

# County of Henrico, City of Richmond, and Chesterfield County

## Notice of Funding Availability for FY24 Federal HOME-ARP Funds

Issue Date: June 12, 2024

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## Notice of Funding Availability for FY24 HOME-ARP Funds

The American Rescue Plan Act of 2021 created a special allocation of \$5 billion to support state and local programs for populations experiencing homelessness or identified as at-risk of homelessness. This special allocation is administered by the U.S. Department of Housing and Urban Development (HUD) through the HOME Investment Partnerships Program, for the purpose of assisting four “qualifying populations.” Qualifying populations include those experiencing homelessness, those at risk of homelessness, those fleeing or attempting to flee domestic violence, and “other” populations requiring housing to prevent homelessness or are at the greatest risk of homelessness.

This application is used to apply for funding from the City of Richmond, the County of Henrico, and Chesterfield County. All three localities received allocations of HOME-ARP funds and have identified the development of Affordable Rental Housing in the form of Permanent Supportive Housing as an intended use of these funds. The amounts identified in the respective HOME-ARP Allocation Plans for this use are as follows:

**City of Richmond: \$4,964,726.90**  
**County of Henrico: \$2,500,000.00 \***  
**Chesterfield County: \$1,805,431.00**

\* The County of Henrico amount includes \$500,000 for Supportive Services, intended for Rental Assistance in conjunction with Supportive Services.

Through this solicitation, these localities are seeking requests for funding from qualified and capable organizations to develop affordable rental housing that will serve the following four Qualifying Populations (QP) as further described in the HOME-ARP Notice [CPD-21-10](#): Homeless, At risk of Homelessness, Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking, and Other Populations where supportive services or assistance would prevent the family’s homelessness or would serve those with the greatest risk of housing stability. The HOME-ARP Allocation Plans for each locality state that affordable rental housing will be open to all QPs, but preference will be given to homeless individuals, as defined in the HOME-ARP Notice [CPD-21-10](#). Referrals for the units must be accepted from GrCoC’s Coordinated Entry process as well as the Housing Resource Line.

The identified localities will prioritize projects that, in addition to providing affordable rental housing, include/or partner with established service providers to offer supportive services to residents to increase housing stability or to operate a Permanent Supportive Housing program. Affordable rental housing must comply with rental leasing terms described in [24 CFR 92.253\(b\)](#). Projects are encouraged to follow a [Housing First](#) approach. The affordable rental units must fill vacancies from a list of eligible individuals maintained by the rental unit only after checking with the GRCoC to see if any eligible, and interested, prioritized individuals should be considered first.

Grant funds may be used for acquisition, predevelopment, and construction costs related to either new construction or adaptive reuse for affordable rental housing. A limited amount of funds may also be used for rental assistance. It is with the intention to have funds available to successful applicants by **October 2024**. Applicants must be able to demonstrate the ability to successfully meet the HOME-ARP Rental Housing requirements further described in the HOME-ARP Notice [CPD-21-10](#) found on pages 20-37 and the other requirements necessary for the use of HOME-ARP funds. The three localities expect successful applicants to expend awarded funds expeditiously in order for the three localities to meet their HUD expenditure deadlines on December 30, 2030. Project applicants will need to demonstrate a plan involving the other sources and uses of funds that will be utilized toward operational and supportive services costs.

**HOME-ARP Notice can be found here** <https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/>

All three localities will be awarding funds separately and reserve the right to award only a portion of the available funds during this application period if circumstances warrant.

## Application and Award Schedule (Subject to Change)

June 12, 2024	Application for use of funds made available
July 12, 2024	Application deadline
August 12, 2024, estimated	Advertisements of recommended projects to be funded and the beginning of the public comment period. (length of the comment period and actual ad date may vary by locality). Each locality will advertise independently.
October 2024	Anticipated action for each locality: Henrico County Board of Supervisors and Richmond City Council approval of funding

Funding is available upon each locality completing a Subrecipient Agreement (contract) with the organization(s) to be funded.

