City of Newton

Housing and Community Development Division

Department of Planning & Development

# FY2024 HOME-ARP Application Cover Page

*Please complete only* ***one*** *per applicant/organization.*

## Part 1: Applicant’s Information

**Applicant/Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Is your organization a 501(c)(3) corporation?**  🗆 Yes 🗆 No
* **Does your organization have an active registration with SAM?** 🗆 Yes 🗆 No

If so, what is your UEI number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 2: HOME-ARP Request

Please complete the chart below with the title of the proposed project(s), amount requested for each eligible component, and the number of unduplicated individuals to be served. Do not list households, only individuals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Component** | **Title of the Proposed Project** | **Amount Requested** | **Anticipated Number of Persons to be Served** |
| **TBRA**  |  | **$** |  |
| **Rental Housing (Acquisition, construction, and rehab)** |  | **$** |  |
| **Supportive Services** |  | **$** |  |
| **Non-Congregate Shelters (acquisition, construction, rehab)**  |  | **$** |  |
| **TOTAL**  |  | **$** |  |

## Part 3: Attachments/Checklists

* Rental Housing / Non-Congregate Shelter Application Checklist
* TBRA / Supportive Services Application Checklist
* WestMetro HOME Consortium Construction Standards
* CPD Notice 21-10

## Part 4: Authorization to Submit HOME-ARP Proposal(s)

This application is submitted by the undersigned with the full knowledge and consent of the governing body of this organization and is, to the undersigned’s best knowledge, accurate in all details. The undersigned also certifies he/she has reviewed the terms and conditions stated in the RFP for receiving and expending HOME-ARP funds.

|  |  |
| --- | --- |
| **Signature:** | **Date:**  |
| **Print Name:** | **Title:** |

|  |  |
| --- | --- |
|  | **WESTMETRO HOME CONSORTIUM RENTAL HOUSING AND NON-CONGREGATE SHELTER FUNDING APPLICATION** |
| **ProjectNAME** |  |
| **ProjectLOCATION** | Full street address (with zip code), or other precise location. |
| **ProjectSIZE** | **Site Acreage:**  | **Total building gross square footage:** | **Total living (net) square footage:** |
| **Project FUNDING** | **HOME-ARP funds requested:** | **Total other funds to be used:** | **Total project cost:** |
| **ProjectSUMMARY& NEEDS** | Provide a brief summary of the project, including: Location (amenities within walking distance, access to transit); short summary of details on page 4 (rehabilitation or new construction; target population; type of housing; special features); proposed measurable outcomes and brief citations(section & page)showing how the project meets a priority need(s) identified in the *HOME-ARP Allocation Plan and FY21-FY25 Consolidated Plan.*  |
|  |
| **SOURCES OF FUNDS***Check all that apply.*  |
| * HOME-ARP funds
 | $ | * Other (identify sources)
 |
| * HOME funds
 | $ |  |
| * CDBG funds
 | $ |  |  |
| * CPA funds
 | $ |  |  |
| * Private bank loan
 | $ |  |  |
| * Sales revenue
 | $ |  |  |
| **USES OF HOME-ARP FUNDS** *Check all that apply.* |
| * Acquisition
 | * Rehabilitation
 | * New construction
 | * Redevelopment
 |
| **TARGET POPULATION & SPECIAL FEATURES** *Check all that apply.* |
| * Homeless (as defined in CPD 21-10)
 | * At-Risk of Homelessness (as defined in CPD 21-10)
 | * Fleeing/Attempting to Flee Domestic Violence (as defined in CPD 21-10)
 |
| * Other Families Requiring Services or Housing Assistance to Prevent Homelessness (as defined in CPD 21-10)
 |
| * At Greatest Risk of Housing Instability (as defined in CPD 21-10)
 |
| **TYPE OF HOUSING** *Check all that apply.* |
| * **Rental**
 | * Combination or other (identify):
 |
| * Individual/Family
 |  |
| * Single Room Occupancy / Group Residence
 |
| * Permanent Supportive Housing
 |
| **UNIT COMPOSITION** *List the development’s number of units in each category.* |
|  | **≤ 30% AMI** | **≤ 50% AMI** | **≤ 60% AMI** | **≤ 80% AMI** | **80% - 100% AMI** | **Market-rate** | **Total Units** |
| **SRO** |  |  |  |  |  |  |  |
| **Studio** |  |  |  |  |  |  |  |
| **1 BR** |  |  |  |  |  |  |  |
| **2 BR** |  |  |  |  |  |  |  |
| **3 BR** |  |  |  |  |  |  |  |
| **4 BR/+** |  |  |  |  |  |  |  |
| **OUTREACH**  *Summarize efforts to date to communicate with abutters, neighborhood residents & local officials.* |
|  |

**Development Team Information**

* Resumes of key members of the development team.

