



HOME INVESTMENT PARTNERSHIP (HOME) PROGRAM

**Request for Proposals
INFORMATION and APPLICATION PACKET FOR
PROJECTS BEGINNING IN FISCAL YEAR 2024**

GENERAL INFORMATION:

The City of Beloit announces the availability of funds for Home Investment Partnership (HOME) Program projects. The funds are authorized under the Housing and Community Development Act of 1974, as amended, and are received from the U.S. Department of Housing and Urban Development (HUD). The City of Beloit administers these funds.

This application provides information and instructions for organizations and agencies interested in applying for the City’s HOME funds. Applications are available on the City of Beloit website.

Eligible applicants:

- Private non-profit organizations that have received 501(c)(3) federal tax-exempt status from the U.S. Internal Revenue Service (IRS) and are registered as non-profit corporations in the State of Wisconsin.
- Public Agencies

Funding cycle:

- Funding under the 2024 program year is anticipated to be available upon approval by City Council and execution of the Grant Agreement.

Estimated Funds Available:

- The City has approximately \$500,000 available in HOME funds for new construction projects in the City of Beloit.

Eligible Housing Activities:

- Funds can be used to construct new residential single-family housing that will result in owner-occupancy. The completed house must be sold to a low-to-moderate income household. The housing activities must comply with all requirements of the HOME program, and demonstrate that construction of the project will begin before the end of 2024 and be completed no later than the end of 2025.

APPLICATION SCHEDULE: The following schedule has been developed for review of project applications and decisions on project funding.

Timetable

March 25, 2024	Requests for Proposals and HOME application forms are available.
April 15, 2024	HOME applications are due.
May 6, 2024	Anticipated award of HOME funds
Before July 31, 2024	2024 HOME Contract for a New Construction Project
September 1, 2024	Construction of new house shall begin
December 31, 2025	All project activities will be completed.

PRE-APPLICATION ASSISTANCE: More information and technical assistance can be obtained from Julie Christensen, Community Development Director at 608-364-6703 or christensenj@beloitwi.gov. Staff will be happy to answer questions about the HOME program, this form and the application process, but cannot help write the application or offer comment on drafts.

APPLICATION DEADLINE:

A copy of the full application and requested attachments must be received in our office before 4:30 P.M. on April 15, 2024. All proposals must be complete, signed and submitted in reproducible form. Proposals may be e-mailed to christensenj@beloitwi.gov, mailed to the attention of Julie Christensen at 100 State Street, Beloit, WI 53511, or dropped off in one of the City Hall dropboxes.

OVERVIEW OF HOME PROGRAM REQUIREMENTS:

Eligible activities under this application are limited to the construction of affordable owner-occupied housing. All activities funded by the HOME program must provide affordable housing for low to extremely low- income persons.

FY2023 HUD INCOME LIMITS (Section 8) for Janesville, Beloit MSA (effective 6/15/23)

Persons in household	1	2	3	4	5	6	7	8
Low (80% of median)	\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150
Very Low Income (50% of median)	\$30,250	\$34,550	\$38,850	\$43,150	\$46,650	\$50,100	\$53,550	\$57,000
Extremely Low Income	\$18,150	\$20,750	\$23,350	\$25,900	\$28,000	\$30,050	\$32,150	\$34,200

Note: Recipients of housing must meet income guidelines—80% of Rock County Median Income for owner-occupants. Housing must meet affordability guidelines for a specified period of time depending on amount of assistance.

Homeownership Assistance HOME amount per unit	Minimum Period of Affordability
\$0 - \$14,999	5 Years
\$15,000 - \$40,000	10 Years
More than \$40,000	15 Years

SERVICE AREA: HOME funds must be used for housing activities in the City of Beloit.

OTHER REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:

Non-Discrimination and Equal Opportunity: Agencies receiving funding are required to comply with various federal, state and local laws that provide equal opportunity and prohibit discrimination against persons on the basis of race, color, national origin, religion, sex, age or disability. Discrimination is prohibited in the provision of services, in access to the services and to the facilities where the services are provided, and in all other aspects of administering HOME projects such as employment and procurement. 24 CFR Part 92.350 describes other federal requirements and non-discrimination applicable to participants in the HOME program.

