



**GRANT APPLICATION  
HOME Investment Partnership  
(HOME)  
Program Year 2022**

Please respond to each of the following questions. Please keep responses brief and to the point. Please do not attach additional information to this application unless requested. Unsolicited information will not be considered for review. Please limit answers to space provided unless specified. Application **MUST** be completed in full with all supporting documentation in order to be considered for funding.

The deadline to submit all HOME applications **electronically is by 5:00 p.m. on June 24, 2022**. Applications should be **submitted electronically to [OHCD@jacksonms.gov](mailto:OHCD@jacksonms.gov)**. To submit your application electronically, please follow the instructions below:

- Subject Line – put “2022 HOME Application for (Agency Name)”
- Submit one email with a minimum of 2 file attachments (the proposal and the supplemental document)
- For CHDO submittals: one email with a minimum of 4 file attachments (the proposal, supplemental documentation, the CHDO application, and the CHDO supplemental documentation)
- You may add more file attachments if proposal packet is too large. Please make sure the files are numbered in the order they should be printed.

**Applications will only be accepted electronically via email.**

**NOTE: A COMPLETE APPLICATION CONSISTS OF ALL THE SUPPORTING DOCUMENTATION AND SIGNED CERTIFICATION FORM. FAILURE TO ATTACH ANY OF THE REQUIRED SUPPORTING DOCUMENTATION AND SIGNED CERTIFICATION FORM WILL RESULT IN YOUR APPLICATION NOT BEING REVIEWED BY THE RATING COMMITTEE AND INELIGIBLE FOR FUNDING.**

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

## **HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)**

### **HOME OBJECTIVES**

The National Affordable Housing Act of 1990 created the Home Investments Partnership (HOME) Program. This federal program is designed to strengthen public-private partnerships and to expand the supply of decent, safe, sanitary, and affordable housing for very low income and low-income families. The City of Jackson receives an annual federal entitlement of HOME funds to implement the Act locally.

HOME funds are used to achieve the following objectives:

1. To provide decent affordable housing to lower-income households.
2. To expand the capacity of non-profit housing providers.
3. To strengthen the ability of state and local governments to provide housing.
4. To leverage private sector participation.

Eligible activities are defined in accordance with the following categories:

- Housing Rehabilitation
- Homebuyer activities
- Rental housing activities
- Tenant-based rental assistance

### **Application Instructions for HOME Funds**

Non-profit organizations designated by IRS as a 501(c) (3) are eligible to apply for HOME funds. A non-profit organization, when acting as the developer, sponsor and/or owner of housing may also apply for designation as a "Community Housing Development Organization" (CHDO) and may apply for a special set-aside percentage of HOME funds.

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

Application Packet Checklist  
*Everything listed below must be included in the application packet for consideration*

COVER: SHEET

- Application and project summary.

SECTION I: HOME Objectives and Activities

- Check the appropriate criteria for the proposed program or project which will meet one of the HOME objectives.

SECTION II: Project Description

- Provide a clear and concise narrative description of the proposed program or project and an implementation plan.

SECTION III: Budget Proposal

- Submit required budgetary information.

SECTION IV: Qualifications

- Provide a summary of past accomplishments in the provision/development of affordable housing.

SECTION V: Checklist

- Submit all required information. Place a check in the appropriate spaces to indicate that the information has been provided.

SECTION VI: Certifications

- Use attached form.

SECTION VII: Supplemental Certifications

- Use attached form.

