

Washington County HOME ARP Supportive Services

Home Investment Partnerships Program American Rescue Plan (HOME-ARP) Funds

All complete application proposals are due to Washington County Community Development Agency no later than 4:30 PM on Friday December 15, 2023

*Applications that are incomplete or received after the deadline will not be considered for funding.

Note: Documentation of approvals by governing boards will be accepted through 4:30 PM on Tuesday January 2, 2024

Applications can be submitted by mail or email to:

Angie Shuppert, Community Development Programs Manager
Washington County Community Development Agency
7645 Currell Boulevard
Woodbury, MN 55125
651-379-9551
Fax: 651-458-1696
angies@washingtoncountycda.org

It is highly recommended project applicants contact Angie Shuppert prior to filling out the application for technical assistance and eligibility criteria. Please reference the Evaluation and Ranking Criteria when filling out the application.

REQUIRED DOCUMENTATION

The following documents are required to be attached with the application submission:

- Resolution of governing body requesting funds or board minutes approving submission of application
- Community Support: Public Outreach may be demonstrated by a letter of support from the chief elected official of the primary municipality in which the Project is located; or a description of efforts to notify local officials. If local officials decline to support the project, the application should address any specific concerns that have been raised about the Project.
- If applicant is a non-profit - State and Federal Tax Exemption Determination Letter - 501 (c)(3) and list of Board of Directors/Council or Trustees
- Organizational Chart
- Detailed Project timeline with significant milestones
- Supporting documentation, such as, survey, Phase I/II environmental, census data, etc.
- Third party materials documenting project need
- Written financial commitments or letters of project support from **all** other funding sources.

HOME-ARP Application Requirements:

1. Nonprofit status for at least two (2) full years, or two (3) full years of operating as a subsidiary (a corporation owned or controlled in whole or in part) of a nonprofit entity, or a local governmental entity or agency within Washington County.
2. Verification of registration with the Minnesota's Secretary of State Office at the time of application.
3. Verification of registration with the U.S. System for Award Management and be free from debarment.
4. An active Board of Directors within the last 12 months.
5. The applicant must have an audit or (audited financial statements if budget is less than \$25,000 annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Audit findings will make the applicant ineligible to receive assistance.
6. Written copy of financial management procedures, including staff responsibilities and required procedures.
7. At least twelve (12) months experience directly related to the proposed project or program.
8. Proof of insurance for the following types of insurance, as applicable for services provided: General Liability, Auto Liability, and Worker's Compensation

Upon selection for funding:

A copy of the applicant's Audit, Management & Compliance Report and Insurance coverage documentation

HOME ARP PROJECT FUNDING APPLICATION

Funding Amount Requested:

Project Title	
Project Address	
Project Legal Description	

Project Applicant

Organization/ Agency legal name:	
Contact Person / Title:	
Address:	
Telephone:	
Email:	

Type of agency:	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't/Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Date of incorporation:		Federal Tax ID number:			
Agency UEI number		Annual operating budget:			
Number of paid staff:		Number of volunteers:			

1. Program Description:

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2. Please check which Qualifying Population(s) will you be serving. See attached HOME ARP Supportive Services Fact Sheet for further information and descriptions:

	1. Homeless
	2. At Risk of Homelessness
	3. Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking
	i. Domestic Violence
	ii. Dating Violence
	iii. Sexual
	iv. Human
	4. Other Populations: Income Qualifications Needed
	a. Veterans and Families That Include a Veteran Family Member that meet the criteria for one of the Qualifying Populations (1-4) described above are eligible to receive HOME-ARP assistance. If qualified under Other Populations (4), there must be documentation of income qualifications being met.