Fiscal Management: Agencies receiving funding are required to comply with federal uniform administrative requirements regarding fiscal management including financial reporting, record keeping, accounting systems, payment procedures, procurement of goods and services, conflict of interest, and audit requirements. Non-profit organizations must administer programs in compliance with 24 CFR Part 84, 2 CFR Part 200 Subpart F, and 2 CFR Part 230. Public agencies must administer programs in compliance with 24 CFR Part 85 and 2 CFR Part 225.

Insurance Requirements: Agencies receiving funding are required to provide proof of general liability insurance coverage. If services provided under the contract are provided by a licensed professional, then professional liability insurance will also be required. In addition, if driving is within the scope of services provided under the contract, then automobile insurance will also be required. Worker's Compensation Insurance is also required.

Reporting Requirements: Agencies receiving funding are required to submit quarterly and annual progress reports and budget reports. Required data to be reported includes: demographic data on clients served (income level, race, ethnicity, disability, household composition), outputs (units of service provided), progress towards meeting outcomes, amount of funding leveraged from other federal, state/local, private or other funding sources, and additional information indicating compliance with other grant and contract requirements.

SAM.gov/CAGE Code: SAM.gov (System for Award Management) Registration is required prior to awarding HOME funds. A CAGE (Commercial and Government Entity) Code is also required.

Other Federal Requirements: Funding recipients must comply with all other requirements set forth in 24 CFR 570 and in grant contracts. Federal regulations are available online at <https://www.hudexchange.info/programs/home/home-laws-and-regulations/> and OMB circulars (also called Uniform Administrative Requirements) are available online at <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>.

REVIEW AND DECISION-MAKING PROCESS:

- Step 1 Staff Review and Assessment.** City of Beloit Community Development staff will perform a technical review of the applications for compliance with HUD requirements and the threshold criteria.
- Step 2 CDA Presentation.** All applicants will present their application to the Beloit Community Development Authority (CDA) on April 24, 2024 sometime after 4:30 PM. CDA will then make a recommendation at that same meeting.
- Step 3 Final decision by Beloit City Council.** The Beloit City Council will make the final decision on funding during their meeting on May 6, 2024.

NOTE: Disposition of final project awards is contingent on project eligibility and funding availability, as well as federal, state and local statutes, regulations, policies and contract requirements.

City of Beloit
HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)
THRESHOLD REVIEW AND EVALUATION CRITERIA

Incomplete or late applications will not be considered. Applications must meet HOME regulations to be considered for funding. All proposed projects must be located in the City of Beloit.

EVALUATION CRITERIA

Applications will be evaluated based on the completeness of the application and the ability to begin the project in 2024, with final completion in 2025. If applications are received from multiple agencies, the entity with the most experience in developing affordable housing will be selected or funds will be split. Therefore, the ability to leverage other funding sources and meet match requirements is essential to a successful project. Applications will be evaluated based on the answers to the following questions based on a scoring matrix. (see attached matrix).

APPLICATION INSTRUCTIONS

- Please read all questions and instructions carefully. The care that goes into accurately and informatively completing this application is evidence of your agency's ability to manage the complexities of the HOME program requirements.
- An electronic copy of the application is available upon request.
- Submit a copy of the full application by 4:30 p.m. on April 15, 2024. The application must be received in our office by that date and time to be considered. Late applications will not be accepted.
- Any attachments should be attached at the back of the original application in the order listed.
- Additional printed documentation, photographs and maps may be placed immediately behind the page they refer to.
- Include a UEI (Unique Entity ID) Number on your application.

CITY OF БЕЛОIT

Application for HOME Project for Fiscal Year 2024

1. APPLICATION COVER SHEET

Project Title: _____

Project Applicant Contact Information

Legal Name of Applicant/Organization: _____

Applicant is:

____ Unit of Local Government

____ Municipal Corporation

____ Non-profit Organization or Developer

____ For-Profit Organization or Developer

____ Other, please describe: _____

EIN# _____

UEI # _____

Primary Contact Names and Title: _____

Mailing Address: _____

Phone: _____

E-mail Address: _____

Address of Project (if known): _____

Has your agency previously received HOME funding? _____ Yes(Y)/No(N)

Amount of Request \$ _____

Total Project Budget \$ _____

CERTIFICATION and AUTHORIZED SIGNATURE: To the best of my knowledge and belief, the information contained in this application, and in the additional required documentation submitted with this application, is true and correct. The submission of this application has been duly authorized by the governing body of the Applicant. The Applicant agrees that if the project is allocated funding, it will comply with all federal, state and local statutes, regulations, policies and requirements applicable to CDBG/HOME funding.

