

NOTICE OF FUNDING AVAILABILITY (NOFA)

For Federal Funds FY 2020-21 CARES ACT (CDBG-CV, ESG-CV, HOPWA-CV)
and FY20 AFFORDABLE HOUSING TRUST FUND (AHTF)

FEDERAL FUND APPLICANTS: This application is for the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (HUD Funds can be used in the current federal Fiscal Years (2019-20) and the upcoming federal Fiscal Years (2020-21)) to address the City's COVID 19 Priorities:

\$2,683,549 CDBG COVID 19 Priority Uses:

- Homeownership – homeownership counseling to avoid foreclosures and/or COVID 19 scams
- Acquisition of property by a GRCoC homeless provider for the use in either renovating or locating emergency housing units
- Special Needs Facilities – renovation of a publicly-owned facility to be used for a special needs population
- Job training and re-employment assistance.

\$1,351,959 & \$194,445 ESG & HOPWA COVID 19 Priority Uses:

- The creation of new emergency housing/shelter units, with a further priority to have them in place by October 1, 2020. These units can be new shelter beds, new shelter rooms, or standalone emergency housing units. This would need to be owned and operated by our GRCoC providers;
- Additional funding for the Eviction Diversion Program, or similar type program to assist households that have lost their employment because of COVID 19 and need assistance to pay their rent & utilities;
- Additional funding for housing supportive services;
- The creation of new permanent supportive housing units for populations with special needs: i.e., veterans, re-entry citizens, behavioral health, substance abuse, people coming out of the foster care system; and
- The creation of new affordable housing units for households earning less than 50% of AMI.

AHTF APPLICANTS: The City's Administration will be submitting a FY20 Budget Amendment to City Council to request an additional \$1 million in funding be made available through its Affordable Housing Trust Fund (AHTF). In anticipation of receiving approval from the City Council this application may also be used to apply for FY20 AHTF funding to address the City's COVID 19 State of Emergency Priorities:

\$1,000,000 AHTF COVID 19 Priority Uses:

The creation of new emergency housing/shelter units, with a further priority to have them in place by October 1, 2020. These units may be new shelter beds, new shelter rooms, or standalone emergency housing units;

- Additional funding for the Eviction Diversion Program, or similar type program to assist households that have lost their employment because of COVID 19 and need assistance to pay their rent & utilities;
- Additional funding for housing supportive services;
- The creation of new permanent supportive housing units for populations with special needs: i.e., veterans, re-entry citizens, behavioral health, substance abuse, people coming out of the foster care system; and
- The creation of new affordable rental housing units for households earning less than 50% of AMI.

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CHECKLIST

Please Check the Box(s) Below for the Funding Requested:

CDBG-CV ESG-CV HOPWA-CV AHTF

Project Name: _____

Applicant (Organization) Name: _____

Request for Funding Package: (Submit 3 hardcopies/ 2 USB Flash Drives)

Application

Activity Budget Sheet

Overall Budget Sheet

Attachments: (If your organization previously applied for Federal Funds (FY20-21), you are only required to submit updated documentation for the attachment section, if need be).

Submit attachments on USB Flash Drive

- Federal Tax Exempt Certification
- Latest IRS 990 Report
- Previous Fiscal Year Audit/Financial Statements
- Current Year Operating Budget
- By-Laws
- Articles of Incorporation
- Organizational Chart
- Business Strategic Plan
- List of Board of Directors, Members, and Executive Officers
- List of Full- and Part- time Employees to Work on Project
- Employee Resumes
- Partnership Agreements with other agencies
- Site Control, Building or Zoning Documentation
- Development Budget, Pro Forma Operating Budget, Financial Commitments
- Corporation Commission Certification
- SAM Registration
- Council Adopted Plan
- Personnel Manual
- Policy/Procedures Manual
- Other (Specify)_____

APPLICATION

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1. Funds Requested:

CDBG-CV ESG-CV HOPWA-CV AHTF

2. Organization Information:

Organization Name: _____

DUNS Number: _____

Federal Tax ID: _____

Project Name: _____

Project Contact Person: _____

Mailing Address: _____

Phone: _____ Facsimile: _____ Email: _____

Board Chairperson: _____ Signature: _____

Is your organization incorporated? (Include applicable attachments) Yes No

Is your organization: (include applicable attachments)

A government entity Yes No

A non-profit with approved Federal tax exempt certification? Yes No

A for-profit business Yes No

Total *operating budget* for the organization, including income/revenues for all sources. _____

(Attach a copy of your current year's operating budget)

3. Location of Project:

A. Is the project City-wide or does it serve a specific project area?

City-wide Specific Project area

B. Name and Geographic Boundaries of Project Area (Include street names): _____

C. Census Tract(s): _____ Council District(s): _____

4. Description of Project:

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- a. Provide a concise description of the proposed project and the clients to be served, to include how additional services will be provided as a result of this funding or if an existing service will be discontinued without funding. For construction projects provide a detailed timeline from acquisition to completion including occupancy.