 **General Contractor**

Name:

Address:

Contact Person

Telephone: ( ) -

Email:

Minority Business Enterprise: Yes ❒ No ❒

Women’s Business Enterprise: Yes ❒ No ❒

**Architect**

Name:

Address:

Contact Person

Telephone: ( ) -

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority Business Enterprise: Yes ❒ No ❒

Women’s Business Enterprise: Yes ❒ No ❒

**Engineer**

Name:

Address:

Contact Person

Telephone: ( ) -

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority Business Enterprise: Yes ❒ No ❒

Women’s Business Enterprise: Yes ❒ No ❒

**Management Agent**

Name:

Address:

Contact Person

Telephone: ( ) -

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority Business Enterprise: Yes ❒ No ❒

Women’s Business Enterprise: Yes ❒ No ❒

**Attorney**

Name:

Address:

Contact Person

Telephone: ( ) -

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority Business Enterprise: Yes ❒ No ❒

Women’s Business Enterprise: Yes ❒ No ❒

**Development Consultant**

Name:

Address:

Contact Person

Telephone: ( ) -

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority Business Enterprise: Yes ❒ No ❒

Women’s Business Enterprise: Yes ❒ No ❒

# FY 2024 HOME-ARP TBRA & Supportive Services

Title of Proposed Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Request TBRA: $

Funding Request Supportive Services: $

 Funding Request for McKinney-Vento Supportive Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Funding Request Homelessness Prevention Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Funding Request for Housing Counseling Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Description of Project**

Describe the nature of the proposal. Please do not use more than 100 words in length.

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1. Please describe your proposed project, including **population to be served, program site(s), start and end dates, as well as the specific scope of services** your organization intends to provide. Identify any partners with whom you will collaborate to offer services.

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1. Describe the **need for the project**, including the characteristics and specific needs of the clients to be served. Include an explanation of how the need for the proposed activity was identified and the unique circumstances in the service area that are affecting homelessness (i.e. relevant data such as, point-in-time numbers and target populations - single adults, families, chronically homeless unaccompanied youth, etc.).

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1. Explain your organization’s **client intake process** and how you will determine if the client meets HUD’s definition for “qualifying populations”.

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1. Describe how your proposed project will **ensure an individual and/or family’s successful transition** into permanent housing. What services will be offered to help people obtain permanent housing and prevent homelessness. How, when, where, and by whom will supportive services be offered?

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1. Provide a detailed description of the **safeguards in place** that comply with the VAWA requirements as described in 24 CFR 92.359. as it pertains to the needs of special populations (e.g., survivors of domestic violence, dating violence, sexual assault and stalking).

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1. Describe the policies and procedures for **assessing, prioritizing, and reassessing individual and family needs** for services.

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1. Please describe a similar project/program your organization has facilitated. What were the outcomes? What were the obstacles?

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1. List up to **two to three (2-3) major outcomes** that the proposed project will achieve. Include a measurable change for the individuals and families to be served and the tools that will be used to achieve them. Include a detailed plan for tracking and reporting this data to the WestMetro HOME Consortium and HUD.

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1. Provide information about the people to be served **as a result of the organization and project receiving HOME-ARP funds**:
* Estimate the total number of (unduplicated) individuals to be served: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Of the total number of individuals to be served, estimate the number of (unduplicated) families: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Estimate the total number of (unduplicated) individuals homeless or at risk of homelessness (24 CFR 91.5) who will be served with HOME-ARP funds: \_\_\_\_\_\_\_\_\_\_\_\_
* Estimate the total number of (unduplicated) families homeless or at risk of homelessness who will be served with HOME-ARP funds: \_\_\_\_\_\_\_\_\_\_\_\_
* Estimate the total number of (unduplicated) individuals at greatest risk of housing instability who will be served with HOME-ARP funds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Estimate the total number of (unduplicated) families at greatest risk of housing instability to be served with HOME-ARP funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide estimated cost ($) per beneficiary - (HOME-ARP Funding Request/ # of HOME-ARP Beneficiaries): \_\_\_\_\_\_\_\_\_\_\_\_\_
1. Indicate the percentages of your **total service population** within each of the following categories (the total of all categories may exceed 100%):

|  |  |
| --- | --- |
| Single Males (Age 18+) | **%** |
| Single Females (Age 18+) | **%** |
| Unaccompanied Males under 25 years old | **%** |
| Unaccompanied Females under 25 years old | **%** |
| Households with Children | **%** |
| Households with Children – headed by single males or females | **%** |
| Veterans | **%** |
| People who have experienced Domestic Violence | **%** |
| Adults with Developmental Disabilities | **%** |
| Adults with Physical Disabilities | **%** |
| Adults with Mental Illness | **%** |
| Adults diagnosed with Substance Abuse | **%** |

1. Complete the table below, **detailing the budget** for your proposed project (including personnel and non-personnel costs):

**Personnel Costs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Title** | **Hourly Rate** | **Total Salary + Fringe Benefits for this Position** | **Salary Billed to HOME-ARP** | **Fringe Billed to HOME-ARP** | **Total HOME-ARP Costs for this Position** | **% of Salary + Fringe Charged to HOME-ARP** |
| Example: | $31.30 | $65,100 | $26,250  | $6,300  | $32,550  | 50% |
| Case Manager  |
|    |    |    |   |    |   |    |
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|   |   |   |   |   |   |   |
| **TOTALS** |  |  |  |  |  |  |

**Non-Personnel Activity Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Activity Costs** | **Total Activity Costs** | **Total Activity Cost Billed to HOME-ARP** | **% of Total Activity Costs Billed to HOME-ARP** |
| Example:Financial Assistance | $1,600 | $800 | 50% |
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|  |  |  |  |
| **TOTALS** | **$** | **$** |  |
|  |  |  |  |

1. Describe and explain each **HOME-ARP-funded personnel and non-personnel cost** for this grant request.

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1. Does the implementation of this project depend on receiving 100% of your HOME-ARP request? If you are not approved for 100% of your HOME-ARP request, how will you address the shortfall?

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1. If there is any other information you think would be pertinent to this application, please provide that information below.

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