**ALL APPLICATIONS ARE DUE TO EACH LOCALITY NO LATER THAN July 12, 2024, at 11:59 PM.**

**ALL APPLICATIONS MUST BE EMAILED TO EACH OF THE FOLLOWING EMAIL ADDRESSES FOR EACH LOCALITY:**

County of Henrico	<a href="mailto:wal169@henrico.us">wal169@henrico.us</a>
Chesterfield County	<a href="mailto:cegrants@chesterfield.gov">cegrants@chesterfield.gov</a>
City of Richmond	<a href="mailto:amanda.wrinkle@rva.gov">amanda.wrinkle@rva.gov</a>

HOME-ARP Allocation Plans for each of the three localities can be found here:

County of Henrico	<a href="https://henrico.us/revit/home-arp-program/">https://henrico.us/revit/home-arp-program/</a>
Chesterfield County	<a href="https://www.chesterfield.gov/DocumentCenter/View/31483/Chesterfield-HOME-ARP-Allocation-Plan---Submitted-PDF?bidId=">https://www.chesterfield.gov/DocumentCenter/View/31483/Chesterfield-HOME-ARP-Allocation-Plan---Submitted-PDF?bidId=</a>
City of Richmond	<a href="https://rva.gov/housing-and-community-development/public-documents">https://rva.gov/housing-and-community-development/public-documents</a>

## Application Instructions

1. Provide an electronic copy of the application and all attachments. The application must be provided in a Microsoft Word format or converted to a PDF. The signature page must be scanned and included as an attachment. Please ensure that all of the documents provided have file names descriptive of your agency and the file contents.
2. Each project requesting funding must have a separate application/submission.
3. Submissions must contain all of the information requested. If there is any question if a section may be left blank, contact any of the locality staff listed below for guidance.
4. Please do not remove page breaks from the Word document.

## Locality Contact Information

For assistance or questions, please contact one of the of the following **for each locality**:

### County of Henrico

David Sacks, Community Development Manager at 804-501-7611 [sac01@henrico.us](mailto:sac01@henrico.us)

Trinity Waldron, HOME Program Manager at 804-501-7614 [wal169@henrico.us](mailto:wal169@henrico.us)

### City of Richmond

Amanda Wrinkle, Housing and Community Development Sr Project Manager at 804-646-1876  
[amanda.wrinkle@rva.gov](mailto:amanda.wrinkle@rva.gov)

### Chesterfield County

Dan Cohen, Community Enhancement Director at 804-748-1049 [cohend@chesterfield.gov](mailto:cohend@chesterfield.gov)

Jessica Sagara, Real Estate and Housing Coordinator at 804-751-2368 [sagaraj@chesterfield.gov](mailto:sagaraj@chesterfield.gov)

**Questions regarding the application must be submitted before 5 pm on July 10, 2024.**

## County of Henrico, City of Richmond, and Chesterfield County Application for the use of HOME ARP funds

1. **Organization or Entity Legal Name:** Click here to enter text.
2. **Project Name** Click here to enter text.
3. **Amount of funds requested: \$** Click here to enter text.

### *Applicant Information*

1. **Organization Website:** Click here to enter text.
2. **Applicant Mailing Address:** Click here to enter text.
3. **Street Address if different:** Click here to enter text.
4. **Chief Officer Name:** Click here to enter text.
5. **Program Contact:** Click here to enter text. **Title:** Click here to enter text.
  - a. **Telephone:** Click here to enter text. **E-mail:** Click here to enter text.
6. **Contact Person for questions about this application:**
  - a. **Telephone:** Click here to enter text. **E-mail:** Click here to enter text.
  - b. **Is this person an employee of the applicant organization:**  Yes  No
  - c. **If No, please explain:** Click here to enter text.
7. **Federal Tax Identification Number (EIN):** Click here to enter text.
8. **UEI Number:** Click here to enter text.
9. **Legal Status:** Click here to enter text.  
*(Private for-profit corporation, private non-profit corporation, government agency, etc.).*
10. **If applicable, provide any other trade names (dba, etc.) that will be used and explain their use as well as the name of an LLC or other entity that will hold title to the property or operate the facility:**  
Click here to enter text.