- b. Describe all activities and the amounts that have been done since the declared National Emergency on March 13, 2020 that you are request reimbursement for.

- c. Describe proposed performance measures and metrics for this project. Performance measures, agreed upon by the City staff and sub-recipient organizations, will be incorporated into grant contracts prior to disbursement of funds.

5. Community Impact: Briefly describe the neighborhood to be served, highlighting such items as: population to be served, housing conditions, median household income, neighborhood strengths/weaknesses and describe how the project will positively impact the community.

6. Description of Organization and Overall Capacity:

- A.** Briefly describe organization’s background and mission.

- B.** Briefly highlight the organization’s significant achievements, including the capacity to complete current projects and development activities.

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C. Attach a list of all full- and part- time employees, resumes, and percentage of time that employees will spend on the project/program.

D. Attach a list of current board members including address, occupation and role on board.

E. Describe your organizational structure, record keeping and financial/audit system, policies and procedures, and program evaluation results. (*Attach most recent audit report and/or financial statements, and organizational chart.*)

F. Provide a brief description of any financial default or involvement in legal actions during the last 3 years. (This will include lawsuits, tax delinquency, bankruptcy, client complaints, and violations of building, zoning, and environmental codes.)

7. Project/Program Beneficiaries

Population Served:

_____ at or below 30% of the Area Median Income

_____ at or below 50% of the Area Median Income

_____ at or below 80% of the Area Median Income

Units (Emergency Shelter Units): _____

Units (Permanent Supportive Hsg.Units): _____

Units (Affordable Rental Units): _____

Length of time in which housing units will remain affordable at each income threshold:

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If this project will target specific populations, please indicate those populations below:

- Elderly (62+)
- Disabled
- Families and Children
- Single-Parent Households
- Homeless
- Special Needs (please indicate population): _____
- Other (please indicate): _____

8. Evidence of Neighborhood/Partnership Support: Describe the neighborhood/partnership support for the proposal, including NiB Partnership, civic association, Continuum of Care, City department support, and groups that will assist in the implementation or be directly affected by the project. (*Attach written partnership agreements*)

9. Evidence of Site Control: If the project involves the development of a public facility, organizational offices or housing (*attach plans and documentation of site control*) If you have an existing facility, provide documentation that the facility is in compliance with building and zoning codes for the services provided.

10. Marketing Strategy: Briefly describe your strategies and methods for marketing your program and the target population of your efforts.

11. Section 3 Residents or Section 3 Businesses: Detail if your organization or business will target Section 3 residents or if your business is a Section 3 business.

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12. Funds Received Previously for this Project by Year of Allocation:

If your organization received funding from the City of Richmond previously for this project/program, please fill out the funding amounts for this project/program, based on grant type and fiscal year. (This includes AHTF, CDBG, ESG, and HOPWA dollars.)

Please also include funding amount request for the CARES Act COVID-19 grant.

	FY19-20 (Current)	COVID 2020 (Requested)
Affordable Housing Trust Fund	\$	\$
CDBG:	\$	
ESG:	\$	
HOPWA:	\$	
CARES Act CDBG-CV:		\$
CARES Act ESG-CV:		\$
CARES Act HOPWA-CV:		\$

13. COVID 19 Accomplishments Since March 13, 2020

Describe project progress since March 13, 2020. Emphasize measureable outcomes and project benefits to the community.

Fiscal Year 2020 Objectives	Fiscal Year 2020-21 Outcomes	# of Units	# of Clients	# of Other

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Proposed Objectives and Outcomes:

FY2020-21 Objectives	Fiscal Year 2020-21 Outcomes	# of Units	# of Clients	# of Other

14. Project/Program Match

CDBG-CV, ESG-CV, AND HOPWA-CV DO NOT REQUIRE MATCH UNDER THE CARES ACT.

