



## **HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM**

**Request for Proposals  
INFORMATION and APPLICATION PACKET FOR  
HOMEOWNERSHIP ASSISTANCE FUNDING**

**GENERAL INFORMATION:**

The City of Beloit announces the availability of funds for Home Investment Partnerships (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 under Government in the Document Center. It can be found inside the Community Development folder under HOME.

**Eligible applicants:**

- Private non-profit organizations that have received 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 2025 program year will be available in the near future. However, prior year funds are currently available. The contract start date will vary based on which year of funding is awarded.

**Estimated Funds Available:**

- The City has approximately \$100,000 available in HOME funds for homeownership assistance to be provided to “low to moderate-income families” as defined by Housing and Urban Development in 2025.

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

**Timetable**

June 20, 2025	Requests for Proposals and HOME application forms are available.
July 11, 2025	HOME applications are due.
August 15, 2025	Anticipated date for a HOME contract

**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](mailto: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 comments on drafts.

**APPLICATION DEADLINE:**

**A copy of the full application and requested attachments must be received in our office before 11:30 AM on July 11, 2025.** All proposals must be complete, signed and submitted in reproducible form. Proposals may be e-mailed to [christensenj@beloitwi.gov](mailto: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 drop boxes.

**OVERVIEW OF HOME PROGRAM REQUIREMENTS:**

Homeownership assistance funded by the HOME program must provide affordable housing for low to extremely low- income persons. Please see table below which outlines the income requirements for the City of Beloit.

**FY2025 HUD INCOME LIMITS (Section 8) for Janesville, Beloit MSA (eff. Date 1/1/25)**

Persons in household	1	2	3	4	5	6	7	8
Low (80% of median income)	\$52,950	\$60,500	\$68,050	\$75,600	\$81,650	\$87,700	\$93,750	\$99,800
Very Low Income (50% of median income)	\$33,100	\$37,800	\$42,550	\$47,250	\$51,050	\$54,850	\$58,600	\$62,400
Extremely Low Income (30% of median income)	\$19,850	\$22,700	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150

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.

**HOME Period of Affordability**

Less than \$25,000	5 Years
\$25,000 - \$50,000	10 Years
Greater than \$50,000	15 Years
Newly Constructed Rental Housing	20 Years

**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.

**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 and 2 CFR Part 200 Subpart F, 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 <http://www.access.gop.gov/nara/index.html> and OMB circulars are available online at <http://www.whitehouse.gov/omb/circulars/index.html>.

#### **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 and Recommendation.** All applicants will present their application to the Beloit Community Development Authority on July 23, 2025 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 on August 4, 2025.

**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 all HOME regulations to be considered for funding.

**EVALUATION CRITERIA**

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 July 11, 2025. 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 2025

**1. APPLICATION COVER SHEET**

Project Title: \_\_\_\_\_

Project Applicant Contact Information

Legal Name of Applicant/Organization: \_\_\_\_\_

Applicant is:  Unit of Local Government  Municipal Corporation

Religious Organization  Educational Institution  Economic Development Corporation

Private, Non-Profit Organization EIN# \_\_\_\_\_

Other (explain) \_\_\_\_\_

UEI # \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Has your agency previously received HOME funding in the past?  Yes/ No

**Amount of Request** \_\_\_\_\_

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 HOME funding.

\_\_\_\_\_  
Signature of Authorized Applicant Representative

\_\_\_\_\_  
Date

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

**2025 HOME APPLICATION**

Answer each question fully but concisely.

**A. THRESHOLD AND ELIGIBILITY**

1. Please describe what process is used to select your program participants.
2. How long has your organization provided this type of service?
3. Provide a copy of your manual for your homeownership program. This manual must meet the HOME Investment Partnership Program regulations in order to be considered for funding.

**B. PROJECT DESCRIPTION AND SOUNDNESS**

1. **Project Description:** Please describe the project for which you are requesting HOME 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.  
**Note:** *Unduplicated means that each household and person served by the project is counted only once during the program year.*

	FY2025	FY 2026
Project Outputs	Households	Households
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 outcomes. 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. Explain why this outcome was selected and how it supports the overall project goals.
  - E. Describe your outcome measurement approach. Include tools, timelines, and who is responsible for tracking and reporting progress.

4. **Describe your organization’s experience in serving the target population and 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.

5. **Please provide a copy of your Homeownership Assistance Manual, which provide the rules and requirements for your Homeownership Program. The manuals submitted must meet the HOME Investment Partnerships Program regulations.**

**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, type and frequency of monitoring, and findings, and how findings were resolved.**

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

Describe the qualifications (e.g., education, training, relevant 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 fees or program income, explain how these dollars are generated (ex. late fees, counseling fees, etc.). 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 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, at what amount of funding can the sponsoring agency still deliver meaningful service?**

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 effective service can be delivered and what reductions in your budget can be made.
4. **Financial Planning for Project Sustainability:**

Describe efforts by the agency to develop:

  - A. alternative future sources of funding to support the proposed project, and
  - B. a financial contingency plan in preparation for possible funding reductions.

