AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; DOLA - GVRHA

Action Requested: Other County Manager & BOCC Chair Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Grant Application to Department of Local Affairs for the Gunnison Valley Regional Housing Authority in the amount of $193,295

Fiscal Impact:

Submitted by: Liz Mense for GVRHA **Submitter's Email Address:** EMense@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, no Gunnison County budget implications. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/21/2019

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 8/23/19

Reveiwed by: GUNCOUNTY1\mhoyt Discharge Date: 8/30/2019 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/30/2019

( ) Consent Agenda (●) Regular Agenda ( ) Worksession Time Allotted: 10 minutes

Agenda Date: 9/3/2019

Revised April 2015

Please review CDOH Application Instructions prior to completing application.

COLORADO
Department of Local Affairs
Division of Housing

Application for: Loan/Grant Assistance
Private Activity Bonds for rental projects
Project Based Rental Assistance (with RFA only)

GRAY SHADED AREAS ARE FOR STAFF USE ONLY

Date Received

Project #

AMOUNT REQUESTED: **$ 193,295 Grant**

APPLICANT INFORMATION

Organization Name and Address:
County of Gunnison
200 E. Virginia Avenue
Gunnison, CO 81230

Sub-grantee Name and Address, if applicable:
Gunnison Valley Regional Housing Authority
202 E. Georgia Avenue
Gunnison, CO 81230

Chief Elected Official, Executive Director, or President:

Name: Jonathan Houck
Title: County Commissioner, Gunnison County
Address (if different from above):
Phone #: 970-275-9625
Fax #:
Email: jhouck@gunnisoncounty.org

Applicant Federal Tax ID #:

DUNS #:
To register: https://fedgov.dnb.com/webform

Designated Contact Person for Application:

Name: Jennifer Kermode
Title: Executive Director, GVRHA
Address (if different from above):
Phone #: 970-641-7901
Fax #: 888-406-1360
Email: jkermode@gvrha.org

Type of Organization *(check as many as apply)*	
X	Municipality/County/Consortia
	Nonprofit
	CHDO (Community Housing Development Organization)
	CBDO (Community Based Development Organization)
	Public Housing Authority
	Private For-Profit Developer

PROJECT OR PROGRAM INFORMATION

Project Name: _____SINGLE-FAMILY OWNER-OCCUPIED HOUSING REHAB PROGRAM_____

Project Location:

Street Address:____*(If not available, please describe the specific location)*_____.

City __Gunnison_ County _Gunnison_ Zip _81230_ # Acres _____.
**Attach Legal Description.

House District____59_ Senate District___5___ (refer to www.votesmart.org)

TYPE OF PROJECT or PROGRAM		TYPE OF ACTIVITIES (check all of the activities involved in project or program)	
	Rental		**New Construction**
X	**Homeownership**		**Pre-Development**
	Rental Assistance		**CHDO Operating**
	Group Home or Shelter		**Down Payment Program**
	Other (Specify) _____.		**Acquisition**
		X	**Rehabilitation**
			Tenant-Based Rental Assistance
			Project-Based Rental Assistance
			Other (Specify) _____

PROJECT INFORMATION SHEET

PROJECT DESCRIPTION (100 words or less):
Operate and manage the Single-Family Owner-Occupied Housing Rehabilitation Loan program for Gunnison County along with neighboring counties as identified in the Grant Contract. The rehabilitation loan program would provide eligible homeowners with loans of up to $24,999 for home improvements to address health and safety concerns. Loans would be serviced by GVRHA with accessible terms and low interest rates (below 4%). Applicant households must meet income requirements and minimal credit standards for acceptance into the program. Participant households can select their own contractors or complete the retrofits themselves. Loanable projects include a wide range of improvement projects including a priority for accessibility and health/safety.

SITE CONTROL STATUS: (choose one and attach documentation)	**__X__ OWNED**	**__ UNDER CONTRACT** Expiration Date: _____.	**__ LEASED** Term: _____.

ZONING AND SITE PLAN STATUS:

Site is presently zoned (fill in zoning type and attach documentation): _____.

Is the present zoning conforming? Yes _____ No _____.
If nonconforming, when will zoning change or PUD be granted? (provide target date) _____

Is the site plan for your project approved? Yes _____ No _____.
If not, when will site plan be approved? (provide target date)
_____.

SERVICES TO SITE: Are utilities and infrastructure in place to service site?

Street access?	Yes ☐	No ☐	If no, expected completion date _____
Gas?	Yes ☐	No ☐	If no, expected completion date _____
Electric?	Yes ☐	No ☐	If no, expected completion date _____
Water?	Yes ☐	No ☐	If no, expected completion date _____

Sanitary sewer?	Yes ☐	No ☐	If no, expected completion date _____
Storm sewer?	Yes ☐	No ☐	If no, expected completion date _____

COMMUNITY SUPPORT: Describe efforts made to build local support for this specific project and the results of those efforts.

As a multi-jurisdictional housing authority, GVRHA is funded by local governments in Gunnison County. GVRHA maintains and operates programs like the Gunnison Valley Home Energy Advancement Team (GV-HEAT) and Housing Choice Vouchers as means of fulfilling its mission to facilitate the housing needs and goals of all member communities (Gunnison County unincorporated, City of Gunnison, Town of Crested Butte, and Town of Mt. Crested Butte). Further, GVRHA is managed by a Board of Directors representative of all Gunnison County communities and as a result has a codified interest in stakeholder engagement to drive the implementation of affordable and workforce housing in the communities they represent.

Gunnison County and local municipalities have shown a demonstrated commitment to expanding affordable/work force housing initiatives. While new development of affordable housing projects is underway, there continues to be a need for improving existing sub-standard housing. The GV-HEAT program helps address the issue of energy burden and equity in housing through promotion of energy efficiency and weatherization. However, there remains a need for financing opportunities related to household improvement outside of the efficiency sector. The GV-HEAT program receives financial support from our local utilities (City of Gunnison Electric and Gunnison County Electric Association) along with active referrals from Gunnison County Department of Health and Human Services. In conjunction with DHHS and other community partners, the network and scope of impact of GV-HEAT continues to expand with targeted outreach to at-risk and in-need populations.

In recent years, GV-HEAT has helped facilitate the effective use of the Housing Rehabilitation Loan program previously administered by the Delta Housing Authority. Within the last year alone, loans from the DHA Housing Rehabilitation Loan program have helped five distinct households improve their housing condition.

With the loss of access to this program at DHA, GVRHA concluded that the resource was too valuable within our community (and adjacent counties) to allow the program to lapse. In less than two weeks, GVRHA has obtained preliminary approval from the Gunnison County Board of County Commissioners to apply and move forward with the process of becoming an administrator and loan servicer for the Single-Family Owner-Occupied Housing Rehabilitation Loan program. Obtaining such consent from local government in a limited time frame is representative of local support for affordable housing initiatives in our communities.

**Attach a Consolidated Plan Consistency Letter from your local government (if it administers HOME or CDBG funds).
**Attach letters of commitment for funds or services from local sources & any letters of support.

LOWERING THE COST OF AFFORDABLE HOUSING: What specific steps has the local government taken to lower the cost of affordable housing and/or otherwise help the project? (I.e. deferral of water tap fees, local funding, etc.)

