**St. Joseph County Housing Consortium**

**APPLICATION FOR FUNDING**

**2020 HOME Investment Partnerships Program**

 **APPLICATION DEADLINE: SUBMIT Original & One (1) Copy to:**

 **Friday, August 23, 2019 Department of Community Investment**

 **No Later than 4:45 p.m. 227 W. Jefferson Blvd., Suite 1400S South Bend, IN 46601**

Attached is the application for Program Year PY 2020 funding for:

St. Joseph County Housing Consortium HOME Investment Partnerships for

the Cities of South Bend and Mishawaka, and St. Joseph County

Also available online at: <https://www.southbendin.gov/government/content/federal-grants>

If TECHNICAL ASSISTANCE is needed, please contact:

 Lory Timmer

 City of South Bend, Department of Community Investment

 227 W. Jefferson Blvd., Suite 1400S

 South Bend, IN 46601

 (574) 235-5841 or ltimmer@southbendin.gov

Please read the instructions and review the application carefully before completion and submission. Some items have changed. **Submission of an incomplete application will result in the application being returned for re-submission. Submission of an initial application after the deadline date/time may result in the proposal being disqualified.**

**PLEASE NOTE**: The timeframe of any federal budget discussions, modifications and/or approval cannot be projected. The St. Joseph County Housing Consortium will proceed as usual with the application process for its HUD-funded programs. Please be aware that this is done with the understanding that FY 2020 funding is not confirmed.

**Instructions for HOME Application for Funding - PY 2020**

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

 Department of Community Investment

 County-City Building

 227 W. Jefferson Blvd., Suite 1400S

 South Bend, IN 46601

no later than **4:45 p.m. Friday, August 23, 2019.**

**PLEASE NOTE: Any applications submitted with incomplete or missing information will be returned to the applicant to correct and re-submit.**

Public hearings on the **2020 HOME application, with the intention of developing the 2020 Action Plan**, will be held Tuesday, July 16, 2019 at the following times and locations:

2:30 PM, Mishawaka Council Chambers

Mishawaka City Hall

600 East Third Street, Mishawaka

 And

5:30 PM, 14th Floor Dept. of Community Investment Conference Room

County-City Building

227 West Jefferson Boulevard, South Bend

Both locations are ADA accessible.

**FOR SOUTH BEND APPLICANTS ONLY:**

Applicant must be a non-profit 501(c)(3) charitable organization or a unit of government.

To utilize HOME funds most effectively to address priority needs, the City of South Bend will prioritize the award of PY 2020 HOME funds to projects that provide for:

(1) Acquisition/rehabilitation/new construction of Permanent Supportive Housing units for the chronically homeless

(2) Tenant Based Rental Assistance (TBRA) for special needs populations.

In addition, Consortium staff time will be subsidized using HOME funds set aside for administration. If funds are available after priority projects and administration are awarded, remaining funds may be allocated to single-family home new construction on existing vacant lots.

The City of South Bend notes a preference to use HOME in specific geographic areas (please see the “Analysis for Residential Market Potential” on the City’s website at <https://www.southbendin.gov/government/content/plans-studies> .

All pages of the application and required supplemental materials are to be submitted together. If an item is not applicable, please indicate “N/A.”

1. **Project/Program Title**: Fill in project/program title, and applicant organization name and address. Contact person should be whoever can answer questions about the application. Include a phone number and email address for the contact person. The organization’s DUNS and Federal I.D. numbers are required.

2. **Funding Requested**: Fill in the amount of funding requested. **Submit ONE application per project / program.** Indicate whether the request is for a grant or a loan. HOME funding match, including amount and source of match, **must** be listed.

3. **Outcome Performance Measurement:** Check the appropriate box under “A. Objectives” and the appropriate box under “B. Outcomes” that is most appropriate for the project/program. The Outcome Performance Measurement Statement should describe the need that will be met and the benefits expected from the proposed project/program.

