



GRANT MONITORING DEPARTMENT

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## Request for Proposal

# HOME

## Investment Partnerships Program FY2021 FUNDING

Grant Year Starting October 1, 2021 and Ending September 30, 2022

Deadline for Submittal:  
**March 12, 2021**

RFP FULL APPLICATIONS CAN BE ACCESSED THROUGH OUR WEBSITE AT <https://www.cctexas.com/gmd>. RFPs SUBMITTED AFTER SUBMITTAL DEADLINE WILL NOT BE ACCEPTED. AS A DIRECT RESULT OF THE CORONAVIRUS PANDEMIC AND IN EFFORTS TO PREPARE FOR, PREVENT AND RESPOND TO COVID-19, APPLICANTS WILL BE ALLOWED TO EMAIL RFP APPLICATIONS DIRECTLY TO [leticiak@cctexas.com](mailto:leticiak@cctexas.com) OR MAILED TO 1201 LEOPARD STREET, CORPUS CHRISTI, TEXAS 78401. GMD STAFF WILL CONFIRM RECEIPT OF RFP APPLICATIONS VIA EMAIL OR CALL.

No matter which method of delivery an organization chooses (Email or US Mail, Courier), the full application must be postmarked and submitted by 5:00 p.m. on Friday, March 12, 2021. It is the organization's responsibility to ensure that the application is received by the deadline specified.

INCOMPLETE APPLICATIONS OR FULL APPLICATIONS SUBMITTED BEYOND THE DEADLINE WILL NOT BE CONSIDERED FOR FUNDING.

For further information you may contact the Office of GMD at 361-826-3010

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February 3, 2021

Dear Applicants:

Thank you for your interest in submitting an application for FY2021 HOME funds. The City of Corpus Christi acts as the local participating jurisdiction (PJ) and each year the U.S. Department of Housing and Urban Development (HUD) allocates HOME funds to PJs. To date, HUD has yet to announce the funding allocation for FY2021; however, it is expected that funding will be again reduced as in recent years; therefore, it will be more competitive for HOME applicants.

HOME applicants are strongly encouraged to apply for funds in a form of a loan vs. a grant. Interest bearing loans with a short term payout, will increase the scoring of your proposed project. Due to the HOME Program allocation shrinking in recent years, loans payable from cash flow (or similar) may not be considered in FY2021.

If your proposed project will be supported by the Texas Department of Housing and Community Affairs (TDHCA) Tax Credits, you will be required to attend a "loan meeting" with GMD staff to negotiate acceptable loan terms for HOME funds awarded. Terms agreed upon must be entered into your Tax Credit application in respect to the local support. Please be informed that a HOME loan is contingent with your success on obtaining Tax Credits.

The City's goal is to strengthen its outreach efforts in relation to the RFP process and increase citizen participation. So, please visit the website periodically.

Again, thank you for your interest and we wish you success with your application. If you have any questions, please contact Leticia Kanmore, GMD Administrator at (361) 826-3816.

Sincerely,

Rudy Bentancourt  
Director of Housing and Community Development

cc: Michael Rodriguez, Chief of Staff

## General RFP Application Information

The HOME RFP application may be completed thru PDF format. Application can be downloaded from the City's website: <https://www.cctexas.com/gmd>

This RFP packet is to apply for Home Investment Partnerships (HOME) Program, HOME funding only which includes:

- New Construction for Homeownership
- New Construction for Single Family Rental
- Rehab of Multi-family Rental
- New Construction Multi-Family Rental

## Eligible HOME applicants

Must:

- Demonstrate a track record of continuous, active, and relevant operation for at least two years. Applicants who received HOME funds previously, past performance will be evaluated.
- Have no Conflict of Interest with City of Corpus Christi employees, officials, board members or consultants. Disclosure of Interest form must be submitted with the full application.
- Project must be located in Corpus Christi and serve primarily low to moderate income residents.

Must be:

- Non-Profit\* or For-Profit agencies with one-year experience of providing affordable housing to low/moderate income households.
- Non-Profit\* certified Community Housing Development Organization (CHDO) and meet CHDO eligibility requirements. Please review applicable changes to the HOME Final Rule located at: <https://www.onecpd.info/home/home-final-rule>.

\* Non-Profit: a 501(c) (3) tax exemption notice from the IRS

**Income Eligibility:** In general, all projects must benefit persons with household income below 80% of area median income adjusted for family size. Special conditions apply to HOME assisted rental projects (refer to Income Limits for Extremely Low, Very Low- and Low-Income Household (see table on Page IV).

The project begins after the execution of the funding agreement between the City and Agency. Project expenditures before the funding agreement is executed will not be reimbursed.

**RFP Applications will be rejected for the following reasons:**

- A Pre-Application Form was not timely submitted for proposed project.
- Applicant fails to attend one of the Mandatory Virtual Technical Assistance Workshop
- Tax Credit supported projects, Agency did not attend a “Loan Meeting” with City staff.
- Project activity not eligible according to HOME Program Regulations.
- Applicant has demonstrated poor past performance in carrying out HOME funded projects or complying with federal regulations.
- Applicant fails to provide audited financial statements or other required Information.
- Other applicable reasons or major concerns to be determined by GMD Staff.

**Project evaluation and funds allocation**

Eligible applications will be evaluated by GMD staff based on the priorities of the Consolidated Plan (please visit: <https://www.cctexas.com/departments/gmd>), feasibility of the project, and the capacity of the agency to deliver the proposed project timely. In addition, GMD staff will use the Evaluation Criteria as a guide in allocating funds. However, this will not be the sole factor in determining whether a project will be funded or how much funding it will receive. Also, there may be applications for projects that satisfy the evaluation criteria and may not be funded.

GMD staff will present their allocation recommendations to the City Council in the form of a Consolidated Annual Action Plan (CAAP) for the HOME Program. Furthermore, the City will seek citizen input on the Plan through public hearings and written comments. (See FY2021 Consolidated Annual Action Plan (CAAP) Schedule).

Priority consideration will be given to Section 3 Business per the Housing and Urban Development Act of 1968.

In order to facilitate the review of your RFP, please follow the assembly instructions. The RFP presentation is considered as part of the scoring criteria for your project.

