



PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

Notice of Funding Availability (NOFA)

HOME

Investment Partnerships Program FY2025-PY2024 FUNDING

Grant Year Starting October 1, 2024, and Ending September 30, 2025

Deadline for Submittal:
May 1, 2024

NOFA FULL APPLICATIONS CAN BE ACCESSED THROUGH OUR WEBSITE AT <https://www.cctexas.com/gmd> NOFAs SUBMITTED AFTER SUBMITTAL DEADLINE WILL NOT BE ACCEPTED. APPLICATIONS ARE TO BE EMAILED DIRECTLY TO LETICIA KANMORE AT leticiak@cctexas.com. PCDD STAFF WILL CONFIRM RECEIPT OF NOFA APPLICATIONS VIA EMAIL OR CALL.

Projects that help address Homelessness and Housing needs for persons at or below 30% AMI will be given special consideration.

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

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General NOFA Application Information

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

The NOFA packet is the fund application for Home Investment Partnerships (HOME) Program.

HOME funding allows for:

- New Construction for Homeownership
- New Construction for Single Family Rental
- Rehab of Multi-family Rental
- New Construction Multi-Family Rental
- Tenant Based Rental Assistance (TBRA)

Eligible HOME applicants Pre-Requisites

- 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.
- Non-Profit* or For-Profit agencies with one year's 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.

NOFA Applications will be rejected for the following reasons:

- 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 PCDD Staff.

Project evaluation and funds allocation

Eligible applications will be evaluated by PCDD staff based on the priorities of the Consolidated Plan (please visit: <https://www.ctexas.com/sites/default/files/Consolidated-Plan-Public-Display.pdf>), feasibility of the project, and the capacity of the agency to deliver the proposed project timely. In addition, PCDD 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.

PCDD staff will present their allocation recommendations to the City Council in the form of a Annual Action Plan (AAP) for the HOME Program. The City will seek citizen input on the Plan through public hearings and written comments. (See FY2025-PY2024 AAP Schedule below).

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 NOFA, please follow the assembly instructions. The NOFA presentation is considered as part of the scoring criteria for your project.

FY2025-PY2024 ANNUAL ACTION PLAN SCHEDULE

PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT COMMUNITY PLANNING & DEVELOPMENT (CPD) PROGRAMMING FY2025-PY2024 ANNUAL ACTION PLAN SCHEDULE

**Tentative and subject to change*

February 28, 2024	Needs Assessment/Public Hearing Meeting District 3 Corpus Christi Water Utilities, Choke Canyon Room 2726 Holly Rd. (6:00 p.m-7:00 p.m.)
February 29, 2024	Needs Assessment/Public Hearing Meeting District 1 Owen R. Hopkins Public Library- 3202 McKinzie Rd. (6:00 p.m-7:00 p.m.)
March 4, 2024	Needs Assessment/Public Hearing Meeting District 2 Ben F. McDonald Public Library- 4044 Greenwood Dr. (6:00 p.m-7:00 p.m.)
March 6, 2024	Needs Assessment/Public Hearing Meeting District 4 Janet F. Harte Public Library- 2629 Waldron Rd. (6:00 p.m-7:00 p.m.)
March 7, 2024	Needs Assessment/Public Hearing Meeting District 5 Clotilde P. Garcia Public Library- 5930 Brockhampton (6:00 p.m-7:00 p.m.)
April 1, 2024	Release Full NOFAs for CDBG, ESG and HOME
April 4, 2024	TA Workshop
May 1, 2024	NOFAs for CDBG, ESG and HOME due
June 6, 2024	Publication of City Council Public Hearing on Proposed Projects and 30-day public comment period
July 9, 2024	End of 30-day comment period for FY2025-PY2024 Annual Action Plan
July 16, 2024	1st Reading Ordinance and City Council Public Hearing FY2025-PY2024 Annual Action Plan
July 23, 2024	2 nd Reading Ordinance and City Council Meeting FY2025/PY2024 Annual Action Plan
August 16, 2024	Submittal of FY2025-PY2024 Annual Action Plan to HUD

MANDATORY WORKSHOPS:

Agency or City Department representative who will be submitting NOFA Application, is strongly encouraged to attend a Technical Assistance (TA) Workshop for the NOFA (CDBG only). Staff will discuss changes to the Annual Action Plan prior to submittal of documents. Failure to attend the workshop will automatically disqualify your Agency or City Department from submitting a NOFA Application(s) for proposed project(s).

It is **Mandatory** for all **NEW** agencies or City Departments who are planning to submit a NOFA Application to request and attend a one-on-one TA meeting with PCDD staff before submitting an NOFA. See schedule below.

DATE	PLACE & LOCATION	MEETING TYPE	TIME
April 4, 2024	City Hall, 1201 Leopard Street, 6th Floor Conference Room.	TA Workshop	CDBG-9:00 a.m. ESG-10:00 a.m. HOME-11:00 a.m.

