AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: CDBG Application; GVRHA

Action Requested: Motion

Parties to the Agreement:

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

Summary:

Community Development Block Grant; Gunnison Valley Regional Housing Authority

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
Will clarify applicant, etc. No concerns with project. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 1/16/2020

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

Comments:
ok db 1/16/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 1/16/2020 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 1/16/2020

( ) Consent Agenda (●) Regular Agenda ( ) Worksession Time Allotted: 5 minutes

Agenda Date: 1/21/2020

Revised April 2015

Please review CDOH Application Instructions prior to completing application.

COLORADO
Department of Local Affairs
Division of Housing

GRAY SHADED AREAS ARE FOR STAFF USE ONLY

Date Received

Project #

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

AMOUNT REQUESTED: **$ _____ Loan $ 247,500 Grant $_____ PAB Volume Cap**

APPLICANT INFORMATION

Organization Name and Address:
GUNNISON COUNTY
200 E. Virginia Avenue
Gunnison, CO 81230

Sub-grantee Name and Address, if applicable:
GUNNISON VALLEY REGIONAL HOUSING AUTHORITY
202 E. Georgia Ave.,
Gunnison, CO 81230

Chief Elected Official, Executive Director, or President:

Name: JONATHAN HOUCK
Title: Chairperson
Address (if different from above):
Phone #: 970.641.0248
Fax #: 970.641.3061
Email: **bocc@gunnisoncounty.org**

Applicant Federal Tax ID #: 84-6000770

DUNS #: 13-311-5220

Designated Contact Person for Application:

Name: Jonathan Houck
Title: Executive Director
Address (if different from above):
Phone #: 970.641.7901
Fax #: 888.406.1360
Email: jkermode@gmail.com

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: _____SFOO DOWN PAYMENT ASSISTANCE_____

Project Location: Gunnison County in its entirety

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

City _____ County _Gunnison____ Zip _____ # Acres __Lots_____.
**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	X	**Down Payment Program**
	Other (Specify) _____.		**Acquisition**
			Rehabilitation
			Tenant-Based Rental Assistance
			Project-Based Rental Assistance
			Other (Specify) _____

PROJECT INFORMATION SHEET

PROJECT DESCRIPTION (100 words or less):

This loan program is structured to be a revolving fund; terms are up to a 30-year amortization and repayment periods, maximum 3% interest rate, and not more than 100% CLTV. Maximum loan amount is $25,000 and cannot exceed more than 50% of the down payment required. Underlying negatively amortizing loans are discouraged. Local guidelines mostly mimic DOH guidelines, and in some instances are more stringent regarding minimum buyer investment and credit history. Owner-occupancy and local full-time employment of at least one borrower in the household is also required. Recipients must attend a CHFA-approved Homebuyer Class up to 12 months prior to funding. Anticipate originating and funding 10 loans averaging $21,250 – this amount is approximately 5% of the maximum home price of $425,000 allowed in our Guidelines.

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

ZONING AND SITE PLAN STATUS: N/A

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:

The GVRHA completed a Housing Needs Assessment in 2016; from understanding the gap in supply of housing at various income levels, each of the jurisdictions is now focusing on how to get housing developed and expand programs for local residents.

November 2018 – the Town of Crested Butte voters approved a 5% increase in lodging tax on short-term rentals to support their affordable housing fund. This should generate approximately $300k annually. They are currently exploring ways to assess a fee to owners of homes that sit vacant most of the year. In partnership with a private developer and the GVRHA, 27 new homes under construction are almost complete – 15 are pre-sold to local workforce, 2 are for CB employees and the final 10 will be purchased by local business owners to house their own employees in. Deed restrictions and income targets are from 80% - 200% AMI. The Town contributed the land for this neighborhood. Additional acreage has been annexed into the Town with the potential for up to 60+/- rental units to be placed in service. The Town pays for 1/2 of the tap fees for affordable units and waives the first year's transfer fee.