# 2021 ANNUAL ACTION PLAN SCHEDULE

## HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT COMMUNITY PLANNING & DEVELOPMENT (CPD) PROGRAMMING FY2021 CONSOLIDATED ANNUAL ACTION PLAN (CAAP) SCHEDULE

*\*Tentative and subject to change*

December 30, 2020	Publish Technical Assistance Workshops/Neighborhood Meeting(s)/Public Hearings/Deadlines for Pre-Application & Full Applications (Request for Proposals)
January 1, 2021	Release Pre-Application form (CDBG, ESG, and HOME Programs)
February 2-5, 2021	Preliminary Planning/Technical Assistance Workshops/Neighborhood Meetings(S)/Public Hearing Presentation
January 15, 2021	Deadline to submit Pre-Application form (Mandatory for CDBG, ESG, and HOME Programs)
February 1, 2021	Release Full Application (Request for Proposal) for the CDBG, ESG, and HOME Programs
March 12, 2021	Deadline to submit Full Application (Request for Proposal)
April 19, 2021	Proposals discussion with City Administration
May 5, 2021	Publication of City Council Public Hearing on the Proposed FY2021 CAAP and notice of Comment Period
May 9, 2021	30-day Citizen's Comment Period begins
June 4, 2021	Forward FY2021 CAAP books to City Council
June 4, 2021	Forward final Attachment "D" with staff recommendations to City Council
June 15, 2021	<b>City Council Public Hearing</b> – Proposed FY2021 CAAP with Staff Recommendations for Full Applications submitted. End of Citizen Comment Period for FY2021 CAAP.
June 22, 2021	<b>City Council Adoption</b> – FY2021 CAAP
June 23, 2021	Submit Final FY2021 CAAP Summary & Proposed Use to Caller-Times
June 27, 2021	Publication of Final FY2021 CAAP Summary
August 13, 2021	Submit FY2021 CAAP to HUD (Due by <b>August 16</b> )
September 15, 2021	HUD 15-day comment period – Notice of Finding of No Significant Impact and Notice of Intent to Request a Release of Funds

## 2020 HUD Adjusted Income Limits

Income Limit Category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (30%) Income Limits	\$14,000	\$16,000	\$18,000	\$20,000	\$21,600	\$23,200	\$24,800	\$26,400
Very Low (50%) Income Limits	\$23,350	\$26,650	\$30,000	\$33,300	\$36,000	\$38,650	\$41,300	\$44,000
Low (60%) Income Limits	\$28,020	\$31,980	\$36,000	\$39,960	\$43,200	\$46,380	\$49,560	\$52,800
Low & Mod (80%) Income Limits	\$37,350	\$42,650	\$48,000	\$53,300	\$57,600	\$61,850	\$66,100	\$70,400

( <https://www.hudexchange.info/programs/home/home-income-limits/> )

Effective 07/1/2020

SUBJECT TO CHANGE ON 6/2021

**Client Income eligibility:** *HOME assisted projects or programs must serve low income clients (less than 80% of AMI).*

For HOME rental programs lower income limits apply. For all HOME programs providing direct financial benefits, all clients must meet income eligibility limits.

**Client Income tracking:** As well as ensuring client eligibility, HUD requires GMD staff to report the numbers of clients served in each of the income groups listed above.

**Housing Activities:** For new construction - (single family or rental) a Part 5 Income Calculation process will be required before the first unit is occupied. The Part 5 definition of annual income is the gross amount of income of all adult household members.

**Workshops and Meetings:**

**CAAP 2021 MANDATORY MEETING SCHEDULE**

DATE	PLACE & LOCATION	MEETING TYPE	TIME
February 5, 2021	<p><b>Meeting instructions:</b>  <b>CDBG-9 a.m.</b>                      1. Type webex.com into your browser window                      2. Press “Join” in the upper right of the screen                      3. Input meeting number (access code): 146 592 6139                      4. Input meeting password: j5RHsJ7M3rA                      5. To join the audio. It is recommended you select join from your computer or use the call-in number on the WebEx portal.  <b>Join by phone</b>  <b>To call in from a mobile device (attendees only)</b>  <a href="tel:+14084189388">+1-408-418-9388</a> United States Toll</p> <p><b>ESG-9:30 a.m.</b>                      1. Type webex.com into your browser window                      2. Press “Join” in the upper right of the screen                      3. Input meeting number (access code): 146 387 1257                      4. Input meeting password: irFMiEQV842                      5. To join the audio. It is recommended you select join from your computer or use the call-in number on the WebEx portal.  <b>Join by phone</b>  <b>To call in from a mobile device (attendees only)</b>  <a href="tel:+14084189388">+1-408-418-9388</a> United States Toll</p> <p><b>HOME-10 a.m.</b>                      1. Type webex.com into your browser window                      2. Press “Join” in the upper right of the screen                      3. Input meeting number (access code): 146 407 9493                      4. Input meeting password: 7PjE2fTsTB4                      5. To join the audio. It is recommended you select join from your computer or use the call-in number on the WebEx portal.  <b>Join by phone</b>  <b>To call in from a mobile device (attendees only)</b>  <a href="tel:+14084189388">+1-408-418-9388</a> United States Toll</p>	Public Hearing/TA	CDBG-9:00  ESG-9:30  HOME-10:00
February 11, 2021	La Retama Library, 805 Comanche Street, Corpus Christi, Texas 78401	Public Hearing/ Neighborhood Mtg.	5:30 p.m.
February 17, 2021	<p><b>Meeting instructions:</b>  <b>CDBG-5:30 p.m.</b>                      1. Type webex.com into your browser window                      2. Press “Join” in the upper right of the screen                      3. Input meeting number (access code): 146 013 2465                      4. Input meeting password: qvJ8xXzdG35                      5. To join the audio. It is recommended you select join from your computer or use the call-in number on the WebEx portal.  <b>Join by phone</b>  <b>To call in from a mobile device (attendees only)</b>  <a href="tel:+14084189388">+1-408-418-9388</a> United States Toll</p> <p><b>ESG-5:30 p.m.</b></p>	TA Workshop/ Neighborhood Mtg.	



