**HOME INVESTMENT PARTNERSHIPS PROGRAM**

**PART A**

**PROGRAM ACTIVITIES APPLICATION SUMMARY INSTRUCTIONS, RESOLUTIONS AND CERTIFICATIONS**

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**Gavin Newsom, Governor**

**State of California**

**Alexis Podesta, Secretary**

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**October 2019**

**Application Summary Overview**

All Applicants requesting funding for program activities must complete the Part A Application Summary (number 2 below), consisting of nine tabs. Instructions for each tab, is provided below. The information provided must be complete and consistent throughout all sections of the application. An application checklist is included to assist in the preparation of the application and must be submitted as *Exhibit AC*.

The following documents are available on the HOME website at

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

1. Part A Application Summary Instructions: Microsoft Word

(Complete and print all pages)

1. Part A Application Summary: Microsoft Excel

(Complete and print all tabs)

**Tab I: Applicant Information**

I.A. Applicant Information:

In this section, complete all information that pertains to the jurisdiction.

I.B. Authorized Representative Information:

Complete all information that pertains to the jurisdiction’s Authorized Representative as stated in the authorizing resolution. The Authorized Representative is the person designated to sign the HOME Standard Agreement and other required documents. If the address of the Authorized Representative is the same as the Applicant’s address, check the box and complete telephone, fax and e-mail information.

I.C. Applicant Contact Information:

Please provide the information for the contact person for this application. The contact person listed should be the person who can best answer questions regarding the application and the proposed activities, and who is an employee of the Applicant (not of an administrative subcontractor or subrecipient). If the Applicant Contact is the same as the Authorized Representative, check the box and go to the next section.

**Tab II: Expenditure Percentage**

This section requests information about HOME expenditures on recent HOME Program Activities contracts (2014, 2015, and 2016 Standard Agreements only).

Enter applicable Standard Agreement number, total amount awarded by agreement, and total amount of valid draws submitted for the HOME program through to the application due date of the October 2019 HOME NOFA. The Applicant’s maximum fund request will be restricted based on the total percentage of funds expenditure result.

**Tab III: Funding by Activity**

This section requests information about HOME funding for each proposed activity.

III.A. Activity:

Enter in column D the total amount of HOME funds requested per program activity. The amounts for columns B and C will be automatically calculated. The total amount requested must not exceed the maximum application amount from Tab. II, or less than $300,000, as stated in the 2019 NOFA. If the requested HOME amount is not between the maximum and minimum HOME amounts, or if the amounts requested for Activity Funds and Administration/CHDO Operations are not between the appropriate limits, the Department of Housing and Community Development (Department) may, in its sole discretion, make minor adjustments consistent with the submitted authorizing resolution to correct the variances.

III.B. HOME Program Income/Recaptured Funds:

Provide your jurisdiction’s Program Income/Recaptured Funds balance as of June 30, 2019, as well as the amount of HOME PI received within 12 months preceding the date of the application.

**Tab IV: Proposed Other Funding Sources**

This section requires information about other funding sources. Match is waived for all activities funded under this NOFA; however, the Department requests a list of reportable match sources to continue monitoring the Department’s ongoing match credit so that it may continue to waive match. Complete the columns as follows:

IV.A. Name of HOME Activity:Enter the Activity for which the fund will be used. Use FTHB for First-Time Homebuyer Program, OOR for Owner-Occupied Rehabilitation Program, and TBRA for Tenant-Based Rental Assistance Program.

IV.B. Name of Source: List funding sources for your activity(s). Specify the funding source by name, if possible (e.g. Union Bank, County of Santa Cruz, Wells Fargo, Self Help Enterprises, CalHome, etc.).

IV.C. Funding Source Code: Insert the code for the funding source listed in Column B using the list located on our webpage at <http://www.hcd.ca.gov/grants-funding/active-funding/home.shtml#forms> (click on General Program Documents and select HOME-3).

IV.D. Source Type: List the funding source type. (e.g. City, County, State, Federal, Private etc.)

IV.E. Match: Enter if the amount of other funding is Match, Not Match or Partial Match. Use “Y” for Match, “N” for Not Match or “P” for Partial Match. Note: Match is waived for all activities funded under this NOFA; however, please indicate if the listed funding source is reportable as match under the Federal Final Rule.

IV.F. Total Dollar Amount: List the total dollar amount for the specified funding source.

**Tab V: Unit Information**

The Unit Information chart must be complete and consistent with information given in other sections of the application. Complete the columns in the chart as follows:

V.B. HOME-Assisted Units: List the number of HOME-assisted units only (not total units). The number of units proposed to be HOME-assisted will be a part of your contractual obligation to the State should you be awarded HOME funds.