Signature of Authorized Applicant Representative

Date

Name and Title of Authorized Applicant Representative (Please Print or Type)

2024 HOME APPLICATION

A. THRESHOLD AND ELIGIBILITY

Answer each question fully but concisely.

1. Please describe your proposed project in one paragraph (2 to 3 sentences) and include a general statement of the project's overall purpose?
2. What process will be used to determine how individuals are selected to participate in this program?
3. Identify how long your organization has been providing these services and provide a history of any projects completed in the last 5 years.

B. PROJECT DESCRIPTION AND SOUNDNESS

1. **Project Description:** Please describe the project for which you are requesting funding.

2. **What are the specific output goals for the proposed project?**

Households Served. Indicate the number of unduplicated households and persons to be assisted in total, and the number to be assisted with HOME funds requested. Unduplicated means that each household and person served by the project is counted only once during the program year.

	PY2024	PY2025
Project Outputs	Households	Households
1. Total assisted (all funding sources)		
2. Total assisted with HOME funds		

3. **HUD requires recipients of federal funding to access outcomes for the program. All approved applicants are required to comply with the Performance Measurement System. Please complete the following:**

- A. State the outcome. Outcomes are the benefits or impacts that result from the services provided. Outcomes measure a change in knowledge, attitude, skills, behavior, conditions or status in the persons served.
- B. Indicate the anticipated percentage and number out of total families/households served who will achieve the outcome each year.
- C. List the indicators that will be used to show that the persons served achieved the outcome.
- D. State the basis for selecting the outcome and how it demonstrates achievement of the overall goals of the project.
- E. Indicate how you are going to measure the outcome. Include the data collection tools, the measurement timeline, and who will be responsible for monitoring progress and compiling the information required for reporting.

4. **What experience do you have in serving the target population and in providing the type of service in the proposed project?**

Describe past experience and performance achieved by this project or similar project; include any barriers encountered and how those barriers were addressed, as well as whether project goals were achieved.

C. ORGANIZATIONAL CAPACITY

1. What is your organization's experience in managing publicly funded projects?

- A. Describe any specific experience your organization has in the administration of federal, state, and local government funds. If your organization does not have experience as an organization, then the relevant experience of board members or staff may be used.
- B. Describe your organization's fiscal management including financial reporting, record keeping and accounting systems.
- C. Describe whether your organization has a written personnel policy manual that includes procedures for personnel and financial management, a process for grievance, and a plan for affirmative action.
- D. If you have current HOME projects/contracts, are they progressing timely and in accordance with the project accomplishments and schedule? If not, explain why.

2. List funders and describe type and frequency of monitoring, as well as any findings, and the resolution of those findings.

3. What are the qualifications of the staff members involved in the project?

Describe the qualifications (e.g., education, training, experience) of the specific staff members who will manage the project and provide services.

4. How will your organization assure that project services are provided in a culturally competent and linguistically accessible manner?

Explain your agency's commitment to and ability to provide services that are culturally competent and linguistically accessible. Include a description of:

- A. How the project's service design and delivery provide for the cultural and linguistic needs of project clients;
- B. The cultural backgrounds and experiences of board members and staff; and
- C. The training and policy guidance provided to board members and staff regarding cultural competence and language barriers.

5. How does your organization use collaboration with other local community organizations to support the proposed project?

- A. List the committees, groups, or meetings your organization participates in. For recurring meetings, the expectation is that you list organizations where your agency is present at 75% or more of meetings.
- B. Describe how the collaborations listed help to develop support for the proposed project (such as enhanced access to services needed by project clients, a shared scarce resource, or improved public policy).

