

**CITY OF WILMINGTON
OUTSIDE AGENCY APPLICATION
FOR FUNDING A PUBLIC FACILITY OR OWNER-OCCUPIED CONSTRUCTION PROGRAM
FISCAL YEARS 2016-17**

I. CHECKLIST AND REQUIRED SIGNATURES

Please be sure the following items are complete, as part of the original application:

1. Is each section complete?
 - I. Checklist and Required Signatures _____
 - II. Applicant Information _____
 - III. Agency Information _____
 - IV. Program Overview _____
 - V. Budgets (Attach Current Year Budget, Program/Project Budget, and Prior Year Budget/Actuals) _____
 - VI. Performance Management _____
 - VII. Work Plan with Performance Measures _____
2. Does the program serve low-and moderate-income clientele? Y___ or N ___
3. Does the program address the City's local priorities? Y___ or N ___
4. Does the program address a HUD National Objective? Y___ or N ___
5. Does the program address one of the City's Focus Areas? Y___ or N ___
6. Is this a joint application? Y___ or N ___

Also, please provide ONE of each of the following documents, regardless of whether the City has this information on file: (If this is a joint application, each agency must complete a copy of this page)

1. IRS tax determination letter of 501 (c) (3); if applicable _____
2. Current Bylaws and Articles of Incorporation, if applicable _____
3. Most recent independent audit and management letter, for year ending ___/___/_____ _____
4. Most recent IRS tax form 990; or Business/Corporate Tax Return if applicable _____
5. Organizational chart with key personnel and their titles _____
6. Current list of Board of Directors, with mailing addresses _____
7. Policies: Conflict of Interest Policy, and Procurement Policy _____
8. Proof of General Liability Insurance _____
9. Résumés for Executive Director and Program Director; or Chief Executive Officer _____
10. Commitment letters from approved funding sources _____

Interviews for Public Facility& Owner Occupied construction programs will be held February 2016 Would your agency like to have an interview: Yes ___ No ___

To the best of my knowledge and belief, all data in this application are true and current. The application has been authorized by the applicant's governing board.

Executive Director or Chief Executive Officer (Please print) Phone _____

Executive Director or Chief Executive Officer Signature Date _____

Board Chairman (Please print) Phone _____

Board Chairman Signature Date _____

Date application was approved by the Board of Directors _____

II. APPLICANT INFORMATION

Name of **Project** to be Funded: _____

Location **Program or Project** to be Funded: _____

Full Legal Name of Applicant Agency: _____
(If this is a joint application, each agency must complete items II and III on separate sheets)

Federal Taxpayer ID Number: _____ Solicitation #: _____

DUNS Number: _____ (Dun & Bradstreet, Inc. provides this number at no charge and is required for federal funding recipients. Obtain a DUNS number at <http://fedgov.dnb.com/webform>.)

Check One: Nonprofit Organization For-Profit Public Agency

Is this a faith-based organization? _____ Yes _____ No

Executive Director/Chief Executive Officer: _____

Mailing Address: _____

City/State/Zip: _____

Agency Site Address: _____

Telephone Number: _____ E-mail: _____

Program Contact Person: _____ Title: _____

Telephone Number: _____ E-mail: _____

Accountant or Financial Officer: _____ Telephone: _____

Attorney: _____ Telephone: _____

Application Prepared By (Individual): _____

Agent Authorized to Act on behalf of Applicant: _____

Agency or Business Name: _____

Telephone Number: _____ E-mail: _____

BUDGET

a. Total estimated **agency** budget for funding cycle 2016/17 (one year).....\$ _____

b. Total estimated **project** budget for funding cycle 2016/17 (one year).....\$ _____

c. Total amount of funds **requested** for funding cycle 2016/17 (one year)\$ _____

d. Total amount of funding **received** from the City most recent prior year (____year)\$ _____

e. Percent of agency budget requested from City (c ÷ a)..... % _____

f. Percent of project budget requested from City (c ÷ b)..... % _____

No Project will be funded 100 percent by the City

III. AGENCY INFORMATION

A. Brief summary of agency's mission and goals (25 words or less).

B. Longevity

1. Number of years agency has been in business: _____
2. Number of years agency has operated a 501 (c) (3) _____; if applicable
3. Has this agency operated under another name? Yes _____ No _____, if "yes," list all previous names:

4. If housing, describe your agency's expertise in carrying out the proposed project, including the number of owner-occupied units rehabilitated, renovated, or repaired in the past three years.