November 2019 – the Town of Mt. Crested Butte voters approved a 2.9% increase in lodging tax to fund affordable housing. This should generate approximately $900k in revenues annually. The Town has entered into a partnership with a private developer to complete 22 TH in a for-sale neighborhood targeting incomes up to 200% AMI. The dirt should start moving in spring 2020. The Town contributed the land for this neighborhood. Additionally, the Town owns 17 acres of very buildable land adjacent to a larger privately-owned parcel. Both entities are collaborating on how to develop a town core and well-rounded neighborhoods to create a sense of place for the future residents. The GVRHA is consulting with the Town on their developments, housing guidelines and revised deed restrictions.

Summer of 2019 – the City of Gunnison entered into a MOU with a local private developer for the creation of a 54+/- mixed neighborhood in the City on a parcel originally purchased by the City for park purposes. Construction is anticipated to begin in spring 2020. The GVRHA is assisting in neighborhood and unit design, deed restriction creation and marketing.

Fall 2019 – the County of Gunnison will enter into an MOU with a private developer for the creation of a 74+/- rental unit neighborhood in the Gunnison City limits. Rents will be adjusted to household income. The GVRHA assisted in the RFQ/RFP selection process.

Fall 2019 – the GVRHA Board of Directors, along with the Valley Housing Fund (foundation) board of Directors financially supported the development of a 36-unit LIHTC project in the City. The GVRHA partnered with the private developer on the project and will bring property tax and sales/use tax exemptions to the project to increase long-term affordability. The City provided waivers for the building permits.

**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.)

Please see the response to COMMUNITY SUPPORT above.

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

1. Type of Housing
   Single Family attached and detached housing; manufactured homes on permanent foundations; for-sale, owner-occupied only.

2. Location
   The loan program will be available to households located within the geographic boundaries of the GVRHA (all of Gunnison County). There are four primary communities that can be served with this program: the City of Gunnison, the Towns of Crested Butte and Mt. Crested Butte and the "CB South" area which is in an unincorporated area of the county, located approximately 10 miles south of Crested Butte. Most services are within the City. It is a common practice for those living and employed in the two Towns to obtain services and retail shopping in the City. The commute is approximately 33 miles.

3. Population served
   Locally employed buyers must be at or below 80% of AMI to access this program. Seniors must also be at or below 80% of AMI.

4. Bedroom mix – N/A

5. Unit and project amenities – N/A

6. Source of financing – Buyers will obtain first mortgage financing through experienced local lenders and banking institutions.

7. Local, State and Federal subsidies – N/A

8. "Green Build" – N/A

9. Timeline – Dependent upon the term of the contract.

10. Development and Property Management Experience – N/A

11. Service Commitments – N/A

12. Non-Residential Uses – N/A

13. Other relevant information –

    In Gunnison County, there is a significant housing shortage of affordable homes for local workers, which results in high housing costs. The goal of the program is to enable more local workers to purchase a home in the County by providing financing assistance. Attaining affordable homeownership, thus stabilizing our community, is not always possible without this assistance.

    This is the first time that the GVRHA has applied for a down payment assistance grant from the Colorado Division of Housing. The GVRHA is currently training staff in the marketing, origination and underwriting of down payment assistance loans, and, is training for loan servicing as required for our SFOO Rehab loan program. The Executive Director has extensive knowledge and experience in the DPA program from her time administering it in Summit County, Colorado for nine years, and a previous 27-year career in mortgage lending.

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.