FY2025-PY2024 CAAP MANDATORY MEETING SCHEDULE

2023 HUD Adjusted Income Limits for Extremely Low, Very Low, and Low-Income Households*

Income Limit Category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (30%) Income Limits	\$16,250	\$18,600	\$20,900	\$23,200	\$25,100	\$26,950	\$28,800	\$30,650
Very Low (50%) Income Limits	\$27,100	\$31,000	\$34,850	\$38,700	\$41,800	\$44,900	\$48,000	\$51,100
Low (60%) Income Limits	\$32,520	\$37,200	\$41,820	\$46,440	\$50,160	\$53,880	\$57,600	\$61,320
Low & Mod (80%) Income Limits	\$43,350	\$49,550	\$55,750	\$61,900	\$66,900	\$71,850	\$76,800	\$81,750

<https://www.hudexchange.info/resource/5334/cdbg-income-limits>

Effective 07/1/2023

SUBJECT TO CHANGE ON 6/2024

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 PCDD 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.

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 PCDD 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)

- **Tenant Based Rental Assistance**

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 NOFA. 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.

NOFA Application Instructions

Prerequisites

- 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 NOFA Application. Please contact Leticia Kanmore, GMD Manager, 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 Planning & Community Development Department at 361-826-3010.

NOFA Submittal Requirements & Deadline

- NOFAs considered incomplete by PCDD staff and/or if applicants fail to provide required documentation as requested, NOFA may be disqualified.
- Please complete each question on NOFA with clear and accurate responses.
- Applicants must submit ONE ELECTRONIC COPY NOFA with all supporting documents.
- NOFA Application submittal **deadline: 5:00 p.m. Wednesday, May 1, 2024.**
- NOFAs received after the submittal deadline, WILL NOT be considered, **NO EXCEPTIONS.**
- Release of Funds for the year is dependent on HUD review. Funds may not be released on October 1, 2024. Plan accordingly.
- NOFAs are required to be submitted electronically to Leticia Kanmore at:

Email to leticiak@cctexas.com:

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

NOFA Application assembly instructions

1. NOFAs MUST start with Cover Page of the NOFA 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 NOFA Application) and additional Information you provide must be in SEQUENTIAL ORDER and placed after Page 16 of the NOFA Application). NOFA Application must be kept in page order (pages 1-16), do not insert support documentation in between NOFA 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 FY2025-PY2024 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 NOFA application pages and documents submitted.
8. You must provide **ONE ELECTRONIC COPY** of the NOFA Application and requested documents in the order listed and place a title indicator in front of each section.
9. When completing the questions, make sure pages do not break and run onto the next page.
10. Narrative responses should be 1 ½ spaced in a typeface no smaller than 11-point.
11. Provide copy of documents listed on page 2.
- 12. Do not submit Roman Numeral page numbers I-X with the NOFA application.**

Please read all NOFA 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.

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

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

IX.

HOME NOFA 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. Demonstrate the 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 City of Corpus Christi.
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

NEED STATEMENT Description of Need to be Addressed	GOAL Proposed goals to reduce extent of problems or needs	INPUTS Resources to be dedicated or utilized to meet proposed goals	ACTIVITIES What the program does with the input to fulfill its mission	OUTPUTS Direct products of program activities	OUTCOMES ST (Short Term) LT (Long Term) Benefits that result from the program
<p>EXAMPLE: 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><i>20 students from low-mod households assisted with homework and other school work 20 students from low-mod households participating in enrichment programs</i></p>	<p><i>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)</i></p>

Example

Table C2: Nationally Reportable Outputs

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 De-leded:		7) Businesses Assisted:		10) Parking Spaces Constructed:	
4) Households Assisted:					

HOME FY2025-PY2024 NOFA application starts on the next page, applicant must submit pages (1-16) with required documentation placed behind page 15 and tabbed accordingly.

=====
End of NOFA instructions
=====

Before proceeding with the NOFA Application, please list any financial relationship that your organization, board members or staff have with the City of Corpus Christi Mayor, City Councilmembers, or City Staff. Please indicate N/A if not applicable.

CERTIFICATION: To the best of my knowledge and belief the answer to the above disclosure is true and correct.

Authorized Signature: _____ Date: _____

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

Project Name:
Project Address:

1 ST Contact Name & Title		Phone#
E-Mail		Fax#
2 ND Contact Name & Title		Phone #
E-Mail		Fax#

Loan: ____% interest; ____year term; ____year amortization	SAM UEI#
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Eligible Activity Type (V.)	LIHTC <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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. (NOFA Application must be signed by authorized designee):

Authorized Signature: _____ Date: _____

Print Name of Authorized Person: _____ Title: _____

Board Chairperson/President: _____ Date: _____

NOFA APPLICATION SUBMITTAL DEADLINE: 5:00 p.m., May 1, 2024

- TO BE COMPLETED BY PCDD STAFF: (any “no” response may disqualify NOFA 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) NOFA 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) NOFA 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:

NOFA 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 NOFA 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/NOFA	Tab #	Title Page Name	Must Provide on USB	PCDD 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 NOFA

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 PCDD to negotiate loan terms; otherwise, your NOFA may be rejected. Please call 361-826-3010.

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	
TOTAL			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:	
Projected Project Completion Date	

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:	\$
Total Project Cost	\$

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 FY2025-PY2024 (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 PCDD 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.

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AGENCY NAME:		
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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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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 (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 NOFA, 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 Manager or 361-826-3816.

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

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

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

Please indicate the number of outputs expected in FY2025-PY2024.

Table: Nationally Reportable Outputs					
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 Dealed:		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

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) _____
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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 _____
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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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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