D. FINANCIAL FEASIBILITY

1. Provide a copy of the latest Budget Summary for your organization.

- A. Detail by line item the applicant's proposed project budget separating requested HOME funding from additional agency funding dedicated to the project.
- B. Explain in narrative form how HOME funds will be used as shown in the budget summary and budget worksheets (e.g. specific positions, type of communication costs, type of supplies, description of equipment items in support of direct services). If your program generates program income, explain how these dollars are generated. For each position for which you are requesting full or partial HOME funding, attach a current job description that includes a list of the duties and minimum qualifications for filling the position.

2. If funded, will the proposed project leverage additional resources?

List the source and amount of funds to be leveraged with HOME funding for this project on the Budget Summary for each year of funding requested. Identify which of those funds have been secured, applied for, or are anticipated to be applied for in the future. Match is required for HOME funds. Therefore, please indicate the source and amount for any eligible match that you will contribute to the project. Priority will be given to projects which require match.

3. If the proposed project is funded at a level lower than requested, will the project still move forward?

Due to the limited availability of resources, it is often necessary to fund proposed projects at levels below the levels requested. Please describe a reduced level of funding at which project can still be completed.

4. Financial Management Capability:

Provide a narrative of your agency's financial management capacity and include financial audits; describe type, frequency, findings, and resolution to findings.

E. CONFLICT OF INTEREST

1. Please indicate if any of your agency's staff and/or board/committee members has served on the Beloit Community Development Authority and/or Beloit City Council. Please also indicate if any of your agency's staff and/or board/committee members has served in the last year on the Beloit Community Development Authority and/or Beloit City Council.

If yes, please list their information on the next page.

Name	Title or Position

**City of Beloit
HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)
THRESHOLD REVIEW AND EVALUATION CRITERIA**

Incomplete or late applications will not be considered. Applications must meet threshold criteria to be considered for funding.

THRESHOLD CRITERIA

<u>Criteria:</u>	Yes	No
A. Application package is complete and was submitted on time.	<input type="checkbox"/>	<input type="checkbox"/>
B. Is an eligible New Construction activity under the HOME Investment Partnership Program.	<input type="checkbox"/>	<input type="checkbox"/>
C. Consistent with City of Beloit's Consolidated Plan	<input type="checkbox"/>	<input type="checkbox"/>
Application Meets Threshold Criteria: If yes, proceed to review below.	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION CRITERIA

Applications for CDBG/HOME projects can receive a maximum of 100 points using the following criteria. Details of the criteria expectations can be found throughout the application materials.

PROJECT DESCRIPTION and SOUNDNESS

1. **Project Activities**

Was the project clearly described? Does the project indicate a location, who will complete the project, and the timeline for project completion?

0 = No description of project to be completed, location, or timeline.

1 = Project description, but no specific location or timeline.

3 = Project description with timeline, but no specific location.

5 = Project description with timeline and specific location.

2. **Specific Output Goals**

Were output goals provided by year?

0 = No information was provided.

3 = Information was provided.

3. **Outcomes and Indicators**

Evaluate the outcomes. Did the applicant provide information on families/households to be served, indicators to be used, and the basis for selecting the outcomes?

0 = No information was provided on outcomes.

1 = Information was provided on outcomes but no information was provided on indicators to be used.

3 = General, vague information outcomes and indicators.

5 = Project provided detailed information on outcomes, indicators to be used, and the basis for selecting outcomes.

4. **Experience serving the target population and completing New Construction projects.**

0 = No information on experience, past performance, and past barriers encountered.

1 = Information on experience with the target population or New Construction projects.

3 = General information on experience but no description of past performance and/or barriers.

5 = Application provided experience with the target population and New Construction projects.

Explanation included an description of past performance and past barriers encountered.

ORGANIZATIONAL CAPACITY

1. History of Publicly Funded Project Management

Evaluate how well the agency demonstrates the ability to successfully implement and manage publicly funded (federal, state, and local) projects in a timely manner, consistent with funding requirements AND the agency's experience working with similar projects.

0 = No mention of previous publicly funded project management experience.

1 = Mentioned that agency has managed publicly funded and similar projects in the past but no evidence or further details were provided.

