**Universal Funding Application Cycle**

**FY 2017- 2018**

APPLICATION

Funding Applications are available on-line.

Call the Housing and Community Development Division for details at (904) 255-8200.

**Applications must be delivered to the Housing & Community Development Division at 214 N. Hogan St., 7th floor, no later than 5:00 p.m. on Friday, March 3rd, 2017 or postmarked on or before Friday, March 3rd, 2017.**

#### APPLICATION

#### REQUIRED DOCUMENTS CHECKLIST

The Certifying Representative must initial and tab all required documents attached to the application or put “N/A” if the document is “not applicable.” **If thresholds (bolded documents) are not met the application will not be reviewed for funding.**

**THRESHOLD ITEMS**

**1. Application complete, approved, and signed by Board of Directors and/or designated representative**.

**2. Current 501(c)(3) status (attach documentation.)** Articles of Incorporation and Organization By-Laws.

**3. Year to date Financial Statement AND most recent Audit, Management letter and Agency Response.**

**4. Proposed service/program/project meets one of the National Objectives.**

**5. Complete and accurate fiscal year 2017-2018 Budget Forms, as attached.**

**SCORED COMPONENTS**

      6. Resumes of: Conflict of Interest Form for:

* + - * 1. \_\_\_ Executive Director; a) \_\_\_ Board Members/Commission Members
				2. \_\_\_ Fiscal Officer; and b) \_\_\_Executive Management/Officers
				3. \_\_\_ Program Administrator c) \_\_\_Program Staff (associated with delivery

of program)

      7. List of Board Members and Organizational Chart with employee names, titles and resumes (Please provide copies of certifications, if applicable).

      8. Job descriptions with pay scales for proposed positions to be funded.

      9. Procedures for selecting contractors/consultants. If not construction, attach purchasing procedures.

      10. Quotes or current invoice/lease for any equipment or real property to be leased or purchased. (See page 3 for list of additional required documents).

      11. Letters of support.

      12. Letters of commitment from other funding sources.

**ADDITIONAL REQUIRED DOCUMENTS**

      13. IRS Form 990 or Exemption statement.

      14. Proof of General Liability Coverage.

      15. Proof of Fidelity Bond Coverage for principals on staff.

      16. Maps showing area served and census tract. Maps may be obtained from the public library, the Property Appraisers database and/or the Planning Department.

      17. Copy of Sunbiz Agency Report (Page showing Officers and Active Status, etc.)

**II. APPLICATION**

**A.2. For Construction Projects Only (See Exhibit 1, Page 16)**

The Certifying Representative must initial and tab all required documents attached to the application or put “N/A” if the document is “not applicable.”

     1. If construction or renovation project, include construction estimates from a licensed, insured General Contractor using Davis-Bacon and Section 3 Program requirements. (Attach Contractor’s License Certificate).

     2. Preliminary designs, elevations, photos, scaled blueprints and specifications.

     3. If providing services or improvements to a facility not owned, submit a long-term lease agreement minimum of 15 years and confirmation letter from owner.

     5. Include proof of proper zoning and conformance to building and fire codes for an acquired, leased, or improved facility. **Reminder:** **Projects requiring land use and/or zoning change will not be considered.**

     6. Construction Project: Goals and Objectives. (Page 14)

     7. Construction Project Implementation Schedule. (Page 15)

     8. Construction Staff Resumes.

 **A.3. For Acquisition Projects Only** (See Exhibit 1, Page 17)

      1. A Letter of Interest. (See Exhibit 2, Page 18)

      2. Letter of Commitment from property owner.

      3. Voluntary Acquisition from property owner. (See Exhibit 3, page 19)

      4. Seller’s Occupancy Certification. (See Exhibit 4, page 20)

      5. Notice to Prospective Tenants. (See Exhibit 5, page 22)

      6. Right to Withdraw. (See Exhibit 6, page 23)

      7. Move-In Notice (See Exhibit 4a, page 21)

\_\_\_\_\_ 8. Proof of Proper Zoning

**A.4. For Gap financing Projects Only** (In addition to application threshold documents found in section A1, please see Exhibit 7, Page 27 for additional application details)