	<p>1. Type webex.com into your browser window  2. Press "Join" in the upper right of the screen  3. Input meeting number (access code): 146 057 8646  4. Input meeting password: hmS3JkGhC52  5. To join the audio. It is recommended you select join from your computer or use the call-in number on the WebEx portal.</p> <p><b>Join by phone</b>  <b>To call in from a mobile device (attendees only)</b>  <a href="tel:+14084189388">+1-408-418-9388</a> United States Toll</p> <p><b>HOME-5:30 p.m.</b></p> <p>1. Type webex.com into your browser window  2. Press "Join" in the upper right of the screen  3. Input meeting number (access code): 146 774 3861  4. Input meeting password: ZFn8dvMyc62  5. To join the audio. It is recommended you select join from your computer or use the call-in number on the WebEx portal.</p> <p><b>Join by phone</b>  <b>To call in from a mobile device (attendees only)</b>  <a href="tel:+14084189388">+1-408-418-9388</a> United States Toll</p>		5:30 p.m.
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### HOME program eligible activities

All HOME projects must comply with Property Standards as outlined in 24 CFR 92.251. In addition, a Part 5 Income Calculation process will be required. For rehab of Rental Properties: A Rent Roll must be evaluated by GMD staff before HOME funds are committed.

### HOME program eligible costs (eligible costs depend on the nature of the program activity)

- **New Construction:** Home funds may be used for new construction for rental and ownership housing. Any project that includes the addition of dwelling units outside the existing walls of a structure is considered new construction.
- **Rehabilitation:** This includes the alteration, improvements or modification of an existing structure, moving an existing structure to a foundation constructed with home funds. Rehabilitation includes adding rooms outside existing walls of a structure but adding a housing unit is considered new construction.
- **Reconstruction:** This refers to rebuilding a restructure on the same lot where housing is standing at the time of project commitment. Home funds may be used to build a new foundation or repair an existing foundation.
- **Conversion:** Conversion of an existing structure from another use to affordable residential housing is usually classified as rehabilitation. If conversion involves additional units beyond the walls (envelope) of an existing structure, the entire project will be deemed new construction. Conversion of a structure to commercial use is prohibited.
- **Demolition:** Demolition of an existing structure may be funded only if construction will begin on the home project within 12 months.
- **Relocation Costs:** The Uniform Relocation Act and Section 104(d) (also known as the Barney Frank Agreements) apply to all Home-assisted properties. Both permanent and

temporary relocation assistance are eligible costs. Staff and overhead costs associated with relocation are also eligible. **If the proposed project will trigger relocation you must submit a current rent roll of all tenants with the relocation plan. The rent roll should detail; name, household size, household income, unit size, and rent/utility costs.**

- **Project Related Soft Costs:** These must be reasonable and necessary. Examples include:
  - a. Finance-related costs
  - b. Architectural, engineering and related professional services
  - c. Tenant and homebuyer counseling provided the recipient of counseling ultimately becomes the tenant or owner of Home-assisted unit
  - d. Project audit costs
  - e. Affirmative marketing and fair housing services to prospective tenants or owners of an assisted project, and City staff costs directly related to projects (not including TBRA).

### **Homeownership eligible activities**

- New Construction for homeownership: provides subsidies for developers or organizations to construct new affordable housing.
- Whenever HOME funds are used for rehabilitation, they must be performed according to the City's written rehabilitation standards and the unit must also be brought up to the applicable State or Local Code.

### **Rental housing eligible cost**

- Eligible expenses for rental property are the same as for other HOME activities.

Please review applicable changes to the HOME Final Rule at:

<https://www.onecpd.info/home/home-final-rule>

### **CHDO eligible uses of HOME funds**

Applicants applying for CHDO funds must complete a Certification or Recertification Packet in addition to this RFP. Eligible set-aside activities include the following when carried out by a CHDO acting as an Owner, Sponsor or Developer:

- Acquisition and/or rehabilitation of rental housing;
- New construction of rental housing;
- Acquisition and/or rehabilitation of homebuyer properties;
- New construction of homebuyer properties; and
- Direct Financial assistance to purchasers of HOME-assisted housing sponsored or developed by CHDO with HOME funds.

## CHDO ineligible uses of HOME funds

The following activities are ineligible set-aside activities; however, they may be carried out by the CHDO as a Subrecipient:

- Tenant Based Rental Assistance
- Homeowner Rehabilitation
- Other Real Estate transactions

## HOME program ineligible activities

- **Project Reserve accounts:** Home funds may not be used to provide project reserve accounts or to pay for operating subsidies.
- **Tenant Based Rental Assistance (TBRA) for certain purposes:** Home funds may not be used as rental assistance in conjunction with the federal Rental Rehabilitation Program to prevent displacements. They also may not be used for certain mandated existing Section 8 Program uses, such as Section 8 rent subsidies for troubled HUD-insured projects.
- **Match for other programs:** Home program funds may not be used as the —nonfederal match for other federal programs except to match McKinney Act funds.
- **Development, operations or modernization of public housing:** Home program monies may not be used to provide assistance authorized under Section 9 of the 1937 Act (Public Housing Capital and Operating Funds).
- **Double-dipping:** Before a 12-month period lapse from the time a project was previously funded, and funds expended, the City may commit additional funds to a project. After a 12-month lapse from a completed HOME funded project no additional HOME funds may be provided to a HOME-assisted project during the relevant period of affordability, except that:
  - a. Rental assistance to families may be renewed.
  - b. Rental assistance may be provided to families that occupy housing previously assisted with Home funds.
  - c. A homebuyer may be assisted with HOME funds to acquire a unit that was previously assisted with HOME funds.
- **Project Based Rental Assistance:** HOME funds may not be used for rental assistance if receipt of the funds is tied to occupancy in a particular project. Funds from another source, such as Section 8, may be used for this type of project-based assistance in a HOME-assisted unit. Further, HOME funds may be used for other eligible costs, such as rehabilitation, in units receiving project-based assistance from another source—for example, Section 8 or state-funded project-based assistance.
- **Pay for delinquent taxes, fees or charges:** HOME funds may not be used to pay delinquent taxes, fees or charges on properties to be assisted with HOME funds.

- **Public facilities:** are not eligible under HOME.