Local government and municipalities in Gunnison County have taken a variety of substantive

steps to facilitate the development of new, affordable/workforce housing projects in our communities. Depending on the municipality, these have included a wide-range of actions including development of deed-restrictions, construction of deed-restricted properties, deed-restricted housing lotteries, land-banking, construction of Low-Income Housing Tax Credit housing, and waiving, or reducing, tap fees for planned future developments.

Further, anchor employers in our community, like Gunnison Valley Health and the Gunnison Watershed School District, have taken it upon themselves to purchase and provide workforce housing to their employees. Additionally, private businesses in the Crested Butte area have recognized the need for workforce housing and sought to provide low-cost rentals to employees in partnership with the Town of Crested Butte.

The previously mentioned activities are merely a sampling of the on-going efforts to make housing more affordable. However, these initiatives are largely focused on the creation of new affordable/workforce housing.

Expansion of Gunnison County Community Development Block Grants (CDBG) to account for a single-family owner-occupied housing rehabilitation loan program would represent a significant opportunity to improve the affordability of the existing housing stock. Long term planning processes like the 2016 Housing Needs Assessment indicate the significant need for housing improvements. According to the assessment, 1,700 homes in the Valley were identified as being in 'Fair or Poor Condition' and in need of both minor and major home repairs; many of the needed improvements are related to the homes' insulation, weatherization, and energy efficiency but also include broader structural concerns.

Further, research by Western Colorado University shows that homes in the Gunnison Valley use approximately 40% more energy than homes in comparable climate zones. Residents of Gunnison Valley spend approximately 6% to 10% of their monthly income on winter heating bills, which far outpaces the 4% to 6% threshold recommended by environmental justice advocates. This burden is more significant on low- to moderate-income (LMI) households, where LMI on average spend up to 20% more on energy bills than non-LMI peers.

GV-HEAT was created to help remediate disproportionate energy burden through household renovations. While the primary target of these programs is energy efficiency work that yields savings in utility costs, we are continually looking for ways to innovate and expand our offerings to further improve overall housing quality and affordability.

The availability of a Single-Family Owner-Occupied Housing Rehabilitation Loan program would enable even more substantive progress on addressing the structural circumstances of LMI households in our communities.

APPLICATIONS FOR PRIVATE ACTIVITY BONDS
Rental Projects complete the following:

BOND ISSUANCE: Expected bond issuance date _____

EXPERIENCE:

Has the governmental issuer and/or the private party utilized PABs in the past? Yes ☐ No ☐

If yes, identify financings by issuer, date, purpose, amount issued and maturity schedule for the past two years.

Issuer	Date	Purpose	Amount Issued	Maturity Schedule

CREDIT ENHANCEMENT: Has the project received a preliminary commitment for credit enhancement? Yes ☐ No ☐

If yes, attach copies of all other funding commitment letters and any conditions.

If no, when is the preliminary commitment anticipated? _____ Please submit when received.

APPLICATIONS FOR PROJECT BASED VOUCHERS

Census Tract Number: _____ Poverty Rate of Census Tract: _____%

Total Proposed DOH PBV units: _____ Other PBV units: _____ Non-PBV units: _____

Written Commitment for Other Agency PBV Units: Yes ☐ No ☐ **TOTAL UNITS:**_____

PBV units serve special needs population? Yes ☐ No ☐ Population Served _____

NARRATIVE

Please include the following:

1. Type of Housing
    a. Development: for new construction or acquisition projects, describe the site, buildings, common spaces, etc. Attach site plans, elevations, floor plans and/or photos – preferably in electronic form (Contact your DOH Development Specialist for more information).
    b. Housing Programs: for single-family owner occupied rehabilitation (SFOO) or down payment assistance (DPA) programs, describe the program parameters. Attach local revolving loan fund guidelines.

2. Location: include the project's proximity to community amenities and services such as public transportation, employment, social/health services, recreational, educational, etc. For housing programs, describe the geographic area it will serve.

3. Population served

4. Bedroom mix

5. Unit and project amenities

6. Source of financing: describe sources for construction as well as permanent financing, terms and whether they are pending or firm commitments. Attach commitment letters describing the terms.

7. Local, State and Federal subsidies: describe any grants, low-interest loans, or in-kind contributions, and attach commitment letters.

8. "Green Build" materials and designs to be used for water conservation and energy efficiency.

9. Timeline
    a. Completion of zoning/planning approvals
    b. Local funding commitments
    c. Construction/permanent financing commitments
    d. Start of construction
    e. Certificate of Occupancy
    f. Lease-up

10. Development and Property Management Experience: identify similar projects that the applicant has developed and managed. Describe the skills and knowledge of staff and project consultants, to ensure project completion as well as the successful operation of the development and compliance with federal regulations throughout operations.

11. Service Commitments: if applicable, describe services available to residents, whether the services are mandatory or optional and provide service agreements with third party entities.

12. Non-Residential Uses:

MIxed-Use Projects: The DOH budget spreadsheet must exclude all costs related to any non-residential uses in the project (e.g. retail, office).

HOME / Housing Trust Fund (HTF) Projects: IF applicant's project is recommended for HOME or HTF funding from DOH, applicant must also breakout the following, in order for DOH to calculate the number of HOME / HTF Assisted Units: (1) total development cost of any community spaces and facilities in the project that are not exclusively for use of project residents; and (2) total development cost of any stand-alone accessory and non-residential structures (e.g. garages, carports, leasing office, community building, etc.). This additional information must be provided no later than the 15th of the month in which the DOH application is submitted.

13. Any other relevant information

PROJECT PROFORMA

Replace this page with the DOH Project Proforma Excel Spreadsheet that can be found on the DOH website **https://www.colorado.gov/pacific/dola/funding-application.** In addition to the submitted paper copy, send the proforma electronically to your Regional DOH Development Specialist.

- If applicable, submit the completed Colorado Housing and Finance Authority's (CHFA) Tax Credit Application. *Please note any variances from tax credit application must be explained.* (Electronic submission is preferred).

    - For CHDO operating funds, please attach the operating budget and other documents requested on the website: https://www.colorado.gov/pacific/dola/community-housing-development-organizations-chdo

    - For Single-family Owner-occupied Housing Rehabilitation and Down Payment Assistance Programs, complete the DOH Program Spreadsheet at https://www.colorado.gov/pacific/dola/funding-application.

REGULATORY INFORMATION

Please answer the following questions to the best of your ability, so DOH may provide technical assistance on compliance with applicable federal regulations. For more information, contact your regional Housing Development Specialist.