## *Project Information*

11. **Project Name:** [Click here to enter text.](#)
12. **Other Project Partners. Please list and explain their role:** [Click here to enter text.](#)
13. **Is any other funding for this project being requested from Henrico County, the City of Richmond, or Chesterfield County, either for development or operating?**  Yes  No
14. **If Yes, please explain:** [Click here to enter text.](#)
15. **Project location - street address, parcel number (s):** [Click here to enter text.](#)
16. **Total Number and type of units and square footage:** [Click here to enter text.](#)
17. **Other uses to be incorporated into project – specify by type and approximate square footage:** [Click here to enter text.](#)
18. **Status of site control:** [Click here to enter text.](#)
19. **Status of needed local government approvals (zoning, etc.):** [Click here to enter text.](#)
20. **Current owner(s):** [Click here to enter text.](#)
21. **Anticipated construction duration:** [Click here to enter text.](#)
22. **Status of project financing** [Click here to enter text.](#)
23. **Expected timeline for project completion (please note that a detailed project timeline is requested as an attachment) :** **BEGIN:** [Click here to enter text.](#) **COMPLETED BY:** [Click here to enter text.](#)

*Project Sources and Use of Funds*

Please provide sources and uses of funds for this project in Table 1. in the following section.

Total Project Budget: [Click here to enter text.](#)

Indicate all funding sources that will be used to complete the project, specifying any other local government funds and State and federal funds including HUD funds. Where other sources of funds are identified, please provide adequate notes indicating the status and source of those funds (committed, to be applied for, etc.). For expenses, provide information, please add additional line items as needed.

Program/Project Budget			
Sources	Amount	Source of Funding	Status of funding source (applied for, committed, etc.)
CDBG	\$0.00		
LIHTC Equity	\$0.00		
HOME Funds	\$0.00		
Other (be specific as possible)	\$0.00		
<b>Total Revenues</b>			

Funding Uses/Expenses	Amount		
Acquisition of Site	\$0.00		
Predevelopment	\$0.00		
Construction	\$0.00		
Developer Fee	\$0.00		
Construction Interest	\$0.00		
Others (be as specific as possible)			
<b>Total Expenses</b>			

### *Project Eligibility and Supportive Services*

- 24. Who will be served by this project? Please be as specific as possible, including the characteristics of households (or persons) who are eligible to reside in this proposed project, any populations that would not be eligible, and if there are any limitations on the duration of residency.**

[Click here to enter text.](#)

- 25. Explain how this project serves and/or is made available to the four HOME ARP qualifying populations as required by the HOME-ARP Notice, number of units proposed and the level(s) of affordability for the units (i.e., units at or below 50%AMI, or under 30% AMI).**

[Click here to enter text.](#)

- 26. Describe any supportive services that will be provided to residents.**

[Click here to enter text.](#)

- 27. Explain the agency's capacity to comply with annual income eligibility and the applicable rental contribution process.**

[Click here to enter text.](#)

- 28. Describe your organization's experience in developing and operating permanent supportive housing. Be sure to include project examples.**

[Click here to enter text.](#)

### *Other Requirements*

- 29. Provide a brief description of property management /operations strategy to assure ongoing viability of the project once completed. (minimum affordability period is 15-years)**

[Click here to enter text.](#)

- 30. Identify who will be responsible for the planning, implementation, follow-up, and ensuring the project is completed as planned.**

