

HOME Investment Partnerships Program

Part B Program Activities Application



Applicant Name _____

Complete and submit a separate Part B Program Activities Application for each proposed activity.

I. Activity

In the table below indicate the activity you are applying for by double-clicking on the desired checkbox and choosing "checked" for Default value. Check all that apply for First-Time Homebuyer Program (example: Homebuyer Acquisition Only and Homebuyer Acquisition with Rehabilitation).

Chart 1 Select the activity you are applying for: (double-click to check/uncheck)	
<input type="checkbox"/> First-Time Homebuyer Program <input type="checkbox"/> Homebuyer Acquisition Only <input type="checkbox"/> Homebuyer Acquisition with Rehabilitation <input type="checkbox"/> Infill New Construction	<input type="checkbox"/> Owner-Occupied Rehabilitation <input type="checkbox"/> Tenant-Based Rental Assistance (TBRA)

II. Activity Description

Provide a brief narrative below describing the proposed activity and how the funds will be used (location, use of funds, units proposed, income levels, funding sources, type of loan).

Chart 2 Activity Description:

III. Program Operation Capacity

A. Capacity to Implement the HOME Activity

Please answer the following questions and provide the required attachments.

- a) Do you plan on administering the proposed HOME activity with your own staff (from HOME award through long-term compliance monitoring, if applicable)?

Yes ☐
No ☐

- b) Do you plan to hire an administrative subcontractor or subrecipient to assist with the proposed activity?

Yes ☐
No ☐

- i. If Yes, what will be the duties of the administrative subcontractor or subrecipient?

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- ii. If No, please explain why an administrative subcontractor or subrecipient will not be needed.

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- c) What is the estimated cost to implement this activity?

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- d) If the estimated cost to implement this activity exceeds the allocated amount for HOME activity delivery costs and Administration/CHDO Operations, how will the difference be funded?

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B. Program Team Composition

In the chart below, list all team members who will be responsible for the implementation and operation of the HOME Program Activity and/or supervises the work of an administrative subcontractor/subrecipient, if one is proposed.

Briefly describe the roles and responsibilities of each member. For applicant staff only, estimate the amount of hours per month dedicated to program administration. Members include, but are not limited to: key employees of the applicant, administrative subcontractor/subrecipient, rehabilitation specialists, and loan underwriters.

This information will be used to assist the Department of Housing and Community Development (Department) in understanding the proposed program. Include each person's phone number and e-mail address. Fill in the box in the last column if that person is acting as an administrative subcontractor or subrecipient.

Chart 3 Program Team					
Name	Roles/responsibilities	Estimated Monthly Hours	Telephone	E-mail Address	Subcontractor or Subrecipient Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach, as Exhibit B1, copies of resumes for the State Recipient staff who will work on this proposed activity.

IV. CHDOs

CHDO Role as Sole Developer

The State HOME Regulations require the CHDO to be the sole project developer for infill new construction and acquisition with rehabilitation activities. Submit a narrative which discusses how the CHDO will satisfy the role of sole developer. Attach as **Exhibit B2**. Note: as sole developer, the CHDO must assume all of the risks and rewards customarily associated with being the developer of homebuyer units. Refer to State HOME Regulation 8204 (a) (2) (D), 24 C.F.R. Part 92.300(a) (1) and HUD CPD Notice 97-11 for more information, or contact the HOME Program for guidance.

CHDO Certification

CHDO Certification Process: New applicants and CHDO's with current certifications that will expire by the NOFA application due date must submit a complete CHDO Certification package with all exhibits and attachments by November 22, 2019 to the Department. The Application for CHDO Certification is available at:

<http://www.hcd.ca.gov/grants-funding/active-funding/home.shtml>

Annual Recertification for Existing CHDOs: HUD requires the Department to conduct a modified re-certification process each time new CHDO set-aside funding is awarded. If you are an existing CHDO you must submit the Department CHDO approval letter with your HOME application as **Exhibit B3**. If you are an existing CHDO and your CHDO recertification was prior to January 22, 2019, you must submit the documents listed in Appendix B in addition to the Department CHDO approval letter with your HOME application as **Exhibit B3**.

For assistance with the CHDO Certification Process, contact Jeri Amendola (916) 263-2305.

All CHDO applicants must complete the CHDO self-certification contained in the application certification in Part A, which certifies they have either 1) submitted their application for certification by the deadline, or 2) are currently certified and in compliance with requirements.

