



AFFORDABLE HOUSING PROGRAM 2018 APPLICATION

FULLY COMPLETE ALL SECTIONS

Project Overview

Municipality/Organization Name:

One-line Description of Project:

Address of Project Site:

Chief Official's Name and Title:

Project/ Administrator Contact

Contact Name:

Organization Name:

Address:

City, State, Zip code:

Phone:

Email:

Budget Overview

a. 2018 AHP Request:

b. Federal funds committed to project

c. State funds committed to project

d. Local funds committed to project

e. Private/other funds committed to project

f. Subtotal of non-County funds committed to project (lines b+c+d+e)

g. Please indicate if other County funds are committed to the project:

Source

h. *Total Project Cost:*

Has this project received past Northampton County funds? Yes No Amount:

Year:

Expected Timeframe

Proposed Start Date of Activity:

Proposed Completion Date:

AHP Project Type

All projects must fall into the following categories. Please identify what project category you are applying for: (if projects fall into multiple categories more than one box may be checked.)

Creation of New Affordable Housing

- Temporary Housing
- Transitional Housing
- Permanent Housing

Maintenance of Existing Affordable Housing

- Temporary Housing
- Transitional Housing
- Permanent Housing

Case Management/Operations

Please list the census tract _____ and block group(s) _____ in which the project will occur.

(see Exhibit 3 in the program guidelines)

1. Project Narrative

Describe the project concisely. Include the scope of work, how the funds will be spent, and the time frame of the project. Identify the need, describe how this project meets the need, and the benefit to the community. **Include projected measurable outcomes, such as number of persons and households served** and highlight partnerships (if any) and explain how the project may fit into a larger plan for the community or organization. Use 500 words or less in the space below, continue on the following page if necessary.

2. Project Budget, Budget Narrative and Attachments

Use the space below to provide the budget narrative. Please complete and attach the AHP Sources and Uses Budget spreadsheet (separate excel document). Your written narrative should be concise and fully explain each budget line item relative to the project.

3. Required Attachments:

For all construction projects, attach an itemized cost estimate from a qualified professional showing all costs, including engineering.

For all case management expenses, attach an itemization of costs by employee. Use the *Uses and Sources* spreadsheet for reference. Indicate the anticipated percent (%) of case management fees typically needed to carry out each case.

Attach a project time line tracking key activities and dates of the project and outcomes.

Attach copies of the municipality's/organization's previous year's audited or accountant-prepared financial statements.

For non-governmental agencies: attach a brief description of your organization including the mission statement, population served, accomplishments and any other information relevant to understanding the goals of the organization.

4. Evidence of Matching Funds:

Matching funds are not required but strengthen an application. Matching funds are revenue, goods and/or services that leverage the revenue listed on the application to complete the project. **If a match source is identified, evidence of matching funds must be shown.** This can be demonstrated in the form of award letters from federal and state agencies, private funds commitments, financial institutions, and local government commitments. If a match source has been applied for but not yet awarded, please identify the source and indicate the anticipated timeline for the award.

5. Optional Attachments

Submit no more than five (5) digital photo(s) of the project site, as applicable.

Submit no more than five (5) designs, renderings, and/or engineering plans, as applicable.

Attach map(s) of sufficient size and quality to describe the project location relative to the project.

List any permits that have been obtained or are anticipated to be required.

Certifications and Official Authorization

I, _____, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I also certify that:

I understand all grant funding is provided through the implementation of Ordinance 322 of 1998, as authorized by PA Act 1992-137., therefore all projects must comply with applicable PA laws with regard to grant funding.

If selected to receive Affordable Housing Program Grant funds, the project will be operated in accordance with all applicable laws and regulations.

I have read this Application and Application Guidelines in its entirety.

I am authorized by the municipality or organization identified within to submit this application.

The proposed project will not result in temporary or permanent displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.

By submitting this application, our municipality/organization agrees to reimburse the County of Northampton for any expenditures paid by the County that are determined by NC DCED to be ineligible under AHP program guidelines.

Signature of Chief Official

Date

Print or type name

Title

To Apply:

Please visit the NCD CED Grant and Loan Programs web page at <https://www.northamptoncounty.org/CMTYECDV/Pages/Apply-for-Funding.aspx> and download all applicable documents associated with the funding announcement. In addition, **all applicants are required to register in the NCD CED County Relationship Manager (CRM)** and submit electronic applications through the web. [PLEASE CLICK HERE TO REGISTER](#). Within 1-2 business days you may upload and submit your electronic application forms through the CRM application. Click on the apply button located next to the applicable funding program on the NCD CED Grant and Loan Programs web page to access the CRM application.

The deadline for submitting a full application is Friday, October 26, 2018 @ 4:00 P.M