C. Does your agency have any of the following written management policies:

Personnel policy?	Yes _____	No _____
Job descriptions?	Yes _____	No _____
Purchasing policy?	Yes _____	No _____
Code of conduct?	Yes _____	No _____
ADA policy?	Yes _____	No _____

D. Does your agency solicit donations or hold fundraisers? Y _____ N _____

E. Has the agency been involved in any lawsuits? Y _____ N _____

F. Are there any outstanding judgments against the agency? Y _____ N _____

G. Has the agency (applicant) filed a petition for bankruptcy or has a petition for bankruptcy been filed against the applicant? Y __N __

If Yes, date(s) _____

H. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates:

1. Employees of the City of Wilmington or related to a City employee? YES ___ NO ___
2. Members of or closely related to members of Wilmington City Council? YES ___ NO ___
3. Current beneficiaries or related to beneficiaries of the program for which funds are requested? YES ___ NO ___
4. Paid providers of goods or services to the program or having other financial interest in the program or related to such individuals? YES ___ NO ___

If you answered “Yes” to any questions E-H, please explain. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.

IV. PROJECT OVERVIEW

A. Type of Project (check one)

- ___ Single-Family Owner-Occupied Rehabilitation or Repair
- ___ Public Facility ___ Infrastructure or Public Improvement
- ___ Other (specify):

B. Brief Project Description

In 25 words or less describe the project

C. Program Impact

1. In 50 words or less, describe the impact the project will have on addressing city's local priorities and City Council Focus Areas. Support with available data and probabilities.

2. How will your agency or group of agencies collaborate with similar agencies to avoid duplication and overlap?

D. Eligibility – City of Wilmington:

To be eligible for Community Development Block Grant, HOME or General Funds from the City of Wilmington, program activities should address at least one of the City’s Focus Areas. (See Applications Guidelines for City Council Focus Area descriptions)

Explain how your program addresses the Focus Area you selected.

E. Eligibility - Community Development Block Grant:

To be eligible for CDBG or HOME funds, program activities must meet one of the HUD national objectives listed below. **CHECK ONE STATEMENT ONLY.**

1. LMI Limited Clientele: At least 51 percent of persons served will be from low- to moderate-income households. Explain below how you will determine household income. _____
2. LMI Jobs: At least 51 percent of jobs created or retained will be filled by low- to moderate-income persons. Explain below how you will determine household income. _____
3. LMI Housing: All households provided with housing assistance will have low- to moderate-income. Explain below how you will determine household income. _____
4. LMI Area: An activity, the benefits of which are available to all the residents in a particular area, where at least 51 percent of the residents are low- to moderate-income persons. _____
Give the census block numbers and percent of L/M residents in each:
5. Area Blight: The program will cure conditions of slum and blight in a designated blighted area. Describe the area below and **attach a map** showing its boundaries. _____
6. Spot Blight: The program will cure conditions that are a threat to public health and safety in a building not located in a blighted area. Describe below the specific conditions that pose a threat and how the end use will benefit low- to moderate-income persons. _____

F. Eligibility – Local Priorities for CDBG and HOME

CDBG, HOME funded programs should address at least one of the City’s local priorities aligned with HUDs objectives. Check all the priorities that apply:

Benefit low to moderate income individuals by addressing the availability and accessibility to the following:

Affordable Rental Housing	
Preserve Affordable Housing Stock;	
Affordable Homeownership Opportunities;	
Emergency Shelter Programs and Services to Transition Homeless Population to Permanent Housing;	
Homeless prevention services for those people most at-risk of becoming homeless, including special needs populations (elderly, disabled, victims of domestic abuse, ex-offenders, etc.); and	
Permanent Supportive Housing for Chronically Homeless, Frail Elderly, Disabled and Other Special Needs Populations.	
Workforce Housing for moderate income (80.1%-120% AMI) households; and	
Education and advocacy that promotes sustainable housing options-homebuyer education, foreclosure counseling, financial skills, etc.	
Neighborhood services for at-risk and low-to-moderate income youth, elderly and other special populations;	
Preserve and maintain public facilities serving low-to-moderate income neighborhoods and individuals;	
Encourage Job Skills and Job Training Initiative, including basic literacy skills development; and	
Comprehensive neighborhood planning initiatives to address quality of life and physical conditions in targeted neighborhoods.	
Community safety through education and outreach activities.	

1. Describe (briefly) how the program addresses one or more of the City’s local priorities as checked above.

2. Describe (briefly) how the program/project addresses City Council’s priority for youth violence prevention and intervention.

