

MISSISSIPPI HOME CORPORATION
HOUSING OPPORTUNITES FOR PERSONS WITH AIDS (HOPWA)

APPLICATION



HOPWA

TO
IMPLEMENT ELIGIBLE ACTIVITIES PURSUANT TO THE REGULATIONS OF THE U.S.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THAT PRINCIPALLY
BENEFIT LOW AND MODERATE-INCOME MISSISSIPPI RESIDENTS.

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS RFP ON OR BEFORE THE TIME AND DATE SPECIFIED IN THE INSTRUCTIONS IS SOLELY AND COMPLETELY THAT OF THE PROPOSER. MISSISSIPPI HOME CORPORATION WILL IN NO WAY BE RESPONSIBLE FOR DELAYS OR LOSSES CAUSED BY THE U.S. POSTAL SERVICE OR ANY OTHER OCCURRENCE.

Section I: Organization Information (20 points)

HOPWA PROGRAM APPLICATION 2023

APPLICATION INFORMATION

How to Apply:

To be considered, proposed projects must meet the general HOPWA eligibility requirements identified in **Section I**. Agencies and organizations must complete the application in its entirety.

The Mississippi Home Corporation HOPWA staff will conduct an initial review to determine if an application warrants further consideration. Applications that are incomplete or fail to meet minimum requirements will be rejected. Applicants may resubmit after correcting the application. The application must be typed (not handwritten) with a legible typeface no smaller than 12 point type and should be sequentially numbered from the first page to the last page. Applicants must provide one bound copy. **Submissions are due by 5pm on Monday, July 31, 2023.**

The HOPWA application is a PDF document that can be filled out electronically. A PDF version of this application, along with required attachments, must be submitted through email to

tamara.stewart@mshc.com and copy to sharunda.chapman@mshc.com

Email title: "HOPWA23 Application"

A hard copy of the HOPWA application **IS** required.

Mailing information:

Attention : Tamara Stewart, AVP, Grant Management
735 Riverside Dr.
Jackson, MS 39202

If your application is too big to submit electronically, consider sending the packet as an electronic compressed zipped folder.

Proposals Review:

MHC will review all proposal submissions. Completed proposals will be thoroughly reviewed to determine whether or not a proposal is eligible for HOPWA funding and meets national program objectives under federal regulations; and convene the review committee to evaluate eligible proposals in terms of federal and local program priorities, quality and cost effectiveness. Each proposal will receive a score and must score a minimum of 75 points in order to receive funding.

Section I: Organization Information (20 points)

HOPWA APPLICATION SUMMARY

Name of Organization:

Street Address:

City: State: Zip Code + 4 (required):

Phone: Email: Fax:

IRS Designation: ☐ Non-Profit ☐ Other (Please specify:)

If a non-profit, is the organization a 501(c) 3? ☐ Yes ☐ No

If other, has the organization applied to the IRS? ☐ Yes ☐ No

Date applied for 501(c) 3: (mm/dd/yy)

Project Name:

Project Street Address:

City: State: Zip Code + 4 (required): -

Contact Information

A. Name of Organization:

Street Address:

City: State: Zip Code + 4 (required): -

B. Organization Head (person legally authorized to execute a written agreement for the organization)

Name: Title:

E-mail:

Primary Phone: () - Secondary Phone: () -

Fax: () -

C. Financial Officer (should not be the same as the Project/Program Director)

Name: Title:

E-mail:

Primary Phone: () - Secondary Phone: () -

Fax: () -

D. Project/Program Director (Primary Contact)

Name: Title:

E-mail:

Primary Phone: () - Secondary Phone: () -

Fax: () -

Section I: Organization Information (20 points)

I. Type of Organization

A. Status

☐ Non-Profit ☐ Other (please specify):

Source of exemption

☐ Section 501 (c) 3 ☐ Other (please specify):

Date exemption received: Date incorporated:

B. Business Identification

Federal Employee Identification (FEI) Number (9 digits):

Data Universal Number System (DUNS) Number:

Central Contractor Registration (CCR) Number:

C. Provide any other names under which the organization has operated within the last 10 years:

D. The organization is authorized and/or licensed to do business in Mississippi:

☐ Yes ☐ No

E. Has the organization ever been excluded by any federal government agency from receiving federal contracts or federally approved subcontracts? ☐ Yes ☐ No

F. Verify your standing by attaching a search of the organization in the System for Award Management (SAM) found at <https://www.sam.gov/portal/SAM/##11>.

II. Organizational Background

A. Total number of years in operation:

Section I: Organization Information (20 points)

- B. Number of years the organization has been successful in performing the specific activities related to the RFP:
- C. List the types of services the organization provides:
- D. List the clients/population the organization serves:
- E. List the purpose/mission of the organization as stated in the by-laws:
- F. List the organization's board of directors, organizational affiliation, and relevant experience or expertise as appropriate. Include the number of directors on the board, how the board members are chosen, term length and if the organization provides any training or orientation for the board members:

Section I: Organization Information (20 points)

G. Frequency of board meetings (monthly, quarterly, annually, etc.):

H. Identify the types of HUD funding with which the organization has operated:

☐ CDBG ☐ ESG ☐ HOME ☐ HOPWA ☐ CoC

Total number of years' experience the organization has with these types of HUD funds:

I. Total number of years' experience with other federal, state or private funding:

J. **Faith-based organizations:** Describe the organization's ability to comply with the following regulations.

1. Describe how the organization will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion. (Note: If approved for funding, the organization may be required to submit a copy of the employment policy):

2. Describe how the organization will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion:

Section I: Organization Information (20 points)

- 3. Describe how the organization will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provisions of such public services:

III. Financial Information

- A. List organization’s annual operating budget: \$

Funding Source	Amount \$
	Total:

- B. Explain how the proposed project will affect the organization’s budget (i.e. additional personnel, increased office space, increased maintenance, etc.):

Section I: Organization Information (20 points)

- C. Identify the individual primarily responsible for the fiscal oversight of grant awards for the organization, and briefly describe their knowledge and experience with grant funds:
- D. Describe the organization's internal controls which adequately safeguard grant assets and ensure the grant funds are used solely for authorized purposes:
- E. List the accounting software and/or system in use by the organization:

Section I: Organization Information (20 points)

- F. Organizations *expending* more than \$750,000 in **total** Federal funds (including **all** Federal funding, not only HUD funds) during the last fiscal year are required to submit the most recent Single audit per 2 CFR 200. Organizations expending less than \$750,000 in **total** Federal funds are required to submit the most current comprehensive representation of the organization's financials documented by one of the options listed below.

Indicate which document(s) the organization has attached:

- ☐ Single audit ☐ Financial statements audited or prepared by CPA

- G. Organizations are required to submit a copy of the most recently filed IRS Form 990. If the organization has not been required to file a Form 990 with the IRS, indicate the reason for exemption:

IV. Policies and Procedures

Organizations are required to have **written** policies and procedures. Indicate which of the following **written** policies the organization has and provide a brief summary. (Note: All organizations must submit their complete accounting policies and procedures in their entirety. If awarded funding, submission of additional written policies and procedures may be required.)

A. Accounting:

B. Conflict of Interest:

C. Personnel:

Section I: Organization Information (20 points)

- D. Procurement (Note: Organizations awarded federal funds will be required to have a policy/procedure that either meets or exceeds federal procurement guidelines appropriate for HOPWA funds.):

- E. Records Retention:

V. Staff Capacity

List the name, title, years of experience, project role, and percentage of time each staff member will be involved with this project, including those who will oversee it:

Name	Title	Years of experience with this project	Project Role	% of time dedicated to project

VI. Need

- A. Substantiate why the project is needed: Provide geographical data of the need in your community.