## III. Grant request

|  |  |  |  |
| --- | --- | --- | --- |
|  | CDBG |  | HOPWA |
|  |  |  |  |
|  | HOME |  | SHIP |
|  |  |  |  |
|  | ESG |  | FPR Gap Financing |

## AGENCY INFORMATION

Data Universal Numbering System (DUN Number):

Organization or Agency:       Fed. I.D. #

Address:      Zip Code:

Contact Person(s):

Last Name, First Name, Prefix

Telephone No:       Fax No:       E-mail:

Applicant’s Fiscal Year:       Date of Most Recent Audit:

 **PROJECT INFORMATION**

|  |
| --- |
| **TYPE OF REQUEST? (MARK ONE ONLY)** |
| * Housing Rehabilitation
* Homeownership Counseling / Financial Management
* Emergency Solutions Grant (ESG)
* Public facility Improvement

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Economic Development
* Neighborhood Revitalization

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* FPR Gap Financing
* **City Department**

  | * Operating Subsidy for Affordable Housing (CHDO’S who have not received Operating Support for the prior three consecutive years only)
* Activities Addressing the Housing Opportunities for Persons with AIDS (HOPWA)
* Public Service

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Housing Development for Homeownership
* Housing Development for Rental
* Non-Housing Special Needs

 Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Acquisition
 |

Proposed Project Title:

Amount of Funding Requested: $

Total Project Cost: $ Projected # of Persons to be Served:

Matching/Leveraged Funds: $

In Kind Contributions: $

Location of proposed service/program/project:

 Street Address:

Census Tract or Block:

Neighborhood/Area to be served by program/project:

Does the proposed service/program/project meet one of the following National Objectives?

**CHECK ONE ONLY**

      Benefit to low/moderate income persons       Low/moderate income area (lma)

 ***(check one)***       Low/moderate income clientele (lmc)

      Low/moderate income housing (lmh)(HS)

**OR**

      Prevention or elimination of slums or blight       Slum/blighted area (sba)

***(check one)***        Slum/blighted spot (sbs)

**CERTIFYING REPRESENTATIVE**

Person authorized to sign contract, if approved - per the State of Florida’s website: [www.sunbiz.org](http://www.sunbiz.org) (Please attach copy from website.) Generally the President, Vice-President, and/or Chief Executive Officer (If other than those listed above, we must have a Corporate Resolution, signed by the Corporate Secretary, specifically bestowing signatory authority to individual signing this application.

**Representations and Warranties of Recipient**

(i) The Recipient is not in breach of any prior donation agreement or City Code provisions by which the City donated property to the Recipient for the development of affordable housing;

(ii) The Recipient is not on the Council Auditor's noncompliance list pursuant to [Chapter 118](https://www.municode.com/library/fl/jacksonville/codes/code_of_ordinances?nodeId=TITVADPE_CH118CIGR), or the Vendor Debarment List pursuant to [Chapter 126](https://www.municode.com/library/fl/jacksonville/codes/code_of_ordinances?nodeId=TITVADPE_CH126PRCO), Ordinance Code;

(iii) The Recipient is not in breach of any of the conditions or requirements of a City grant award or program;

(iv) The Recipient is not delinquent on taxes or payment of liens, including code enforcement, nuisance liens, demolition liens, or other municipal liens or fines, on real property owned by the Recipient and incurred after the Recipient took ownership of the real property;

(v) The Recipient is not in litigation against the City other than as an agent, attorney, guardian, or personal representative of an estate.

To the best of my knowledge and belief, data in this proposal are true and correct and the governing body of the applicant has duly authorized the document.

|  |  |
| --- | --- |
| **NAME:** |  |
| *(Please Print)* | *(Signature)* |
| **TITLE:** | **DATE SIGNED:**  |

**A. AGENCY BACKGROUND AND CAPACITY ANALYSIS (Up to 20 pts.)**

1. Include a brief history of the organization, including the organization’s mission and explanation in carrying out the type of activities proposed in the application.

2. Describe in detail past program/project year’s results versus goals.

##

3. Provide evidence of your grant administration capabilities, including policies and procedures for financial grant management. Please provide the name of your organization’s financial management system/software.

4. Detail the staff’s experience in working with projects of this type in general and in the proposed service area in particular. If the agency staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs and in working in partnerships with other agencies and/or consultants.

