



County of Essex
HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)
2020 Application



Part I

General

Applicant Name: _____

Applicant Address: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

DUNS #: _____ **SAM CAGE CODE #** _____ Email: _____

Attorney Name: _____ Phone: _____ Fax: _____

Address: _____ Email: _____

Applicant is a: _____ Individual _____ Partnership
_____ CHDO _____ Not For-Profit Corporation
_____ For Profit Corporation _____ Publicly Owned
_____ Other (Please Specify) _____

Attach Partnership / Incorporation Certifications / Operating Agreements, etc. as **Attachment 1**

Project Title: _____

Project Location: _____

HOME funds requested: _____ HOME funds per unit: _____

Development Cost per unit: _____ Total Development Cost: _____

Construction Cost per unit: _____

Attach proof of registration for the System for Award Management (SAM)

Part II

Project Schedule

Beginning Date: _____ Completion Date: _____ Total Time: _____

Part III

Certification

I, _____, hereby certify that all parts of this project application and all required attached documents are accurate to the best of my knowledge.

Please submit one (1) original and one (1) copy of each application to:

Division of Housing and Community Development
20 Crestmont Road, Verona, New Jersey 07044

* **At the time of submission, all municipal applications must include resolution setting priorities of projects.**

Print Name: _____

Title: _____ Signature: _____

DUE NO LATER THAN WEDNESDAY, JANUARY 8, 2020, @ 4:00PM

For Office Use Only:

HUD Matrix Code: _____ Federal Regulation: _____

HUD Project Title: _____ Objective Citation: _____

National Objective: _____ Funds Set Aside: _____

Rank #: _____

Part IV

Project Details

1. TYPE OF PROJECT – Check only **ONE** of the following

☐ Acquisition ☐ New Construction Only
☐ Rehabilitation Only ☐ Acquisition and Rehabilitation
☐ Acquisition and New Construction

2. PROPERTY DESCRIPTION

☐ Condominium ☐ Cooperative
☐ Single Room Occupancy(SRO) ☐ Group Home
☐ Other (Please Specify) _____

3. SITE INFORMATION

Control of Property: ☐ Owned ☐ Deed ☐ Option ☐ Lease ☐ Under Contract

Attach supporting Documentation as **Attachment 2**

Size: _____ Sq. Ft. Are property taxes current? ☐ Yes ☐ No Is the site in a floodplain? ☐ Yes ☐ No

Census Tract: _____ Block: _____ Lot: _____

4. TENURE TYPE

☐ Rental ☐ Homeowner (Single-Unit) ☐ Homeowner (Multi-Units)

5. PLANNING / ZONING APPROVALS

Check required permits and include copies of completed approvals as **Attachment 3**

	Permit / Variance	Date Approved / Anticipated Approval
<input type="checkbox"/>	Use / Area Variance	
<input type="checkbox"/>	Parking Variance	
<input type="checkbox"/>	Rezoning	
<input type="checkbox"/>	Site Plan Approval	
<input type="checkbox"/>	Building Permit	
<input type="checkbox"/>	Stream Encroachment	
<input type="checkbox"/>	Special Permit	
<input type="checkbox"/>	Architectural Drawings	

6. PROJECT SYNOPSIS

Provide description of the project in the space provided below. (i.e., Rehab 25 one (1) bedroom units, 5 HOME funded, for senior citizens in a 3-story building on municipal-owned land). **DO NOT ADD ATTACHMENTS.**

7. HOUSING - Acquisition / New Construction / Rehabilitation

Total Number of Housing units in project: _____ Total Number of Units Assisted with HOME Funds: _____ **2**

Part V

Performance Measurement

1. AREA MEDIAN INCOME

Enter the number of HOME units and persons assisted, next to the income category which they will serve.

Income Category	Number of HOME units and persons
50% or less of Newark Metro AMI	
51% – 60% of Newark Metro AMI	
61% – 80% of Newark Metro AMI	

2. ENERGY EFFICIENCY

Does the budget include cost for Energy Star mechanical systems and appliances? ____Yes ____No

Other than Energy Star mechanical systems and appliances, does the project contain any other form of energy efficient feature? ____Yes ____No

Please list any “green” elements your project incorporates in the space provided below. **Do Not Add Attachments**

3. OBJECTIVE

Select one:

____ Create a suitable living environment ____ Provide decent affordable housing ____ Create economic opportunities

List any special population (i.e., chronically homeless, handicapped, etc.) that the project will target for assistance.

How does the proposed project fit the needs of the population to be served?

How are the target population’s needs assessed?

Describe performance measures used to evaluate the success of the proposed project?

Describe how the proposed project adheres with the priorities set forth by the County of Essex in the 2015–2019 Consolidated Plan: **Priority 1: Affordable Housing Needs, Priority 2: Homeless Needs, Priority 3: Infrastructure Needs, Priority 4: Public Service Needs, Priority 5: Public Facility Needs.**

DO NOT ADD ATTACHMENTS TO ANY OF THE ABOVE ENTRIES.

4. OUTCOME

____ Availability / Accessibility ____ Affordability ____ Sustainability

Part VI

Financial Details

1. LEGAL ISSUES

List any judgement, lien, bankruptcy, litigation, indictment, debarment or criminal conviction below. Listing the items below will not necessarily disqualify you. However, failure to inform the County of Essex of these items will probably cause your application to be rejected. List docket no. or any identification number for item(s). **Attach supporting documentation.**

2. FINANCIAL AUDITING

Provide current single year audit financial statements for applicants, developer and/or corporate partners.