B. Project will serve the following area(s)/neighborhood/census tracts (the State of Mississippi HOPWA funds cannot be used in the following areas DeSoto County, MS; Marshall County, MS; Tate County, MS; Tunica County, MS):

C. Describe the beneficiaries of your project (target population):

VII. Projected Services

- A. Provide the unduplicated number the program/project will serve (persons, households, houses, etc.). Include specific numbers for each activity or service the program will provide. Note: This count cannot include repeated visits or use by the same individuals.

Number Persons:

Number of Households:

Number of Units:

Type of unit(s):

Project Targeted Income Level: ☐ 0-30% ☐ 31-50% ☐ 51-80% ☐ Other -Please specify:

- B. Provide the following financial information:

A. Requested funds	\$
B. Pending funds from other sources (leverage)	\$
C. Committed funds from other sources (leverage)	\$
D. Total project cost	\$
E. Percentage of HOPWA funding (A divided by D)	%

C. Specify how HUD funds will be used. Describe how the project/program will meet an identified priority need:

D. Cost per unit assisted: \$

Activity	Unit of Services/Households	Cost \$
Permanent Housing Placement (PHP)		
Tenant-Based Rental Assistance (TBRA)		
Facility Based Housing		
Facility Based Development		
Short-Term Rental Mortgage Utility (STRMU)		
Support Services		
Resource ID		
Admin		
Other		

VIII. Project Information

A. Is this a new project? ☐ Yes ☐ No

If no, how many years has it been in operation?

B. Does your agency currently use HMIS to track program activities? ☐ Yes ☐ No

C. Does your agency currently track health outcomes or partner with the Health Department to track health outcomes? ☐ Yes ☐ No

D. If project/program is pre-existing, what percentage of the project's beneficiaries was served in each county?

- E. If the program/project is a pre-existing venture, provide evidence of how the program has contributed to implementation of the Community Goals and Program Objectives. If appropriate, describe how the project is consistent with other accepted plans, such as the State's Consolidated Plan and Continuum of Care Homeless Assistance Plan.

IX. Performance Measures

- A. Describe how the program/project's services will be measured and reported. Discuss what procedures are used to create, compile, and maintain data to track performance for the program/project.

- B. Short-Term Goal: Provide the **unduplicated** number the program will serve (persons, households, etc.). Include specific numbers for each activity or service the program will provide. **Note:** This count cannot include repeated visits or use by the same individual).

Activity	Households
Permanent Housing Placement (PHP)	
Tenant-Based Rental Assistance (TBRA)	
Facility Based Housing	
Facility Based Development	
Short-Term Rental Mortgage Utility (STRMU)	
Support Services	
Resource ID	
Other	

- C. Long-Term Outcomes: Provide the outcomes as they relate to the program/project objective or purpose. (Example: program objective is to prevent homelessness for persons with HIV/AIDS. The projected outcome might be that 90% of those served maintain housing for 6 months after assistance.

1. Explain the method for measuring the outcomes including frequency of data collected, and how it is collected (tools, systems, and/or assessments).

2. What follow-up procedures are performed to ensure outcomes are met?

3. How will the project's impact on participants be evaluated in the contract year?

D. At the close of the program year, how will the applicant meet reporting requirements outlined in the *Reporting Requirements* for the HOPWA grant?

- E. Describe the overall impact your program had on health outcomes in the last year. For example, medication retention, connection to supportive health programs like Ryan White, decreased HIV viral load.

Section III – HOPWA Project/Program Information (30 Points)

*(This section should be completed by **ALL** applicants. If requesting funding for an acquisition, rehabilitation or construction project MHC will use this information to substantiate that the end result of the project will meet a grant objective.)*

Project Narrative

- I. What HOPWA Activity will be performed in the program?
(Check all that apply. Details for each eligible activity are listed in General Information.)