5. Compliance Certification:

Were there any monitoring findings or concerns reported for the previous program year relative to the goals/objectives? Yes\_\_\_\_ No\_\_\_\_\_

Were there any Responsiveness to Davis –Bacon and Section 3 Notice of Discrepancies? (Construction Only) Yes\_\_\_\_ No\_\_\_\_\_

Are funds being expended in a timely manner in accordance with the contractual requirements? (PSG & Housing Activities) Yes\_\_\_\_ No\_\_\_\_\_

5a. Are all compliance issues resolved (for any and all open/outstanding COJ contracts)?

Yes\_\_\_\_ No\_\_\_\_\_

**Application will NOT be reviewed if the Recipient is NOT in Compliance with the City of Jacksonville.**

**Representations and Warranties of Recipient**

(i) The Recipient is not in breach of any prior donation agreement or City code provisions by which the City donated property to the Recipient for the development of affordable housing;

(ii) The Recipient is not on the Council Auditor's noncompliance list pursuant to [Chapter 118](https://www.municode.com/library/fl/jacksonville/codes/code_of_ordinances?nodeId=TITVADPE_CH118CIGR), or the Vendor Debarment List pursuant to [Chapter 126](https://www.municode.com/library/fl/jacksonville/codes/code_of_ordinances?nodeId=TITVADPE_CH126PRCO), Ordinance Code;

(iii) The Recipient is not in breach of any of the conditions or requirements of a City grant award or program;

(iv) The Recipient is not delinquent on taxes or payment of liens, including code enforcement, nuisance liens, demolition liens, or other municipal liens or fines, on real property owned by the Recipient and incurred after the Recipient took ownership of the real property;

(v) The Recipient is not in litigation against the City other than as an agent, attorney, guardian, or personal representative of an estate.

Recipient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. STATEMENT OF NEED (Up to 15 pts):**

1. Describe the community problem or need this program/project is designed to address.

2. What plans, studies or reports support this need? Provide current demographic data and statistics no earlier than 2015 and specific to Jacksonville, as well as sources of the statistics to support the statement of need.

**\* Note: Data prior to 2015 will not be considered current.**

3. Describe the target population and target service delivery area.

4. Describe the urgency of meeting this need.

**C. PROJECT DESCRIPTION AND DELIVERY (Up to 35 pts):**

1. Describe the program/project being proposed.

2. Describe the project and how it addresses one of the following priorities: Neighborhood Revitalization (Public Safety, Blight and Health Initiatives), Housing Rehabilitation, Economic Development/Job Creation, Public Facilities and Improvements (Streets, Drainage, etc.), Housing Counseling/Financial Management or Non-housing/Special Needs (Elderly Homebound, Physical/Mental/Behavioral Disabilities, Homeless Services/Prevention, Case Management, Street Outreach, Rapid Re-housing, Shelter Activities, Public Service) and Housing Development for Homeownership or Rental.

3a. Are you providing a new program or existing programs to new clients?

 **Public Service Activities** New Increase\_\_

Are you providing new services or existing services to new clients?

 **Public Service Activities** New Increase\_\_

 Are you providing a self-evaluation toll (survey) with quantitative and qualitative measurements to ensure the success of your program? **Public Service Activities**

Yes No

 What percentage has the agency incurred in expenditures to date on their post allocation, if applicable?

 **Public Service Activities** Yes No

3b. Have the following required items for construction projects been completed: construction estimates, preliminary designs, elevations, blueprints, specifications, proof of proper zoning and building codes verified? (Refer to page 3.) **Construction Activities** Yes No

3c. Does acquisition of the project include: proof of proper zoning/land use, building codes verified, Letter of Interest Voluntary Acquisition Notice, Seller’s Occupancy Certification, Notice to Prospective Tenant, Right to Withdraw from property owner. **Acquisition Activities**  Yes No

3d. Are you providing a new program or existing programs to new clients?

 **Housing Activities** Yes No

 Are you providing new services or existing services to new clients?

 **Housing Activities** Yes No

 Are you providing a self-evaluation tool (survey) with quantitative and qualitative measurements to ensure the success of your program?