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

**2022 Application**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**Development Assistance Division**  
**218 S. President Street, 2<sup>nd</sup> Floor**  
**Jackson, MS 39201**  
**Telephone: 601-960-2155**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Official Authorized to sign agreement: \_\_\_\_\_

UEI Number: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Program/Project Name: \_\_\_\_\_

Brief Description of Program/Project: \_\_\_\_\_

HOME Amount Requested: \_\_\_\_\_

Have you previously received City of Jackson HOME funds? Yes  No   
(If yes, in space below please provide amounts funded in the past 6 Program Years)

Program Year \_\_\_\_\_ Amount \_\_\_\_\_

Program Year \_\_\_\_\_ Amount \_\_\_\_\_

Program Year \_\_\_\_\_ Amount \_\_\_\_\_

Program Year \_\_\_\_\_ Amount \_\_\_\_\_

*If you need special assistance in order to read and understand the information contained herein,  
please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-  
2155.*

**SECTION I  
OBJECTIVES AND ACTIVITIES**

Project Name: \_\_\_\_\_

Please check which objective and activities the program or project meets; category or eligible activity; targeted income groups; and eligible CHDO activities.

|   |   |
|---|---|
| <p>A. HOME Objective: (check one)</p> <p><input type="checkbox"/> Provision of affordable housing</p> <p><input type="checkbox"/> Expansion of capacity of non-profit housing developers</p> <p><input type="checkbox"/> Strengthening of public agency housing program(s)</p> <p><input type="checkbox"/> Leverage of private sector participation</p> | <p>B. Category of Activity (check activity which HOME funds are proposed to be used)</p> <p><input type="checkbox"/> Homeowner rehabilitation</p> <p><input type="checkbox"/> Homebuyer activities</p> <p><input type="checkbox"/> Rental housing activities</p> <p><input type="checkbox"/> Tenant-based rental assistance</p> <p><input type="checkbox"/> CHDO activities (see Section D below)</p> |
|---|---|

*The following activities may be funded only when conducted in conjunction with the major activity categories listed above:*

*Acquisition*

*Site improvements Refinancing*

|   |  |
|---|--|
| <p>C. Targeted Income Group: (check all that apply)</p> <p><input type="checkbox"/> Very Low income (below 30% of median income)</p> <p><input type="checkbox"/> Low income (31 % to 50% of median income)</p> <p><input type="checkbox"/> Moderate income (51 % to 80% of median income)</p> | <p>D. Community Housing Development Organizations (CHDOs)</p> <p><b><i>For CHDOs</i></b>, only the following activities are eligible. Please check the activity that describes the CHDO activities for which funds are being requested.</p> <p><input type="checkbox"/> Acquisition and/or rehabilitation of rental housing</p> <p><input type="checkbox"/> Construction of new rental housing</p> <p><input type="checkbox"/> Acquisition and/or rehabilitation of home buyer property</p> <p><input type="checkbox"/> Construction of new homebuyer property</p> |
|---|--|

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

**SECTION II  
PROJECT DESCRIPTION**

Project/Program Name: \_\_\_\_\_

1. **Project Description:** In the space below, provide a detailed project description, including specifics about the type of project proposed, project location, number of units and impact on the surrounding neighborhood. Discuss the role of other funds in implementing the project and how the other source(s) of funds will leverage the HOME funds. (Attach additional pages if necessary).

2. **Site Control** (If applicable)

Has the Applicant established site control? Yes \_\_\_ No \_\_\_

If yes, identify site control mechanism (grant deed, purchase option, lease etc.): (Attach copy of referenced document)

If site is not under applicant's control, attach description of method and schedule for establishing site control.

3. **Project Development Schedule**

Provide a detailed schedule for the completion of all activities associated with the project.

### SECTION III BUDGET PROPOSAL

1. Fill out **SECTION III - Exhibit A** on the following page for the specific activity for which you are requesting funds. Also attach a copy of your latest overall agency budget for the current year as approved by the board of directors.
  
2. Attach all tentative commitment letters of additional financing that will leverage the HOME funds being requested to allow total project completion. For any application funded, evidence of additional permanent / construction financing for the project must be provided to the City within six (6) months of the date the agency is notified of HOME funding approval. Failure to provide permanent source(s) of additional financing will result in HOME funds being de-obligated.
  