Relocation and 1-for-1 Replacement		
Will the proposed project activity directly cause any demolition or conversion of any existing residential or commercial units? *See HUD Handbook 1378, 24 CFR 92.354 & DOLA CDBG Guidebook Sec VII* *http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/13780* **If yes,** will such activity result in permanent, temporary or economic displacement of existing tenants?	Yes ☐ No X Yes ☐ No ☐	**If yes,** attach General Notice and Rent Roll
If yes, are the displaced households considered low-income? **If yes**, attach Residential Anti-displacement and Relocation Assistance Plan (Att. D) describing the steps taken to minimize displacement, including what assistance/benefits will be provided to displaced households and what plans have been developed to replace the units and ensure that they stay at or below Fair Market Rent for 10 years.		Yes ☐ No ☐
Davis- Bacon Wages		
Does the project include Davis-Bacon wages? (see Att. F) *See HUD Guidebook 1344 & DOLA CDBG Guidebook Sec VIII*		Yes ☐ No X
Environmental Review		
Have you started the Environmental Release of Funds (ROF) Process? *See 24 CFR Parts 58 & DOLA CDBG Guidebook Sec IV &* *http://dola.colorado.gov/cdh/developers/documents/TA_on_ROF_22610.pdf*		Yes ☐ No X
Will the project be undertaken in flood hazard areas? *For questions: Thuy Patton, Colorado Water Conservation Board,* 303-866-3441 x 3230 *All applicants must attach a flood plain map.*	Yes No X	**If yes,** attach a description of your mitigation plans
Will the project be near a geological hazard area, or affect historical, archeological or cultural resources? *For questions: Pat Rodgers, Colorado Geological Survey, (303) 866-2611, Dan Corson, State Historical Society, (303) 866-2673*	Yes ☐ No X	**If yes,** attach a description of your mitigation plans
Will the project be located within 1,000 feet of a major highway, 3,000 feet of a railroad, 15 miles of a commercial airport or near military airfields or some other major noise source? ***There is a commercial airport adjacent to the City of Gunnison boundaries serving the Gunnison Valley. Mitigation is not possible.***	Yes X No ☐	**If yes,** attach a description of your mitigation plans
Will the project be located within one-mile of aboveground storage tanks, transmission pipelines or loading facilities for explosive or fire-prone substances?	Yes ☐ No X	**If yes,** attach a description of your mitigation plans

Lead-Based Paint		
If the property was built before 1978, is it exempt from lead-based paint abatement? http://edocket.access.gpo.gov/cfr_2003/aprqtr/pdf/24cfr35.115.pdf List reason_____ *LBP Evaluation will be done on a case-by-case basis*	Yes ☐ No ☐	Attach record indicating year of construction or proof of exemption
If no, has the property been evaluated?	Yes ☐ No ☐	Attach record indicating year of construction and proof of exemption
Does the property need remediation? **If yes,** the regulations at *24 CFR Parts 35 apply* *http://www.hud.gov/offices/lead/library/enforcement/24CFR35_SubpartA.pdf*	Yes ☐ No ☐	
Asbestos		
For projects involving rehabilitation, has there been an evaluation of asbestos hazards? http://www.cdphe.state.co.us/ap/asbestos/renodemo.pdf ***Asbestos evaluation will be done on a case-by-case basis***	Yes ☐ No ☐	**If Yes,** attach a copy of the report(s).
Does property need Asbestos remediation? **If yes,** contact a state-certified asbestos inspector.		Yes ☐ No ☐
Accessibility & Visitability		
Does the project have 4 or more units? **If yes**, the development must meet the accessibility requirements of the Fair Housing Act, which requires that all common spaces, and all units in elevator buildings, and all ground floor units in other buildings are accessible as required by the Fair Housing Act. *http://www.hud.gov/offices/fheo/disabilities/fhguidelines/fhefha5.cfm#sect3* **If yes**, for new construction (of 5 or more units) or substantial rehabilitation (of 15 or more units) with federal funds, at least 5% (or 1, whichever is greater) must be accessible to persons with mobility impairments according to the Uniform Federal Accessibility Standards, and 2% (or 1, whichever is greater) must be accessible to persons with sensory impairments. Please see the Application Instructions for more information.		Yes ☐ No ☐
Number of units for persons with mobility impairment? (5%)		
Number of units for persons with sensory impairment? (2%)		
Number of visitable units?		
Send copy of Agency's Section 504 Compliance plan *See 24 CFR Part 8 & DOLA CDBG Guidebook Sec V* *https://www.colorado.gov/pacific/dola/v-civil-rights*		

Fair Housing	
Has the agency established Steps to Affirmatively Further Fair Housing? *See 24 CFR 570.487(b) & 24 CFR 92.351* *See Att. N http://www.hud.gov/offices/adm/hudclips/forms/files/935-2a.pdf*	Yes X No ☐
Procurement	
Will DOH funds be used for purchasing goods or services? **If yes**, which procurement policies will be followed? ***GVRHA Financial Policies*** *See DOLA CDBG Guidebook Sec II* *http://dola.colorado.gov/dlg/fa/cdbg/cdbg_guidebook.html#section_ii*	Yes X No ☐
Will DOH funds be used to pay vendors for goods and/or services? **If yes**, the Exclusion check applies *See https://www.sam.gov/ & DOLA CDBG Guidebook Sec VIII*	Yes X No ☐
Will there be over $200,000 of federal funds in the project?	Yes ☐ No X
Financial Management	
Does the applicant's financial management comply with 2 CFR 200 – Uniform Guidance & DOLA CDBG Guidebook Sec II-C?	Yes X No ☐
Does the applicant's audit/records comply with 2 CFR 200 - Uniform Guidance & 24 CFR 570.490(d) & DOLA CDBG Guidebook Sec II?	Yes X No ☐
Program Income	
Will the project generate Program Income? **If yes**, indicate which: ☐HOME ■CDBG Examples of program income include, but are not limited to: revenue from the loans made through Down Payment Assistance (DPA) programs and Single-family Owner-occupied rehab (SFOO) programs.	Yes X No ☐
Projected Program Outcomes	
ENERGY STANDARDS: List the Energy Efficiency Standard the project will follow? How many units will meet Energy Star Standards or standard listed above?	
SPECIAL NEEDS: Number of units designated for persons with disabilities?	
HOMELESSNESS: Number of units designated for homeless persons? Of those, number of units designated for the chronically homeless?	
HIV/AIDS: Number of units designated for persons with HIV/ AIDS? Of those, number of units for chronically homeless with HIV/AIDS?	

AUTHORIZED SIGNATURE SHEET

I certify to the best of my knowledge and belief, statements and data in this application, including the required Statement of Assurances and Certifications (Attachment A), attached tables and other documentation, are true and correct.

Signature	Signature	Signature
Jonathan Houck		
Name (Typed or Printed)	Name (Typed or Printed)	Name (Typed or Printed)
Chief Elected Official		
Title	Title	Title
Date	Date	Date
Signature	Signature	Signature
Name (Typed or Printed)	Name (Typed or Printed)	Name (Typed or Printed)
Title	Title	Title
Date	Date	Date

The above must be signed by the Chief Elected Official of the governmental unit, officer of the private corporation or other appropriate and authorized signatory for the applicant. <u>Documentation proving signer is authorized must be provided.</u> In the case of multi-jurisdictional applications for CDBG funds, an executed Intergovernmental Agreement must be submitted, designating a lead governmental agency as the applicant and administrator of any award. If an IGA is not available, the Chief Elected Official of EACH local government must sign.