V.C. Total Units: List the number of total units being assisted (including non-HOME funded units) as a result of the activity.

V.D. Target Populations: Enter the designated number for any target population(s) that will be served by your activity from the chart in this tab. Enter multiple numbers if more than one target population is assisted by the project.

**Tab VI: Legislative Information**

This section of the application requires information on the legislative representatives for your area.

The Department informs the Applicant’s legislative representatives when a conditional reservation of funds is made. Please make sure this information is current as of the application date.

**Tab VII: Applicant Certification and Commitment of Responsibility**

Enter Applicant’s name, and sign and date the form.

**Tab VIII: Rural Designation (Exhibit A1)**

It is extremely important for the Applicant to provide accurate information as requested below because activities in rural areas are awarded an additional 50 points. Rural points are awarded based on the location of the activity proposed.

Applicants within the following counties do not have to provide documentation of their rural status beyond Exhibit A1 as these counties are automatically considered rural: **Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Sierra, Siskiyou, Tehama, Trinity and Tuolumne.**

Complete chart in this section only if your activity is located in a rural area but not within one of the counties listed above. These Applicants must indicate all census tract numbers and follow this process to document that the program activity is located in a rural area:

**STEP ONE (for cities and CHDOs only):**

Go to the State Department of Finance website at: <http://dof.ca.gov/Forecasting/Demographics/Estimates/E-1/> to verify the jurisdiction’s most recent population estimates in the E-1 City/County Table. If asked for a username and password, click "cancel" until the file is shown.

**If your program activity is for a city of more than 40,000, STOP, as your program activity is not located in a rural area. Please note that for counties, this is not a threshold item.**

If your program is located in a city of 40,000 or less, **print** the page with Table E-1 which shows this population data, and go to Step Two.

**STEP TWO (for all)**

Go to the NEW American FactFinder at the US Census Bureau website:

<http://factfinder2.census.gov/main.html>

* 1. Click on “Advanced Search”, then “Show Me All”
  2. Select “Topics” in the left-hand menu
  3. At the bottom of the "Topics" drop-down menu click “Dataset” to reveal this drop-down menu
  4. Scroll down this menu and select “2010 SF1 100% Data” under “Dataset”
  5. Scroll up again and above “Dataset”, click on “Product Type” to reveal this drop-down menu
  6. Select “Detailed Table” under “Product Type”. (“2010 SF 1 100% Data” and “Detailed Table” should now be listed in the "Your Selections" box (top left))
  7. Select “Geographies” in the left-hand menu
  8. On the next screen, click the button for “Most requested Geographic Type”
  9. In the drop-down menu for " Select a geographic type", select Census Tract, then select California, and your county, and then the Census tract where your proposed project will be located by clicking on the Census tract, and then clicking "Add to Your Selections". Close the “Select Geographies” window.
  10. In the Topic or Table Name box, type Urban and Rural. Select Table P2 or P002 from the drop-down menu. Then select the “Urban and Rural” box for this table in the list that follows. Then click "View".

**STEP THREE**

If the table indicates that the total combined population of the census tract(s) is at least 50.01% rural and/or inside urban cluster(s), the proposed service area will be considered rural. If the proposed service area meets these qualifications, **print** the Census tract table provided, **enter** selected data from this table onto new **Exhibit A1**, and **submit** Exhibit A1 with Table E-1 (if a city or CHDO) and the census tract table(s) if claiming rural points.

Note: To print tables listing information for more than two Census Tracts, print in "Landscape" format. Printing using the Census' print icon will reformat the table to enable you to print several columns on each page. If you have more than six Census Tracts anticipated to be served, you may need to retrieve and print multiple separate tables or print on legal-sized paper to display all of your Census Tracts.

Notwithstanding the above, it is your responsibility to clearly document the rural status of your program. If this status is not clearly documented, the program may not be considered for rural points. However, if you follow this process and as a result the evidence shows that your program is not rural but you believe that it should be considered rural, or if you have other questions, problems, or concerns in determining rural designation pursuant to the above process, please contact the HOME NOFA Unit, [HOMENOFA@hcd.ca.gov](mailto:HOMENOFA@hcd.ca.gov).

**Tab IX: Reporting History**

Submit **Reporting History (Exhibit A2)** along with copies of report transmittal e-mails to confirm each report was submitted to the Department by the due date. Accuracy is critical on this form. The Department will use this self-reporting tool to determine points for the missing and late reports portion of the rating and ranking process. See the NOFA for additional information. If you have additional questions or need assistance locating documentation, contact Jay Cortese, HOME Grants Management Manager, at [Jay.Cortese@hcd.ca.gov](mailto:Jay.Cortese@hcd.ca.gov).