**Housing Activities** Yes No

 What percentage has the agency incurred in expenditures to date on their post allocation, if applicable?

 **Housing Activities** Yes No

4a. Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. (Attach board member list, organization chart, resumes and/or job descriptions, with pay scales, for each position.) In addition, a signed Conflict of Interest Form for every Board/Commission Member; Executive Staff/Officers; and every Staff Member associated with delivery of the program must be attached.

4b. Describe the construction management staff and provide resumes, roles and responsibilities for each: Project Manager, Construction Manager, Architect, Building Maintenance Supervisor. (Attach board member list, organization chart, resumes and/or job descriptions, with pay scales, for each position.) In addition, a signed Conflict of Interest Form for every Board/Commission Member; Executive Staff/Officers; and every Staff Member associated with delivery of the program must be attached.

5. Complete the attached Program Implementation Schedule (See page 12 or 14)

6. Describe the program/service goals and objectives (Complete the attached Program Goals and Objectives chart. **Each program goal requires a separate chart.** Remember…program goals should be S.M.A.R.T. – Specific, Measurable, Assignable, Realistic and Time-related.) (See page 12 or 13.)

7. Approximate number of participants to be served.

8. Describe how the program/project will continue in the long-term, with or without public funding.

9. If you are only partially funded how will that affect the project?

10. Attach procedure for selecting consultant and/or contractor. These procedures should include Section 3 Contractor selecting criteria. If not construction, attach purchasing procedures.

11. Describe how the planning and operation of this project has been coordinated with other public agencies, private organizations and the community programs to implement to enhance services. Attach letters of support, collaboration and/or coordination.

**PROJECT DESCRIPTION AND DELIVERY (continued)**

**PROGRAM/PROJECT GOALS AND OBJECTIVES (a separate chart is required for each program goal)**

## A. Program Name:

**B. Program Goal:**

**\* Approximate number of participants to be served:**

**PROGRAM/PROJECT OBJECTIVES:**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Objective:      | Expected Outcomes:      | Indicators:      | When Measured:      |
| Activities | Person Responsible | Due Date |
| 1)       |       |       |
| 2)       |       |       |
| 3)       |       |       |
| 4)       |       |       |

**PROGRAM/PROJECT IMPLEMENTATION SCHEDULE**

List the key steps or activities required for the conduct of the proposed program. Check the month(s) in which each step or activity will occur.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Implementation Steps | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May. | June | July | Aug. | Sept. |
| Step 1:       |       |       |       |       |       |       |       |       |       |       |       |       |
| Step 2:      |       |       |       |       |       |       |       |       |       |       |       |       |
| Step 3:      |       |       |       |       |       |       |       |       |       |       |       |       |
| Step 4:      |       |       |       |       |       |       |       |       |       |       |       |       |
| Step 5:      |       |       |       |       |       |       |       |       |       |       |       |  |

Check if Not Applicable\_\_\_\_

**CONSTRUCTION**

**PROGRAM/PROJECT GOALS AND OBJECTIVES (a separate chart is required for each program goal)**

## A. Program Name:

**B. Program Goal:**

**\* Approximate number of participants to be served:**

**PROGRAM/PROJECT OBJECTIVES:**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Objective:      | Expected Outcomes:      | Indicators:      | When Measured:      |
| Activities | Person Responsible | Due Date |
| 1)       |       |       |
| 2)       |       |       |
| 3)       |       |       |
| 4)       |       |       |

Check if Not Applicable\_\_\_\_

**CONSTRUCTION**

**PROGRAM/PROJECT IMPLEMENTATION SCHEDULE**

List the key steps or activities required for the construction of the project. Check the month(s) in which each step or activity will occur.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Implementation Steps | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | April | May | June | July | Aug. | Sept. |
| Step 1: Review & Approved by Community Development Staff |       |       |       |       |       |       |       |       |       |       |       |       |  |  |  |
| Step 2: Advertisement |       |       |       |       |       |       |       |       |       |       |       |       |  |  |  |
| Step 3: Pre-bid Meeting      |       |       |       |       |       |       |       |       |       |       |       |       |  |  |  |
| Step 4: Bid Opening  |       |       |       |       |       |       |       |       |       |       |       |       |  |  |  |
| Step 5: Pre-Construction Meeting  |       |       |       |       |       |       |       |       |       |       |       |       |  |  |  |
| Step 6: Construction Contract Execution date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Step 7: Construction start date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Step 8: Construction end date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**EXHIBIT 1**