ATTACHMENT A
APPLICANT STATEMENT OF ASSURANCES AND CERTIFICATIONS

The application must adhere to the following assurances and certification, that it:

1) Possesses legal authority to apply for the loan/grant and to execute the proposed project, and its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representatives to act in connection with the application and to provide such additional information as may be required;

2) Will give the State, the U.S. Department of Housing and Urban Development (HUD), and any state-authorized representatives access to and the rights to examine all records, books, papers or documents related to the application and grant;

3) Has provided a description of the proposed activity to determine its eligibility for CDBG, NSP, HOME, HTF, CHIF, HDG, or HDLF funding;

4) Will comply with all requirements of the CDBG, NSP, HOME, HTF, CHIF, HDG, or HDLF funds when such funds are awarded for applicant's housing activity;

5) Will affirmatively further fair housing by:

   I. Refraining from discrimination with respect to housing, program benefits, and employment, and;

   II. Taking affirmative steps to promote fair housing for all, regardless of race, color, religion/creed, national origin/ancestry, sex, age, disability, veteran status, mental illness, sexual orientation, transgender status, and all other federal and State protected classes;

6) Has provided for and encouraged citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of areas in which CDBG, NSP, HOME, HTF, CHIF, HDG, and HDLF funds are proposed to be used; by:

   I. Providing citizens with reasonable and timely access to local meetings, information, and records relating to its proposed and actual use of CDBG, NSP, HOME, HTF, CHIF, HDG, and HDLF funds;

   II. Furnishing citizens information concerning: the amount of funds available for proposed housing activities and the range of activities that may be undertaken, including the estimated amount proposed to be used for activities that will benefit persons of low and moderate income; its plans for minimizing displacement of persons as a result of activities assisted with CDBG, NSP, HOME, HTF, CHIF, HDG, and HDLF funds; and its plan for assisting persons actually displaced as a result of such activities;

   III. Publishing a proposed project plan/application in such a manner to afford citizens an opportunity to examine its content and to submit comments on the proposed project plan/application and on the community development performance of the jurisdiction(s);

   IV. Holding one or more public meetings, to obtain citizens view and responses to proposals and questions related to community development and housing needs, proposed activities and past CDBG, NSP, HOME, HTF, CHIF, HDG, and HDLF performances. All meetings were held no sooner than five days after notice, at times and locations convenient to potential or actual beneficiaries, and with accommodations for the handicapped.

   V. Providing for a timely answer to written complaints and grievances, within 15 working days where practicable; and

   VI. Identifying how the needs of non-English speaking residents will be met in the case of public meetings where a significant number of non-English speaking residents can be reasonably expected to participate.

_____ _____

Signature, Chief Elected Official Date

ATTACHMENT B

Intentionally Omitted

ATTACHMENT C
SUGGESTED FORMAT FOR LEGAL NOTICE

This legal notice must be published as a legal notice in a newspaper of general circulation in the area of the project for one day at least five days prior to the public meeting. *If applicant is applying to the local jurisdiction for matching funds, a combined public notice may be published although it must distinguish each funding request separately.* In the case of a multi-jurisdictional application, a legal notice must be published in each participating municipality or county.

(Replace this sample with notarized proof of publication as Attachment C)

The _____(Name of Applicant)_____will submit an application to the Colorado Division of Housing (DOH). The purpose of this application is to request (Amount of DOH Funding Request) to develop (Number of Units) of rental or homes for purchase at (Street Address of Property). The request of funding from DOH is to benefit persons with low and moderate incomes by increasing the availability of affordable housing in __(Name of Community)__.It is not the intent to cause displacement from any existing housing; however, if persons are displaced from their existing residences reasonable housing alternatives shall be offered.

All interested persons are encouraged to contact the applicant for further information. Written comments should be sent to____(Mailing Address of Applicant)____or (email address)__and will be forwarded to DOH for consideration during the application process.

Members of the public may request a public meeting and should arrange a request with the Applicant. Applicant shall post notice of meeting (Date, Time, and Location) to ensure other members of the public are aware of meeting. If reasonable accommodations are needed for persons attending the public meeting, please contact the Applicant.

ATTACHMENT C - CDBG
SUGGESTED FORMAT FOR PUBLIC NOTICE AND NOTICE OF PUBLIC HEARING

The County of Gunnison plans to submit a Community Development Block Grant (CDBG) application to the State of Colorado, Department of Local Affairs. CDBG funds are intended to provide decent housing, suitable living environments and economic opportunities, principally for low and moderate-income persons through rehabilitation and preservation, economic/job development and public facilities improvements.

The application being considered would request $193,295 for SFOO Rehabilitation. It is estimated that approximately **100%** of the funds would benefit low and moderate-income persons. Permanent involuntary displacement of neighborhood persons or businesses is not anticipated. Should it later become necessary to consider such displacement, alternatives will be examined to minimize the displacement. If no feasible alternatives exist, required/reasonable benefits will be provided to those displaced to mitigate adverse effects and hardships. Any low- and moderate-income housing which is demolished or converted will be replaced**.** In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during these hearings should notify Jennifer Kermode at 202 E. Georgia Avenue, Gunnison, CO 81230 a minimum of 3 days in advance so that appropriate aids can be made available.

A public hearing will be held at _(Time)__ on ____Day_____, ____(Date)____ at the ____(Location____ to obtain citizen views and to respond to proposals and questions related to:

- **The proposed CDBG application for this project; and**
- **Community development and housing needs, including the needs or low and moderate income persons, as well as other needs in the community that might be addressed through the CDBG program; and**
- **The performance of the** County of Gunnison **in carrying out its community development responsibilities.**
- **Potential historical effects.**

A copy of the application(s) as submitted to the State will be available for public review at 200 E. Virginia Avenue, Gunnison, CO 81230, 201 W. Virginia Avenue, Gunnison, CO 81230, 507 Maroon Avenue, Crested Butte, CO 81224 and 911 Gothic Road, Mt. Crested Butte, CO 81225 and 202 E. Georgia Avenue, Gunnison, CO 81230.
Written comments are also welcome and must be received by ___(Date)___at jkermode@gvrha.org..
Oral and written comments will be considered in deciding whether to submit an application for the proposed project. Written summary information will be available at 202 E. Georgia Avenue, Gunnison, CO 81230 on ___(Date)___ until (Date) on any CDBG application(s) the County of Gunnison intends to submit to the State.

Information and records regarding the County of Gunnison proposed and past use of CDBG funds are available at 200 E. Virginia, Gunnison, CO 81230 during regular office hours.

NOTE 1: THIS NOTICE MUST BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN THE AREA AT LEAST FIVE (5) DAYS PRIOR TO THE PUBLIC HEARING. It should also be posted in the city/town hall or county courthouse and in other places frequented by the public, ESPECIALLY LOW- AND MODERATE-INCOME PERSONS BENEFITING FROM OR AFFECTED BY PROPOSED CDBG ACTIVITIES.

NOTE 2: EACH MUNICIPALITY AND COUNTY PARTICIPATING DIRECTLY IN A MULTI-JURISDICTIONAL PROJECT IS REQUIRED TO CONDUCT A PRE-APPLICATION PUBLIC HEARING AND TO PROVIDE PUBLIC NOTICES. AS APPROPRIATE, THE NOTICES MAY BE COMBINED AND THE HEARINGS MAY BE HELD JOINTLY.

* For projects with more than one activity, provide estimated amount for each activity and estimated percentages by which each activity will benefit low- and moderat-income persons.

** For multi-jurisdictional applications, written summary information and a copy of the application must be available for public review in each participating jurisdiction, as required by HUD.