**Exhibits**

In addition to the Part A Application Summary forms, it is also necessary to include additional verifications, authorizations, and certifications which are provided in the form of exhibits. The Applicant Checklist on the following page lists all the exhibits required to complete the Part A section of your application. Use the checklist as a tool to verify that all the required elements are included and insert a copy of the completed checklist in your application package.

Instructions for completing Exhibit Part A, A1, and A2 are found above. Instructions for completing Exhibits A3 through A6 containing all the necessary elements to meet the Department’s requirements follows the Applicant Checklist.

**EXHIBIT AC**

**APPLICANT CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check if**  **Applicable** | **Check if Included** | **Part, or**  **Exhibit #** | **Part, Section, or Exhibit Title** |
| **X** |  | AC | Applicant Checklist |
| **X** |  | Part A | Application Summary Sections I - VII (Sections VIII and IX are Exhibits A1 and A2) |
| **X** |  | A1 | Application Summary Section VIII - Rural Calculations/Certification |
| **X** |  | A2 | Application Summary Section IX - Reporting History |
| **X** |  | A3 | Authorized Signatory Identity Form |
| **X** |  | A4 | Governing Board Resolution—Applicant |
|  |  | A5 | 2 CFR 200.512 Single Audit Report Exemption Letter (State Recipients Only, if applicable). See Section VII.A.5. of the NOFA for more information. |
| **X** | [ ] | A6 | FTHB program Applicants must submit documentation (i.e. – deed of trust, regulatory agreement, etc.) showing specific recapture provisions per HUD requirement. |

**EXHIBIT A3**

**HOME NOFA Program Activities Application**

**Authorized Signatories Identity Form**

(for State Recipient Applicants only)

For every authorized position/title in the Authorizing Resolution submitted with the HOME Application, the Department requires that the name of the person(s) currently occupying that/those position(s)/title(s) be kept on file at the Department. This allows the Standard Agreement to be signed by the current occupant(s) of the named position(s)/title(s) to sign on behalf of the Applicant. Please provide this information in the spaces below.

**Note:**  If the information provided below changes, update this form and send it to your HOME Representative along with a copy of meeting notes or other official documentation evidencing the change in persons occupying the authorized position(s)/title(s). The additional documentation evidencing the name and position(s)/title(s) of authorized signatories need not be HOME-specific but may provide general authority evidencing the name(s) and position(s)/title(s) of individuals authorized to legally bind the governing body.

**State Recipient:**

**HOME Application Year or Contract Number:**

|  |  |
| --- | --- |
| **Authorized Signatory Position/Title** | **Name of Person Currently Occupying this Position** |
|  |  |
|  |  |
|  |  |
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|  |  |

Submitted by (must not be a person named above):

**Printed Name:**

**Signature:**

**Title:**

**Date:**

**HOME NOFA Program Activities Application**

**Governing Board Resolution Instructions**

A Resolution granting authority to make an application to the HOME Program, duly executed by the governing board of the local jurisdiction or CHDO, is required for submission of the application. An executed resolution must be included with every application submitted to the Department no later than the application deadline. The resolution must authorize:

1. submittal of the application and the execution of the HOME Standard Agreement;
2. the activity(ies) being proposed in the application;
3. the amount of HOME funds being requested; and
4. signature authority for HOME documents.

Label as “Exhibit A4 - Governing Board Resolution.” A sample resolution is included with this application form, on the following page. The Department suggests Applicants either use this resolution or incorporate all elements of the sample into the Applicant’s own resolution put on organization letterhead. The resolution should be dated after the issuance date of the NOFA and should reference the October 2019 HOME NOFA. **Please note that this resolution specifically includes the requested HOME Award amount in dollars, which is a mandatory element of the resolution.** The resolution also identifies the position(s) that will be authorized to sign reports and drawdown requests. The person attesting to the validity of the resolution cannot be the same individual as the one granted the authority in the resolution. If the application is submitted unsigned or signed by someone other than the individual authorized in the resolution, the Department may, in its sole discretion, reject the application.

**EXHIBIT A4**

**(SAMPLE) GOVERNING BOARD RESOLUTION**

RESOLUTION NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE GOVERNING BOARD OF

*[Name of Applicant]*

HEREBY AUTHORIZES: Submittal of an application to the California Department of Housing and Community Development for funding under the HOME Investment Partnerships Program; and if selected, the execution of a Standard Agreement, any amendments thereto, and of any related documents necessary to participate in the HOME Investment Partnerships Program.