##### CONSTRUCTION PROJECT\*

1. Describe in detail the physical improvements that will be made to include construction start and finish time.

2. Construction estimates are from a licensed, insured General Contractor using Davis-Bacon Wages and Section 3 Program requirements. Yes No \_\_\_

Preliminary designs

Photographs, blueprints and specifications Yes No \_\_\_

Contractor’s license certificate attached? Yes No \_\_\_

3. Agency must submit a signed construction estimate from a licensed contractor.

Contractor Name:

 Address:       Zip Code:

 Telephone:

 License Number:

 Contractor’s License Certificate       Yes       No

 ***A copy must be provided***

4. Does applicant own the property or site?       Yes       No

 If not, provide a copy of lease agreement and letter from the owner confirming.

5. Proof of proper zoning and building codes attached (Property Appraiser Detail Form)?

       Yes       No

6. Does the project require land use and/or zoning change?       Yes       No

**If yes, please stop and refer to page #3, section A2 #5**

7. Describe long-term operation and maintenance plans for the project:

**\*All required documents as listed on page 3 of the application must be included for the project to be considered for funding.**

**EXHIBIT 1**

##### ACQUISITION PROJECT

(Funds will only be used to purchase property at Fair Market Value (FMV) appraised value. Applicants will be responsible for purchase cost above FMV.)

* + - 1. Describe in detail the acquisition of the property. (Attach photograph)

2. Letter of Interest from property owner attached? **(See Exhibit 2)**       Yes       No

3. Voluntary Acquisition Notice from owner attached? **(See** **Exhibit 3)**

Or Right to Withdraw attached? **(See Exhibit 6)**        Yes       No

4. Seller’s Occupancy Certification attached? **(See Exhibit 4)**       Yes       No

5. Notice to Prospective Tenant attached? **(See Exhibit 5)**       Yes       No

6. Proof of proper zoning and building codes attached (Property Appraiser Detail Form)?

       Yes       No

7. Does the project require land use and/or zoning change?       Yes       No

 If yes, explain:

\* **All required documents as listed on page 3 of the application must be included for the project to be considered for funding.**

**GUIDEFORM LETTER OF INTEREST**

*Grantee or Agency Letterhead*

**EXHIBIT 2**

(Date)

Name of Property Owner

Address

City, State, Zip

RE: Address or Legal Description of Property Location

Dear Property Owner and Other Interested Parties:

 The purpose of this letter is to inform you that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herein known as the Agency, is interested in acquiring your property located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Agency has identified the area in which your property is located as a “project” area in which the following improvements may be carried out:

 Because Federal financial assistance is involved, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended. For your information and review, I have enclosed a copy of the Department of Housing and Urban Development’s brochure entitled, “When a Public Agency Acquires Your Property.” The Agency wishes to disclose to you the following:

1. The acquisition would be considered an involuntary acquisition due to the fact that either the Agency has the power of eminent domain and can acquire your property by condemnation, or if eminent domain is not to be used, the site is located in an area where all or substantially all of the properties are to be acquired within a specific time limit for the proposed project.
2. In most cases, an appraisal and review appraisal are required to establish what is just

 compensation (fair market value) of a property.

1. You, or someone you designate to represent you, will be offered the opportunity to

 accompany the appraiser during the inspection of your property.

 If your property is tenant-occupied, each tenant should be encouraged to not move. Each lawful tenant determined to be eligible as a displaced person will be assisted if the property is acquired. A representative of our Agency will contact each tenant to determine their eligibility for assistance under the URA.

 The Agency wishes to caution you that any tenant who moves into the property identified herein for possible acquisition after the date of this letter, (date), may not be entitled to displaced person assistance from the Agency. In the event you wish to provide housing to a tenant after this date, and you personally wish to pay for such assistance, please contact the Agency before you allow the tenant to occupy or lease the unit since URA assistance for a displaced person can be quite expensive. If you wish to lease a vacant unit to a new tenant, but not be responsible for displacement assistance, be certain to have the attached Move-in Notice executed by the tenant prior to the tenant leasing and occupying your unit.