4. **Project/Program Description:**

1. Describe the proposed project/program in detail.

B. Indicate the geography to be served. Be specific with street boundaries and census tract(s).

C. Specify the beneficiaries - those who will benefit from the project/program.

D. State the method that will be used to verify a participant is income eligible for the project / program.

E. Chronicle from start to finish a projected timetable with actions and dates.

F. Describe the evaluation method that will document success of the project / program.

5. **Budget:**

A. Complete the budget form. Fill in amount requested in the first column on the line(s) most appropriate for the project / program. Other sources and funds should be listed in the next column. **PLEASE NOTE: HOME funds require a 25% match**. These match funds and sources should be listed in the “Proposed Other Funds & Sources” column. The match is expected to be used for the same project for which you are submitting.

B. Show calculation of total project cost per unit if requesting funding for a housing project.

C. Explain how the project / program will be sustained and whether HOME funding will be required in the future.

D. Discuss in detail if combining funds from more than one source for project / program.

E. Describe previous public funding received for project/program.

**6. Other Information**

A. Self-explanatory

B. Applies to rental housing projects only – self-explanatory.

C. Self-explanatory

D. Rehabilitation projects / programs must address Title X requirements for Lead Hazard Reduction.

E. Self-explanatory

F. Copies of all documents noted are REQUIRED; failure to submit required documents will disqualify the application.

7. **Attachment A: Notification of a Single Annual Audit Form**

2 CFR Part 200 Single Audit (formerly OMB Circular A-133): As an entitlement community administering federal funds, St. Joseph County Housing Consortium is responsible for ensuring subgrantees comply with 2 CFR Part 200 (formerly OMB Circular A-133) requirements. All agencies receiving HOME funding will be required to have an independent audit completed annually to qualify for and receive ongoing funding. The Office of Management and Budget requires subrecipients that expend $750,000 or more in federal funds in one fiscal year to conduct a Single Audit pursuant to the Single Audit Act. Subrecipients that do not qualify for a Single Audit must submit a CPA Audited Financial Statement, or at a minimum a Certified Annual Financial Statement (CFA). Audited Financial Statements and CFAs will only be accepted from those non-profits that can document they did not qualify for a Single Audit. Subrecipients are responsible for ensuring that their independent auditors conduct the proper type of audit.

1. **Certification:** The Certification must be signed by an authorized individual of the organization.
2. **Sub-recipient Pre-Award Assessment:** This is required for a new applicant or for applicants that have not received public funding from the St. Joseph County Housing Consortium within the last five (5) years.

 Received By

Date

St. Joseph County Housing Consortium

APPLICATION FOR PY 2020 FUNDING

HOME Investment Partnership Program (HOME)

**1. PROJECT / PROGRAM TITLE:** Click here to enter text.

Applicant: Click here to enter text.

Address: Click here to enter text.

Contact Person: Click here to enter text.

Phone: Click here to enter text.

E-mail: Click here to enter text.

DUNS # (required) Click here to enter text.

Federal ID # (required) Click here to enter text.

Fiscal Year: Click here to enter text. through Click here to enter text.

 (month, day) (month, day)

**2. FUNDING REQUESTED**

**Required 25% match for HOME funds**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Amount Requested** | **Match****Amount** | **Match Source(s)** |
| HOME | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **OBJECTIVES: Select ONE (1) objective that the proposed project/program meets.**

[ ] Creates a suitable living environment

This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, child care, literacy, or elderly health services.

[ ] Decent housing

This objective focuses on housing programs possible with HOME where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environments.

[ ] Creates economic opportunities

This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

1. **OUTCOMES: Select the most appropriate outcome for the proposed activity.**

[ ] Improve availability/accessibility

This outcome applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.

[ ] Improve affordability

This outcome applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

[ ] Improve sustainability: Promoting livable or viable communities

This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

I hereby certify that the submission of this proposal has been duly authorized by our governing body.