**Name and Title:** [Click here to enter text.](#)

- 31. Identify the name and title of the person(s) responsible for ensuring all federal regulations and guidelines pertaining to the use of HOME ARP funds are met and describe that person's experience and/or expertise in federal program compliance.**

[Click here to enter text.](#)

- 32. As a subrecipient of HOME-ARP funds, your organization will be required to follow procurement requirements of Henrico County, the City of Richmond, and/or Chesterfield County and will be responsible for compliance with Davis-Bacon and related acts, Environmental Review, which may include subcontracting with third parties to ensure and document compliance. Please check the box below notating that your organization understands that they are subject to this requirement.**

I, on behalf of [Click here to enter text.](#) understand the above requirements.

- 33. Please list comparable projects that your organization has developed that require Davis-Bacon compliance or Environmental Review.**



Click here to enter text.

**34. Provide the name and title of the person responsible for providing monthly and quarterly status reports to each locality for this program.**

Click here to enter text.

### *Agency Information*

**35. Has your agency received an independent audit conducted by a Certified Public Accountant?**

Yes       No

**36. When was your agency's last audit completed?**

Click here to enter text.

**37. What was the time period (fiscal year) reviewed?**

Click here to enter text.

**38. Were there any findings or concerns identified? If so, please list and provide a response to those issues.**

Click here to enter text.

**39. Complete the following six questions in the section below:**

Click here to enter text.

**a) What is your agency's mission statement?**

Click here to enter text.

**b) What is the history and purpose of your agency?**

Click here to enter text.

**c) How long has the agency been in existence? List any other names your organization has operated under, or otherwise been known as.**

Click here to enter text.

**d) How long has the agency had its 501(c)(3) status?**

Click here to enter text.

**e) Provide a brief description of any recent (past three years) financial default or lawsuits.**

Click here to enter text.

*NOTE: A copy of the agency's most recent audited financial statements prepared by a qualified accountant or accounting firm must be attached to the application.*

## *Application Authorization*

The undersigned certifies that:

He/she is legally authorized to request and accept funding from each locality; and to the best of his/her knowledge, all representations that are part of this application are true and correct.

That all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and

Should the requested funding be provided, that in execution of this project/program, the applicant will comply with all assurances required by federal laws which govern the HOME-ARP, others stipulated by the U.S. Department of Housing and Urban Development (HUD), and all assurances set forth in the Subrecipient Agreement signed with the County of Henrico, the City of Richmond, and Chesterfield County.

Name of Certifying Representative: [Click here to enter text.](#)

Title of Representative: [Click here to enter text.](#)

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*Checklist of Required Documents* **check boxes for items included.**

**Please include the following documents:**

- Detailed Project description (Project objectives, number, and type of housing units to be provided; resident amenities to be provided; characteristics of units and the building including building materials, safety and security measures, parking, energy conservation practices, utilities to be provided including broadband; rent structure; expected use of housing choice vouchers; and description of any other uses to exist within the building(s) or site)
- Procedures Manual for this project (may provide a sample)
- Detailed Project Timeline
- Current fiscal year budget
- Staff resumes for all staff involved in the project (including the entire development team)
- Any additional information describing the organization or program that may be helpful in reviewing the application.
- Most recent financial audit
- List of Board members (with contact information) and executive officers.
- Organizational chart that includes current names and titles of staff involved in project or program.
- Articles of Incorporation
- Agency bylaws
- Documentation of 501(c)(3) or other non-profit status
- Documentation of registration with the Virginia State Corporation Commission
- Project financial analyses (fifteen-year cash flow analysis, 15-year operating proforma, etc.)
- Evidence of site control (If the name does not exactly match that of the agency submitting this application, please explain the relationship and organizational structure)
- If the property is leased, provide a copy of the current lease (If the name does not exactly match that of the agency submitting this application, please explain the relationship and organizational structure)
- Project development schedule

**Please check the boxes for all included items. If an item is not included, please explain:**

[Click here to enter text.](#)