V. Program Service Area

In the chart below, enter the eligible jurisdiction in which your activity is proposed to be completed. See Appendix A of the NOFA for a list of State HOME-eligible jurisdictions. CHDOs that intend to operate a State HOME program in multiple jurisdictions must identify each jurisdiction separately. CHDOs are eligible to apply for only a First-Time Homebuyer Infill New Construction Program and/or First-Time Homebuyer Acquisition with Rehabilitation Program.

State Recipients with TBRA programs that will assist tenants to reside within their own jurisdiction should list their jurisdiction as "Jurisdiction #1". If tenants will also be assisted to reside in other HOME-eligible jurisdictions within the county, these jurisdictions should all be listed as "Jurisdiction #2". If more than four jurisdictions, you may list more than one per line.

Chart 4 Program Service Area	
Jurisdiction # 1	[]
Jurisdiction # 2	[]
Jurisdiction # 3	[]
Jurisdiction # 4	[]

VI. Prior Experience with Programs

Submit a Prior Experience summary using the **Exhibits B4 and B5 below**. See the instructions with these forms.

VII. Activity Feasibility

A. Program Guidelines - Complete **Exhibit B6** in this Application. Applicants must submit a separate Exhibit B6 for each program activity being applied for.

B. First-Time Homebuyer Programs

1) Complete the Homebuyer Feasibility Worksheet, **Exhibit B7** (All FTHB applicants)

Note: This Exhibit is an Excel file, and there are two versions. Infill New Construction applicants must complete the Excel file named "Infill New Construction Feasibility Application Worksheets", which contains three different tabbed worksheets (Exhibits B7 – B9). All other FTHB applicants must instead complete the Excel file named "FTHB Mortgage Assistance Feasibility Worksheet".

IMPORTANT: To receive FTHB feasibility points, enclose supporting document(s) (e.g. MLS sales history printout, Title Company report, etc.) to document the number of units sold at or below target sales price. If not self-explanatory, please attach your calculations and/or notes.

2) Construction Financing Summary (FTHB Infill New Construction applicants only):

Submit as Exhibit B8

3) Construction Sources and Uses (FTHB Infill New Construction applicants only):

Submit as Exhibit B9

4) Market Analysis (FTHB Infill New Construction applicants only):

Submit as Exhibit B10

An analysis of comparable properties in the market area of each of the proposed homes must be prepared by a licensed real estate broker or appraiser having no identity of interest with the program Sponsor. The analysis must be prepared no earlier than 2019 (however, we prefer the most up-to-date comparables possible), and must contain comparable actual sales data from at least ten other single-family homes in the market area of the proposed homes. The comparables must be similar in size and type to the homes proposed, and must not be affected by some unique situation that is artificially impacting their sales prices. If there are no homes in the market area of a similar size and type to those proposed, the comparable sales shall be the next closest in size and type. The market analysis must demonstrate that the sales prices projected for all homes are achievable. Note: The home cannot be sold for more than its value, i.e. the total of all loans secured by the property cannot exceed its appraised value.

5) Preliminary Construction Cost Estimate (FTHB Infill New Construction applicants only):

Submit as Exhibit B11

Provide an itemized cost estimate for each type of home proposed. The cost estimate(s) must be prepared no earlier than 2019. The cost estimate(s) must be consistent with the Development Budget, or an explanation must be provided to support any differences.

6) Developer Capacity and Qualifications Information (CHDOs only):

Complete "Developer Capacity and Qualifications" form and Workload Chart and **submit with Audited Financial Statement as Exhibit B12**

- C. Owner-Occupied Rehabilitation Programs – **You do not need to submit any data for this Section.**
- D. Tenant-Based Rental Assistance – **You do not need to submit any data for this Section.**

2019 HOME PART B PROGRAM ACTIVITIES APPLICATION EXHIBIT CHECKLIST

(COMPLETE AND SUBMIT ONE CHECKLIST FOR EACH PART B ACTIVITY)

