



**LEXINGTON**

**LEXINGTON-FAYETTE  
URBAN COUNTY GOVERNMENT'S**

**HOME**

**APPLICATION**

**2017 CONSOLIDATED PLAN**

**ONE-YEAR ACTION PLAN FOR JULY 1, 2017 - JUNE 30, 2018**



# APPLICATION DIRECTIONS

Lexington-Fayette Urban County Government (LFUCG) solicits applications from organizations requesting funds to carry out Consolidated Plan projects. The attached application is required if your organization is requesting funding from the HOME Program for the period July 1, 2017 through June 30, 2018.

Only one copy of the application is required. This copy should be on 8 ½ x 11” white paper and clipped in the upper left hand corner. Applications must be submitted by the deadline of **5 pm on Friday, November 18, 2016**. The completed application and all supporting material should be sent to:

**Lexington-Fayette Urban County Government  
Grants and Special Programs  
200 East Main Street, 6<sup>th</sup> Floor  
Lexington, Kentucky 40507**

## **INCOMPLETE APPLICATIONS MAY BE EXCLUDED FROM FUNDING CONSIDERATION!**

### **Available Funding**

Funding for Consolidated Plan Year 2016 for HOME Investment Partnerships Program was \$1,352,479. This included federal award, local match, and anticipated program income. For Consolidated Plan 2017 it is anticipated that funding for this program may remain at the same level or be decreased.

The purpose of the HOME Investment Partnerships Program is to expand the supply of decent, safe, sanitary, and affordable housing for very low-income and low-income families. HOME may not be used to support operations or services. LFUCG uses a portion of these funds to support internal administrative costs and to operate a housing rehabilitation program for low-income homeowners. In addition, LFUCG must allocate at least 15 percent of its annual formula allocation for investment only in housing to be developed, sponsored, or owned by community housing development organizations (CHDOs).

### **Review Process**

Applications will be reviewed by Grants and Special Programs staff and other LFUCG staff as necessary. Staff may have additional questions and may want to interview a representative of your organization before making a recommendation on funding for inclusion in the 2017 Consolidated Plan. Please note that the LFUCG administration may provide for an additional level of review.

Final funding decisions rest with the Urban County Council. Applicants are also advised that funds cannot be committed until after the federal government approves the LFUCG Consolidated Plan and that individual applicant agencies may not commit funds until specifically authorized by the LFUCG.

Please check the LFUCG website (<https://www.lexingtonky.gov/departments/grants-and-special-programs>) for notices of the publication of the draft 2017 Consolidated Plan, the second public hearing, and Urban County Council meetings during which the 2017 Consolidated Plan is scheduled for discussion and/or action.

## Evaluation Criteria

The following is the basis that will be used for the 2017 Plan Year for recommending applications for funding under the HOME Investment Partnerships Program.

### Applicant capacity

The application must demonstrate that the agency staff has adequate credentials and experience to carry out the proposed project. This means that the organization carrying out the project, its employees, or its partners, must have the necessary experience and qualifications to carry out the specific activities proposed.

Factors to be considered will include: prior agency experience and results in the type of work being proposed; suitable agency fiscal capacity and organizational infrastructure to implement the project; and employee experience and credentials in the area to be implemented. The LFUCG's monitoring records of previously funded projects will be considered in determining applicant capacity. Applicant's prior performance on submission of required reports in a timely manner, certifications/re-certifications of tenants' incomes, and accurate completion of invoices will also be considered in the assessment of applicant capacity.

Please note applicants with fiscal sponsors will not be considered.

### Project quality

The proposed services/project must be appropriate to the needs of the persons to be served. The application must demonstrate a clear understanding of the needs of the clients, the services to be offered (if any), and the effectiveness of the services in meeting those client needs. A project may be considered to be of good quality if:

1. The type and scale of services proposed clearly fit the needs of the proposed participants.
2. The project is cost-effective and all costs are reasonable, and do not deviate substantially from the norm in Lexington;
3. The application shows evidence of collaboration with other existing programs and services; letters evidencing collaboration may be attached.
4. If applicable, the building proposed for use meets local codes, health, or safety standards;

### Need for Project

It must describe the need for the specific project vis-à-vis existing services or resources. The project may be judged to adequately describe the need if it addresses the following points:

1. The need for the project is documented by use of waiting lists, references to similar programs, etc.
2. The project is consistent with the priorities described in the five-year Strategic Plan in the LFUCG'S 2015 Consolidated Plan;

3. The project does not unnecessarily duplicate existing programs and services for the same clients.
4. If project is for rehabilitation of existing units, the application documents need. May include documentation of code violations, engineer's reports, etc.

