## **City of Perth Amboy Funding Application**

#### **HOME**

**Program Year 2022 June 1, 2022 – May 31, 2023** 

HOME funding proposals must be submitted to the City of Perth Amboy no later than 5:00 P.M. on Tuesday, January 18, 2022

This Request for Proposal will be available electronically beginning **December 16**, **2021** on the City's website <a href="www.perthamboy.nj.org">www.perthamboy.nj.org</a> and in the Office of Economic and Community Development at City Hall, 260 High Street, Perth Amboy, NJ 08861.

**NOTE:** The signed/dated original application, the check list including all attachments may be **electronically** submitted or mailed NO later than 5:00 P.M. on the deadline date.

#### Mailed submissions should be directed to:

City of Perth Amboy Office of Economic and Community Development City Hall 260 High Street Perth Amboy, N.J. 08861

ATTN: Maritza C. Rodriguez, Economic Development Representative

During a nationwide emergency and a time of social distancing to prevent the spread of the Coronavirus, we WILL be accepting electronic submissions of the application. Electronic submissions should be emailed to:

mcrodriguez@perthamboynj.org

Applications that are delivered/emailed after 5:00 P.M. on the due date will NOT be accepted.

Applications that are incomplete will <u>NOT</u> be considered for funding.

Applications should be prepared utilizing 12 point font with 1 inch margins. The application narrative should not exceed 8 pages, not including all required cover forms and attachments.

If a City department is submitting multiple funding requests, they should prepare a signed original for each project proposal and one set of the attachments.

Applications will be scored utilizing the evaluation criteria enclosed.

Except where the City specifically requests additional information, no new information will be accepted by the administration that was not included in the original application. An applicant may be required to revise their proposed project budget based on a recommendation to provide a lesser grant than that which was requested.

Approval by City Council of the use of these funds does not constitute specific authorization for work to begin on a particular project. Before work or payment can be authorized, a second City Council resolution authorizing the City to contract with the organization must be adopted, and a contract executed between the City and the organization.

All questions must be answered in full in the application. Failure to do so will result in the application not being reviewed.

For any questions, please feel free to contact the Office of Economic and Community Development (732) 826 - 0290 Xt. 4860 or 4863 for more information.

## **Application Checklist**

Organizati	on Name
Program N	Name
	Signed/Dated Application Cover Page
	Program Profile*
	Application Narrative*
	IRS 501 (c) 3 Tax Determination Letter*
	Board List*
	Most Recent Audit *
	IRS 990 *
	Organizational Chart*
	Resumes of key project personnel
	Tax Map
these docu- original ap	nization is submitting multiple proposals, you need only submit one copy of each of ments. Please indicate with a check mark on this checklist if it's attached with the oplication.  oject Attachments (Please check all items included as attachments):
	Tax Maps
	Color Photos of Proposed Project
	Design, Site Plans, Dimensioned Building Plans, Renderings
	Fifteen Year Pro-Forma (rental housing)

# **Application Cover Page**

APPLICANT:		
PROGRAM NAME:		
FEDERAL TAX ID NUMBER: _	DUNS #:	
CONTACT PERSON:	TITLE:	
PHONE:	FAX:	
PROGRAM ADDRESS:		
MAILING ADDRESS (if different	):	
EMAIL ADDRESS:		
BRIEF PROGRAM DESCRIPTIO	N:	
NUMBER OF PEOPLE TO BE SE	ERVED:	
HOME FUNDS REQUESTED:	TOTAL PROGRAM	I COST:
OTHER FUNDING SOURCES: _		
	NED AND DATED BY PRESIDEN OFFICER OF THE AGENCY OF	,
NAME & TITLE	SIGNATURE	DATE

## **Program Profile**

Organization Name			
Progr	am Name		
	LICATION WILL NOT BE REVIE WERED.	WED IF EVERY QUESTI	ON IS NOT
The g	goal of this program is to ( $\underline{ ext{MUST}}$ cho	eck one):	
	□ Benefit to low- and moderate- inc	ome (LMI) persons	
	☐ Aid in the prevention or elimination	on of slums or blight	
	☐ Meet a need having a particular ur	rgency	
	orogram is targeting low-moderate is od (MUST check one):	ncome (LMI) clientele by u	sing the following
	☐ Require documentation on family clienteles are LMI	size and income in order to	show at least 51% of the
	☐ Have income eligibility requireme	ents limiting the activity to lo	w-income persons only
	☐ Be of such a nature and in such a licitents are LMI.	location that it can reasonabl	y be concluded that
	☐ Benefit a clientele that is generally the eligible categories below (Check	• • • • •	LMI and fit into one of
	<ul><li>□ Elderly persons</li><li>□ Persons living with AIDS</li><li>□ Abused children</li></ul>	75 . i 1	☐ Severely disabled☐ Illiterate persons
	Which of the following BEST descone)	cribes the nature of your ac	tivities? ( <u>MUST</u> check
	☐ Availability /Accessibility — active shelter available and accessible to low with disabilities.		