**5. Financial Management Capability:**

Provide a narrative of your agency's financial management capacity including 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 have served on the City of Beloit's Community Development Authority and/or Beloit City Council in the past year.

If yes, please list their information below.

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**

<b><u>Criteria:</u></b>	<b>Yes</b>	<b>No</b>
A. Application package is complete and was submitted on time.	<input type="checkbox"/>	<input type="checkbox"/>
B. Is eligible under the HOME Investment Partnership Program (24 CFR 92)	<input type="checkbox"/>	<input type="checkbox"/>
C. Consistent with Consolidated Plan	<input type="checkbox"/>	<input type="checkbox"/>
D. Program Manual was included and met the requirements of the HOME Program.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Application Meets Threshold Criteria:</b> If yes, proceed to review below.	<input type="checkbox"/>	<input type="checkbox"/>

**EVALUATION CRITERIA**

Applications for HOME projects can receive a maximum of 75 points using the following criteria. Details of the criteria expectations can be found throughout the application materials.

## THRESHOLD AND ELIGIBILITY

### 1. Process

**Was the process clearly defined and described (i.e. how it was implemented and who implemented it)?**

0 = No explanation of the process to select participants was provided.

3 = Outlined the process without providing information on how it was implemented and who implemented it.

5 = Detailed description of the process, how it would be implemented AND by whom.

### 2. Experience in Homeownership Assistance

**Number of years of experience specifically with homeownership assistance program.**

0 = Less than 2 years' experience administering a homeownership program.

1 = Less than 2 years' experience administering a homeownership program but has other experience service low- to moderate-income populations.

3 = Agency has 2 and 5 years' experience administering a homeownership program.

5 = Agency has more than 5 years' experience administering a homeownership program.

<b>Eligibility Points (Max = 10) _____</b>
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## PROJECT DESCRIPTION and SOUNDNESS

### 1. Project Activities

**Were the services or activities the proposed project will provide clearly defined and described (i.e. how they will be implemented, who will implement them, the frequency and duration of services).**

0 = No mention of activities to be provided or mentioned "activities" without specifying what they are.

1 = Listed activities to be provided without providing descriptions of them.

3 = Listed activities with vague descriptions and/or no reference to implementation or project goals.

5 = Detailed description of activities, how they would be implemented AND by whom, with clear linkage to project goals.

### 2. Project Outputs

**Evaluate the output projections; are they reasonable for the target population, especially for those projects targeting high needs populations? Is there a strong link between the outputs and the services provided?**

0 = No mention of project outputs

3 = Project outputs are not measurable and do not capture the services provided.

5 = Project outputs are measurable and capture the services provided.

**3. Outcome Measurement and Evaluation**

**Evaluate the effectiveness of how proposed project outcomes and performance will be measured, including the program/agency review process and use of relevant methods and tools. Are the methods and tools to be used to evaluate progress clearly described?**

0 = No indicators provided about evaluation or measurement, including timelines and process

1 = Indicators listed are not clearly related to outcome, OR number of indicators to be met are not specified, OR specific measurement tools and timelines are not provided for every indicator

3 = Indicators listed are clearly related to outcome but measurement tools and timelines not provided OR are not adequately described

5 = Listed indicators are clearly related to outcome, AND indicators listed are an adequate measure of the identified outcome, AND how outcome will be measured is clearly defined, AND an appropriate measurement timeline is identified for each indicator.

**4. Experience Serving the Target Population and Providing Homeownership Assistance**

**Evaluate the agencies experience in serving low- and moderate-income households and providing homeownership services.**

0 = No information on agencies actual experience with the target population and/or with homeownership services.

1 = General information on the agencies experience overall but no detail provided on experience with the target population and/or homeownership experience.

3 = Partial information on the agencies experience with the target population and/or homeownership experience.

5 = Provided a clear detailed description of the agencies experience with the target population and/or homeownership experience.

<b>Project Description and Soundness Points (Max = 20) _____</b>
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**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 programs (housing programs, emergency shelters, outreach, etc.) or programs with similar activities (case management, assessments, etc.).**

0 = No mention of previous publicly funded project management experience or similar program 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. Does the application describe a history of complete and timely performance reporting?**

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.

<b>Organizational Capacity Points (Max = 25) _____</b>
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## 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.

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

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

**3. Sustainability**

**The agency provided evidence of possible future sources of funding for sustainability.**

0 = No mention of sustainability or of future alternative funding possibilities.

1 = Vague mention that future alternative funding would be needed but no clear mention of possible sources.

3 = Mentioned possible sources for future alternative funding but no timeline or plan was provided for requesting funding OR future funding sources provided are not realistic or appropriate.

5 = Clearly identified appropriate future 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.

<b>Financial Feasibility Points (Max = 20) _____</b>
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