ATTACHMENT D
RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN

The County of Gunnison will replace all occupied and vacant occupy-able low/moderate income dwelling units demolished or converted to a use other than as low/moderate income housing as a direct result of activities assisted with CDBG funds, as required by Section 104(d) of the Housing and Community Development Act of 1974, as amended (the Act), and implementing regulations at 24 CFR 570.496a.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the County of Gunnison will make public and submit to the State the following information in writing:

1. Description of the proposed assisted activity;

2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate dwelling units as a direct result of the assisted activity;

3. A time schedule for the commencement and completion of the demolition or conversion;

4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;

5. The source of funding and a time schedule for the provision of replacement dwelling units; and,

6. The basis for concluding that each replacement dwelling unit will remain in a low/moderate income dwelling unit for at least 10 years from the date of initial occupancy.

The County of Gunnison will provide relocation assistance, as described in 570.496a(b)(2), to each low/moderate income household displaced by the demolition of housing or by the conversion of a low/moderate income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the County of Gunnison will take the steps indicated below to minimize the displacement of persons from their homes:*

*** The following are examples of steps to minimize displacement. The first two are required. The others are optional. Only check those which are appropriate for the project and local circumstances. Add other steps as necessary or appropriate.**

X Consider all practical alternatives to any proposed project that may result in residential displacement. Alternatives to be considered include other sites for the proposed facilities/project. Also to be considered are the costs and benefits, both financial and nonfinancial, of each alternative.

X Provide counseling and referral services to assist displacees find alternative housing in the community.

X Work with area landlords and real estate brokers to locate vacancies for households facing displacement.

__ Stage rehabilitation of assisted housing to allow tenants to remain during and after rehabilitation, working with empty buildings or groups of empty units first so they can be rehabilitated first and tenants moved in before rehab on occupied units or buildings is begun.

__ Establish temporary relocation facilities in order to house families whose displacement will be of short duration, so they can move back to their neighborhoods after rehabilitation or new construction.

__ Evaluate housing codes and rehabilitation standards in reinvestment areas to prevent their placing undue financial burden on long-established owners or on tenants of multi-family buildings.

__ Develop displacement watch systems in cooperation with neighborhood organizations to continuously review neighborhood development trends, identify displacement problems, and identify individuals facing displacement who need assistance.

_____ _____

Jonathan Houck, Chief Elected Official Date

NOTE: EACH MUNICIPALITY AND COUNTY DIRECTLY PARTICIPATING IN A MULTI-JURISDICTIONAL APPLICATION IS REQUIRED TO HAVE A RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN.

ATTACHMENT F
DAVIS-BACON EXCEPTION CHECKLIST

EXCEPTIONS

The Applicant County of Gunnison affirms that all of its CDBG/HOME project is excepted from Davis-Bacon Prevailing Wage Rate Provision because:

____ (a) The prime construction contract funded in whole or in part with CDBG/HOME funds is less than $2,000.

____ (b) The entire project consists solely of demolition. (CDBG Only)

__X__ (c) CDBG funds will be used for rehabilitating property that was designed for fewer than eight (8) households (See Note* Below)

____ (d) HOME funds will be used for construction or rehabilitating property that was designed for fewer than 12 HOME- designated units (See Note ** Below)

____ (e) Part/all of the project consists solely of delivery of goods or services. (No construction contract.)

____ (f) Part/all of the project will be done through a force account. (See Note* Below)

____ (g) There are no federal monies in the construction contract.

____ (h) All or a portion of the CDBG/HOME funds shall be used for the purchase of equipment:

____ 1) Installation of equipment is incidental (less than 13%) of the total cost (equipment PLUS installation - this requires a separate quote for equipment and the installation);

____ 2) NO installation costs are included in the purchase of equipment.

____ (i) Proceeds of the CDBG/HOME loan shall be used for working capital ONLY.

____ (j) The CDBG funds are used for acquisition ONLY and there is no construction.

NOTE:
*Any employees hired through a force account for a CDBG funded project will be considered Section 3 employees.
**Grantee should confirm with their state monitor regarding this option. Clarification is necessary because some housing type projects will qualify as PUBLIC facilities and not as HOUSING.

NO EXCEPTIONS – DAVIS BACON APPLICABLE

☐ If there is no exception, check here if Davis-Bacon is **applicable** to your project

Reason Davis-Bacon is triggered: _____

Are Davis-Bacon wages included in construction cost estimates? ☐ YES ☐ NO

Lead Agency to monitor compliance with Davis- Bacon_____

_____ _____

Jonathan Houck, Chief Elected Official Date

ATTACHMENT G
IMMIGRATION POLICY

Federal and State laws require Grantees to verify lawful presence of beneficiaries of public funds. The requirements to ensure lawful presence vary by the funding sources used to finance projects, as follows:

Federal HOME Investment Partnership, Community Development Block Grant Programs, Neighborhood Stabilization Program, or National Housing Trust Fund
If the funding is HOME, CDBG, NSP, or HTF, the Welfare Reform Act does not require a non-profit charitable organization to determine, verify or otherwise require proof of lawful presence. If the managing member is a non-profit or if the general partner of a LIHTC ownership entity is a non-profit, this also applies. If the funding is provided to a for-profit, government, or quasi-government entity, all adult family members will have to sign **a Declaration of Residency** form.

State of Colorado funds (HDG, HDLF, or CHIF)
If the funding is State of Colorado Housing Development Grant (HDG) funds, Housing Development Loan Funds (HDLF), or Colorado Housing Investment Funds (CHIF), Grantees must confirm that any individual natural person 18 years of age and older is lawfully present in the United States pursuant to CRS 24-76.5-101, et seq., when each individual applies for public benefits by requiring the applicant to:

a) produce:
   1.) a valid Colorado driver's license or a Colorado identification card, issued pursuant to Article 2 of Title 42 CRS; or
   2.) a U S military or a military dependent's identification card; or
   3.) a US Coast Guard Merchant Mariner card; or
   4.) a Native American Tribal Document; or
   5.) a document as described in 2.1.2 and 2.1.3 in the Colorado Department of Revenue's Rules for Lawful Presence section on Identification.

b) and execute an **Affidavit of Legal Residency** stating:
   1.) That he or she is a United States citizen or legal permanent resident; or
   2.) That he or she is otherwise lawfully present in the US pursuant to Federal law.

SAMPLE FORM 1
AFFIDAVIT OF LEGAL RESIDENCY

I, _(applicant)___, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States citizen, or

☐ **I am a Permanent Resident of the United States, or**

☐ I am lawfully present in the United States pursuant to Federal law.

I that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under CRS §18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____ _____
Signature of Applicant Date

I agree to provide and maintain the legal resident requirements as described above

_____ _____
Jonathan Houck, Chief Elected Official Date

ATTACHMENT H
STANDARD INSURANCE REQUIREMENTS

State of Colorado insurance requirements are as follows and apply to all DOH-funded projects. Grantee and its sub-grantees and subcontractors shall obtain and maintain insurance as specified in this section at all times during the term of this Grant: All policies evidencing the insurance coverages required hereunder shall be issued by insurance companies satisfactory to Grantee and the State.