□ <b>Affordability</b> – activities that provide affordability in a variety of ways in the I low and moderate income people. It can include the creation or maintenance of affordable housing, or services such as transportation or day care.	ives of
□ <b>Sustainability: Promoting livable or viable communities</b> – activities aimed a improving communities or neighborhoods, helping to make them livable by provibenefits to low or moderate income people or by removing slums or bight, throug multiple activities or services that sustain communities or neighborhoods.	iding
Local Objectives Housing (MUST check one)	
☐ <b>Housing Objective 1:</b> To provide subsidies to first time homeowners (low and moderate income) in order to make the purchase of their home affordable.	l
☐ <b>Housing Objective 2:</b> To create more affordable housing through developer so which includes for-profit and non-profit developers, for the purpose of acquisition rehabilitation and/or construction.	
☐ <b>Housing Objective 3:</b> To provide permanent supportive housing for individual special needs, such as developmental disabilities and/or mental health issues.	ls with
☐ Housing Objective 4: To provide rental assistance to LMI residents.	
☐ <b>Housing Objective 5:</b> To provide homeowners with assistance in order to make homes safer (code violations), make their homes healthier, make their homes more efficient, and/or make their homes more affordable through housing rehabilitation measures.	re
□ Other:	

#### **Application Narrative (HOME Funding)**

- **I. CHDO STATUS:** Is your agency currently a Community Housing Development Organizations (CHDO)? If so, please describe your history and accomplishments as a CHDO. If you are not a CHDO, please proceed to the next question.
- **II. PROJECT DESCRIPTION:** Please provide a detailed project description. Please include name and location, if available and what type of eligible HOME activity you are proposing? Will it be a rental or homeownership? Will the project include acquisition and/or rehabilitation?
- **III. PROJECT TIMELINE:** Please include a timetable for your project, indicating your date of completion.
- **IV. PROJECT DEVELOPER/PROJECT TEAM:** Briefly describe the background, experience, and accomplishments of the project developer and the project team for this activity?
- V. TARGET BENEFICIARY AND AFFORDABILTY: Please describe the target beneficiary in the program. What is the target income for the average beneficiary? How will your project make their housing affordable? What subsidies are you providing?
- VI. PROJECT FINANCING BUDGET: Please detail your project cost estimate, the uses of funds, and all other financing available for the project? Please indicate which sources are proposed and which are confirmed for the project.
- VII. PROJECT READINESS: Please describe your project's readiness to proceed. Are there environmental and/or relocation issues? Do you have the necessary approvals and certificates in place? Please provide a project timetable.
- **VIII. PROPERTY DESCRIPTION:** When was the structure built? What type of structure is the building? How many units are in the building?
- IX. PROJECT ATTACHMENTS for CHDOs acquisition, new construction or rehabilitation: (Please check all items included as attachments):

 Tax Maps
 Color Photos of Proposed Project
 Design, Site Plans, Dimensioned Building Plans, Renderings
Fifteen Year Pro-Forma (rental housing)

#### FOR APPLICANT INFORMATION PURPOSES ONLY

Applicant:	Program Title:
Reviewer:	Total Score:

Evaluation Criteria (HOME)	Score (Out of 20)
<b>Project Description:</b> Is this a project that seems reasonable in its approach? Is the agency offering a project that meets the community's needs? Is the agency proposing a project consistent with plans for the city, the area, and/or the neighborhood where it is being proposed? Complete proposal?	
<b>Project Developer/Project Team:</b> Does the developer have the capacity and experience to see this project though completion? Is the project team complete and have the capacity to meet the objectives of the project?	
<b>Target Beneficiary and Affordability:</b> How well does the applicant understand the target beneficiary and HOME program regulations pertaining to income and cost limits? Does the applicant demonstrate the project's reasonableness as it relates to subsidy, cost, income, and affordability?	
<b>Project Financing:</b> Does the project cost seem reasonable and appropriate? Does the applicant have a clear financing strategy for the project?	
<b>Project Readiness:</b> Has the applicant thoroughly considered the regulatory requirements for the project to proceed? Does the project timetable seem reasonable and manageable?	
Other Comments:	Total Score (Out of 20)