPA review, and when? _____

D. Environmental Compliance

1. Has a Phase I Environmental Site Assessment Report been completed for this Project/Activity? yes no

If yes, when was this completed? _____

2. Has an Archaeological or Cultural Resource Survey been completed for this site? yes no

3. Is the Project/Activity located near areas where flammable, explosive, or toxic chemicals are stored or transported? yes no

If so, describe.

4. Are there any endangered or threatened species known to be present on the Project/Activity site?

yes no

5. Is the Project/Activity site within line-of-sight of an arterial roadway or railway? yes no

If yes, list the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.

6. Will this Project/Activity create noise sensitive uses? yes no

7. Is the Project/Activity site located on existing or previously cultivated farmland? yes no

8. Is the Project/Activity site in either a 100-year or 500-year floodplain? yes no

Contact the Building & Safety Division for the site's floodzone designation.

9. Does this property have flood insurance? yes no

10. Is the Project/Activity located near wetlands? yes no

11. Approximately how far is the Project/Activity site from the nearest airport?

12. Have the structure(s) been tested for asbestos, mold, or lead-based paint? yes no
-

Section K – Certifications – All certifications must be executed in BLUE INK

Agency Certification

The undersigned agency hereby certifies that:

- a. The information and statements contained herein and in the attached documents (if applicable) are true and correct;
- b. The agency shall comply with all federal and City policies and requirements applicable to the HOME Program;
- c. No more government assistance will be invested in the Project/Activity than is necessary to provide affordable housing;
- d. If HOME funds are approved for a Project/Activity, the agency shall manage, maintain, and operate the Project/Activity during the period of affordability (90 years) unless given specific approval from HUD and the City to do otherwise; and
- e. If HOME funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the Project/Activity as proposed.

(Name of Agency)

(Typed Name of Agency Official)

(Title of Agency Official)

(Agency Official Signature*)

(Date of Signature)

(Telephone Number of Agency Official)

(Email address of Agency Official)

(CERTIFICATIONS CONTINUED ON NEXT PAGE)

Property Management and Maintenance Budget Certification

The governing body of (insert agency name) _____, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the property management and maintenance responsibility and associated costs for the indicated HOME Investment Partnerships Project/Activity. This body has reviewed the proposed management and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual management and maintenance costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide property management and maintenance services for the proposed Project/Activity:

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

It is understood that without a commitment for property management and maintenance, the indicated Project/Activity may not be considered for funding under the HOME Investment Partnerships Program.

Acknowledged by Authorized Agency Representative*: _____

Title of Authorized Agency Representative: _____

Date Certification Signed: _____

***All certifications must be executed in BLUE INK**

(CERTIFICATIONS CONTINUED FROM PREVIOUS PAGE)

*** THIS CERTIFICATION IS ONLY APPLICABLE TO SPECIAL NEEDS PROJECT/ACTIVITIES WITH SUPPORTIVE SERVICES INCORPORATED**

Operations Budget Certification

The governing body of (insert agency name) _____, a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the operational responsibility and associated costs for the indicated HOME Investment Partnerships Project/Activity. This body has reviewed the proposed operations budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual operational costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide operational services for the proposed Project/Activity:

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

It is understood that without a commitment for operations, the indicated Project/Activity may not be considered for funding under the HOME Investment Partnerships Program.

Acknowledged by Authorized Agency Representative*: _____

Title of Authorized Agency Representative: _____

Date Certification Signed: _____

***All certifications must be executed in BLUE INK**

BOARD OF DIRECTORS AFFIDAVIT

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the City of Santa Barbara must be notified in writing.

In submitting this funding request, I, Designee _____
depose and say that I am _____
[insert title, President, Vice President, etc.] of _____

_____ [insert name and address of Agency].

The other members and officers of the Board of Directors of this Agency are:
(Please list names of current Board Members and attach an additional sheet if necessary):

<u>Name:</u>	<u>Title:</u>	<u>Term Expires:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DATE: _____

AT: _____ (City & State)

APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:



I certify and declare under penalty of perjury that the foregoing is true and correct.

Signature

Print Name and Title

PROJECT/ACTIVITY TIMELINE

Please be realistic in your timeline and milestones, as failure to meet the proposed milestones may be grounds for de-obligation of funds from the Project/Activity in order to remain in compliance with HUD expenditure deadlines and requirements.

Project/Activity Title: _____ Applicant: _____

<u>Item</u>	<u>Project/Activity Date of Completion</u>
SITE	
Environmental Review Completed: CEQA	_____
NEPA	_____
Site Acquired	_____
LOCAL PERMITS	
Conditional Use Permit	_____
Variance	_____
Site Plan Review	_____
Grading Permit	_____
Building Permit	_____
CONSTRUCTION FINANCING	
Loan Application	_____
Enforceable Commitment	_____
Closing and Disbursement	_____
PERMANENT FINANCING	
Loan Application	_____
Enforceable Commitment	_____
Closing and Disbursement	_____
OTHER LOANS AND GRANTS	
Type & Source:	_____
Application	_____
Closing or Award	_____
Funds Available	_____
OTHER LOANS AND GRANTS	
Type & Source:	_____
Application	_____
Closing or Award	_____
Funds Available	_____
Construction Start	_____
Construction Completion	_____
Placed in Service	_____
Occupancy of all Assisted Units	_____

AFFIRMATIVE FAIR HOUSING MARKETING PLAN

I. RECIPIENT AND PROJECT/ACTIVITY IDENTIFICATION

A. Recipient/Sponsor

Company Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax Number _____

B. Managing Agent

Firm Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

C. Project/Activity

Development Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Census Tract _____

D. Project/Activity Data

Number of Units _____ Check: Rental _____ Ownership _____

Project/Activity Type: Check: Elderly _____ Family _____ Special Needs _____

Approximate Starting Dates: Advertising _____ Occupancy _____

II. DIRECTION OF MARKETING ACTIVITY

Indicate below which group(s) in the housing market area is *least* likely to, because of its location and other factors, apply for the housing without special outreach efforts.