### Operational Feasibility

The application must include:

1. Clear and complete plans for implementing and completing the project;
2. Adequate committed funding to implement the project. Include letters of commitment.
3. An adequate strategy for securing additional support and commitment;
4. Adequate number of qualified staff to carry out the proposed project;
5. Indicators that demonstrate that the project is ready to be implemented;

LFUCG reserves the right to adjust funding amounts. The Mayor and Council have final review and approval of projects.

Projects selected for preliminary HOME funding will be required to submit documentation as may be required by the LFUCG for compliance with regulations at 24 CFR Part 92.

You may direct questions about the application to Suzie Loveday, Grants Manager, at (859) 258-3073 or [sloveday@lexingtonky.gov](mailto:sloveday@lexingtonky.gov).

**WHILE NO PAGE LIMIT IS IMPOSED, PLEASE TRY TO LIMIT RESPONSES TO THE SPACE PROVIDED IN THE APPLICATION**

Lexington-Fayette Urban County Government  
Grants and Special Programs

Lexington-Fayette Urban County Government  
200 East Main St., 6<sup>th</sup> Floor, Lexington, KY 40507  
Ph (859) 258-3070 Fax (859) 258-3081



**HOME APPLICATION**  
**2017 Consolidated Plan – Annual Action Plan**  
**July 1, 2017 through June 30, 2018**

**1. Project Information**

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

Project Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Census Tract(s): \_\_\_\_\_

**2. Applicant Information**

Legal Name of Agency Requesting Funding: \_\_\_\_\_

Mailing Address of Agency: \_\_\_\_\_ Zip: \_\_\_\_\_

Year incorporated: \_\_\_\_\_ 501c(3)? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Major Sources of Agency Funding: \_\_\_\_\_

**3. Project Contact Person** (This is who will correspond with the Grants Manager.)

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

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

**4. Agency's Authorized Signee and Signature** (This is the person who has legal authority to sign the application such as the President of the organization.)

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. Amount of Funds Requested** *(Please round numbers to the nearest dollar)*

LFUCG HOME Grant Request: \_\_\_\_\_ MATCH: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Number of Proposed Beneficiaries: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**6. Timeline**

Projected Starting Date: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

*(Remember that Urban County Council must approve applications and a contract must be signed by the applicant and the Mayor before the project can begin.)*

**7. Agency Mission** - Describe the Agency's mission. Use the space provided below.

**8. Eligible Project Activities** - Check the eligible activity(ies) to be undertaken by this project:

Acquisition of property

New Construction of Rental Units

Rehabilitation/Conversion of Rental Units

Rehabilitation of Existing Low-Income Rental Units

New Construction of Units for Homeownership

Rehabilitation of Units for Homeownership

Downpayment/Principal Reduction Assistance for Homeownership

Tenant-Based Rental Assistance

Other - Specify: \_\_\_\_\_

**9. Project Description-** Describe your project. Be specific about the activities (above). Describe the number of units to be produced by type (multi, single family), size (number of bedrooms), rental or homeownership, and discuss if housing is transitional or permanent.

**10. Target Population** - Describe the client target population in terms of income levels for the project, and state the number of persons who will directly benefit from this project in a year's time.