G. Clientele

All CDBG and HOME programs must primarily benefit lower income persons. Income verification is required to demonstrate benefit to a MINIMUM of 51 percent extremely low-, very low- and low-income persons. Income verification may include the following types of documentation: tax returns, receipt of public assistance, Section 8 Certificates or City-approved self-certification. Presumption of Homelessness does not require aforementioned documents; however Homelessness must be documented and certified by agency staff. Current income limits are shown below. Income limits are updated annually.

FY2015 %AMI	Family Size					
	1	2	3	4	5	6
≤ 30%	\$13,300	\$15,930	\$20,090	\$24,250	\$28,410	\$32,570
≤ 50%	\$22,100	\$25,250	\$28,400	\$31,550	\$34,100	\$36,600
≤ 80%	\$35,350	\$40,400	\$45,450	\$50,500	\$54,550	\$58,600
≥80 ≤120%	\$52,680	\$60,240	\$67,800	\$75,240	\$81,360	\$87,360

1. Indicate the target population most applicable to your project:

- | | | |
|--|--|---|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Battered Spouses/Families | <input type="checkbox"/> Elders (62+) |
| <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Person with AIDS | <input type="checkbox"/> Lower Income Adults | <input type="checkbox"/> Lower Income Youth |
| <input type="checkbox"/> Lower Income Families | <input type="checkbox"/> Other (specify) _____ | |

2. Describe the target clientele to be served by the project and how your agency will inform and attract this clientele (outreach plan).

3. How many individuals or households will be served by this project whose income is at or below median income? (List both, if applicable. Information on median income is available in the application guidelines.)

Individuals _____ (Public Facility or Public Improvement)

Households _____ (Housing)

4. Describe the method you will use to verify that your clients are lower income persons or households.

5. Will each unit or building be fully accessible to people with disabilities, including mobility impaired, hearing impaired and vision impaired persons? Yes No

If "no," please explain:

6. Explain how your agency meets the cultural and language needs of minority individuals, including outreach to the Hispanic community.

V. DETAILED PROJECT DESCRIPTION

Project Title: _____

Project Site Location: _____

B. Provide the following information as far as it is applicable or available for each site:

1. **Location map** showing development site in relation to streets and points of interest in the surrounding neighborhood (at least 1/2 mile radius). Waterways, railroads, historic district designation, and floodplain designation must be shown.
2. **Site map** showing lot boundaries, elevation, location of buildings, and other site features, including lot size in acres.
3. The project site is currently **zoned**: _____

Is the property zoned for the intended use? ___ Yes, ___ No

What is the status of any required planning reviews?

This project is:

Listed in the National Register of Historic Places ___ Yes ___ No

Within a National Historic District ___ Yes ___ No

Within a Local Historic District ___ Yes ___ No

Listed in a Local Register of Historic Places ___ Yes ___ No

4. Check if the capacity of the current system is adequate and **utilities** are available at the site:

___ Storm Sewer ___ Water ___ Sanitary Sewer ___ Electric ___ Natural Gas

5. **Site control** Is the property an Owner-Occupied Single-Family House?

6. Is the property occupied or has it been occupied at any time since July 1, 2010?

Y ___ N ___

If "Yes," have you issued a General Information Notice to tenants informing them of their rights to relocation assistance? Y ___ N ___

State the number of tenants and describe in detail how you will determine **relocation** needs and help occupants to relocate. Include the cost of this in your budget. (The City will not fund relocation costs.)

7. **Floor plan** and sketch of finished project or each unit or building, if there are different designs.
8. Describe any construction **features** that you consider to be particularly high quality, attractive, or energy efficient; or innovative construction measures or techniques such as Universal Design.

9. How many units or buildings will have full **ADA accessibility**, and how many others will have at least the following accessibility features?
- An at-grade or ramped entrance to the main floor or the capability to easily install a ramp later on;
 - All doorways and passageways on the main floor at least 32” wide; and
 - A bathroom or half-bath on the main floor that will accommodate a wheelchair.
10. Is this a Star Energy project? Yes ____ No ____ If not, please explain why.
11. Is this a housing or historic tax credit project? Yes ____ No ____
If yes, project was approved for tax credits on _____.
12. **Access** to transportation, employment centers, shopping for basic needs, community services. *
13. Any steps planned to ensure **long-term affordability** of housing units, including recapture provisions.*
14. List any **supportive services** coordinated with the project that will assist the housing beneficiaries, and how these services will be funded.*

* Housing projects only

16. Environmental Review: In accordance with 24 CFR Part 58, recipients, owners, developers, sponsors or any third-party partners cannot undertake any physical actions on a site, commit, expend, or enter into any legally binding agreements that constitute choice-limiting actions for any HUD or non-HUD funds before the environmental review process has been completed and, if required, the City has received a Release of funds from HUD. Choice limiting actions are defined by HUD as expenditure of funds or entrance into a legally binding agreement for property acquisition, demolition, movement, rehabilitation, conversion, repair or construction. **Any violation of this provision will result in the automatic denial of the funding request or de-obligation of the CDBG or HOME funds, if already awarded.**

The executive staff and Board of Directors and/or Governing Body for the agency applying for City funds fully understands and agrees to comply with the Environmental Review conditions described above.