Grantee

Public Entities

If Grantee is a "public entity" within the meaning of the Colorado Governmental Immunity Act, CRS §24-10-101, et seq., as amended (the Governmental Immunity Act"), then Grantee shall maintain at all times during the term of this Grant such liability insurance, by commercial policy or self-insurance, as is necessary to meet its liabilities under such Act. Grantee shall show proof of such insurance satisfactory to the Department, if requested by the Department. Grantee shall require each grant or contract with a sub-grantee or subcontractor which is a public entity, providing Goods or Services in connection with this Grant, to include the insurance requirements necessary to meet sub-grantees liabilities under the Act.

Non-Public Entities

If Grantee is not a "public entity" within the meaning of the Governmental Immunity Act, Grantee shall obtain and maintain during the term of this Grant insurance coverage and policies meeting the same requirements with respect to sub-grantees and sub-contractors which are not "public entities".

Sub-grantees and Subcontractors

Grantee shall require each contract with a sub-grantee or subcontractor, other than those that are public entities, providing Goods or Services in connection with this Grant to include insurance requirements substantially similar to the following:

Worker's Compensation

Worker's Compensation Insurance as required by State statute, and Employer's Liability Insurance covering all of sub-grantee or subcontractor employees acting within the course and scope of their employment.

General Liability

Commercial General Liability Insurance written on ISO occurrence form CG 00 01 10/93 or equivalent, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:

- $1,000,000 each occurrence;
- $1,000,000 general aggregate;
- $1,000,000 products and completed operations aggregate; and
- $50,000 any one fire.

If any aggregate limit is reduced below $1,000,000 because of claims made or paid, sub-grantee or subcontractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to Grantee a certificate or other document satisfactory to Grantee showing compliance with this provision.

Automobile Liability

Automobile Liability Insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit of $1,000,000 each accident combined single limit.

Additional Insured

Grantee and the State shall be named as additional insured on the Commercial General Liability and Automobile Liability Insurance policies (leases and construction contracts require additional insured coverage for completed operations on endorsements CG 2010 11/85, CG 2037, or equivalent).

Primacy of Coverage

Coverage required of the sub-grantee or subcontractor shall be primary over any insurance or self-insurance program carried by Grantee or the State.

Cancellation

The above insurance policies shall include provisions preventing cancellation or non-renewal without at least 45 days prior notice to the Grantee and the State by certified mail.

Subrogation Waiver

All insurance policies in any way related to the Grant and secured and maintained by Grantee's sub-grantees or subcontractors as required herein shall include clauses stating that each carrier shall waive all rights of recovery, under subrogation or otherwise, against Grantee or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.

Malpractice/Professional Liability Insurance

Professional Liability Insurance Policy may apply in the minimum amount of $1,000,000 per occurrence and $3,000,000 in the aggregate, written on an occurrence form, that provides coverage for its work undertaken pursuant to this Grant. If a policy written on an occurrence form is not commercially available, the claims-made policy shall remain in effect for the duration of the Grant and for at least two years beyond the completion and acceptance of the work under the Grant, or, alternatively, a two year extended reporting period must be purchased.

Certificates

Each of Grantee's subcontractors and subgrantees shall provide certificates showing insurance coverage required hereunder to Grantee within seven business days of the Effective Date, but in no event later than the commencement of the Services or delivery of the Goods under the subcontract or subgrant. No later than 15 days prior to the expiration date of any such coverage, each subcontractor or subgrantee shall deliver to Grantee certificates of insurance evidencing renewals thereof upon request by the Department or at any other time during the term of a subcontract or subgrantee,

Grantee may request in writing, and the subcontractor or subgrantee shall thereupon within 10 days supply to Grantee, evidence satisfactory to Grantee and the Department of compliance with the provisions of this section.

I agree to provide and maintain the insurance as described above

_____ _____

Jonathan Houck, Chief Elected Official Date

ATTACHMENT I
INTERGOVERNMENTAL AGREEMENT
FOR COMMUNITY DEVELOPMENT BLOCK GRANT PROJECT

THIS AGREEMENT, made this _____ day of _____, 20___, by and among the following:

1. County of Gunnison
2. City of Gunnison
3. Town of Mt. Crested Butte
4. Town of Crested Butte

WHEREAS, the parties to this Agreement have the authority pursuant to Article XIV, Section 18 of the Colorado Constitution and Section 29-1-201, et. seq., Colorado Revised Statutes, to enter into intergovernmental agreements for the purpose of providing any service or performing any function which they can perform individually.

WHEREAS, the parties to this Agreement desire to cooperate in developing and carrying out a Community Development Block Grant (CDBG) project, the purpose of which is to:

Rehabilitation of residences of low-to-moderate income households to improve health and safety concerns.

NOW THEREFORE, the parties hereby mutually agree as follows:

1. Designation of Lead Party. County of Gunnison shall act as the lead party in developing and carrying out said proposed CDBG project.

2. Responsibilities of Lead Party. In its capacity of lead party, County of Gunnison shall by the lead jurisdiction in making application to the State Department of Local Affairs (State) for CDBG funds and shall be the grantee of the State for such funds, if awarded. As the grantee of the State, it shall be fully and solely responsible to the other parties to this Agreement for compliance with all financial management, environmental review, labor standards, civil rights, record-keeping, reporting and other requirements of the CDBG program contained in the Applicant Statement of Assurances and Certifications, and in the grant contract with the state, except those specified in Paragraph 3 hereinafter.

3. Responsibilities of All Parties. Each party to this Agreement shall be individually responsible for compliance with the following requirements of the CDBG program:

    a) adopting a required Citizen Participation Plan, and providing to its citizens information and opportunities to comment as required by the State in developing an application and substantially changing project activities;

    b) identifying its community development and housing needs, including the needs of low- and moderate-income persons, and the activities to be undertaken to meet such needs; and

    c) adopting a required Antidisplacement and Relocation Assistance Plan which calls for replacement of demolished or converted low/moderate income housing units and provision of necessary relocation assistance; and,

    d) taking actions to affirmatively further fair housing.

Furthermore, each party shall provide documentation to County of Gunnison demonstrating its compliance with the requirements specified in the Paragraph 3 and County of Gunnison shall retain such documentation and other required records and documents for the period of time specified by the State.

4. Contracting. County of Gunnison shall contract with the Gunnison Valley Regional Housing Authority, or with other eligible individuals or entities to carry out all or any portion of the responsibilities assumed by County of Gunnison under this Agreement and its grant contract with the State.

5. Term of Agreement. This Agreement shall remain in full force and effect for so long as the parties to this Agreement are pursuing CDBG funding for said proposed project or, if awarded, carrying out such project activities. Any party to this Agreement may, however, terminate its participation in this Agreement six months after providing written notice of such termination to the other parties of this Agreement. This Agreement may be terminated at any time by agreement of all parties to this Agreement unless a grant contract is in effect with the State. In this case, the State must approve such termination and arrangements for completing the project.

6. Modification and Changes. The terms of this Agreement may be modified or changed at any time by agreement of all parties to this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first above written.