Authorized Representative

Date

**5. OUTCOME PERFORMANCE MEASUREMENT STATEMENT**

What are the **measurable objectives** of the project? *(BE SPECIFIC: i.e., 14 houses will be rehabilitated, 10 families will become first-time homebuyers, etc.)*

Combine the elements from the categories above to summarize why the proposed project/program is needed and what outcomes will be achieved from the proposed project/program. Outcomes are the changes expected to occur in clients’ lives and/or the community as a result of the proposed project/program. A complete statement includes output (quantified) plus outcome (from categories above).

***Example****: Seven (7) households will obtain housing through a down payment assistance program for the purpose of creating decent, affordable housing.*

Click here to enter text.

**6. PROJECT/PROGRAM DESCRIPTION:**

1. **Describe the project/program. Is this project/program a continuation of an existing program?** If applicable, please include exact street address where activity will take place.

Click here to enter text.

1. **Service Area**: Describe the boundaries of where the service will be provided for South Bend, Mishawaka or St. Joseph County, using street boundaries, census tract(s), block group(s) if applicable and any other descriptive explanation.

**Attach a map of the service area**.

Click here to enter text.

**C. Who are the primary beneficiaries?** Describe the population the project/program proposes to serve. Include data by race, ethnicity, income level, etc. Note the source of the data.

Click here to enter text.

1. **Income Verification.** Which standard HUD approved method will be used to verify the income eligibility of the project/program participants. (Note: See current income limits below).

Click here to enter text.

|  |
| --- |
| **FY 2019 HOME Income Limits (Effective June 28, 2019) \*** |
|  | 1-Person Household | 2-Person Household | 3-Person Household | 4-Person Household | 5-Person Household | 6-Person Household | 7-Person Household | 8-Person Household |
| 30% AMI | 13,800 | 15,800 | 17,750 | 19,700 | 21,300 | 22,900 | 24,450 | 26,050 |
| 50% AMI | 23,000 | 26,250 | 29,550 | 32,800 | 35,450 | 38,050 | 40,700 | 43,300 |
| 60% AMI | 27,600 | 31,500 | 35,460 | 39,360 | 42,540 | 45,660 | 48,840 | 51,960 |
| 80% AMI | 36,750 | 42,000 | 47,250 | 52,500 | 56,700 | 60,900 | 65,100 | 69,300 |

\* *Please note that HOME Income Limits are subject to change.*

1. **What is the timetable?** Detail the chronological order of the major phases of your project / program. Include expected start date and end date. Though this is only a projection, be as accurate as possible. **If acquisition is a part of your proposed project, discuss status of acquisition (i.e., owner has been contacted, owner has offered property to agency, etc.)** Additional information may be required.

Click here to enter text.

1. **How will you know if your project is successful?** Briefly describe your method for evaluating (measuring) the success of your project.

Click here to enter text.

1. **BUDGET:** List *ALL* anticipated sources and *ALL* uses of funds, rounded to the dollar. **Note: HOME funds require a 25% match.**
2. **BUDGET SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| **COST CATEGORY** | **HOME FUNDS REQUESTED** | **PROPOSED OTHER FUNDS & SOURCE OF FUNDS (name each source and amount)** | **TOTAL** |
| 1. Acquisition/Rehab - Homeownership or Rental \*  |  |  |  |
|  a. Architectural/engineering  |       |       |       |
|  b. Acquisition of Real property |       |       |       |
|  c. Lead-based paint: Eval/reduction |       |       |       |
|  d. Construction hard costs |       |       |       |
|  e. Relocation |       |       |       |
|  f. Demolition in support of housing |       |       |       |
|  g. Developer fee  |       |       |       |
|  h. Other (please specify) |       |       |       |
| 2. New Construction - Homeownership or Rental \*  |  |  |  |
|  a. Architectural/engineering  |       |       |       |
|  b. Acquisition of Real property |       |       |       |
|  c. Construction hard costs |       |       |       |
|  d. Holding costs |       |       |       |
|  e. Developer fee  |       |       |       |
|  f. Other (please specify) |       |       |       |
| 3. Tenant-Based Rental Assistance |       |       |       |
| 4. Other (specify):       |       |       |       |
| **TOTAL PROJECTED COST (TPC)** |       |       |       |
| **% Of TPC funded by HOME** |       |       |       |

***\* The maximum HOME investment for these activities in the City of South Bend is capped at 60% of the total development cost per property.*** This investment percentage and/or support structure is subject to change.

**B. For Housing Projects only, show detailed calculation of total project cost per unit.**

Click here to enter text.

**C. Long Term Funding Needs**

1. What are the long term funding needs of this project/program? Is it expected that HOME funding will be needed/requested in future years? Explain.

Click here to enter text.

1. Has the applicant organization applied for funding from other sources for this project/program?

**[ ]** Yes [ ]  No

If **Yes**, list to whom, dollar amount of request, and status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source | Amount | Yet to Apply | Approved | Pending | Denied |
| Click here to enter text. | Click here to enter text. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter text. | Click here to enter text. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter text. | Click here to enter text. | [ ]  | [ ]  | [ ]  | [ ]  |
| Click here to enter text. | Click here to enter text. | [ ]  | [ ]  | [ ]  | [ ]  |

 If **No**, explain why other funding sources have not been sought.

 Click here to enter text.

1. **Subsidy Layering**. Explain if a combination of HOME, CDBG or federal tax credits (LIHTC) funds will be used to develop the project. Make sure this information is included in the budget summary in Section 5A. Please discuss anticipated mortgage subsidies when rehabbed homes are sold. (Note: HOME regulations limit HOME funding to maximum needed to provide affordable housing.)

 Click here to enter text.

**E. Public Funding History**

Has the applicant organization received HOME funding from the St. Joseph County Housing Consortium in prior years?

 **[ ]** Yes [ ]  No

If **Yes**, please provide the following information for the past three (3) funding years:

|  |  |  |
| --- | --- | --- |
| **Project**  | **Year** | **Grant Amount** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **OTHER INFORMATION**
2. **Displacement Activities:**  Check all items involved in the proposed project.

 [ ]  Real property acquisition

 [ ]  Permanent relocation of tenants

 [ ]  Temporary relocation of tenants

 [ ]  Conversion of commercial structures to other uses

 [ ]  Rehab of residential structures

1. **Rental housing projects only:** Please attach a 10 year pro forma for the project, including: sources and uses of funds as outlined in budget; projected rents for all units, as well as anticipated increases; vacancy rate; annual operating expenses, as well as anticipated increases; debt service requirements for all loans; annual cash flow; annual cash and tax benefits to owner; etc.

 Click here to enter text.

1. **Americans with Disabilities Act (ADA)**
2. If your project involves rehabilitating, renovating, converting or constructing a structure for any public use, is or will that structure be readily accessible to, and usable by, individuals with disabilities as required by the ADA?

[ ]  Yes [ ]  No [ ]  N/A

1. Similarly for agencies providing a public service: is the building where the service is provided readily accessible to and usable by individuals with disabilities?

[ ]  Yes [ ]  No [ ]  N/A

1. If the answer is no for either 1 or 2, what plan have you developed for handling situations where a client or employee with disabilities is involved?

Click here to enter text.

1. **Title X Requirements for Rehabilitation and Lead Hazard Reduction**

 List abatement procedures/risk assessment/work practice standards in place to comply with lead based paint reduction requirements:

Click here to enter text.

1. **Minority and Women Businesses / Section 3 Resident and Business Concern**

 Describe the process to be used **to encourage minority and women owned businesses (M/WBE) and Section 3 residents and business concerns to submit bids** if the project/program includes construction or rehabilitation work (residential, commercial, or infrastructure). M/WBE information is available online at [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe). Section 3 information can be searched at HUD.gov.

 A list of St. Joseph County M/WBE obtained from the State of Indiana is available from the City of South Bend’s Department of Community Investment.

 Click here to enter text.

**F. Required Attachments**

 **Attachment A**: Notification of a Single Annual Audit Form

Current list of **Board of Directors**;

 Copy of the **IRS letter Certification of Non-Profit Status**

 Copy of **most recent audit or financial statement**

 If your organization does not have an audit or financial statement, please explain why.

 Click here to enter text.

1. **Additional HOME Funding Information**
2. Tenant-based rental assistance: As required under HOME, explain why tenant-based rental assistance is necessary.

Click here to enter text.

1. If your organization is seeking qualification as a new Community Housing Development Organization (CHDO), or if your organization is seeking recertification as a CHDO, please explain how and attach copies of articles of incorporation, charter, resolutions, current list of board of directors, and/or by-laws which document the explanation.

Click here to enter text.

**The St. Joseph County Housing Consortium, as Participating Jurisdiction of the HOME Program, complies with equal opportunity requirements which provide that no person in the U.S. shall on the ground of race, creed, color, national origin, sex, age, religion, handicap, or familial status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS:**

A person who is debarred or suspended shall be excluded from Federal financial and nonfinancial assistance and benefits under Federal programs and activities. The undersigned representative of the Agency certifies, to the best of his or her knowledge and belief, that:

a. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract; and

b. It will include the following clause without modification, in all proposals, agreements, contracts, proposals, or other lower tier covered transactions:

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

**Lower Tier Covered Transaction**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFYING AGENCY REPRESENTATIVE:

By: Click here to enter text.

(Print name)

(Signature)

Title: Click here to enter text.

Date: Click here to enter text.

ATTACHMENT A: NOTIFICATION OF A SINGLE ANNUAL AUDIT FORM

Applicants for a HOME grant from the St. Joseph County Housing Consortium must provide the following information:

1. Applicant: Click here to enter text.
2. *Expenditures* from all federal sources for the recent fiscal year ended Click here to enter text.

(Attach a separate sheet if necessary)

|  |  |
| --- | --- |
| **SOURCE** | **$ AMOUNT** |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| Click here to enter text. | $Click here to enter text. |
| **TOTAL Fiscal Year Expenditures** | **$**Click here to enter text. |

1. [ ]  **Single Audit not required** (total federal expenditures **less than $750,000** for fiscal years starting on or after December 26, 2014)

If a Single Audit is not required, applicants must have a CPA Audited Financial Statement, or at a minimum a Certified Annual Financial Statement (CFA). Statements are due to the City of South Bend’s Department of Community Investment six (6) months after the end of the fiscal year.

[ ]  **Single Audit required** (total federal expenditures **greater than or equal to $750,000**

If a Single Audit is required, the applicant must have it conducted in accordance with 2 CFR Part 200 and Generally Accepted Government Auditing Standards for the fiscal year noted above. The Single Audit must be submitted to the Federal Audit Clearinghouse (<http://harvester.census.gov/sac/>), and is due to the City of South Bend’s Department of Community Investment nine (9) months after the end of the fiscal year.

1. Certification by Authorized Representative:

I certify that the amounts shown above accurately reflect the federal funds expended by this organization for the fiscal year indicated.

Signature Date

Title

**CHANGES TO THE HOME INVESTMENT PARTNERSHIPS PROGRAM BASED ON**

**THE CONSOLIDATED AND FURTHER CONTINUING APPROPRIATIONS ACT OF 2012 AND HOME 2013 FINAL RULE**

The *Consolidated and Further Continuing Appropriations Act of 2012* (P.L 112-55) and *HOME 2013 Final Rule* imposed new requirements on projects that receive funds from the HOME Investment Partnerships Program (HOME). The purpose of these requirements is to improve project and developer selection by participating jurisdictions (PJs) and ensure that there is adequate market demand for HOME projects.

The laws require that:

1. PJs must repay any HOME funds invested in projects that are not completed within four years of the commitment date, as determined by a signature of each party to the written agreement. HUD may grant a one year extension upon determination that the failure to complete the project is beyond the control of the PJ.
2. PJs may only commit HOME funds to a project after it has underwritten the project, assessed the developer capacity and fiscal soundness of the developer being funded, and examined the neighborhood market conditions to ensure that there is an adequate need for the HOME project. The PJ must certify, at the time HOME funds are committed, that these actions have been taken for each project.
3. PJs must convert any FY 2012 HOME homeownership unit that has not been sold to an eligible homebuyer within six (6) months of construction completion to a HOME-assisted rental unit.
4. PJs must convert any FY 2013 and later HOME homeownership unit that has not been sold to an eligible home buyer within nine (9) months of construction completion to a HOME-assisted rental unit.
5. PJs may only provide HOME funds for development activities to Community Housing Development Organizations (CHDOs) that have demonstrated that they have staff with demonstrated development experience.

Source: U.S. Department of Housing and Urban Development, Notice CPD 12-007

**Sub-recipient Pre-Award Assessment Section**

**(For new applicants or applicants not funded within the last five years.)**

This section of the application must be completed in order to assess the capabilities of prospective sub-recipients prior to awarding HOME grant funds, as well as a beginning point for identifying training and technical assistance requirements.

The St. Joseph County Housing Consortium reserves the right to request additional documentation to address any issues or concerns with an applicant’s status in the following areas.

**Applicant organizations must submit the following documentation: (check if attached)**

[ ]  Tax Status Certifications [501(c) (3)] (non-profits only)

[ ]  Board of Directors list

[ ]  Most current audit

[ ]  Organization brochure or narrative outlining services available

1. **Capacity**
2. What services/activities are the applicant organization currently providing to what type of clientele?

Click here to enter text.

1. Describe the applicant organization’s current capacity and staff qualifications in carrying out the proposed activity.

Click here to enter text.

1. Describe the applicant organization’s administrative systems including, but not limited to, the following list. Check each item that exists within your organization’s capacity.

|  |
| --- |
| [ ]  Audit System |
| [ ]  Record Keeping Systems |
| [ ]  Procurement System – Are formal written procedures in place?  (For construction projects only.) |
| [ ]  Staff Time/Cost Tracking |
| [ ]  Client eligibility and demographic data collection and reporting |
| [ ]  Conflict of interest policies  |
| [ ]  Formal Personnel System – Are written procedures in place? |
| [ ]  Fund Raising/Development |
| [ ]  Revenue Generation |

1. If any gaps exist in the applicant organization’s administrative systems, how will they be addressed?

Click here to enter text.

1. **Experience**
2. Has the applicant organization ever conducted this type of activity before?

[ ]  Yes [ ]  No

 If **Yes**, please describe past relevant activities:

 Click here to enter text.

1. Describe the applicant organization’s experience with HOME or other Federal grant programs.

 Click here to enter text.

1. Is the applicant organization working with other organizations/agencies that perform similar services?

 [ ]  Yes [ ]  No

 If **Yes**, please describe past relevant activities:

 Click here to enter text.

**CHECK APPROPRIATE ITEM:**

 [ ]  Applicant organization currently serves clients.

 [ ]  Proposed activity is new and currently does not serve clients.

**NATURE OF PROBLEM / REMEDY:**

If the project/program is proposed to remedy a problem, provide a detailed description of the nature of the problem and indicate how the proposed work will correct the situation.

Click here to enter text.

Describe the applicant organization’s familiarity with Davis-Bacon Act prevailing wage requirements.

Click here to enter text.

Describe the applicant organization’s familiarity with oversight of construction projects.

Click here to enter text.

If the applicant organization currently does not have the construction capacity or has identified a weakness in its capacity, how will this be remedied?

Click here to enter text.