Executive Director or Chief Executive Officer (Please print)

Executive Director or Chief Executive Officer Signature

Date

Board Chairman or President (Please print)

Board Chairman or President Signature

Date

C. Valuation Information. Provide information below for each lot being assisted with federal funds. List for each property under consideration.

1. Appraised Value

Address or PIN: _____

Land Value: \$ _____ Date of Valuation: ____/____/____

Existing Building Value (as is): \$ _____ Date of Valuation: ____/____/____

Proposed Building Value (as completed): \$ _____ Date of Valuation ____/____/____

Appraiser: _____

Address: _____

Phone: _____ Email _____

2. Assessed Value

Land: \$ _____ Assessment for the Year of: _____

Building: \$ _____ Total Assessed Value: \$ _____

Valuation Conducted by: _____

D. Project Team. Describe the project team (project manager, developer, architect, contractor, construction manager, and other professionals) their relevant experience, and their specific responsibilities for this project. If the team is not yet assembled, describe your procurement process for each of these individuals and for the construction of this project

VI. AGENCY BUDGET

A. EXISTING BUDGET: Provide a copy of the **agency's Actual** Budget for the most recently ended Fiscal Year or Calendar Year Attach the budget directly behind the "Budget" section, and **indicate whether it is for Fiscal Year or calendar.**

Provide a copy of the current year agency budget. Attach directly behind the "budget" section.

B. REVENUE - ESTIMATED FUNDING

Complete the following table to show **ALL funds anticipated to be received by your agency in applicable fiscal years for this proposed project.** When completing the table, indicate **Status** as follows: **P** = Proposed; **S** = Application Submitted; **A** = Approved. For "Approved Funding Sources," please attach commitment letters.

List of Potential Funding Sources	Status	Amount FY _____
City of Wilmington: CDBG, HOME, General Funds	S	\$
HUD funds other than CDBG or HOME (example: ESG, EFSG and CoC are HUD grants)		
Other Federal Funds (list each Federal grant or loan)		
State Government (list each State grant or loan; note, ESG is not a State grant, it is a HUD grant)		
Other Local Government Funds (City or County)		
Foundations: (list Foundation names)		
Client Fees		
Fund Raising		
Donations (monetary)		
Other Sources (list):		
TOTAL REVENUES		\$

C. Estimated Expenditures

Be as detailed as possible. Add or amend categories as needed. The second column should cover total project costs (including those met from HOME or CDBG), the third column shows how much of each line item is to be met from HOME or CDBG, and must be consistent with the HOME/CDBG revenues shown in section III-B

New Requirement

Submit additional project information including, but not limited to, project specifications, detailed line item budget, sources and uses, and other financing terms and conditions, etc.. Attach behind "Budget" section of your application submittal.

Category	<u>All</u> Costs	City Funding Only*
Construction Period		
Acquisition	\$	\$
Relocation	\$	\$
Demolition/Clearance	\$	\$
Site Improvements/Infrastructure	\$	\$
Impact Fees	\$	\$
Rehabilitation (Hard Costs)	\$	\$
New Construction (Hard Costs)	\$	\$
Construction Contingency	\$	\$
Architect/Engineer Fees	\$	\$
Permit and Inspection Fees	\$	\$
Construction Loan Fees	\$	\$
Construction Interest	\$	\$
Construction Period Taxes	\$	\$
Permanent Appliances	\$	\$
Legal/Accounting	\$	\$
Other Prof. Fees (Appraisal, etc.)	\$	\$
Agency Indirect Costs (if no developer fee)	\$	
Developer Fee (HOME only)**	\$	\$
Other Construction Costs (list)	\$	\$
Total Development Costs	\$	\$

*Items the agency is requesting the City to cover.

** Not to exceed 8% of construction costs. Does not include "consultant" fees.

VI. PERFORMANCE MANAGEMENT

HUD has implemented a performance measurement system to better assess the effectiveness and impact of its programs. This system is required for all HUD programs and enables HUD and grantees to capture program accomplishments and track national trends. Each applicant must select one objective and one outcome to produce what HUD describes as an outcome statement, all of which are driven by local intent.

