

CABARRUS-IREDELL-ROWAN HOME CONSORTIUM

**2019-2020
APPLICATION FOR HOME
FUNDING**



APPLICATIONS DUE MARCH 1, 2019

Submit application to:

City of Concord
Attn: Pepper Bego
Planning & Neighborhood Development Department
P.O. Box 308
Concord, NC 28026
704-920-5133
begop@concordnc.gov

SECTION II

PROJECT DESCRIPTION

Project/Program Title: City of Kannapolis Housing Program

Project/Program Location: Kannapolis, NC

II (a) Type of Activity (check one)

- New construction for Homeownership New construction for rental
 Owner-Occupied Rehabilitation Rental Rehabilitation
 Acquisition/Rehab/Resale Down Payment Assistance
 Other (specify): _____

II (b) Goals and Objectives *(Provide a written description of your goals and objectives. Also provide a copy of your Needs Assessment hearing minutes and notice.)*

The goal of our program is to provide safe, sanitary affordable housing in the City of Kannapolis. Our objectives include leveraging our funds by partnering with local non-profit or other agencies with the same mission.

PLEASE PLACE A CHECK MARK BESIDE YOUR OBJECTIVE AND A CHECK MARK BY THE INTENDED OUTCOME.

| Objective and Outcome | | | |
|--|---|--------------------------------|---|
| Objective (check one) | | Outcome (check one) | |
| (1) Create suitable living environment | | (1) Availability/accessibility | |
| (2) Provide decent affordable housing | x | (2) Affordability | x |
| | | (3) Sustainability | |

II (c) Short Description. One or two sentences stating the number and type of housing or other units expected to result from this project and the targeted client group. State both total number of units in project and number to be assisted with HOME. Also explain how this project will benefit low and very low income individuals and how this will be documented.

Funds will be used to purchase and rehab (2) single-family dwellings in partnership with local non-profit or agency to provide affordable housing for homeless or low/mod family. We also will rehab a single-family dwelling for a homeowner currently on our waiting list. As well as provide down payment assistance to first time homebuyers.

Plan B: continue with homeowner rehab

II (d) Project Description. Please provide a **detailed narrative description** of the project below (or on an attached page), addressing all of the following questions. Please check each box below to show that you have addressed the question, and insert information directly in blank space below question. Where the question is not applicable or no information is available, insert N/A. 2016 HOME Application

***Attach a general location map showing the development site. Be sure to include waterways and railroads.**

Property Acquisition

- Has agency acquired real property in order to carry out the project, or is property acquisition planned? **Unknown at this time**
- Has property owner been informed of your intention to use federal funds for this project? If so, attach letter.
- Is the property currently occupied? If so, state the number of tenants and describe in detail how you will determine relocation needs and help occupants to relocate in accordance with Uniform Relocation Act. Include the cost of this in your budget. If you have issued a General Information Notice to tenants informing them of their rights to relocation assistance, attach a copy.

Properties will be vacant

- Is the property historically designated or in an historic district? N/A

Construction Information

- How many units will be

| | | | | | |
|-------------------|-----------------------------|--------------------|-----------------------------|--------------|-----------------------------|
| Newly constructed | <u> </u> | Rehabilitated | <u> 3 </u> | Provided DPA | <u> </u> |
| Acquired | <u> 2 </u> | Demolished/Cleared | <u> </u> | | |

- Will the project participate in an externally monitored energy efficiency program (e.g. Energy Star, Advanced Energy)?

Yes: (provide details). No: X

- Will any of the units have full ADA accessibility? **No** If so, how many?

Lead-Based Paint (REHAB PROJECTS ONLY)

Describe in detail how you plan to address lead-based testing and abatement or hazard control on any property built before 1978.

All pre 1978 units will be tested for lead with interim controls measures installed as required by licensed lead contractors.

II (e) Affordability, Marketing, & Supportive Services

- What are the proposed rents or sales prices for completed housing units? For rental units, also estimate utility costs. **Will follow HUD fair market rental guide**
- What is your process for marketing to ensure an adequate pool of income-eligible renters or buyers? **Will partner with agency with a waiting list**
- What steps are planned to ensure long-term affordability of housing units, including subsidy recapture, equity sharing, buy-back options, long-term lease, etc.? **N/A**
- Do you require beneficiaries to attend homebuyer education classes? **Yes**

II (f) Fair Housing Activities

Please describe the Fair Housing activities you plan to undertake in the upcoming program year.

The City of Kannapolis will sponsor fair housing workshops as well as participate in any city events that provide outreach opportunities. Information regarding fair housing laws included in City newsletter (2) times a year as well as ran on City Bulletin in Customer Service offices.