X

Relocation and 1-for-1 Replacement **N/A**		
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 **N/A**		
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? **Most populations in Gunnison County are close to major highways; properties in the City of Gunnison are within 15 miles of the Gunnison airport.**	YesX ☐ 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_____	Yes ☐ Nox ☐	Attach record indicating year of construction or proof of exemption
If no, has the property been evaluated? **Not until application by the property owners.**	Yes ☐ No x ☐	Attach record indicating year of construction and proof of exemption
Does the property need remediation? **Unknown** **If yes,** the regulations at *24 CFR Parts 35 apply* *http://www.hud.gov/offices/lead/library/enforcement/24CFR35_SubpartA.pdf*	Yes ☐ No ☐	
Asbestos **N/A**		
For projects involving rehabilitation, has there been an evaluation of asbestos hazards? http://www.cdphe.state.co.us/ap/asbestos/renodemo.pdf	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 **N/A**		
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*	Yesx ☐ No ☐
Procurement **N/A**	
Will DOH funds be used for purchasing goods or services? **If yes**, which procurement policies will be followed? DOLA *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?	Yesx ☐ 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 **Unknown at this time** 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.	Yesx ☐ No ☐
Projected Program Outcomes **N/A**	
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)
Chairperson		
Title	Title	Title
January _____ 2020		
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.

_____ _____

Jonathan Houck, Chairperson 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 GUNNISON VALLEY REGIONAL HOUSING AUTHORITY 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 provide down payment assistance loans to purchasers of local housing.. The request of funding from DOH is to benefit persons with low and moderate incomes by increasing the availability of affordable housing in Gunnison County.

All interested persons are encouraged to contact the applicant for further information. Written comments should be sent to:

Gunnison Valley Regional Housing Authority
Attn: Jonathan Houck
202 E. Georgia Avenue, Gunnison, CO 81230
Or: jkermode@gvrha.org

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 on Wednesday, December 11, 2019 at 507 Maroon Avenue, Crested Butte, CO, at 3:00 pm 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 $247,500 for SINGLE FAMILY OWNER-OCCUPIED DOWN PAYMENT ASSISTANCE. 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 a minimum of 3 days in advance so that appropriate aids can be made available.

A public hearing will be held at 3:00 pm on Wednesday, December 11, 2019 at the Crested Butte town Hall at 507 Maroon Avenue, Crested Butte, CO, 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** GUNNISON VALLEY REGIONAL HOUSING AUTHORITY **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 202 E. Georgia Avenue, Gunnison, CO, 507 Maroon Avenue, Crested Butte, CO and 911 Gothic Road, Mt. Crested Butte, CO.
Written comments are also welcome and must be received by December 6, 2019 at 2.2 E. Georgia Avenue, Gunnison, CO, or to 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, 507 Maroon Avenue, Crested Butte, CO and 911 Gothic, Mt. Crested Butte, CO on December 4, 2019 until December 30, 2019 on any CDBG application(s) the GUNNISON VALLEY REGIONAL HOUSING AUTHORITY intends to submit to the State.

Information and records regarding the GUNNISON VALLEY REGIONAL HOUSING AUTHORITY proposed and past use of CDBG funds are available at 202 E. Georgia Avenue, Gunnison, CO 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.

ATTACHMENT D
RESIDENTIAL ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN

The GUNNISON VALLEY REGIONAL HOUSING AUTHORITY, as sub-grantee 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 GUNNISON VALLEY REGIONAL HOUSING AUTHORITY, as sub-grantee 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 GUNNISON VALLEY REGIONAL HOUSING AUTHORITY, as sub-grantee 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 GUNNISON VALLEY REGIONAL HOUSING AUTHORITY , as sub-grantee 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, Chairperson 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 E
ACQUISITION OF LAND AND/OR BUILDINGS
SUGGESTED FORMAT FOR LETTER TO OWNER
(Replace this form with your signed letter on agency letterhead)

Date:

Owner Name:
Owner Address:

Re: Property at: (list address here)
Purchase Price:
Buyer: (agency, developer, or community name)

This is to inform you that (buyer) would like to purchase the property listed above. We have offered you the purchase price listed above for clear title to the property under the conditions described in the contract of sale.

Because Federal funds may be used in the purchase, however, we are required to disclose to you the following information:

1. This sale is voluntary. If you do not wish to sell, (buyer) will not acquire your property. (Insert buyer's name) does not have the authority to acquire your property by force.