Please select the most appropriate **objective** for your project/program. In selecting the objective, consider the “*purpose*” of the project or program for which you are seeking federal funds.

- Creating suitable living environments** – these activities are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy or elderly health services.
- Providing decent housing** – these activities cover a wide range of housing activities generally completed with HOME and CDBG funds. This objective focuses on activities whose purpose is to meet the individual family or community housing needs. It does not include programs where housing is an element of a larger community-wide improvement, since such programs would be more appropriately reported under suitable living environments.
- Creating economic opportunities** – applies to activities related to economic development, commercial revitalization, or job creation.

AND

Please select the most appropriate **outcome** for your project/program. In selecting an outcome, consider “*the type of change or result your project/program is seeking.*”

- Availability/Accessibility** – applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income people where they live.
- Affordability** – applies to activities that provide affordability in a variety of ways to low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care. Affordability is appropriate whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.
- Sustainability** – applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

These two factors combined, will produce an “outcome statement” (Objective + Outcome = Outcome Statement). *For example, if the Objective selected is “Suitable Living Environment” and the Outcome selected is “Affordability,” then the Outcome Statement should be “Affordability for the purpose of creating suitable living environments. An outcome statement for your specific project/program might read, “In FY 2009, Nonprofit ABC will assist 150 households by providing downpayment and closing cost assistance for the purpose of making homeownership affordable to 25 families.”*

		Outcome 1: Availability/Accessibility	Outcome 2: Affordability	Outcome 3: Sustainability
OBJECTIVES	Objective #1: Suitable Living Environment	Accessibility for the purpose of creating Suitable Living Environments	Affordability for the purpose of creating Suitable Living Environments	Sustainability for the purpose of creating Suitable Living Environments
	Objective #2: Decent Housing	Accessibility for the purpose of providing Decent Housing	Affordability for the purpose of providing Decent Housing	Sustainability for the purpose of providing Decent Housing
	Objective #3: Economic Opportunity	Accessibility for the purpose of creating Economic Opportunities	Affordability for the purpose of creating Economic Opportunities	Sustainability for the purpose of creating Economic Opportunities

What will your “outcome statement” be?

Please also provide at least one measure of success for your project or program. For example, 75% of the individuals participating in the homebuyer counseling classes will purchase a home within 6 months of course completion.

**WORK PLAN DEVELOPMENT WORKSHEET - CONSTRUCTION
 WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS
 FOR A 24-MONTH PERIOD OF PERFORMANCE**

AGENCY NAME:				PROGRAM NAME:					
ACTIVITY	Q1 -Yr1	Q2 -Yr1	Q3 -Yr1	Q4 -Yr1	Q1 -Yr2	Q2-Yr2	Q3- Yr2	*Q4 - Yr2	
	Jul - Sept	Oct - Dec	Jan - Mar	Apr- Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr- Jun	
City Contract Finalized & Signed									
Pre-bid Conference/Material Description Review									
Conduct Historic Review									
Approved Environmental Review and Release of Funds									
Formal Cost Estimate Submitted									
Acquisition Completed									
Site Plans or Floor Plans Completed									
Solicitation for Construction Bids									
Bid Opening									
Select Contractor and Send Signed Contracts to CDD									
Proceed Order Received									
Pre-construction Conference									
CDD Inspection									
Building Inspection Final/ CO									
Closing and Deed Documents Completed and Sent to CDD									
Housing Units in Progress									
Units Completed and Cleared									
Performance measured against approved work plan milestones									
Close-out									

Work Plan with Performance Measures

OUTCOME STATEMENT: <i>Insert outcome statement from above (HUD performance management)</i>			
ACTIVITIES: <i>List major activities to be carried out in order to achieve the outcome; i.e. services a program provides; what staff and participants do.</i>	TIMELINE: <i>When will the activity begin –end</i>	OUTPUTS: <i>Products of a program’s activities; i.e. volume of service (#s)</i>	PERFORMANCE MEASURE: <i>SPECIFIC INFORMATION THAT REVEALS LEVEL OF ACHIEVEMENT OF THE OUTCOME. ... HOW YOU KNOW ACHIEVED OUTCOME; I.E. # AND % OF PARTICIPANTS</i>
METHOD OF MEASURE: METHOD FOR COLLECTING PERFORMANCE MEASURE INFORMATION; I.E. SURVEY, TEST, RECORDS, PHYSICAL MEASUREMENT, OBSERVATION, ETC.			

Use additional worksheet if needed to list activities