COUNTY OF GUNNISON

_____
Jonathan Houck, Chief Elected Official

Attest:

CITY OF GUNNISON

_____
Russ Forrest, City Manager

Attest:

TOWN OF MT. CRESTED BUTTE

_____
Joe Fitzpatrick, Town Manager

Attest:

TOWN OF CRESTED BUTTE

_____
Dara MacDonald, Town Manager

Attest

ATTACHMENT J
W-9 STATE OF COLORADO VERSION
http://dola.colorado.gov/cdh/section8/W9Docs/W-9.pdf

Substitute Form
W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

State of Colorado
Do NOT send to IRS

PRINT OR TYPE

RETURN TO ADDRESS BELOW

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SOCIAL SECURITY ADMINISTRATION RECORDS)
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPIETORSHIP ON THIS LINE - See Reverse for Important Information

Trade Name -- complete only if doing business as (D/B/A)

Remit Address

Purchase Order Address -- Optional

PART II See Part II Instructions on Back of Form

Check legal entity type and enter 9 digit Taxpayer Identification Number (TIN) below:
(SSN = Social Security Number EIN = Employer Identification Number)

Do Not enter an SSN or EIN that was not assigned to the legal name entered above

☐ Individual (Individual's SSN) ___ ___ ___ -- ___ ___ - ___ ___ ___ ___
NOTE: If no name is circled on a Joint Account when there is more that one name, the number will be considered to be that of the first name listed.

☐ Sole Proprietorship (Owner's SSN or Business EIN) SSN ___ ___ ___ -- ___ ___ - ___ ___ ___ ___
Note: Enter both the owner's SSN and the business EIN (if you are required to have one) EIN ___ ___ - ___ ___ ___ ___ ___ ___

☐ Partnership ☐ General ☐ Limited (Partnership'S EIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ Estate/Trust (Legal Entity's EIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___
NOTE: Do not furnish the identification number of the personal representative or trustee unless the legal entity itself is not designated in the account title. List and circle the name of the legal trust, estate, or pension trust.

☐ Other > _____ (Entity's EIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___
Limited Liability Company, Joint Venture, Club, etc.

☐ Corporation Do you provide medical services? ☐ Yes ☐ No (Corp's EIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___
Includes corporations providing medical billing services

☐ Government (or Government Operated) Entity (Entity's EIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___

☐ Organization Exempt from Tax under Section 501(a) (Org's EIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___
Do you provide medical services? ☐ Yes ☐ No

☐ Check Here if you do not have a SSN or EIN, but have applied for one. See reverse for information on *How to Obtain A TIN*
Licensed Real Estate Broker? ☐ Yes ☐ No

Under Penalties of Perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contribution to an individual retirement arrangement (IRA), and payment other than interest and dividends).

CERTIFICATION INSTRUCTIONS -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. (See Signing the Certification on the reverse of this form.)

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

NAME (Print or Type) _____ TITLE (Print or Type) _____
AUTHORIZED SIGNATURE _____ DATE _____ PHONE (_____)_____

DO NOT WRITE BELOW THIS LINE **RETURN BOTH COPIES TO ADDRESS ABOVE**

AGENCY USE ONLY

Agency ____ ____ ____ Approved by _____ Date _____
1099: Yes ____ No ____ Action Completed by _____ Date _____
VENDOR: Addition ____ Change ____

615-82-50-7093 (R 4/97)

ATTACHMENT K

SAMPLE RESOLUTION TO APPLY AND SIGNATORY AUTHORITY AND DELEGATION OF SIGNATORY AUTHORITY

Please copy the following onto your Corporate Letterhead

Date:

WHEREAS, the County of Gunnison has approved an application to the Colorado Department of Local Affairs/ Division of Housing for funds for the CDBG SFOO Housing Rehabilitation Grant and

WHEREAS, the County of Gunnison certifies by

☐ Board Resolution ☐ Bylaws ☐ Policy ☐ Other: _____
(please attach backup documentation)

that the person named below has full signatory authority in regard to all contracts and corresponding documents associated with agreements entered into by County of Gunnison.

Matthew Birnie
Name of Authorized Signatory

County Manager
Title

_____
Signature

Furthermore, if applicable, this statement certifies and hereafter delegates Jennifer Kermode, Executive Director of the Gunnison Valley Regional Housing Authority, an agent of Gunnison County for the purpose of authorizing and signing:

X	Payment Requests	
X	Quarterly Financial Status Reports	
X	Quarterly Project Performance Reports	
X	Monitoring Documents	
	Other	

DOH Asset Manager will complete the following

The above designation will commence on the date of this statement and will apply for the duration of the Contract(s):

Contract Encumbrance Number or Reference

•
•

•

CHECKLIST FOR REQUIRED DOCUMENTS Please Submit in Order Below (use all check lists that apply to application)	Rental – New Construction	Rental – Acquisition/Rehab	Homeownership – New Construction	Homeownership – Down Payment	Homeownership – Rehabilitation	CHDO Operating	Pre-Development & Needs Assess.	Private Activity Bonds – Rental NC or Acq/rehab	Project Based Assistance	Applicable	Received
ATTACHMENTS REQUIRED FOR INITIAL APPLICATION REVIEW											
Att. A – Statement of Assurances	X	X	X	X	X	X	X	X	X	Yes ■	
Att. B – Intentionally Omitted											
Att. C – Proof of Pre-application Legal Notice	X	X	X	X	X	X	X	X		Yes ■	
Att. D – URA/Relocation Plan	X	X	X	X	X		X	X	X	Yes ■	
Att. E – Acquisition of Land or Building	X	X	X				X	X		Yes ☐	
Att. F – Davis-Bacon Exception Checklist	X	X	X	X	X	X	X	X		Yes ■	
Att. G – Immigration Policy	X	X	X	X	X	X	X	X	X	Yes ■	
Att. H – Insurance Requirements	X	X	X	X	X	X	X	X	X	Yes ■	
Att. I – Intergovernmental Agreement				X	X		X			Yes ■	
Att. J – W-9, Tax Payer Identification #	X	X	X	X	X	X	X	X	X	Yes ■	
Att. K – Doc. of Signatory Authority & Board Resolution Authorizing application	X	X	X	X	X	X	X	X	X	Yes ■	
SUPPORTING DOCUMENTS REQUIRED FOR INITIAL APPLICATION REVIEW											
IRS Determination Letter (Non-profits only)	X	X	X	X	X	X	X	X	X	Yes ☐	
Most Recent Audit (per 2 CFR 200, if applicable)	X	X	X	X	X	X	X	X	X	Yes ■	
Staff Allocation Plan (if not in Budget)				X	X	X				Yes ☐	In budget
Site Control Documentation w/ legal description	X	X	X					X	X	Yes ☐	
Zoning and Site Plan Approval	X	X	X					X		Yes ☐	
Floodplain Map	X	X	X				X	X		Yes ☐	
Environmental Studies (Phase I, Lead Based Paint & Asbestos)	X	X	X					X		Yes ☐	
Architectural Drawings/Photos (via email)	X	X	X					X		Yes ☐	
Construction Cost Estimates	X		X							Yes ☐	
Capital Needs Assessment & Cost Estimate		X						X		Yes ☐	
Three-Years' Actual Operating Statements		X								Yes ☐	
Market Study/Needs Assessment	X	X	X						X	Yes ☐	
Appraisal (or data on comparables)	X	X	X					X		Yes ☐	
Copy of Tax Credit Application	X	X						X		Yes ☐	
Letters of Funding Commitment	X	X	X	X	X	X	X	X	X	Yes ■	
Letters of Local Government Funding Commitment	X	X	X	X	X	X	X	X		Yes ■	
Relocation: General Notice to Tenants and Proof of Delivery		X						X		Yes ☐	
Relocation: Current Rent Roll with Residents' Incomes		X						X		Yes ☐	
Relocation Plan (only if relocation will occur)		X						X		Yes ☐	
DPA/Rehab Local Program Guidelines				X	X					Yes ■	
Issuer PAB Application								X		Yes ☐	
Inducement Resolution								X		Yes ☐	
Credit Enhancement								X		Yes ☐	
Bond Counsel Opinion								X		Yes ☐	
Assignments of PAB Cap								X		Yes ☐	
Application Fee								X		Yes ☐	
8328 IRS filing or Relinquish to Statewide Balance								X		Yes ☐	