3. **Matching Requirements** (25% of project cost).  
Eligible Forms of Match are as follows:
  - Cash or cash equivalents from a non-federal source;
  - Value of waived taxes, fees or charges associated with the HOME project;
  - Value of donated land or real property;
  - Cost of infrastructure improvements associated with HOME projects;
  - A percentage of the proceeds of single or multi-family housing bonds issued by state, state instrumentality or local government;
  - Value of donated materials, equipment, labor and professional services;
  - Sweat equity;
  - Direct costs of supportive services to residents of HOME projects and
  - Direct cost of homebuyer counseling to families purchasing homes with HOME assistance.

A. Describe how the matching requirement will be met.

B. Explain how federal funds will be leveraged with other funding resources.

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

**SECTION III – EXHIBIT A  
YEAR BUDGET**

Agency: \_\_\_\_\_

| Expense Category    | Funding Sources* |       |       |       | Total Budget |
|---------------------|------------------|-------|-------|-------|--------------|
|                     | FY _____<br>HOME | Other | Other | Other |              |
| Acquisition         |                  |       |       |       |              |
| Closing Costs       |                  |       |       |       |              |
| Arch./Eng Costs     |                  |       |       |       |              |
| Legal Fees          |                  |       |       |       |              |
| Fees and Permits    |                  |       |       |       |              |
| Consultant Fees     |                  |       |       |       |              |
| Construction Costs  |                  |       |       |       |              |
| Site Preparation    |                  |       |       |       |              |
| Taxes and Insurance |                  |       |       |       |              |
| Marketing           |                  |       |       |       |              |
| Developer Fees      |                  |       |       |       |              |
| Other               |                  |       |       |       |              |

**Total Operating Budget = \$ \_\_\_\_\_**

(\* All funding sources must be identified)

Additional information will be required if the application is funded

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*



**SECTION IV  
QUALIFICATIONS**

**Project/Program Name:** \_\_\_\_\_

**Affordable Housing Experience:** Summarize the organization(s) experience in the development and management of affordable housing. List previous affordable housing projects that are similar to the proposed project and have been developed by the organization; include project name, location, number of units, and year of completion.

*Also, list all key staff members and summarize their qualifications and relevant experience in developing and managing affordable housing projects, listing specific projects with the staff member's role in development / management of the project, the projects name, location, size, development budget, and the year of completion. (Additional sheets may be used.)*

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

**SECTION V  
OTHER REQUIRED DOCUMENTATION CHECKLIST**

Please attach the following information to this section.

**ORGANIZATIONAL STRUCTURE**

- \_\_\_ 1. **Charter or mission statement of applicant** - Include length of time organization has been in operation. Describe organizations capabilities and characteristics of clients served.
- \_\_\_ 2. **Documentation of non-profit status** - Include state and federal tax-exempt determination letters.
- \_\_\_ 3. **Articles of Incorporation**
- \_\_\_ 4. **Applicant's by-laws**
- \_\_\_ 5. **Board of Directors** - Provide names, addresses, occupations, and phone numbers of current Board of Directors. Include position/title on Board.
- \_\_\_ 6. **Organizational chart** - List current employees and job titles and indicate which positions will implement the proposed program or project.
- \_\_\_ 7. **Authorized Officials** - Designated officials authorized to enter into contracts.

**FINANCIAL MANAGEMENT CAPACITY**

- \_\_\_ 1. **Resume of Chief Program Administrator**
- \_\_\_ 2. **Resume of Chief Fiscal Officer**
- \_\_\_ 3. **Organizational Budget** - Complete Exhibit A, identifying all revenues and expenses pertaining to the organization(s) overall operating budget.
- \_\_\_ 4. **Fiscal Management** - Attach description of fiscal management policies and procedures including financial reports, record keeping, accounting systems, payment procedures etc. Describe financial oversight by Board. Identify and describe any audit findings, investigations, or probation by any agency in the past two years.
- \_\_\_ 5. **Audit** - Provide most recent audit or financial statement.
- \_\_\_ 6. **Authorization** - Provide Minutes of Board Meeting and/or Board Resolution authorizing the submission of this application for HOME funds.