White (non-Hispanic)_____ Black (non-Hispanic)_____ Hispanic_____

American Indian/Alaskan Native_____ Asian/Pacific Islander_____

III. MARKETING PROGRAM

A. Commercial Media:_____

Check the Media to be used in advertising the availability of the housing:

Print Media_____ Radio_____ Television_____

Billboards_____ Other (specify)_____

The fair housing logo and slogan must be used in all advertisements.

Names of Newspapers, Radio, & T.V. Stations	Racial Ethnic Identification of Reader/Audience	Size &/or Duration of Advertising
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Community Contacts

As part of its efforts to reach persons who would not otherwise be aware of affordable housing opportunities through regular screening of traditional media, the recipient will contact and maintain contact with the following groups or organizations (additional sheets may be attached, if needed).

1. Name of Group/Organization
2. Location
3. Racial/Ethnic Identification
4. Approximate Date of Contact or Proposed Contact

GROUP I

GROUP II

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

IV. ADDITIONAL MARKETING ACTIVITIES

A. Brochures, Signs, and Fair Housing Poster

- 1. Will brochures, leaflets, or handouts be used to advertise: Yes _____ No _____
If yes, the fair housing logo and slogan must be used. Please attach a copy of brochures or submit when available.
- 2. Will there be a Project/Activity site sign? Yes _____ No _____
If yes, the fair housing logo and slogan must be displayed prominently.
- 3. Will the Project/Activity have any of the following:

Rental/Sales Office _____ Model Units _____ Other public space (specify) _____
In all areas indicated, a fair housing poster must be prominently displayed and brochures available.

V. EXPERIENCE AND STAFF INSTRUCTIONS

- A. Have you had any experience in marketing housing to the group(s) identified above as least likely to apply to this Project/Activity? Yes _____ No _____
- B. Staff training is to include: Fair housing laws and regulations, Outreach, and the Affirmative Fair Housing Marketing Plan. Please indicate below how this is to be accomplished.

VI. PLAN COMMITMENTS AND APPROVALS

Recipient:

--	--

Name

Title

--	--

Date

Marketing/
Managing
Agent

--	--

Title

--	--

Date

Approved:

--	--

Title

--	--

Date

(For Information Only)

MANAGEMENT PLAN REQUIREMENTS

If selected for funding, the Project/Activity sponsor will be required to submit a Management Plan for review and approval by City Housing. Please reference the HOME Program Regulations 24 CFR 92.253, which require certain tenant and participant protections for all rental housing funded by the HOME Program. Also required is a copy of the sample lease agreement and any addenda. The following elements are required to be included in the Management Plan:

Management:

- Role and Responsibility of the Owner and/or Delegation of Authority of the Managing Agent
 - Description of Site/Units
 - Scope of Duties
 - Changes in Management
- Personnel Policy and Staffing Arrangements
 - Hiring and Personnel Policies
 - Project/Activity Staffing
 - Training and Monitoring
- Maintaining Adequate Accounting Records and Handling Necessary Forms and Vouchers
 - Accounting Basis
 - Collections and Disbursements
 - Compliance and Reporting
 - Vacancies and Rent Losses
 - Security Deposits
- Provisions for Update of Management Plan
- Insurance

Occupancy:

- Plans and Procedures for Publicizing and Achieving Early and Continued Occupancy
 - Outreach (Affirmative Fair Housing Marketing/Advertising)
 - Resident Selection
 - Waiting List
- Procedures for Determining Resident Eligibility
 - Initial Certification
 - Annual Recertification
 - Changes in Eligibility During Occupancy
 - Leasing Procedures
- Rent Collection
 - Rent Payment
 - Late Rents
 - Rent Increases
- Procedure for Appeal, Grievance and Eviction
 - Right to Hearing
 - Eviction Procedures
- Plans for Enhancing Resident-Management Relations
 - Resident Organization(s)
 - Community Room

Maintenance and Security:

- Maintenance Programs
 - Maintenance Duties
 - Resident Maintenance Requests
 - Resident Neglect and Abuse
 - Reconditioning for New Residents
 - Preventative Maintenance
 - Emergency Maintenance
 - Gardening and Landscape

CHECKLIST OF REQUIRED ATTACHMENTS

Note: This completed checklist must be signed and submitted with application. The documents listed below are required of Agencies applying for HOME Investment Partnerships Program Funds.

- Evidence of Funding Commitments** (Letters of Intent or Letters of Funding Commitment)
- Articles of Incorporation and Bylaws**
- Most recent financial audit**
- Organization Chart**
- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
 - Form 501(c)
- Up-to-Date Roster of Applicant Board of Directors**
- Evidence of Insurance**
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the City listed as “additionally insured”
- Project/Activity Financials:**
 - Construction Sources and Uses
 - Permanent Financing Sources and Uses
 - Operations budget
 - 15-year cash flow Project/Activity
- Market Study / Need for Project/Activity**
- Map, Site Plan, Floor Plan, Photos**
- Relocation Plan and budget (if applicable)**
- Resumes for each member of the proposed development team**
- Tenant Eligibility Verification Form / Worksheet (if applicable)**
- Tenant Self Certification Form (if applicable)**
- Explanation of outstanding legal/litigation issues (if applicable)**

Signature

Print Name & Title