NOTE: If an Agency determines that a person occupies a property, or is allowed to occupy a property, for the purpose of obtaining relo­cation assistance, and the HUD Field Office that administers URA requirements for HUD-assisted programs in the jurisdiction concurs in that determination, the tenant will not be entitled to assistance as a displaced person.

 If you wish to discuss the Agency’s interest in acquiring your property, the contents of the brochure or this letter, or the acquisition process that is required, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Any correspondence or documents you wish to submit to the Agency should be mailed to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Attention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 This letter, and all future correspondence you receive from the Agency, are important and should be kept in a place of safekeeping.

Sincerely,

Enclosure

**VOLUNTARY ACQUISITION NOTICE**

**EXHIBIT 3**

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

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Subject Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Based on information available at this time, we believe that you are the owner of the subject property listed above, and that you are interested in selling said property. Please be advised that we are interested in acquiring this property if we determine it to be suitable to our planned project.

This effort to acquire your property is voluntary in nature, and, therefore, without any threat of eminent domain (condemnation). For that reason, we can only consider acquiring your property if we are able to reach an amicable agreement and if certain conditions are met which include among others:

* The property has a clear title without heirship, title dispute, or other problems.
* You accept our offer, or we agree to a negotiated amount that should not exceed the property’s estimate of fair market value.

 We will inform you of what we believe to be the estimate of fair market value before we enter into an agreement to purchase your property.

 We have determined the estimate of fair market value to be $\_\_\_\_\_\_\_\_\_\_\_.

At this time, we are:

 Not prepared to make an offer for your property, but might at a later date.

 Prepared to offer you $\_\_\_\_\_\_\_\_\_\_\_ for your property.

Please return the attached Seller’s Occupancy Certification form **(Exhibit 4)** regarding tenant occupancy. Please note that if the property is tenant occupied, our offer is subject to an evaluation of the complexity and cost of relocating the occupant(s).

If you have any questions or need additional information from our staff, please contact our Office.

 Sincerely,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Buyer or Buyer’s Representative

Enclosures

**EXHIBIT4**

**SELLER’S OCCUPANCY CERTIFICATION**

*[To be completed and signed by the seller of the property.]*

I/we, the Seller(s) of the property located at:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Property

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip

Certify that:

\_\_\_\_ This property is vacant land and without any tenant resident or tenant personal property.

**[If checked here, disregard the remainder statements and return this document to the person indicated as the contact person.]**

If the property does have a structure, or has tenant-owned personal property, I/we certify that the following “checked” items are applicable: (Please “√” **only** those items that are applicable.)

\_\_\_\_ No tenant has occupied the property for a period of one year prior to the date of

this purchase or option to purchase contract.

\_\_\_\_ This property did have a tenant who moved within the past year who was not asked to

move in relation to this proposed acquisition transaction. The reason the tenant (or

tenants) moved within the past year is explained here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ The property is tenant occupied, and I/we agree to allow egress/ingress to the site so that required notices can be delivered to each resident, and so that each resident can be

surveyed to determine their replacement housing needs and related moving costs.

\_\_\_\_ The property is not occupied, but personal property owned by a person other than the

owner is located at the site.

If the property is not occupied at this time, the Seller agrees by signature below that if a new tenant does move into the subject property that the seller assumes responsibility for providing displacement assistance if the Seller fails to have executed the **Move-In Notice (Exhibit 4a)** that is provided with this Seller’s Occupancy Certification. Furthermore, to ensure that funds will be available to cover the cost of relocation, I/we the seller agree to allow the estimated cost of relocation to be withheld at closing from the net proceeds derived from the sale of my/our property.

**Signature of Prospective Seller(s)**

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

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

**MOVE-IN NOTICE**

**EXHIBIT 4a**

**(GUIDEFORM NOTICE TO PROSPECTIVE TENANT)**

*Grantee or Agency Letterhead*

*(date)*

Dear :

On *(date)* , *(property owner)* submitted an application to the

*(Grantee)* for financial assistance under a program funded by the Department of Housing and Urban Development (HUD). The proposed project involves [acquisition] [rehabilitation] [demolition] and/or [conversion] of the property located at *(address)* . Because Federal funds are planned for use in this project, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA) [and/or section 104(d) of the Housing and Community Development Act of 1974, as amended] may apply to persons in occupancy at the time the application was submitted for HUD funding. However, if you choose to occupy this property subsequent to the application for federal financial assistance, as a new tenant you will not be eligible for relocation payments or assistance under the URA [and/or section 104(d)].