5. Describe the eligible service category. See attached HOME ARP Supportive Services Fact Sheet for further information and descriptions:

- a. Homeless Services
- b. Homeless Prevention Services

6. Describe what referral methods and waiting lists does your agency plan on using? Acceptable methods are use of coordinated entry or waiting lists:

7. Does your targeted population meet the applicable HUD qualifying guidelines? What subpopulation will you serve?

- Singles
- Families
- Youth
- Domestic Violence/Sexual Assault- address safety outline how safety will be ensured
- Tribal Communities
- Veterans

Please explain:

8. Do you have the capacity to maintain accurate income documentation and keep records and data current, as required by the HUD program? Explain:

9. Describe the Eligible HOME ARP Uses/Costs for your program. Include proposed cost effectiveness. See attached HOME ARP Supportive Services Fact Sheet for further information and descriptions:

10. Describe the agency's experience working with proposed homelessness assistance programs for HOME-ARP targeted populations

11. What is the project timeframe? What are the milestones? If there are any known issues or circumstances that may delay the project, please list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues:

12. Describe project characteristics that address special needs of the population you intend to serve:

13. Indicate whether your activity is new or an expansion of existing services and explain.

14. If the project anticipates using a method other than direct benefit, indicate which: See HUD Notice CPD-21-10 <https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf>

15. Beneficiary Information: How will this project benefit low and moderate income residents of Washington County?

BUDGET

Identify the federal, state and local leveraging resources used for **the proposed project and the source of funds**. Proformas are encouraged to be included but will not substitute this budget form. Budgets must be:

- Specific to the proposed activity/project.
- Include all line items any source funds will be used for.

DO NOT include your entire organization’s operating budget. This will be asked for if awarded.

Use of Funds	Source of Funds (Please list amount and source specifically)								
Line Item	HOME-ARP Funds	Applicant Funds	Other Federal Funds	State of MN Funds	City Funds	Other Funds	Private/ Foundation Funds	Total	Committed Yes/No Date
Total									

1. Budget Narrative

a. Provide an explanation of the project budget and funding sources:

b. Describe the applicant's fiscal management including financial reporting and record keeping. Explain how you will ensure the financial integrity of the project and avoidance of any misdirection of the funding sought. Note the expertise of persons managing the funds and providing accounting services. Please include required federal audits, internal audits, or other controls:

- c. If your application is partially funded, how would you proceed or how would it impact your ability to move forward? What adjustments to the scope of work would need be made?

- d. Describe how if awarded funding, HOME-ARP would be used to leverage other funding sources or meet the MATCH requirements?

- e. Have all other funding sources been or will be formally committed by June 30, 2024?
 No Yes

- f. Is there a fiscal agent other than the applicant?

No Yes

If yes, please provide contact information:

COMPLIANCE CAPACITY

1. **How do you plan to verify income and qualifying population served? How will you prevent duplication of benefits? Describe the process for collecting income and beneficiary data, including who will collect it and how the data will be stored:**

2. **Describe Management and Staff Capacity for use of Federal funds:** What is the applicant's administrative capacity to manage the grant financially and to comply with federal program requirements? Please provide detailed information on who will have oversight of the project and the parties involved to carry out each activity listed above. What is the capacity of the staff within the agency?

3. **Experience:** Describe your experience using federal funds for a similar project. When was your organization established?

POTENTIAL OR PERCEIVED CONFLICT OF INTEREST

As an applicant requesting funding, will any of your employees, agents, consultants, or officers experience any of the following conflicts of interest:

- Yes No Have a financial interest or reap a financial benefit from this program/activity?
- Yes No Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?
- Yes No Participate in the decision-making process for the approval of this application?
(i.e., staff member or official of Washington County, the CDA or Citizen Advisory Committee)

If you selected, "yes," to any of the above, clearly describe the conflict below:

CERTIFICATION

I hereby acknowledge that by applying for HOME-ARP funds, this activity may require compliance in the following areas:

- Utilization of minority and women contractors
- Prevailing Wage Compliance
- Uniform Relocation Act and Section 104(d)
- Section 3 Compliance and Outreach
- Environmental Regulations
- Flood Insurance
- Lead-Based Paint Assessment and/or Remediation or Abatement
- Debarred, suspended, and ineligible contractors and sub-recipients
- Handicapped accessibility
- Title VI of the Civil Rights Act of 1964
- Title VII of the Civil Rights Act of 1969 - Fair Housing Act

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the CDA.

Signature of Authorized Official

Name of Authorized Official

Title