**Income levels are:**

30% AMI and below

Number of Units \_\_\_\_\_

>30% - <=50% AMI

Number of Units \_\_\_\_\_

>50% - <=60% AMI

Number of Units \_\_\_\_\_

>60% - <=80% AMI

Number of Units \_\_\_\_\_

**Describe other features of the client population. EXAMPLE: Populations with special needs.**

**11. Need and Relationship to the 2015 five-year strategic plan** - Describe the need for this project and how this project meets the priority of *Affordable Housing* in the 2015 Strategic Plan. Refer to page 98 in 2015 consolidated Plan located at:

[https://www.lexingtonky.gov/sites/default/files/2016-09/Final%20Consolidated%20Plan%202015%20%209.9.16\\_1.pdf](https://www.lexingtonky.gov/sites/default/files/2016-09/Final%20Consolidated%20Plan%202015%20%209.9.16_1.pdf)

**12. Capacity and Experience** - Please describe the organization's experience in designing and successfully implementing similar projects as proposed in this application.

Please list the person(s) who will be administering the project and include the qualifications and experience in managing similar projects. Include the number of years of experience of each person.

Please complete the following table.

Experience and Capacity	Response	Explanation
Has your organization or one of its staff persons administered one or more federally funded programs in the last 3 years?		
Has there been staff turnover or reorganization that has negatively or positively impacted your capacity?		
Does your organization have effective procedures and controls for program/project management?		
Have your audits identified any issues in the last 3 years?		
If previously funded by LFUCG, have you been timely in your response to requests for documentation?		
Does your organization have a system in place to accurately track receipts, expenditures, and budgets? Please note that applicants must have capacity on their own without the use of a fiscal agent.		

**13. Previously Funded** – If you have previously received federal funding from LFUCG, please describe the status of your most recently funded project and whether or not you have expended all of your funding.

**14. Track Record - History with federally funded projects**

List the two (2) most recent federally funded projects sponsored by your agency that are similar to the project for which you are requesting funding. Please attach an additional page if necessary to explain your previous performance—label it as **Attachment 6: Track Record**. If your organization has not received any federal funds, please indicate that you have not.

**#1 - Project Name:** \_\_\_\_\_  
**Project Address(es):** \_\_\_\_\_  
**Project Activities:** \_\_\_\_\_  
**Total Cost of Development:** \_\_\_\_\_  
**Date Completed:** \_\_\_\_\_  
**Number of Units:** \_\_\_\_\_

LIST SOURCES OF FUNDS	AMOUNTS OF FUNDS	STATUS OF PROJECT (completed on time, fully expended, etc)

**#2 - Project Name:** \_\_\_\_\_  
**Project Address(es):** \_\_\_\_\_  
**Project Activities:** \_\_\_\_\_  
**Total Cost of Development:** \_\_\_\_\_  
**Date Completed:** \_\_\_\_\_  
**Number of Units:** \_\_\_\_\_

LIST SOURCES OF FUNDS	AMOUNTS OF FUNDS	STATUS OF PROJECT (completed on time, fully expended, etc)

**15. Barriers** - State barriers to be overcome in the implementation of the project. Describe any state licensure requirements, facility locations, building permits, zoning, etc.

**16. Single-Family Program Plan** - Please answer the following questions, as applicable to your project:

**NEW CONSTRUCTION:** Does your project involve new construction? If yes, answer the following questions:

a) If the purpose of this project is to develop units (acquisition and new construction), describe your plan for acquiring properties.

b) Describe your plan for financing construction.

c) Describe how you will market your units.

**REHABILITATION: Does your project involve rehabilitation of existing units? If yes, answer the following questions:**

**a) If the purpose of this project is to rehab existing units for homeownership, describe your plan for acquiring properties.**

**b) Describe your plan for financing construction.**

**c) Describe how you will market your units.**

If applicable, include the reports from Code Enforcement, Engineers and/or Architects that demonstrate code violations/structural damage/mechanical failures. Label these as **Attachment 11 – Rehab Reports**.

**DOWNPAYMENT/PRINCIPAL REDUCTION ASSISTANCE:** Does your project include homeownership assistance project (downpayment assistance/principal reduction)? If yes, answer the questions below.

a) **HOMEBUYER EDUCATION** – Provide the details of your pre-purchase counseling, financial education, homeowners’ education, and post-purchase counseling program.

b) **Discuss how you will market your program.**

**17. Multi-Family Program Plan - Please answer the following questions, as applicable to your project:**

a) **Explain status of site control and provide documentation in Attachment 14.**

b) **Discuss how you will market your program.**

c) **If applicable, describe any supportive services that you will provide and how these services will be supported. Services cannot be supported with HOME funds.**

If applicable, include the reports from Code Enforcement, Engineers and/or Architects that demonstrate code violations/structural damage/mechanical failures. Label these as **Attachment 11 – Rehab Reports.**

**18. Tenant-Based Rental Assistance Program (TBRA) - If your project is a TBRA project, answer the questions below.**

**a) Provide details of how you will assist your clients with attaining self-sufficiency.**

**b) Demonstrate how this project will complement existing rental assistance programs.**

## 19. Project Budget

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

List cost components in the appropriate columns below.