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

**SECTION V - EXHIBIT B**  
**CHDO LOW-INCOME COMMUNITY REPRESENTATION CERTIFICATION**  
(Only for CHDO applicants)

I hereby certify that the current governing Board of Directors of:  
\_\_\_\_\_ meet the minimum federal requirements for a Community Housing Development Organization as listed in Section IV(3)(A) of the Application for HOME Funds.

The governing Board is composed of \_\_\_\_\_ members. Of this total, the low-income community is represented in the following manner:

1. Number of Board Members who are residents of low-income neighborhoods: \_\_\_\_\_
2. Number of Board Members who are low-income community residents: \_\_\_\_\_
3. Number of Board Members who are elected representatives of low-income neighborhood organizations: \_\_\_\_\_

\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
Date

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

## **SECTION VI CERTIFICATIONS**

### **CERTIFICATIONS:**

The following certifications apply to all applicants. Funding will be denied if your organization is unable to comply with the following federal requirements.

### **THE APPLICANT HEREBY AGREES TO THE FOLLOWING:**

1. The figures, facts, representations, and documents presented in this application are true and correct to the best of the applicant's knowledge.
2. The submission of this application has been authorized by the governing board of the applicant. Date of board approval: \_\_\_\_\_
3. For all HOME programs and projects, the applicant will conduct its operations in accordance with the following requirements:
  - a. Refrain from discrimination against any program participant/beneficiary, applicant or employee because of race, color, religion, sex, national origin, familial status, age, political beliefs or affiliations, or handicaps, and comply with the Equal Employment Opportunity (EEO) clause required in all federally funded contracts.
  - b. When applicable, comply with Section 3 requirements for providing opportunities to low income residents for training and employment.
  - c. Provide the City of Jackson monthly progress reports of activities funded by HOME funds. Such reports will include activity progress report and participant data.
  - d. Maintain records to verify information regarding persons or households who participate or benefit from the grant funded activity including, but not limited to: income, racial/ethnic group, gender of the head of household and residence.
  - e. Demonstrate compliance with federal standards for financial management systems and source documentation and disburse funds in accordance with Uniform Administrative Requirements of OMB Circular A-IIO (non-profits), which govern financial management systems, program monitoring, property management and procurement.
  - f. Keep books and records in accordance with cost principles of OMB Circular A-I22 (non-profits) and requirements of A-II 0 and A-133.
  - g. Retain financial records, supporting documents, statistical records and other records pertinent to the program/program funded and make them available to the City, the U.S. Department of Housing and Urban Development or their designated representative(s) for a period of four years.

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*

- h. Maintain time distribution records for all employees working on HOME eligible and non-eligible activities.
- 4. Comply with contractual requirements as set forth by the City of Jackson for the HOME program to include but not limited to the following:
- 5. Have an agency personnel policy including an affirmative action plan or an equal opportunity statement.
- 6. Submission of an audit annually.
- 7. Be subject to one or more monitoring visits.
- 8. Provide to the City evidence of permanent financing for the project within six (6) months of the date the agency is notified of HOME funding approval and that failure to do so will result in HOME funds being de-obligated.

This application has been reviewed and approved.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
President, Board of Directors

\_\_\_\_\_  
Date

**SECTION VII  
SUPPLEMENTAL CERTIFICATION**

There are no members of the Board of Directors, officers, workers, or members of the organization who are appointed members of a City Commission or Committee, or a City employee.

\_\_\_\_\_

Executive Director

\_\_\_\_\_

Date

\_\_\_\_\_

President, Board of Directors

\_\_\_\_\_

Date

**Or**

The following is a list of the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are appointed members of a City Commission of Committee, or a City employee.

| NAME | POSITION IN ORGANIZATION | AFFILIATION WITH CITY |
|------|--------------------------|-----------------------|
|      |                          |                       |
|      |                          |                       |
|      |                          |                       |
|      |                          |                       |

\_\_\_\_\_

Executive Director

\_\_\_\_\_

Date

\_\_\_\_\_

President, Board of Directors

\_\_\_\_\_

Date

*If you need special assistance in order to read and understand the information contained herein, please call the City of Jackson, Office of Office of Housing and Community Development at 601-960-2155.*