This notice is to inform you of the following information **before you enter into any lease agreement and/or occupy the property located at the above address**:

♦ You may be displaced by the project.

♦ You may be required to relocate temporarily.

♦ You may be subject to a rent increase.

♦ You will not be entitled to any relocation payments or assistance provided under the URA [and/or section 104(d)]. If you have to move or your rent is increased as a result of the above project, you will not be reimbursed for any such rent increase or for any costs or expenses you incur in connection with a move as a result of the project.

Please read this notification carefully prior to signing a rental agreement and moving into the project. If you should have any questions about this notice, please contact *(Grantee)* at *(address and telephone number)* . Once you have read and have understood this notice, please sign the statement below if you still desire to lease the unit.

Sincerely,

*(name and title)*1378 CHG-5 Appendix 29 [01/06] App. 29-2

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

I have read the above information and understand the conditions under which I am moving into this project.

Print Name of Tenant(s)

Signature(s)

Address and Unit Number

Date

NOTE:

This is a guide form. It should be revised to reflect the project circumstances.

**EXHIBIT 5**

**NOTICE TO PROSPECTIVE TENANT**

*[Seller to have signed by a prospective tenant before the tenant leases and occupies the property]*

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

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Please read this notification carefully. If you do not understand this notice, do not sign a rental agreement and move into the property identified herein.

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (earliest date of initial contact, option date, or other sale agreement date) I/we, the owner(s) of the property you wish to occupy, began negotiations with a buyer to sell said property, and Federal financial assistance may be used in the acquisition of the subject property. Because Federal funds are being used in this project, a tenant in residence at the property may be entitled to moving and relocation assistance, as required by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended.

Because you are a new tenant, you will not be eligible for relocation assistance that other tenants may receive. Therefore, before you enter into a lease agreement and occupy the unit located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you are hereby advised that if the property is sold that:

1. You will not be considered a “displaced person,” and, therefore, will not be entitled to any relocation benefits required by the URA.
2. If you are allowed to remain, you may have to move temporarily, but you will not be provided any temporary move assistance, and, your rent may be increased by the new owner.

If you have any questions about this notice, please contact the acquiring buyer at the following address or phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once you have read and understood this notice, please sign the statement below if you still desire to lease the unit.

Sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature and title of Buyer Representative) (Date)*

I/we certify that I/we understand that if I/we lease and occupy the subject property, that I/we may have to move from this property, and that I/we will not be entitled to any move assistance or benefits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature of Tenant Date Signature of Tenant Date

**EXHIBIT 6**

**RIGHT TO WITHDRAW**

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

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Subject Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

On \_\_\_\_\_\_\_\_\_\_\_, we entered into an option to acquire your property for $\_\_\_\_\_\_\_\_\_\_. Our records do not indicate that we made it clear to you that our effort to acquire your property is voluntary in nature through an amicable agreement and, therefore, without any threat of eminent domain (condemnation), and/or that we informed you that we believe the estimate of fair market value of your property to be $\_\_\_\_\_\_\_\_\_\_\_.

Because we failed to advise you of one or both of the above, we wish to offer you the opportunity to withdraw from your agreement to sale, and without penalty. **Before we can proceed, it is necessary that you complete, sign, and return this letter to us indicating your decision to not withdraw from our agreement.**

If you have any questions about this notice, please contact the acquiring buyer at the following address or phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature and title of Buyer Representative) (Date)*

I/we certify that I/we understand that I/we have the right to withdraw from my/our agreement, without penalty, to sale the subject property.