3 = Partial or vague description of implementation and management of publicly funded projects and similar projects but evidence was not complete.

5 = Provided clear and complete description of publicly funded projects AND similar projects implemented AND that they were managed with all relevant details included (e.g., timelines, funding requirements, deliverables, etc.).

2. Program Monitoring Record

Evaluate the agency's program monitoring record and whether any findings were resolved prior to submission of the application.

0 = No information about program monitoring frequency or findings was provided.

1 = Indicated that program monitoring has occurred but did not specify regularity and did not provide detail or if there were any prior findings.

3 = Indicated that program monitoring and reporting has met funder expectations but did not indicate whether the agency has received any specific findings, or how those findings may have been resolved.

5 = Demonstrated that program monitoring and reporting has met funder expectations; provided detail on whether the agency has received any findings and described how those findings have been resolved.

3. Staffing Capacity

Project demonstrates that they have the staff experience and proper level of staffing to carry out the project.

0 = No mention of staff qualifications or experience or of current level of staffing.

1 = Vague mention that they have adequate staffing but no evidence of such.

3 = Partially demonstrated that the staff has adequate experience and qualifications and that the proper level of staffing is available; provided some evidence but evidence was not complete.

5 = Clear detailed description of staffing level and organizational structure was provided; qualifications and experience of staff to be involved with the project were clearly presented.

4. **Cultural Competency**

Evaluate how well the agency demonstrates their ability to implement programs that are culturally competent and linguistically accessible for the target population AND the agency's cultural competency (staff and board members).

0 = No information was provided about culturally competent service delivery or agency capacity to provide such service.

1 = Indicated that service delivery and the agency were culturally competent but did not specify or describe how.

3 = Provided a partial description of how the agency delivers culturally competent services and the staff and board members' ability to be culturally competent.

5 = Provided a clear detailed description of how the agency addresses cultural needs of clients AND described the cultural backgrounds and experiences of staff and board members AND described ongoing efforts by the agency to ensure that services are delivered in a culturally sensitive manner.

5. **Agency Community Participation**

Evaluate the degree of agency participation within the local community, including its collaborative efforts with other agencies and committees.

0 = Provided no information about collaboration with other agencies or participation in consortiums or committees.

1 = Indicated they were involved with collaborative efforts but did not list those efforts; indicated that agency participates in consortiums or committees but did not specify which ones.

3 = Listed collaborative efforts and committees in which the agency participates but did not explain how those collaborations support the proposed project.

5 = Listed collaborative efforts and committees in which the agency participates and described how those collaborations help to support the proposed project.

FINANCIAL FEASIBILITY

1. Budget

Project budget estimates and costs are reasonable and well supported or justified relative to the number of persons to be served, the services to be provided, and the target population.

0 = No support or justification for project budget estimates.

1 = Budget estimates and costs are not reasonable and justified or budget forms are inconsistent or inaccurate.

5 = Proposed budget estimates and costs appear reasonable; some justification and support for budget estimates were provided; budget forms are accurate.

2. Additional Resources

Project leverages other federal, state, local or private resources.

0 = Did not mention additional funding or resources that had been leveraged.

1 = Vague mention that other funding or resources had been leveraged but no clear evidence that monies or resources were secured. No match indicated.

3 = Partial evidence showing that additional funding or resources were secured.

5 = Evidence clearly shows that additional funding or resources were secured. Match is identified.

3. Project Viability

The agency provided evidence of possible future sources of funding for project.

0 = Project cannot move forward without the full funding request being awarded.

1 = Vague mention that the project could continue if full funding request was not awarded.

3 = Mentioned possible sources for funding any funding gap.

5 = Clearly identified appropriate alternative funding sources AND a plan with timelines for requesting future funding.

4. Financial Management Capability

Project sponsor has appropriate financial management capacity as indicated by audited financial statements and management of prior projects. Any audit findings of the organization have been resolved prior to submission of application.

0 = No mention of financial management capacity; agency budget and financial statements not provided.

1 = Mentioned that financial management capacity exists but no evidence provided.

3 = Partially demonstrated that financial management capacity exists; some evidence provided but evidence was not complete.

5 = Provided clear and complete evidence of financial management capacity; all necessary audited financial statements provided.