Check if Applicable	Check if Included	Part, or Exhibit #	Part, Section, or Exhibit Title
X	[]	B1	Resumes of Staff Working on the Proposed Activity
[]	[]	B2	CHDO Role Documentation
[]	[]	B3	CHDO recertification documents set forth in NOFA Appendix B and must be submitted by existing CHDOs last certified prior to January 22, 2019, whose 3-year CHDO certification has not yet expired. If you are a new CHDO or you are an existing CHDO with a certification that is going to expire before the NOFA application due date, see instructions for the certification submission process.
X	[]	B4	Prior Experience – same as proposed activity
X	[]	B5	Prior Experience – different than proposed activity
X	[]	B6	Certification for Program Guidelines
[]	[]	B7	First-Time Homebuyer Program Feasibility <u>Note:</u> This is an Excel file. Infill New Construction applicants must complete the Excel file named “Infill New Construction Feasibility Application Worksheets”, which contains three different tabbed worksheets (Exhibits B7 – B9). All other FTHB applicants must complete the Excel file named “FTHB Mortgage Assistance Feasibility Worksheet”.
[]	[]	B8	Project Financing Summary (Infill New Construction applicants only). This is in the same Excel file in which Exhibit B7 is found.
[]	[]	B9	Construction Sources and Uses (Infill New Construction applicants only). This is also in the same Excel file in which Exhibit B7 is found.
[]	[]	B10	Market Comparables (Infill New Construction applicants only). Produced by applicant.
[]	[]	B11	Preliminary Construction Cost Estimate (Infill New Construction applicants only). Produced by applicant.
[]	[]	B12	Developer Capacity Information (Excel file) – CHDO Applicants Only

EXHIBIT B4

Prior Experience with Programs – Same Activity

In each line below, list the number of units assisted by the applicant with specific HOME, local, State or other federal funding source(s) in one of the seven calendar years, 2013 – 2019, for the same activity proposed in the application.

Do not count the same units/families in more than one year, even if income was recertified (e.g. Section 8 and TBRA). Do not count twice if assisted by two programs (e.g. TBRA and Section 8). List no more than 10 entries on this form. **A minimum of 2 units per year is required for points.**

Remember: a separate Exhibit B4 must be submitted for each program activity for which you are applying. Each activity is scored separately.

ACTIVITY APPLIED FOR:

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Calendar Year	Assisted Units (minimum 2 units/yr to count for points)	Funding Source(s) Example: HOME, CDBG, CalHome, RDA, or other (provide name/names if other). List all sources for a calendar year.	Program Name (e.g. Owner-Occupied Rehab or First-Time Homebuyer Program)	Location City/County								
2019	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		
2018	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		
2017	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		
2016	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		
2015	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		
2014	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		
2013	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>		

EXHIBIT B5

Prior Experience with Programs – Different Activity

Single-Family Experience

In each line below, list the number of units assisted by the applicant with specific HOME, local, State and/or other federal funding sources in one of the seven calendar years, 2013–2019, for different activities. Do not count the same activities listed in Exhibit B4, and do not count the same units in more than one year. Use the year each project (e.g. FTHB) was completed. List no more than ten entries on this form. A minimum of two units per year for program activity-type housing activities (i.e. OOR, FTHB mortgage assistance, TBRA) is required for credit for any given year. More than one entry per year is allowed for credit, if the activity type (Program Name) is different from other entries for that same calendar year. List programs (e.g. OOR) with multiple funding sources for a given year on one line.

Other Housing and Community Development Experience

Also list completed projects (one per line) for other housing and community development activities, such as infrastructure, parks, community centers, multi-family housing projects, etc. Do not list stand-alone studies or public service activities. Each such project is counted as one year of experience, so multiple projects in the same year each count as a year of experience (list on separate lines).

Remember: A separate Exhibit B5 must be submitted for each program activity for which you are applying. Each activity is scored separately.

ACTIVITY APPLIED FOR:

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Calendar Year (between 2013 and 2019)	Assisted Units (for program activity-type housing only, a minimum of two units per yr is required for credit)	Funding Source(s) Example: HOME, CDBG, CalHome, RDA, other (provide name/names if other). List all sources for a given project or program type for each calendar year.	Program Name (e.g. Owner-Occupied Rehab or First-Time Homebuyer Program)	Location City/County

EXHIBIT B6

PROGRAM GUIDELINES

Activity:

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Applicants for HOME Program Activities are not required to provide a printed copy or a CD of their most recently approved Program Guidelines. Instead, Applicants must certify the following:

- ☐ Applicant certifies that if awarded, it will use the State HOME Program current “Best Practices” Guideline templates for the above referenced activity. The Applicant is required to submit completed requested choices and options within 30 days of the request from the Department. HOME Program Guidelines templates are available by request to your assigned Contract Management HOME Representative.

Applicant:

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Certified By:

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Title:

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Signature:

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Date:

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