WHEREAS:

1. The California Department of Housing and Community Development (the “Department”) is authorized to allocate HOME Investment Partnerships Program (“HOME”) funds made available from the U.S. Department of Housing and Urban Development (“HUD”). HOME funds are to be used for the purposes set forth in Title II of the Cranston-Gonzalez National Affordable Housing Act of 1990, in federal implementing regulations set forth in Title 24 of the Code of Federal Regulations, part 92, and in Title 25 of the California Code of Regulations commencing with section 8200.
2. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Department issued a Notice of Funding Availability announcing the availability of funds under the HOME program (the “NOFA”).
3. In response to the October 2019 HOME NOFA, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[insert name of Applicant]* a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[insert the legal form of entity, e.g., municipal corporation, subdivision of the State of California, nonprofit corporation]* (the “Applicant”), wishes to apply to the Department for, and receive an allocation of, HOME funds.

**IT IS NOW THEREFORE RESOLVED THAT:**

1. In response to the October 2019 HOME NOFA, the Applicant shall submit an application to the Department to participate in the HOME program and for an allocation of funds not to exceed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dollars ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) for the following activities and/or programs:

*[Briefly describe the proposed activities and/or programs]*

to be located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[activity/program location(s)].*

2. If the application for funding is approved, then the Applicant hereby agrees to use the HOME funds for eligible activities in the manner presented in its application as approved by the Department in accordance with the statutes and regulations cited above. The Applicant may also execute a Standard Agreement, any amendments thereto, and any and all other documents or instruments necessary or required by the Department or HUD for participation in the HOME program (collectively, the required documents).

3. The Applicant authorizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[position title(s) of person(s) authorized]* or his/her designee(s) to execute, in the name of the Applicant, the required documents.

**PASSED AND ADOPTED THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_ 20\_\_, BY THE FOLLOWING VOTE:**

**AYES:\_\_\_\_\_ NAYS:\_\_\_\_\_\_\_\_\_ ABSTAIN:\_\_\_\_\_\_\_ ABSENT:\_\_\_\_\_\_\_\_**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[title of officer]* of the Applicant does hereby attest and certify that the foregoing is a true and full copy of a resolution of the governing board of the Applicant passed and adopted at a duly convened meeting on the date set forth above, and said resolution has not been altered, amended, or repealed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***NOTES:***

1. This is intended to be a sample resolution authorizing submittal of an application to the Department and execution of various required documents. An Applicant may use another format if it contains the dollar amount of the application and all of the authorizations contained in this sample.
2. CHDO Applicants also must submit an authorizing resolution with their applications, modified as appropriate to their corporate structure, and containing the dollar amount of the application and all of the authorizations contained in this sample.
3. The person attesting to the signing of the resolution cannot be the same person authorized to execute documents in the name of the Applicant.
4. CHDO Applicants must name the **title and current occupant** in the resolution. If the person occupying the position changes, the CHDO must submit meeting notes or some other official documentation evidencing the change in persons occupying the authorized position. The additional documentation evidencing the name and title of authorized signatories need not be HOME-specific but may provide general authority evidencing the name and title of individuals authorized to legally bind the governing body.

**EXHIBIT A5**

**2 CFR 200.512 Single Audit Report Documentation** (State Recipients only, if applicable)

Local governments that expend in excess of $750,000 in federal funds during the fiscal year are required to submit a 2 CFR 200.512 Single Audit Report package to the Federal Clearinghouse and to the California State Controller’s Office. For most California entities, the reporting package is due March 31 of each fiscal year.

The Department will make its determination on the status of 2 CFR 200.512 Single Audit Report compliance as of the application due date of the October 2019 HOME NOFA, by consultation with the California State Controller’s Office (SCO). To determine compliance, the Department will consider only whether the State Controller’s Office, not the Federal Clearinghouse, received the required documentation.

**Jurisdictions that are exempt from filing a 2 CFR 200.512 Single Audit Report must submit with their HOME application a copy of the letter written to SCO notifying them that the jurisdiction is exempt.** See <https://www.sco.ca.gov/aud_exempt_entities.html> for more information on the required content of this letter.

You may check your jurisdiction’s 2 CFR 200.512 Single Audit Report compliance status at: <https://www.sco.ca.gov/aud_single_audit_status_report.html>.

Questions regarding compliance with the submittal requirements of 2 CFR 200.512 Single Audit Report can be directed to the HOME NOFA Unit at [HOMENOFA@hcd.ca.gov](mailto:HOMENOFA@hcd.ca.gov).

The Department will answer only the question of whether Applicants are in compliance according to SCO’s 2 CFR 200.512 Single Audit Report Status Report. Non-compliance issues must be directed to SCO.

**EXHIBIT A6**

**HUD Recapture Requirements**

Applicants requesting funding for FTHB programs must submit documentation (i.e. – deed of trust, regulatory agreement, etc.) showing specific recapture provisions per HUD requirement. Please refer to Homebuyer Recapture Requirements Applicable to State Recipients & CHDOs under Affordability Requirements on page 23 of the HOME NOFA.