However, if you are leveraging other funding, please list all of the sources of funds you will receive for this project/program. (Denote all funds you anticipate receiving with an asterisk [*]).

Source of Funds	Status	Fiscal Year Dates	Dollar Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
2020 Matching Total:			\$
Grand Total of Matching Funds:			\$

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15. Project/Program Budget

List all project/program expenses and sources of funds you will receive for the proposed project/program. Please complete for all construction, economic development and job training activities. Not applicable for supportive services, administrative activities or owner occupied rehabs.

List of Expenses (Uses)	Cost of Expense	Source of Funds	Funding Amoun	Amount Committed Y/N
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Total Expenses:	\$	Total Funding:	\$	

Partnership Agreements (formal agreements with other agencies, including City departments, to implement the proposal).

Contact Person	Telephone	Organization	FAX	Address	Date

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PROJECT/PROGRAM BUDGET SHEET

Instructions: For CDBG-CV, ESG-CV and HOPWA-CV Funding, **DO NOT** complete this form until you have read the guidelines that define the eligible activities. **(See Attachment F)**. In the first column, check the funding activities requested and then show all eligible costs for each activity.

CARES Act CDBG-CV Eligible Activities

# of Units (where applicable)		Current Funds Allocation	Requested CARES Act Funds
		Fiscal Year 2020	Fiscal Year 2020-21
1	<input type="checkbox"/> Acquisition of Real Property	\$	\$
2	<input type="checkbox"/> Public Facilities & Improvements	\$	\$
3	<input type="checkbox"/> Relocation	\$	\$
4	<input type="checkbox"/> Loss of Rental Income Replacement	\$	\$
5	<input type="checkbox"/> Removal of Architectural Barriers	\$	\$
6	<input type="checkbox"/> Construction of Housing	\$	\$
7	<input type="checkbox"/> Direct Homeownership Assistance	\$	\$
8	<input type="checkbox"/> Micro Enterprise Assistance	\$	\$
9	<input type="checkbox"/> Rehabilitation	\$	\$
10	<input type="checkbox"/> Economic Development Services	\$	\$
TOTAL CDBG-CV FUNDING		\$	\$

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CARES Act ESG-CV Eligible Activities

		Current Funds Allocation	Requested CARES Act Funds
		Fiscal Year 2020	Fiscal Year 2020-21
# of Units (where applicable)			
1	<input type="checkbox"/> Street Outreach Component	\$	\$
2	<input type="checkbox"/> Emergency Shelter Component	\$	\$
3	<input type="checkbox"/> Homelessness Prevention Component	\$	\$
4	<input type="checkbox"/> Rapid Re-Housing Component	\$	\$
5	<input type="checkbox"/> Homeless Management Information System (HMIS) Component	\$	\$
6	<input type="checkbox"/> Administrative Costs	\$	\$
TOTAL ESG-CV FUNDING		\$	\$

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CARES Act HOPWA-CV Eligible Activities

		Current Funds Allocation	Requested Funds
		Fiscal Year 2020	Fiscal Year 2020-21
1	<input type="checkbox"/> Housing Information and Counseling	\$	\$
2	<input type="checkbox"/> Resource Identification and Development	\$	\$
3	<input type="checkbox"/> Acquisition, Rehab, Conversion & Repair of Facilities	\$	\$
4	<input type="checkbox"/> Lease of Facilities	\$	\$
5	<input type="checkbox"/> New Construction	\$	\$
6	<input type="checkbox"/> Project or Tenant-Based Rental Assistance (Long-Term)	\$	\$
7	<input type="checkbox"/> Short-Term Rent, Mortgage and Utility Payments	\$	\$
8	<input type="checkbox"/> Supportive Services	\$	\$
9	<input type="checkbox"/> Operating Costs for Housing Facilities	\$	\$
10	<input type="checkbox"/> Technical Assistance	\$	\$
11	<input type="checkbox"/> Administrative Expenses (Grantee and Project Sponsor)	\$	\$
TOTAL HOPWA-CV FUNDING		\$	\$

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AHTF Eligible COVID 19 Activities

# of Units (where applicable)		AHTF COVID 19 Funds
1	<input type="checkbox"/> Rapid Re-Housing Units	\$
2	<input type="checkbox"/> Permanent Supportive Housing Units	\$
3	<input type="checkbox"/> Affordable Rental Housing	\$
TOTAL AHTF COVID 19 FUNDING		\$