* I/we do not wish to withdraw from my/our agreement, without penalty, and to sell the subject property at the agreed to price.
* I/we do wish to withdraw from my/our agreement, without penalty, and to not sell the subject property at the agreed to price.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature of Owner Date Signature of Owner Date

**CONFLICT OF INTEREST DISCLOSURE FORM**

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction (1) or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity…either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

\_\_ Board Member \_\_ Commission Member \_\_ Officer

 \_\_ Executive Management Staff \_\_ Staff (associated with delivery of program)

1. State position held
2. Are you a business partner of any City of Jacksonville employee(s), member of City Council or member of the Jacksonville Housing and Community Development Commission (JHCDC)? NO\_\_\_\_\_ YES \_\_\_\_\_

If yes, please state the name of the City employee(s) and the Department, City Council Member(s) or JHCDC Board Member.

1. Are you an immediate family member of any City of Jacksonville employee(s), member of City Council or member of the JHCDC? NO\_\_\_\_\_ YES \_\_\_\_\_

If yes, please state the name of the City employee(s) and the Department, City Council Member(s) or JHCDC Board Member and the relationship.

Signature: Name (Please Print):

Name of Current Employer: Date:

(1) 24 CFR: 570.611 (CDBG, ESG, NSP1, NSP3); 24 CFR: 92.356 (HOME); 24 CFR: 574.625 (HOPWA) and/or any other citations applicable to any future funding that may be awarded to this jurisdiction.

##### RESOLUTION

At a meeting held on the following date       , the Executive Committee/Board of Directors of the following agency:       passed the following resolution:

The Board of Directors authorizes the application for and use of funds from the City of Jacksonville’s Neighborhood’s Department, Housing and Community Development Division for activities described in the proposal and, if awarded funds, shall implement the activities in a manner to ensure compliance with all applicable federal and local laws and regulations.

Signature of Board President Date

Printed Name of Board President Telephone Number

**Sample Corporate Resolution**

**CORPORATE RESOLUTION CERTIFICATION**

The undersigned Secretary of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Florida non-profit corporation (“Corporation”), does hereby certify that the following Resolution was adopted by the corporation at a meeting of the Board of Directors of the Corporation held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

 **RESOLVED** that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Corporation is hereby authorized and empowered to execute on behalf of the Corporation any and all documents, contracts and/or grant agreements between the City of Jacksonville and the Corporation (“Authority”).

 **FURTHER RESOLVED** that in addition and without limiting the foregoing, that the Authority of the Corporation be, and hereby is, authorized to take or cause to be taken, such further action, and to execute and deliver or cause to be delivered, for in the name and on behalf of the Corporation, all such instruments and documents as the Authority may deem appropriate in order effectuate any documents or instruments executed in accomplishment of any action or actions authorized as stated herein shall be deemed to be conclusive approval thereof by this Corporation and the binding act and obligation of this Corporation.

**DATED**:

 Printed Name:

 Secretary

**EXHIBIT 7**

**Project proposals requesting gap financing for the construction of new single-family homes.**

“Gap financing” means financing that will address a gap between a projects development costs and the appraised value (See example below\*). Developer’s fees are not included in this definition and are not eligible costs for purposes of this grant. A proposal for gap financing will be disqualified if project funding is being requested in conjunction with any other grant offered through 2017-2018 Universal Application funding cycle.

**A.7. For Gap financing Projects Only**

The Certifying Representative must initial and tab all required documents attached to the application or put “N/A” if the document is “not applicable.”

     1. Proof of site control.

     2. Construction estimate from a licensed, insured General Contractor. (Attach Contractor’s License Certificate).

     3. Preliminary designs, elevations, photos, scaled blueprints and specifications.

     4. Include proof of proper zoning and conformance to building and fire codes. **Reminder:** **Projects requiring land use and/or zoning change will not be considered.**

     5. Construction Project: Goals and Objectives. (Page 14)

     6. Construction Project Implementation Schedule. (Page 15)

     7. Development Pro Forma:

 *Must identify total development cost and all sources of funding, anticipated appraisal (supported by area comps), anticipated gap financing needed. Pro forma may be requested in digital format upon request. Digital file must be able to be viewed using Microsoft Excel software.*

 8. Construction staff resumes.

 9. Home Sales Analysis demonstrating developments area market compatibility.

 10. Proof of construction financing.

\*Example: If the project development costs are $100,000 and the appraised value is $80,000 then the Gap Financing will be $20,000.