II (g) Project Team

Identify the project team by name, job title, and employment status (employee, independent contractor, or volunteer), and their specific responsibilities in this project. If the team is not yet assembled, then describe how you will select them. (*Attach additional pages if necessary.*)

Sherry Gordon, Community Development Program Administrator, City of Kannapolis

For Rehab Projects Only: List all project staff who have completed training in Lead Safe Work Practices (with date) or have any more extensive training in Lead Based Paint hazard control.

Sam Leggett with Council of Governments
Subcontractors will be properly licensed

II (h) Timetable.

Please complete a detailed and realistic timetable showing when each work task will be completed (e.g. planning, obtaining financing commitments, design, environmental review, bidding, loan closing, construction, final inspection, occupancy, etc.). The larger the project, the more detail we expect to see. You may add work tasks; where existing task does not apply, insert **N/A**.

| Work Tasks | Date to be Completed |
|---------------------------------|----------------------|
| Planning | 10/2019 |
| Acquisition | 12/2019 |
| Obtaining Financial Commitments | 12/2019 |
| Design | |
| Environmental Review | 12/2019 |
| Construction | 1/2020 |
| Rehabilitation | 5/2020 |
| Loan Closing | 1/2020 |
| Occupancy | 5/2020 |
| | |

II (i) Client/Area Demographics. Please complete the following tables to the best of your ability. Show actual or estimated numbers of beneficiaries, **not percentages**, in each category. In general you should count **households** as the beneficiaries for housing programs and **persons** for non-housing programs.

| Income Group | Number |
|----------------------------------|--------|
| <30% of area median income (AMI) | 2 |
| 31-50% of AMI | |
| 51-80% of AMI | 4 |
| >80% of AMI* | |
| TOTAL | |

Special Needs Beneficiaries (if applicable)

| Category | Number |
|------------------------|--------|
| Elderly (over 60) | |
| Disabled (not elderly) | |
| Homeless | 2 |
| People with HIV/AIDS | |

SECTION III

PROJECT BUDGET AND FUNDING

III (a) Budget

Show all funding sources for the project or projects you plan to undertake. Be sure to include program income.

Project Revenue

| | Source | Amount |
|--------------------------------------|--------|---------------------|
| HOME funds being requested | | \$162,331.00 |
| HOME funds from prior year(s) | | |
| HOME Program Income | | \$ 13,385.00 |
| Other Federal Funds | | |
| State/Local Funds (list) | | |
| Bank Loans | | |
| Other Cash Contributions | | |
| Private Grants | | |
| Total Funds Available* | | \$175,716.00 |

* This total should be the same as your "Total Development Costs" total in the *Estimated Costs* table on page 7.

Provide the details of all loans and/or grants, other than HOME, listed above for the project.

III (b) HOME Match (HOME funded projects only)

List the project revenues that will count as matching funds (non-federal funds that are permanently contributed to the project). Include any in-kind contributions of materials and labor, including sweat equity, at \$10 p.h. If in doubt whether funds will count as match, please call Pepper Bego at (704) 920-5133.

| Revenue Source | Amount |
|---|----------|
| Cooperative Christian Ministry & Habitat Cabarrus | \$40,582 |
| | |
| | |

III (c) Estimated Costs

Be as detailed as possible. Add or amend categories as needed. The second column should cover total project costs (including those met from HOME). The third column shows how much of each line item is to be met from HOME. Totals must be consistent with the revenues shown in section IIIA.

| Category (add/amend as needed) | Total Costs | This grant only |
|--|-------------|------------------|
| Down Payment Assistance | \$ | \$20,000 |
| Acquisition | \$ | \$63,385 |
| Relocation | \$ | \$ |
| Demolition/Clearance | \$ | \$ |
| Site improvements | \$ | \$ |
| Rehabilitation | \$ | \$92,331 |
| New construction | \$ | \$ |
| Professional Fees (appraisal, architect, etc.) | \$ | \$ |
| Agency project delivery costs (10% maximum of total project cost) | \$ | \$ |
| Other | \$ | \$ |
| | \$ | \$ |
| *Total Development Costs | \$ | \$175,716 |

* The total in the "Total Cost" column should be the same as your "Total Funds Available" total in the **Project Revenue** table on page 6.

SECTION IV

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

- a) Employees of or closely related to employees of your agency or the member government through which this application is made: YES ___ NO x

- b) Members of or closely related to members of City Council or Commission of the member government through which this application is made: YES ___ NO x

- c) Current beneficiaries of the program for which funds are requested: YES ___ NO x

- d) Paid providers of goods or services to the program or having other financial interest in the program: YES ___ NO x

If you have answered **YES** to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

Signature of Certifying Official

Date