## **RFP Application Instructions**

### **Prerequisites**

- All applicants must have submitted a Pre-Application form for each individual proposed on or before **5:00 p.m. January 15, 2021** in order to be eligible to submit a RFP Application.
- Applicants must have attended a Mandatory Virtual Technical Assistance (T/A) Workshop in order to be eligible for submitting an RFP Application (See schedule on Page IV).
- Applicants who have never been awarded HOME funds by the City of Corpus Christi for the same type of project activity, must attend a one-on-one meeting, before submitting an RFP Application. Please contact Leticia Kanmore, GMD Administrator, at 361-826-3816 to schedule a meeting.
- Applicants whose proposed project will be supported with Texas Department Housing and Community Affairs (TDHCA) Tax Credits, MUST attend a “loan meeting” to negotiate HOME loan terms. Please contact Rudy Bentancourt 361-826-3021.

### **RFP Submittal Requirements & Deadline**

- RFPs considered incomplete by GMD staff and/or if applicants fail to provide required documentation as requested, RFP may be disqualified.
- Please complete each question on RFP with clear and accurate responses.
- Applicants must submit ONE ORIGINAL with all supporting documents.
- RFP Application submittal deadline: 5:00 p.m., March 12, 2021.
- RFPs received after the submittal deadline, WILL NOT be considered, **NO EXCEPTIONS.**
- Faxed or Electronic submission of the RFP WILL be accepted.
- RFPs may ONLY be submitted as follows:

**Certified Mail OR Email to:**

City of Corpus Christi - City Hall – 2nd. Floor  
ATTN: Leticia Kanmore, Administrator  
GRANT MONITORING DEPARTMENT  
1201 Leopard Street  
Corpus Christi, Texas 78401  
Email: [leticiak@cctexas.com](mailto:leticiak@cctexas.com)

No matter which of the methods of delivery used (certified mail or emailed ), it is the applicant's responsibility to ensure that the RFP is actually received by GMD staff by the submittal deadline.

All RFP packets will be date and time stamped by the GMD Staff at time of delivery. GMD staff will confirm receipt of RFP Packet via email. For further information, you may contact Leticia Kanmore, GMD Administrator at 361-826-3816.

### **RFP Application assembly instructions**

1. RFPs MUST start with Page 1 of the RFP Application, please make sure it is signed before submitting.
2. Do not include a cover letter or the instruction pages provided in this packet.
3. Documents requested in the "Documentation Checklist" (see page 2 of RFP Application) and additional Information you provide must be in SEQUENTIAL TAB ORDER and placed after Page 15 of the RFP Application). RFP Application must be kept in page order (pages 1-15), do not insert support documentation in between RFP application pages.
4. Documents requested in the "Documentation Checklist" may be put on USB flash drive or can be submitted via zip file, Dropbox, Google Docs, or some other file sharing service. Be sure and title label your documents correctly on your USB.
5. Measuring Accomplishments Table: Applicants should identify and describe the most significant outcome(s) the proposed project is expected to accomplish in fiscal year 2021-2022 by completing the attached chart. A more thorough description of this measurement system as well as a completed example is provided in page XVIII-XIX for your convenience.
6. Additional information should only be used to provide pertinent or extended information.
7. Applicant MUST ensure agency name and project name appear on all RFP application pages and documents submitted.
8. RFP applications should NOT be spiral bound, stapled or mechanically fixed; should be fastened with a paper clip or other fastening that can easily be undone. Please do not use binders, covers, or staples.
9. You must provide **ONE ORIGINAL** of the RFP Application and requested documents in the order listed and place a tabbed divider in front of each section.
10. When completing the questions, make sure pages do not break and run onto the next page.
11. Narrative responses should be 1 ½ spaced in a typeface no smaller than 11-point.
12. Provide copy of documents listed on page 2.
- 13. Do not submit Roman Numeral page numbers I-X with the RFP application.**

Please read all RFP application questions and follow 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 HOME program requirements.

GMD staff will be available to answer questions about the HOME program, the RFP application, and the process; however, we cannot assist in writing the application.

All HOME funded projects must comply with all applicable federal regulations.

### **HOME RFP evaluation criteria**

1. Project primarily benefits low and very low-income residents who live within the City of Corpus Christi.
2. Allow for the most efficient and cost-effective use of HOME Program funds so that the project outcome benefits as many low and very low-income persons as possible (See Income Guidelines on Page IV.)
3. Agency's demonstration and commitment to proposed project in terms of experience, time, effort, resources, support staff, etc.
4. Provides a realistic project cost breakdown and demonstrates the financial capacity to successfully deliver project.
5. Demonstrates that project will successfully meet the required affordability period.
6. Project will be delivered in a timely manner as proposed. It is expected that all construction projects should be completed by or within 24 months upon execution of a funding agreement with the Corpus Christi Community Improvement Corporation (CCCIC).
7. Agencies providing "Match" towards proposed project.
8. Affordable housing shall be maintained as the top priority.
9. Projects ready to start will receive preference over complex projects with delay (environmental, zoning issues, unsecured funding, etc.,).
10. Loan requests with high interest rate, with shorter terms will score high.
11. Priority consideration will be given to Section 3 Business per the Housing and Urban Development Act of 1968.
12. The above is not listed in any order of priority or a complete evaluating list. City Council has final decision-making authority on the selection of proposals to be funded.

## Performance and outcome measurement

The U.S. Department of Housing and Urban Development (HUD) requires recipients of federal funds to assess the productivity and impact of their programs. In response, the City of Corpus Christi has implemented a Performance and Outcome Measurement System. The System will help to quantify the effectiveness of programs and establish clearly defined outcomes. Per HUD's requirements, all proposals must demonstrate how they would perform using this system should they receive funding. Please note the following definitions specific to this system as you prepare your application.

### Definitions

- Inputs – Resources dedicated to or consumed by the program such as money, staff, equipment, and supplies.
- Major Activities – Identify the major activities to be conducted by this project (e.g. client outreach/assessment, job training, affordable childcare, information/referral, counseling/case-management, etc...)
- Outcomes – Benefits to participants during or after participating in the program (program results). The outcome should answer the questions: What will be the benefits for the client? And/or why is this project being done? Outcomes typically relate to a change in conditions, status, attitudes, knowledge, or behavior. Examples of outcomes include number of families receiving free or subsidized childcare as a result of a project to increase awareness of available programs, number of additional persons with disabilities using a facility as a result of the removal of architectural barriers, number of students achieving a higher grade due to a tutorial program, etc. (Note: Applicants should only include the major project outcomes supported by the requested program funds.)
- Outcome Measurement – Methods of measuring outcomes. Identify plans to follow-up/track projects and evaluate a project's impact on participants to ensure that outcomes are met.
- Outputs – Quantifiable products of the project - The direct products of program activities, e.g. number of clients who will be assisted, number of clients who will receive a referral and be helped, number of persons trained, number of children in the program, etc. Outputs may indicate that the project or program is completed but do not indicate whether the project or program will result in the intended impacts (outcomes). In the examples above outputs might be families participating in the project to increase awareness of childcare programs, number of architectural barriers removed, or the number of students participating in the tutorial program.

**Measuring Accomplishments Table Example**

<b>NEED STATEMENT</b> Description of Need to be Addressed	<b>GOAL</b> Proposed goals to reduce extent of problems or needs	<b>INPUTS</b> Resources to be dedicated or utilized to meet proposed goals	<b>ACTIVITIES</b> What the program does with the input to fulfill its mission	<b>OUTPUTS</b> Direct products of program activities	<b>OUTCOMES</b> ST (Short Term) LT (Long Term) Benefits that result from the program
<p><b>EXAMPLE:</b>                      About 50 elementary students (20%) are considered at risk because of low grades, lack of participation in school activities and disciplinary problems (e.g. absences and tardiness, disruptive behavior). Many exhibit low self-esteem, limited social skill, and poor study habits. Many come from dysfunctional families, have immigrant parents who do not understand or speak English well and are often left unsupervised in their homes. These children could be tempted to experiment with drugs and alcohol. Most have no money to afford tutors or after school activities.</p>	<p><i>Improve the grades, self-esteem, study habits and social skills and discipline of at risk students from low to moderate-income households.</i></p>	<p>Staff Director                      Staff: one volunteer tutor per 2 students                      Staff: one volunteer teacher or resource person per 5 students                      Public Facilities: one meeting room                      PF: Kitchen                      PF: Gym                      Cooking utensils and supplies, board games, sports equipment and arts and crafts materials</p>	<p><i>The program consists of one-hour tutorial and one-hour enrichment program offered MWF btw. 3 and 5 PM. The tutorial component focuses on completion of homework assignments and preparation for quizzes or tests. The enrichment component gives students the choice of participating in sports activities in the gym, board game, cooking, or arts and crafts.</i></p>	<p>20 students from low-mod households assisted with homework and other school work                      20 students from low-mod households participating in enrichment programs</p>	<p>1. Increased no. of homework completed and submitted on time (ST)                      2. Improved attendance and tardiness (ST)                      3. Increased class participation (ST) 4.                      Improved grade point averages (LT) 5.                      Improved study habits (LT) 6.                      Improved discipline and social skills (LT) 7.                      Enhanced self-esteem and trusting relationship with adults (LT)</p>

**Example**

1) Housing Units Constructed:		5) Persons Served:	20	8) Parks Rehabilitated:	
2) Housing Units Inspected:		6) Jobs Created:		9) Trees Planted:	
3) Housing Units Rehabilitated or Deleaded:		7) Businesses Assisted:		10) Parking Spaces Constructed:	
4) Households Assisted:					



HOME FY2021 RFP application starts on the next page, applicant must submit pages (1-16) with required documentation placed behind page 15 and tabbed accordingly.

=====  
End of RFP instructions  
=====

Type of funding request (check one): <input type="checkbox"/> Loan <input type="checkbox"/> Grant	(check one): <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit
---	--

Agency Name:	CHDO? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------	--

Agency Address:

Project Name:  
Project Address:

1 <sup>ST</sup> Contact Name & Title		Phone#
E-Mail		Fax#
2 <sup>ND</sup> Contact Name & Title		Phone #
E-Mail		Fax#

Loan: ____% interest; ____year term; ____year amortization	TIN or DUNS#
--	--------------

Eligible Activity Type (V.)	LIHTC <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	---

Amount Requested: \$	Total Project Cost \$	At-Risk HTC <input type="checkbox"/> Yes <input type="checkbox"/> No	Regional HTC <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	-----------------------	---	--

Proposed Project Description: (Two or three sentences describe your proposed project: # of units, population served, etc.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will proposed project sustain operations throughout required affordability period?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Agency providing HOME match towards proposed project? If so, how much, \$ _____ (Projects with Match score higher than those that do not provide Match)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Agency have at least one-year experience in proposed project activity type?

**CERTIFICATION:** To the best of my knowledge and belief all data in this application are true and current. This document has been duly authorized by the governing board. (RFP Application must be signed by authorized designee):

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Board Chairperson/President: \_\_\_\_\_ Date: \_\_\_\_\_

**RFP APPLICATION SUBMITTAL DEADLINE: 5:00 p.m., March 12, 2021**

TO BE COMPLETED BY GMD STAFF: (any "no" response may disqualify RFP or affect proposed project ranking)	
1) Pre-App submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	6) Demonstrates financial capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO
2) RFP Application submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	7) Demonstrates staff capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO
3) Attended Mandatory TA Meeting? <input type="checkbox"/> YES <input type="checkbox"/> NO	8) Prior HOME Program experience? <input type="checkbox"/> YES <input type="checkbox"/> NO
4) Project meets affordable housing needs? <input type="checkbox"/> YES <input type="checkbox"/> NO	9) RFP submitted complete? <input type="checkbox"/> YES <input type="checkbox"/> NO
5) Demonstrates ability to proceed and deliver project? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Comments:

Agency Name:

Project Name:

### RFP Supporting Documentation Checklist

**Place an X in each box to indicate that you have included item.** For each **Tab #** place a Title Page as indicated below. **Must submit one original and one copy of RFP Application and support documents.** You may provide on USB flash drive the documents as requested, you may also place other pertinent documents on USB. Be sure and title label your documents correctly on your USB.