3. FUNDING SOURCES

Amount of Matching Funds required: _____ (25% of requested HOME funds)

List the other funding sources below. **Provide supporting documents as Attachment 4**

Source	Status	Amount
	Total:	

4. BUDGETING REQUIREMENT

Complete Exhibits 1–6. Please note that you may submit Exhibits 1,2 and 5 on alternative forms which have been used for other funding, as long as they meet all categories listed in the Exhibits provided with this application.

PART VII

Federal Requirements

1. LEAD BASED PAINT

If the project involves rehabilitation (including substantial rehabilitation), attach a no longer than one (1) page outline to the application listing your steps to comply with federal lead based paint regulations. **Add as Attachment 5**

2. ENVIRONMENTAL HAZARDS

If the site for the proposed project is located within a flood plain, do you participate in the National Flood Insurance Program or do you have private flood insurance. **Provide supporting document as Attachment 6.**

Will the proposed project have any groundwater impact? _____ Yes _____ No

Will the proposed project impact a historical or archeological structure or site? _____ Yes _____ No

Are there any other known environmental hazards by the proposed project? _____ Yes _____ No

If yes, please explain below. **Do not add attachments**

Provide an “As Is” and “As Completed” Appraisal of the site (not over 90 days old) , **as Attachment 7.** MAI Certified appraisal preferred.

3. LOCATION

Attach a 4” x 6” map showing the location and service area of the proposed project, **as Attachment 8.**

4. PHOTOGRAPHS

Attach six (6) 4” x 6” colored photos (no Polaroids) of the site and/or structure, **as Attachment 9**

One (1) facing down the street One (1) facing up the street One (1) facing the front of the property

One (1) facing the back of structure One (1) facing North One (1) in front **facing away** from the property



Fair Housing Certification Initials:_____

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the municipality certifies that:

Affirmatively Further Fair Housing — The municipality will affirmatively further fair housing, which means it will utilize the County's analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard. The municipality shall notify the County of any Fair Housing violations. Documented violations will result in the withholding of Federal funds.

Equity and Social Justice Initials:_____

Essex County, through the Five Year Consolidated Plan, and U.S. Department of Housing and Urban Development (HUD), strive to reach and serve citizens in a fair and equitable manner. "Equity" in this instance means all people have full and equal access to opportunities that enable them to attain their full potential. "Community" shall mean a group of people who share some or all of the following: geographic boundaries, sense of membership, culture, language, common norms and interest. Access to services, programs, facilities and housing is necessary to have equity for all people regardless of race, class, gender or language spoken. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions and reaching their full potential.

What policies/ordinances does your municipality have in place that addresses equity and social justice?

What methods or tools does your agency use to ensure that your service delivery is equitable?

What steps could you take going forward to address barriers that could be identified that cause inequity in your service delivery?



APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS OF ESSEX COUNTY AND THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT IF FUNDING IS AWARDED. IT IS FURTHER UNDERSTOOD THAT INFORMATION PRESENTED IN THIS APPLICATION WILL BECOME A PART OF ANY SUBSEQUENT FUNDING AGREEMENT.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO APPLY FOR FINANCIAL ASSISTANCE ON BEHALF OF THE ENTITY DESCRIBED HEREIN, AND THAT THE INFORMATION CONTAINED HEREIN AND ATTACHED IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

ATTEST: _____

Putting Essex County First



APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS OF ESSEX COUNTY AND THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT IF FUNDING IS AWARDED.

THIS STATEMENT IS TO ACKNOWLEDGE THAT I HAVE READ, REVIEWED, AND ADHERED TO REQUIREMENTS APPLICABLE TO OUR ORGANIZATION OF TITLE 2 CFR PART 200 OF THE FEDERAL CODE.

SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

*** MUST be signed and completed by the agencies Chief Financial Officer. The agencies Treasurer or Executive Director must sign if no CFO exists.**

ATTEST: _____

Putting Essex County First

**STATEMENT OF CERTAIN
POLITICAL CONTRIBUTIONS MADE AFTER JULY 11, 1986
-NEGOTIATED CONTRACTS-**

(This statement is part of the proposal packet)

Ordinance Number 0-86-0007, as amended by Ordinance Number 0-95-0003, adopted by the Board of Chosen Freeholders of the County of Essex, requires that all proposals for negotiated contracts submitted by individuals and/or business entities seeking to provide goods or to perform services for the County of Essex shall contain a statement setting forth each political contribution by them of \$500.00 or more made within five years next preceding the date of said contract, either directly or indirectly, to any County elected political official, County political party and/or County official, political organization, or any State political party.

Set forth name of County elected official, County political party and/or County official, political organization, or State political party to whom a political contribution of \$500.00 or more was made by proposers within five (5) years of the date hereof. If none, write "none".

Name

Amount

Proposer _____

By _____
(Signature)

Print or Type

Name of Signatory _____

REQUIREMENTS FOR NON-PROFIT ORGANIZATIONS

1. Name of Fiscal Officer _____
Telephone Number _____
2. Federal ID Number _____
3. Corporation Type:
Profit _____ Non-Profit _____ Other (Specify) _____
4. Is agency exempt under Section 501(c)(3) of the U.S. IRS Code?
Yes _____ No _____
5. Is Agency a registered charity?
Yes _____ No _____
If yes, please attach a copy of Charities Registration Form.
6. Please attach a copy of Certificate of Incorporation.
7. Please attach a copy of current list of Board of Directors.
8. Please attach a copy of IRS Letter granting tax exempt status under 501(c)(3).
9. Please attach a copy of your Organization Chart.

BACKGROUND INFORMATION:

A. MISSION OF THE AGENCY:

B. HISTORY OF AGENCY: