

City of Erie  
 Department of Economic and Community Development  
 FY12 **HOME** Application (July 1, 2012 – June 30, 2013)

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

This application is for CHDO Operating, Rehab, Homebuyer, Rental and Other:

\_\_\_\_\_ CHDO Operating      \_\_\_\_\_ Rehab      \_\_\_\_\_ Homebuyer  
 \_\_\_\_\_ Rental                      \_\_\_\_\_ Other

**A. ORGANIZATION INFORMATION**

Agency Name:		Federal ID#:
Address:		
City/State/Zip:		
Fiscal Year Beginning Date:	7/1/12	End Date: 6/30/13
Agency Authorized Official:		
Phone:	Fax:	E-Mail:
Fiscal Officer or Accounting Firm:		
Address, if different than above:		
Phone:	Fax:	E-Mail:
Program Contact Person:		
Phone:	Fax:	E-Mail:
Attach your State and Federal Tax		
Eligibility: <input type="checkbox"/> For-Profit <input type="checkbox"/> Non Profit – Exemption Determination Letters		
<input type="checkbox"/> Other:		
Short Program Description:		

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

## B. AGENCY PROFILE

**Attach information requested in this section at the end of your submission.**

1. Attach a list of full and/or part-time employees whose duties will be included in the administration/operation of HOME activities and their hours worked per week.
2. Attach the following information:
  - Agency mission statement
  - Articles of Incorporation
  - Board of Directors list
  - Organizational chart
  - Program Administrator and Fiscal Officer's resume
  - A copy of your agency's current liability and fidelity insurance policies
  - Conflict of interest policy
  - Unbound copy of audited financial statements for the last two years and a management letter, if any, from the auditor
3. Outline the boundaries of the project target/service area on the enclosed 2000 Census Tract map.
4. Attach a copy of the letter designating your agency as a CHDO if applicable.
5. Does your agency personnel policy manual have an affirmative marketing plan and grievance procedures? \_\_\_\_\_

## C. PROJECT OBJECTIVES

**See instructions for a description of objectives and outcomes.**

1. Select the organization's targeted population:

<input type="checkbox"/> Low & moderate income	<input type="checkbox"/> Homeowners
<input type="checkbox"/> Very low income	<input type="checkbox"/> Homebuyers
<input type="checkbox"/> Homeless	<input type="checkbox"/> First Time Homebuyers
<input type="checkbox"/> Families	<input type="checkbox"/> Renters
<input type="checkbox"/> Single Person Households	<input type="checkbox"/> Others: _____
2. Select the Organizations' primary services to the community:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Housing Rehabilitation
<input type="checkbox"/> Homeownership	<input type="checkbox"/> Rental
<input type="checkbox"/> CHDO	<input type="checkbox"/> Other: _____
3. Select **one objective** that your project will address:
  - Create suitable living environment
  - Provide decent affordable housing
  - Create economic opportunities
4. State **one outcome** that your project will provide:
  - Availability/accessibility
  - Affordability
  - Sustainability

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

5. Indicate the City's Consolidated Plan Strategy that your project will address:
  - \_\_\_\_\_ Housing opportunities for L/M income homebuyers
  - \_\_\_\_\_ Housing rehabilitation for L/M single-family, owner-occupied households
  - \_\_\_\_\_ Housing rehabilitation for L/M and/or special needs tenant households
  - \_\_\_\_\_ Facilities for homeless and/or special needs population
  - \_\_\_\_\_ Supply of affordable housing through acquisition/rehabilitation
  - \_\_\_\_\_ Supply of affordable housing through new construction
  - \_\_\_\_\_ Supply of affordable housing through down payment assistance
  
6. Use the FY2011 Median Income chart provided below to highlight which income category your agency will serve:

Erie, PA FY2011 Median								
ADJUSTED INCOME LIMITS (by household size)								
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8+ Persons
30% Extremely Low	\$12,150	\$13,900	\$15,650	\$17,350	\$18,750	\$20,150	\$21,550	\$22,950
50% Very low income	20,300	23,200	26,100	28,950	31,300	33,600	35,900	38,250
60% Limits	24,360	27,840	31,320	34,740	37,560	40,320	43,080	45,900
80% Low income	32,450	37,050	41,700	46,300	50,050	53,750	57,450	61,150

This chart is updated annually and may be found by selecting the year 2011 at <http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income/index.cfm>.

#### D. PROJECT DESCRIPTION

**Provide the following information on no more than two pages:**

1. Describe your proposed project in detail and the specific need to be addressed. Include the activities to be undertaken or the services to be provided,
2. Describe how your agency will measure the accomplishments of your project/program and your system of record keeping.
3. Identify other sources of funds available for this project and attach other funding agency commitment letters. Describe how the proposed project will be funded if you do not receive the requested HOME funding.
4. Identify the units of services (i.e. individuals, houses, streets, etc.), number of units to be served, and cost per unit for your program:
  - a. Type of units to be served, i.e. individuals, houses, streets, etc.
  - b. Number of units to be served:
  - c. Cost per unit:
5. Include a time-line including a start date and expected completion date.