Place X if Submitted w/RFP	Tab #	Title Page Name	Must Provide on USB	GMD Staff Comments
	1	Project description, demographics, & timeline (pg. 3-6)	Yes	
	2	Project Cost and Funding Support (pgs. 6- 7)	No	
	3	Project Drawings and Specifications (pg. 8)	Yes	
	4	Maps and Property Legal Description (see pg. 8)	Yes	
	5	Affordability, Marketing & Support Services (pg. 8)	Yes	
	6	PROFORMA {rental projects only} Rent roll and Relocation Plan (pg. 9)	Yes	
	7	Property Ownership documentation (pg. 9)	No	
	8	Environmental and Historical Significance (pg. 9)	No	
	9	Community Partners (pg. 10)	Yes	
	10	Project Support Team, Procurement documentation (pg. 10)	Yes	
	11	Organization Description, Policies requested, most recent financial Audit (pg. 10)	Yes	
	12	Organization Track Record (pg. 11)	Yes	
	13	List of Board Members (pg. 11)	Yes	
	14	CHDO {Recertification or Certification} (see pg. 11)	No	
	15			

Tab #	Please explain why documents were not provided with RFP

**Required Instructions:**

1. Make sure the following pages are signed: 1, 12, 13 and 15.
2. If your project will be supported with Housing Tax Credits, you **MUST** schedule a Loan Meeting with Rudy Bentancourt to negotiate loan terms; otherwise, your RFP may be rejected. Please contact Rudy Bentancourt 361-826-3021 for additional questions on the loan meeting.
3. For specific questions regarding HOME Program or RFP Application and/or to schedule a one-on-one meeting, please contact Leticia Kanmore, GMD Administrator at: 361-826-3816.

Agency Name:
Project Name:

**Agency Type: (check applicable)**

- Non-Profit     
  For-Profit     
  other (please specify):

**If Non-Profit, check source of exemption and provide IRS letter:**

- IRS Section 501(a)                     
  IRS Section 501(c) (3)  
 IRS Section 501(c) (4)                     
  IRS 456

**Type of Activity: (check applicable)**

- Rental
- New Construction for Homeownership                     
  New Construction for Multi-Family  
 New Construction for Single-Family Rental                     
  Rehab for Multi-Family Rental  
 Other: describe \_\_\_\_\_

**Project** \_\_\_\_ will / \_\_\_\_ will not trigger URA and Section 104 (d). Please provide rental demographics for projects that will trigger the URA and Section 104 (d).

**Population and number to be served by proposed project:**

- Families' \_\_\_\_\_                     
  Persons w/Special Needs \_\_\_\_\_  
 Veterans' \_\_\_\_\_                     
  Homeless \_\_\_\_\_                     
  Mix Use \_\_\_\_\_  
 Seniors (over age 55) \_\_\_\_\_                     
  Other (explain): \_\_\_\_\_

**TAB 1 Project Demographics:**

Income Group	Number		Breakdown of Units	Number
See Income Table on Page IV	Provide actual number		Total Units	
<30% of area median income (AMI)			HOME designated	
31-50% of AMI			Newly Constructed	
51-60% of AMI			Rehab Units	
61%-80% of AMI			Section 504 accessible	
Above 80% of AMI			Subsidized w/project-based assistance	
<b>TOTAL</b>			Qualified as Energy Star	

Agency Name:

Project Name:

**TAB 1 Detailed Project Description:**

In space provided give a detailed description of your proposed project:

**Agency's Mission:**

In space provided, provide your mission statement and how your proposed project will meet mission.

Agency Name:

Project Name:

**TAB 1 Proposed Project Delivery Timeline:**

Identify each activity/task in chronological order and target dates.

Breakdown of Project Activities & Tasks	Target Dates
Secure all funding	
A/E Agreement	
Prime Contractor Agreement	
Planning, design, zoning, etc.	
Relocation Process (if applicable)	
Environmental Clearance	
Site Preparation/Site Control	
Construction Starts	
Construction 100% complete	
Unit Occupancy	
Other:	
Other:	
Other:	
<b>Projected Project Completion Date</b>	

List Activities & Tasks which may cause Project delays	Delay Timeframe

Agency Name:
Project Name:

**TAB 2 Proposed Project Cost:**

Expenditures	Estimated Costs
Land Acquisition	\$
Site Preparation	\$
Planning & Design	\$
Environmental Phase 1 and 2	\$
Developer Fees	\$
A/E Professional Services	\$
Relocation Costs	\$
Construction Costs (new or rehab)	\$
Construction Contingency (at least 10% of total project cost)	\$
Indirect Construction Costs (titles, permits, taxes, insurance, etc.)	\$
Legal Fees & Financing Fees	\$
Other Soft Costs	\$
Procurement Costs (advertisement, printing, etc.)	\$
Other:	\$
Other:	\$
<b>Total Project Cost</b>	<b>\$</b>

**TAB 2 Project Funding Support** (MUST provide commitment letters)

Funding Source	Funding Amount	Funding (Secured)	Funding is "pending" - explain:
Previous HOME funding provided for your proposed project?	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	FY_____
HOME FY2021 (amount of request)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private Bank Loan(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Loan(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
TDHCA Housing Tax Credits	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Grant(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Support from the Public	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Match (HOME)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total:	\$		

Agency Name:
Project Name:

**TAB 2 Loans:** state amount and term. (If unknown, tell us your working assumptions)

Funding Source	Amount	Term (years)	Interest Rate	Amortizing Y/N	Any other requirements

**TAB 2 Secondary Financing to Homeownership Projects Only**

Complete this table for homeownership development, where assistance is being provided to the homebuyer, either through the rollover of the project's HOME construction funding or other sources.

Subsidy Source	Average Homeowner Subsidy Amount	Terms	Position
	\$		
	\$		
	\$		
	\$		

**TAB 2 HOME Match (HOME only)**

List the project revenues which will count as matching funds, this is not capital contributions (non-federal funds that are permanently contributed to the project). Include any in-kind contributions of materials and labor, including sweat equity, at \$10 per hour. Match contribution letter is requested. If in doubt whether funds will count as match, call GMD Administrator.

Revenue Source	Amount
	\$
	\$
	\$



Agency Name:

Project Name:

### **TAB 3 Drawings and Specifications**

- For proposed project to be built in Phases, provide Implementation Master Plan.
- Submit floor plan and drawings of proposed project. If building(s) is(are) existing, annotate floor plan to show ADA accessibility features if present, and/or annotate new ADA improvements to be done (clearly define new or existing).
- List number of units that will have at least the following accessibility features: \_\_\_\_\_
- An at-grade or ramped entrance to the main floor or the capability to easily install a ramp later on; and
  - All doorways and passageways on the main floor at least 32" wide; and
  - A bathroom or half-bath on the main floor that will accommodate a wheelchair (show dimensions of unobstructed floor area on floor plan)
- Annotate sketch to emphasize design features that you consider particularly attractive and compatible with other buildings in the neighborhood.
- Square footage of each unit: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ baths: \_\_\_\_\_
- Each HOME-assisted unit must at a minimum meet ENERGY STAR standard.