2. We estimate the fair market value of the property to be $ _____: (value).

Since the purchase would be a voluntary, arm's length transaction, you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation.

If you have any questions about this matter, please contact (contact person) at (phone number).

Sincerely,

Applicant signature: _____ Date: _____

I have read the above and agree with the statements therein:

Owner signature: _____ Date: _____

X☐ Check here if this is **not applicable** to your project
Reason: ___Down Payment Assistance application_____

ATTACHMENT F
DAVIS-BACON EXCEPTION CHECKLIST

EXCEPTIONS

The Applicant GUNNISON COUNTY affirms that (part/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)

____ (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.

_X___ (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, Chairperson 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, Chairperson 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, Chairperson Date

ATTACHMENT I
INTERGOVERNMENTAL AGREEMENT
FOR COMMUNITY DEVELOPMENT BLOCK GRANT PROJECT (Sample)

THIS AGREEMENT, made this _____ day of January 2020, by and among the following:

1. GUNNISON COUNTY
2. CITY OF GUNNISON
3. TOWN OF CRESTED BUTTE
4. TOWN OF MT. CRESTED BUTTE
5. GUNNISON VALLEY REGIONAL HOUSING AUTHORITY

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:

Provide down payment assistance to households of low- to moderate-income for the purchase of owner-occupied residential housing within Gunnison County.

NOW THEREFORE, the parties hereby mutually agree as follows:

1. Designation of Lead Party. Gunnison County 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, Gunnison County shall be 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 Gunnison County demonstrating its compliance with the requirements specified in the Paragraph 3 and Gunnison County shall retain such documentation and other required records and documents for the period of time specified by the State.

4. Contracting. Gunnison County 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 Gunnison County 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.

Gunnison County	(Party)
By	By
Position	Position
(Party)	(Party)
By	By
Position	Position
(Party)	(Party)
By	By
Position	Position

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, GUNNISON COUNTY has approved an application to the Colorado Department of Local Affairs/ Division of Housing for funds for SFOO Down Payment Assistance, and

WHEREAS, the GUNNISON COUNTY certifies by

☐ Board Resolution ☐ Bylaws ☐ Policy ☒ Other: Letter attached
(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 GUNNISON VALLEY REGIONAL HOUSING AUTHORITY:

_____JENNIFER KERMODE_____
Name of Authorized Signatory

_____EXECUTIVE DIRECTOR_____
Title

_____
Signature

Furthermore, if applicable, this statement certifies and hereafter delegates Jonathan Houck, Executive Director, an agent of the GUNNISON VALLEY REGIONAL HOUSING AUTHORITY 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) TBP = To Be Provided ** = Do I need this if I use HDG funds?	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 ☐	INC
Att. B – Intentionally Omitted											
Att. C – Proof of Pre-application Legal Notice	X	X	X	X	X	X	X	X		Yes ☐	INC
Att. D – URA/Relocation Plan	X	X	X	X	X		X	X	X	Yes ☐	INC
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 ☐	INC
Att. G – Immigration Policy	X	X	X	X	X	X	X	X	X	Yes ☐	INC
Att. H – Insurance Requirements	X	X	X	X	X	X	X	X	X	Yes ☐	INC
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 ☐	INC
Att. K – Doc. of Signatory Authority & Board Resolution Authorizing application	X	X	X	X	X	X	X	X	X	Yes ☐	INC
SUPPORTING DOCUMENTS REQUIRED FOR INITIAL APPLICATION REVIEW											
IRS Determination Letter (Non-profits only)	X	X	X	X	X	X	X	X	X	Yes ☐	N/A
Most Recent Audit (per 2 CFR 200, if applicable)	X	X	X	X	X	X	X	X	X	Yes ☐	INC
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 ☐	IGA
Letters of Local Government Funding Commitment	X	X	X	X	X	X	X	X		Yes ☐	IGA AMEND
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 ☐	TBP
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 ☐	