#### E. AGENCY HISTORY

**Provide the following information on no more than one page:**

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

1. Attach a description of your agency including the length of time the agency has been in operation and the services provided.
2. Attach a description of your agency's management experience in HOME programs, including the experience of key staff (do not include resumes).
3. Attach a description of other collaborative activities in which you are involved.
4. List below last year's grants for which you received HOME and/or CDBG funding. Attach additional pages if needed:
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
5. List stated goals in your last year's contract and actual achievements:  
EX: Stated goal: Rehabilitation 4 homes.  
Actual or progress on achieving goal: 2 homes completed; one home under construction; completed specifications for 4<sup>th</sup> home.
  - 1) Stated goal \_\_\_\_\_  
Actual or progress on achieving goal: \_\_\_\_\_
  - 2) Stated goal \_\_\_\_\_  
Actual or progress on achieving goal: \_\_\_\_\_
  - 3) Stated goal \_\_\_\_\_  
Actual or progress on achieving goal: \_\_\_\_\_
6. List reasons for any lack of progress on meeting goals identified above.
  - 1) \_\_\_\_\_  
\_\_\_\_\_
  - 2) \_\_\_\_\_  
\_\_\_\_\_
  - 3) \_\_\_\_\_  
\_\_\_\_\_

**F. BUDGET**

**Complete enclosed Agency Budget, Project Budget and Personnel Characteristic forms.**

**G. FINANCIAL INFORMATION**

**Provide the following information on no more than two pages:**

1. Indicate if this application is a continuation of a previous project.
2. List your agency's past and present HOME and/or CDBG funded activities, the year and amount of the award, and current balance of those grants.

*Example:      FY2008      HOME      Housing Rehab      \$75,000      Balance \$0*

3. Provide an explanation for **each year's** unspent HOME funds.
4. Include a Project Sources and Uses Statement.

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

## H. SITE ANALYSIS AND EVALUATION CRITERIA

- (1) **Size, exposure and contour of site**
  - a. S/E
  - b. S/E
  - c. S/E
  
- (2) **Facilitating and furthering compliance**
  - a. S/E
  - b. S/E
  - c. S/E
  
- (3) **Promoting racial and ethnic minority desegregation** *(new rental construction only)*
  - a. S/E
  - b. S/E
  - c. S/E
  
- (4) **Expanding choice of housing opportunities**
  - a. S/E
  - b. S/E
  - c. S/E
  
- (5) **Neighborhood quality of life** *(new rental construction only)*
  - a. S/E
  
- (6) **Access to amenities**
  - a. S/E
  
- (7) **Transportation to work** *(does not apply to new construction of rental units for the elderly)*
  - a. S/E

# OVERALL AGENCY BUDGET

Fund Source 2012-2013

Circle One

CDBG            HOME

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

Agency Fiscal Year: \_\_\_\_\_ CD Contract No.: \_\_\_\_\_

## OVERALL AGENCY BUDGET

Line Item No.	Cost Category	Total Est. Cost	Other Funding Sources	Community Devel. Share
1.	Personnel			
2.	Consultant & Contract			
3.	Travel			
4.	Space			
5.	Consumable Supplies			
6.	Rent, Lease, Purchase of Equipment			
7.	Other			
TOTAL				

## OVERALL AGENCY FUNDING SOURCES

List Sources Identified in B	Amount	Cash or In-Kind	Date Available
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL</b>			

Enter your organization's total budget \_\_\_\_\_

For This Program:

- Column A – Enter the total amount of funding used.
- Column B – Enter the amount of funds obtained from other sources to be used.
- Column C – Enter the amount of CDBG or HOME funds to be used for each category.
- Column D – List the individual sources of funding identified in column B.
- Column E – Enter the total amount of funds received from the sources identified in Column D.
- Column F – Identify whether funds in Column D are cash or in-kind (volunteer labor, donated materials, supplies, etc.)
- Column G – Enter the date funds will be available.

Please list Agency Programs below:


# BUDGET

Fund Source 2012-2013  
 Circle One  
 CDBG            HOME

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

Agency Fiscal Year: \_\_\_\_\_ CD Contract No.: \_\_\_\_\_

## PROGRAM BUDGET

Line Item No.	Cost Category	Total Est. Cost (A)	Other Funding Sources (B)	Community Dev. Share (C)
1.	Personnel			
2.	Consultant & Contract			
3.	Travel			
4.	Space			
5.	Consumable Supplies			
6.	Rent, Lease, Purchase of Equipment			
7.	Other			
TOTAL				

## PROGRAM FUNDING SOURCES

List Sources Identified in B (D)	Amount (E)	Cash or In-Kind (F)	Date Available (G)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL</b>			

Enter your organization's total budget \_\_\_\_\_

For This Program:

- Column A – Enter the total amount of funding used.
- Column B – Enter the amount of funds obtained from other sources to be used.
- Column C – Enter the amount of CDBG or HOME funds to be used for each category.
- Column D – List the individual sources of funding identified in column B.
- Column E – Enter the total amount of funds received from the sources identified in Column D.
- Column F – Identify whether funds in Column D are cash or in-kind (volunteer labor, donated materials, supplies, etc. )
- Column G – Enter the date funds will be available.

Additional Information for the Program: State the percentage of funds spent on administration vs. program activity.

\_\_\_\_\_  
 President/Chairman

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 E.C.D. Director

\_\_\_\_\_  
 Date





PERSONNEL CHARACTERISTICS ON NEXT PAGE

**FY12**  
**DEPARTMENT OF CONOMIC AND**  
**COMMUNITY DEVELOPMENT**  
 Room 404, 626 State Street  
 Erie, Pennsylvania 16501

**PERSONNEL CHARACTERISTIC SHEET FOR ENTIRE AGENCY**

**PROJECT NUMBER:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**PROJECT OPERATOR:** \_\_\_\_\_

EMPLOYEE NAME	ADDRESS	POSITION/TITLE	SALARY	FUNDING SOURCE	DATE HIRED	TERM. DATE	Temporary Job	Retained Job	Construction Job	Full-Time	Part-Time	Male	Female	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	Amer. In/Alaskan Native	Asian & Pac. Islander	Handicapped