For rehab projects, property or unit(s) MUST be brought up to local or state code upon completion of rehab activities.

### **TAB 4 Maps and Property Legal Description**

- Subdivision, Block(s) and Lot(s) #(s).
- General location map showing development site in relation to streets and points of interest in the surrounding neighborhood (at least ½ mile radius). Waterways, railroads, etc., must be shown.
- Site map showing lot boundaries, street access, location of structure(s), and other site features
- Size of development site: \_\_\_\_\_ acres
- Access to transportation, employment, shopping for basic needs, community services.
- Current site zoning and status of required planning reviews, conforming to City code. Provide copy of letter from City Development Services. If not, please explain.

### **TAB 5 Affordability, Marketing & Support Services**

- Proposed rents, sale prices for completed housing units. For rental units, estimate utility costs.
- Marketing plan to ensure an adequate pool of income-eligible tenants or buyers
- Plan to ensure long-term affordability of housing units, include subsidy recapture, equity sharing, buy-back options, etc.
- Services coordinated with the project that will help ensure occupants' long-term housing success.
- Plans for compliance with FHEO regulations.

Agency Name:

Project Name:

**TAB 6          Pro-Forma (Rental Property only)**

If you are developing residential rental property, attach a 20-year pro forma showing estimated income, expenses, net operating income, debt service, and net cash flow. For developments supported with Low Income Housing Tax Credits (LIHTC) through the TDHCA, and if approved by City Council and the U.S. Department of Housing and Urban Development.

**TAB 7          Site Control and Current Property Occupancy**

- If you already own the site or property, submit a copy of the deed and describe all existing liens or deeds of trust on the property. If the site is currently under purchase agreement, submit a copy. Rehab related projects, property MUST be free of any liens.
  
- Has Agency acquired real property in order to carry out the project, or is property acquisition planned?
  
- Is the property currently occupied? If so, state the number of tenants and describe in detail how you will determine relocation needs and help occupants to relocate in accordance with Uniform Relocation Act. Include the re-location costs. If you have issued a General Information Notice to tenants informing them of their rights to relocation assistance, attach a copy.
  
- Is there any regulatory agency in which prior approval is required for the project? If yes, submit approval.

**TAB 8          Environmental and Historical Significance**

- Phase 1 Environmental Site Assessment is required for new construction projects, new acquisition and projects that will require an expansion of more than 20% of existing structure.
  
- Phase I Environmental Site Assessment will need to be conducted on the proposed site?  
                                YES       NO       N/A

**PLEASE SUBMIT COVER LETTER ONLY FROM THE ENVIRONMENTAL SERVICE PROVIDER.**

**Original full Environmental Phase I to be submitted to Program Manager Lillie Alonzo. [LillieA@cctexas.com](mailto:LillieA@cctexas.com) or 361-826-3045**

Lead-Based Paint (Rehab only): Describe in detail how do you plan to address lead-based testing and abatement or hazard control on any property built before 1978. Attach detailed description.

Historical Significance (Rehab only): Does the structure have any historical significance (registered with the Local, State or National Historical Commission)? NO  YES

(provide details): \_\_\_\_\_

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AGENCY NAME:		
PROJECT NAME:		

**TAB 9 Community Partners**

If agency is partnering with other entities, attached any and all Memorandum of Understanding letters to validate the existence and establishment of developed community partners.

**TAB 10 Project Support Team**

Please identify the projects proposed team by name, job title, and employment status (employee, independent contractor, or volunteer), and describe each person's relevant experience and specific responsibilities in this project. If the team is not yet assembled, then describe how you will select them. **For LIHTC projects, please provide copies of all procurement activities to date. We will need bid advertisement, bid opening, contracts awarded, etc.**

**For Rehab projects only:** List all project staff who have completed training in Lead Safe Work Practices (with date) or have any more extensive training in Lead Based Paint hazard control.

**TAB 11 Organizational Description & Policies**

Please provide a narrative of your organization structure and complete the following:

1. Date Incorporated: \_\_\_\_\_
2. Non-profit or For-profit: \_\_\_\_\_
3. Faith-based organization: \_\_\_\_\_
4. Describe any "key" positions vacant during 2018 and for how long:  
\_\_\_\_\_
5. Total number of agency staff (FTE) \_\_\_\_\_

Policies:	Yes	No	Date Last Updated
ADA Policy*	<input type="checkbox"/>	<input type="checkbox"/>	
FHEO Policy*	<input type="checkbox"/>	<input type="checkbox"/>	
Most Recent Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>	
By Laws	<input type="checkbox"/>	<input type="checkbox"/>	
Relocation Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Indirect Cost Allocation Plan	<input type="checkbox"/>	<input type="checkbox"/>	

**Provide** a copy on a USB flash drive of policies listed above. An ADA self-evaluation goes beyond a simple statement of intention not to discriminate; it shows how you have reviewed your premises, programs, and personnel policies to ensure that no unnecessary barriers exist to program participation or employment for persons with disabilities.

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Project Name:		

**TAB 12 Organization Track Record**

In space provided, please describe what makes your organization particularly qualified to carry out your proposed project. This may include your past achievements in carrying out similar projects and other features relating to the organization capacity.

**TAB 13 Board of Directors**

1. Number of board members you should have according to your By-Laws: \_\_\_\_\_
2. Actual number of board members currently serving: \_\_\_\_\_
3. How often does your board meet? \_\_\_\_\_
4. How many times in the past 12 months was a quorum not met: \_\_\_\_\_
5. Do any of your organization's staff members serve on your board  Yes  No
6. What efforts are made to ensure that your board represents the community it serves?  
Explain: \_\_\_\_\_
7. Name of person authorized by your Board to execute Agreements and transactions with the City of Corpus Christ and the Corpus Christi Community Improvement Corporation, (CCCIC) (HOME Program).  
\_\_\_\_\_.
8. Board approval made in support of proposed project: \_\_\_\_Yes or \_\_\_\_No.  
If so, provide minutes to substantiate Board action to submit the RFP, and execute funding agreement with the City. If not, explain:  
\_\_\_\_\_.