Cost Components	HOME REQUEST	OTHER:	OTHER:	TOTAL
Purchase of Land				
Relocation Costs				
Construction				
Architecture and Engineering				
On-Site Improvements				
Legal Fees				
Organizational Fees				
Developer's Fee				
Homeownership Assistance				
Tenant-Based Rental Assistance				
Other:				
Other:				
<b>TOTALS</b>				

**\*Administrative costs and indirect costs will not be supported with HOME funding.**

**Additionally, please provide the following budgets:**

If your project involves development of rental housing units, **please complete the HOME Rental Housing Production spreadsheet** (available at <https://www.lexingtonky.gov/consolidated-plan>). If this is a project for the development of new construction rental property, provide a 20-year proforma for operating the project. If the project is a rehabilitation project, provide a 10-year proforma. If the project is a rehab tax credit project, provide a 15-year proforma.

If your project involves development of units for homeownership, **please complete the HOME Homeownership Housing Production spreadsheet** and return as part of application (available at <https://www.lexingtonky.gov/consolidated-plan>).

**20. BUDGET NARRATIVE** - Please itemize costs for each category indicated on the budget.

- a. For **Construction/Rehabilitation and/or Purchase of Land**, provide address and proof of site control (deed, purchase contract, or option), legal description, present zoning, and written indication that proposed use is permitted.
- For **Rehabilitation**, provide complete description of work and estimates made by a contractor, engineer, or architect, or attach the estimates/work-write ups.
- For **Professional Services**, identify all consultants by name of firm or individual and provide a description of their services. Include cost of work.

**Attach additional pages as necessary and Label “Attachment 7 – Budget Narrative.”**

**21. Source of Other Funds** - To complete the chart, list all sources of project funds below. Indicate whether they are firmly committed or tentative. All non-HOME project funds require written verification submitted with the proposal. Unverified sources will not be counted as committed.

The total HOME funds and non-HOME funds must be adequate, as determined by LFUCG staff to complete the project. Projects that are financially infeasible will not be considered for funding. Attach the letters of financial commitment to the proposal and label as **Attachment 8 - Commitment Letters**.

Source	Cash Resources	In-Kind Contribution	Status of Commitment	Date Available
<b>TOTAL</b>				

**HOME funds represent \_\_\_\_\_% of the total project**

List the resources you have requested and the status of these requests. EXAMPLE: You have made application for additional funds from an additional source, but have not been informed of approval of funds.

## **HOME APPLICATION CHECKLIST**

The following items must be included in this application for funding unless noted otherwise.

<u>ITEM</u>	<u>ATTACHED</u>
<b>Attachment 1:</b> Organization’s most recent financial audit (If not available, attach most recent year-end financial statement)	
<b>Attachment 2:</b> Articles of Incorporation	
<b>Attachment 3:</b> Bylaws	
<b>Attachment 4:</b> IRS 501c (3) letter	
<b>Attachment 5:</b> Organizational Chart and List of Board of Directors	
<b>Attachment 6:</b> Track Record, if applicable	
<b>Attachment 7:</b> Budget Narrative, if applicable	
<b>Attachment 8:</b> Commitment Letters	
<b>Attachment 9:</b> HOME Rental Housing Production Spreadsheet	
<b>Attachment 10:</b> HOME Ownership Housing Production Spreadsheet	
<b>Attachment 11:</b> Rehab Reports, if applicable	
<b>Attachment 12:</b> Cost Estimates/Work-Write Ups	
<b>Attachment 13:</b> Photos	
<b>Attachment 14:</b> Evidence of site control (deed, contract, etc)	