CHECKLIST FOR REQUIRED DOCUMENTS **Please Submit in Order Below** **(use all check lists that apply to application)**	Rental – New Construction	Rental – Acquisition/Rehab	Homeownership – New Construction	Homeownership – Down Payment	Homeownership – Rehabilitation	CHDO Operating	Pre-Development & Needs Assess.	Private Activity Bonds – Rental NC or Acq/rehab	Project Based Assistance	**Applicable**	**Received**
ATTACHMENTS REQUIRED BEFORE CONTRACT											
Att. L– Agency's 504 Self Certification	X	X	X	X	X	X	X	X	X	Yes ■	
Att. M – Steps to Further Fair Housing	X	X	X	X	X			X	X	Yes ■	
Att. N – Affirmative Fair Housing Marketing	X	X	X	X	X				X	Yes ■	
Att. O – Sub-recipient Agreement (CDBG)	X	X	X	X	X		X	X		Yes ■	
Att. P – Citizen Participation Plan (CDBG)	X	X	X	X	X			X		Yes ■	
Att. Q – Community Development Plan (CDBG)	X	X	X	X	X			X		Yes ■	
Att. R – Excessive Force Policy (CDBG)	X	X	X	X	X			X		Yes ■	
SUPPORTING DOCUMENTS REQUIRED BEFORE CONTRACT											
Final Legal Property Description (if any changes since initial application)	X	X	X					X	X	Yes ☐	
Consolidated Plan Consistency Letter (if local gov't receives CDBG or HOME funds)	X	X	X	X	X	X	X	X		Yes ■	
Letters From Service Providers (for 30% AMI units)	X	X						X	X	Yes ☐	
Partnership Agreements	X	X	X					X		Yes ☐	
Evidence of Insurance with DOH as additional insured (see Att. H)	X	X	X	X	X	X	X		X	Yes ■	

HOUSING PROGRAMS SPREADSHEET

Program Name:	CDBG SFOO Rehab Program
Date:	07.24.19
Applicant:	Gunnison Valley Regional Housing Authority
Version:	1

Single Family Owner Occupied (SFOO) Housing Rehabilitation Assessment Chart

Criteria	Program Data
Program Portfolio Information	
Current # of Loans in Portfolio	0
Average # of Loans / Year	8
Average Loan Amount	$18,700
Percent & Value of Current Deferred Loans	0
Current Value of Loan Portfolio	0
Current Amount of Program/Misc. Income On-Hand	0
Projected Annual Program/Miscellaneous Income	Depends on loans made
Total # of Loans Since Program Inception	0
Percent Program Costs Covered by Program/Misc. Income	0
# of New Loans	5
# of New Loans From Program/Miscellaneous Income	0
# of New Loans From CDOH Grant	5
Loan Information	
Maximum CDOH Loan Amount	$24,999
Loan Term	1-30 years
Loan Rates	0-4%
Rehabilitation Costs	
Average Housing Rehabilitation Cost	$18,700
Average Emergency Repair Cost	$10,000
Average Manufactured Housing Repair Cost	$10,000
Average Replacement Housing Cost	n/a
Market Information	
Qualifying Household Income	80% AMI
Number of Applicants on Waiting List	0
Geographic Distribution of Projects (% Population / % Completed Projects	Gunnison County
Other Criteria	
Energy-Efficiency Standard	Will be used when feasible
Administrative Costs / New Loan	$4,400
CDOH Funding Legibility	CDBG
Action Plan Priority	
Minimum Application Criteria	Yes
Housing Needs Assessment Supports Project	Yes

Please see application instructions for DOH ranges.

Single Family Owner Occupied (SFOO) Housing Rehabilitation STAFF ALLOCATION CHART

Staff Position	Total Salary & Fringe	% of Time DOH Rehab Work	% of Time other GV-HEAT Activities	% of Time Property Mgt	% of Time Dev Assist ance	% of Time Gen'l Admin	% of Time S8 Vouchers	% of Time	Total % of Time
Program Administrator	$30,800	25%	60%	0%	5%	10%	0%		100%
Bookkeeper	$66,028	20%	10%	40%	0%	5%	25%		100%
GVRHA Staff	$54,005	10%	5%	60%	10%	15%	0%		100%
Executive Director	$103,630	15%	15%	15%	15%	35%	5%		100%
Other –									0%
Other –									0%
Other –									0%
Other –									0%
Totals	**$254,463**	**$41,851**	**$43,328**	**$74,359**	**$22,485**	**$50,753**	**$21,689**	**$0**	

HOUSING PROGRAMS SPREADSHEET

Spreadsheet directions are to the right ----->

Program Name:	CDBG SFOO Rehab
Date:	07.22.19
Applicant:	Gunnison Valley Regional Housing
Spreadsheet Version:	1

Single Family Owner Occupied (SFOO) Housing Rehabilitation Program Budget

Project Activities	Total Program	State Funds Requested	Other Funds	Source	Status
Rehabilitation (Expected Production of X Units)	149,600	149,600	0	RLF Funds	Pending
Emergency Repairs (Expected Production of X Units)	20,000	20,000	0	RLF Funds	Pending
Replacement Housing (Expected Production of X Units)			0		
TOTAL	**169,600**	**169,600**	**0**		
Project Delivery					
Program Admin	7,700	4,000	3,700	GVRHA / RLF	Committed
Intake/Loan Specialist	13,206	9,200	4,006	GVRHA / RLF	Committed
Training and Travel	2,500	2,500	0	RLF	
LBP Testing	950	950	0	RLF	
Contract Inspections	2,400	2,400	0	RLF Funds	Pending
Marketing	1,000	500	500	GVRHA	Committed
TOTAL	**27,756**	**19,550**	**8,206**		
Program Overhead					
Salaries, Wages, Benefits and other Compensation;					
• Executive Director	15,545	10,500	5,045	RLF/GVRHA	Pending
• Finance Director	5,401	3,000	2,401	RLF/GVRHA	Pending
Operating Expenses (i.e. rent, utilities)	1,000	500	500	RLF/GVRHA	Pending
Equipment, materials and supplies	250	250	0	RLF	Pending
Taxes and Insurance	200	100	100	RLF/GVRHA	Pending
Communication Cost	50	50	0	RLF	Pending
Audit Cost	1,000	1,000	0	RLF	Pending
Legal Cost	250	250	0	RLF	Pending
TOTAL	**23,695**	**15,650**	**8,045**		
GRAND TOTAL	**193,295**				