**TAB 14 CHDO Certification or Recertification**

A certification or recertification packet must be completed and submitted prior to the Written Agreement for funding. Please contact: Leticia Kanmore, GMD Administrator or 361-826-3816.

If applying as a CHDO, what role?  Owner  Owner/Developer  Sponsor  Other

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Project Name:		

**Attachment: Measuring Accomplishments Table (Please avoid abbreviations when possible)**

<b>NEED STATEMENT</b> Description of Need to be Addressed	<b>GOAL</b> Proposed goals to reduce extent of problems or needs	<b>INPUTS</b> Resources to be dedicated or utilized to meet proposed goals	<b>ACTIVITIES</b> What the program does with the inputs to fulfill its mission	<b>OUTPUTS</b> Direct products of program activities	<b>OUTCOMES</b> ST (Short Term) LT (Long Term) Benefits resulting from the program

**Please indicate the number of outputs expected in FY 2021-2022.**

<b>Table: Nationally Reportable Outputs</b>					
1) Housing Units Constructed:		5) Persons Served:		9) Trees Planted:	
2) Housing Units Inspected:		6) Jobs Created:		10) Parking Spaces Constructed:	
3) Housing Units Rehabilitated or Dealeded:		7) Businesses Assisted:		11) Public Facilities Improved:	
4) Households Assisted:		8) Parks Rehabilitated:			

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**BOARD RESOLUTION**

The following language is an example of a resolution that may be used to meet the application requirements for the City of Corpus Christi HOME Program. You may use this form to meet the board approval.

At a meeting held on (date) \_\_\_\_\_, the Board of Directors of (the agency) \_\_\_\_\_ passed the following resolution(s):

The Board of Directors authorizes the application for and use of funds from the City of Corpus Christi HOME program for activities described in the funding proposal entitled \_\_\_\_\_.

The Board of Directors certifies that, if awarded funds by the City of Corpus Christi, (the agency) \_\_\_\_\_ shall implement the activities in a manner that ensures compliance with all applicable federal, State, and local laws, rules, and regulations.

The Board of Directors certifies that (the agency) \_\_\_\_\_ is not debarred or suspended under federal or State ruling from participation in the receipt or expenditure of federal or State funds.

The Board of Directors certifies that (the agency) \_\_\_\_\_ is current with all taxes, including ad valorem, assessments, and other government charges lawfully imposed on (the agency) \_\_\_\_\_.

Upon an award of federal HOME funding, the Board of Directors authorizes \_\_\_\_\_ (title or named person), on behalf of (the agency) \_\_\_\_\_ to execute a binding agreement with the City of Corpus Christi for the expenditure of the funds.

Depending on the nature of the activity or the agency, if applicable, include the following statement:

The Board of Directors attests that (the agency) \_\_\_\_\_ administers a policy which ensures the confidentiality of records pertaining to any individual or family member concerning violence prevention or treatment services.

The Board of Directors attests that (the agency) \_\_\_\_\_ administers a policy which ensures the confidentiality of records pertaining to any individual provided family violence prevention or treatment services.

Depending on the nature of the activity or the agency, if applicable, include the following statement:

The Board of Directors certifies that (the agency) \_\_\_\_\_ administers a policy which ensures that homeless facilities are free from the illegal use, possession, and distribution of drugs and alcohol by its beneficiaries.

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board Secretary

\_\_\_\_\_  
Date

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Agency Name: _____		
Project Name: _____		



**City of Corpus Christi – Disclosure of Interest**

City of Corpus Christi Ordinance 17112, as amended, requires all persons or firms seeking to do business with the City to provide the following information. Every question must be answered. If the question is not applicable, answer with "NA." See the definitions for the Disclosure of Interest in Section II - General Information.

Company Name: \_\_\_\_\_

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

Select one: Corporation ( ) Partnership ( ) Sole Owner ( ) Association Other ( )

**Disclosure Questions:** If additional space is needed, please use reverse side of this page or attach a separate sheet.

1. State the names of each "employee" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Job Title and City Department (if known)
_____	_____

2. State the names of each "official" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Title
_____	_____

3. State the names of each "board member" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Board, Commission, or Committee
_____	_____

4. State the names of each employee or officer of a "consultant" for the City of Corpus Christi who worked on any matter related to the subject of this contract and has an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Consultant
_____	_____

**Certification** - I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested, and that supplemental statements will be promptly submitted to the City of Corpus Christi, Texas as changes occur.

Certifying Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name

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

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Agency Name:		
Project Name:		

### Disclosure of Potential Conflicts of Interest

Are any Board Members, employees, or members of their immediate families or their business associates?

- a) Members of or closely related to members of City Council: YES  NO
- b) Current beneficiaries of the program for which funds are requested: YES  NO
- c) Paid providers of goods or services to the program or having other financial interest in the program: YES  NO
- d) Creditors (i.e. persons who made loans to agency or provided loan collateral): YES  NO

\* If you have answered YES to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

#### Definitions for the Disclosure of Interests Form

- a. "Board member." A member of any board, commission, or committee appointed by the City Council of the City of Corpus Christi, Texas.
- b. "Employee." Any person employed by the City of Corpus Christi, Texas either on a full or part-time basis, but not as an independent contractor.
- c. "Firm." Any entity operated for economic gain, whether professional, industrial or commercial, and whether established to produce or deal with a product or service, including but not limited to, entities operated in the form of sole proprietorship, as self-employed person, partnership, corporation, joint stock company, joint venture, receivership or trust, and entities which for purposes of taxation are treated as nonprofit organizations.
- d. "Official." The Mayor, members of the City Council, City Manager, Deputy City Manager, Assistant City Managers, Department and Division Heads, and Municipal Court Judges of the City of Corpus Christi, Texas.
- e. "Ownership interest." Legal or equitable interest, whether actually or constructively held, in a firm, including when such Interest is held through an agent, trust, estate, or holding entity. "Constructively held" refers to holdings or control established through voting trusts, proxies, or special terms of venture or partnership agreements."
- f. "Consultant." Any person or firm, such as engineers and architects, hired by the City of Corpus Christi for the purpose of professional consultation and recommendation.



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Agency Name:	
Project Name:	

**Certification Regarding Lobbying**

**Certification for contracts, grants, loans, and cooperative agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit with this a Standard Form-11, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Individual

\_\_\_\_\_  
Organization Name