- | | |
|--|---|
| <input type="checkbox"/> Housing Information Services | <input type="checkbox"/> Resource Identification |
| <input type="checkbox"/> Facility Acquisition | <input type="checkbox"/> Facility Rehabilitation |
| <input type="checkbox"/> Facility Conversion | <input type="checkbox"/> Facility Lease |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Tenant-Based Rental Assistance |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Operating Costs for Housing |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Short-Term Rent/Mortgage/Utility Assistance | |

Note: All HOPWA-funded housing programs must be linked with appropriate supportive services either through direct funding or collaboration with another service provider. Applicants are responsible for devising a plan for the supportive services program in their project and for obtaining funding or service commitments.

- II. **Description of Project/Services:** Provide clear descriptions for the information listed below. If the organization is awarded a grant, this information will be used to issue the written agreement.

- A. Describe the overall objective of the project/program and how the project/program meets the grant and project objectives:

Section III – HOPWA Project/Program Information (30 Points)

- B. List the specific activities and/or services the program/project will provide utilizing HOPWA funds (example: describe the steps a client goes through in the program, the services that are offered to program participants, etc.). If any activities and/or services will be provided in conjunction with another agency, identify that here:
- C. List when the project/program services will be offered (examples hours/days/months of service, summer only, after school only, year-round, etc):
- D. Identify the location(s) where services will be provided.

Section III – HOPWA Project/Program Information (30 Points)

- E. Is there a waiting list for the program? If yes, provide more details.
- F. If the project is a new venture, describe the experience the organization has with similar projects.

Section III – HOPWA Project/Program Information (30 Points)

III. Project Status

If this is an existing project, describe the work that has been completed to-date. If HOPWA funds have been used in an earlier phase, this information should be provided with a brief description of what the funds were used for. If the activities were part of a larger project, please describe the larger project.

Section III – HOPWA Project/Program Information (30 Points)

IV. Collaboration

- A. Identify other agencies in Mississippi (including non-profit and government) that provide services similar to the proposed project/service. How do the programs differ? How do they overlap?
- B. Is there collaboration with the other agencies? If yes, describe any coordination the organization currently has or will have with other agencies to reduce or eliminate duplication of services in delivering the proposed service.

Note: Collaborating before applications are submitted is strongly encouraged. Attach any existing Memorandums of Understanding (MOUs) the organization has with other agencies. If there are no existing MOUs between the organization and the agencies it is collaborating with, such MOUs will need to be entered into and provided before disbursement of grant funds.

Section III – HOPWA Project/Program Information (30 Points)

V. Project Specific Narrative

- A. Describe what the project/program staff qualifications are to effectively conduct the required client housing needs assessment including client intake, housing case management, and who serve to direct the type of housing assistance provided from HOPWA and other sources.
- B. Briefly describe the written policies and procedures in place to ensure confidentiality and physical security for participant records and the addresses/locations of any leased projects.

Section III – HOPWA Project/Program Information (30 Points)

C. Briefly describe how the project/program ensures compliance with the following requirements:

1. Affirmatively Fair Housing:

2. Americans with Disabilities Act:

3. Participant termination:

Section III – HOPWA Project/Program Information (30 Points)

PHYSICAL PROJECTS ACQUISITIONS / ACQUISITION & REHABILITATION / REHABILITATION / NEW CONSTRUCTION

The agency/organization is applying for one of the types of physical projects listed above:

☐ Yes ☐ No (*If the answer is no, skip to the next section*)

Physical Project Narrative

NOTICE FOR PUBLIC FACILITIES OR REAL PROPERTY IMPROVEMENT PROJECTS:

No project funds can be reimbursed until MHC has received an environmental review of the proposed project as required under 24 CFR Part 58. The environmental review may result in a decision to proceed with, modify, or cancel a project. Specifically, according to 24 CFR 58.22(a), neither a recipient nor ANY participant in the development process, including public or private nonprofit or for-profit entities, or any of their contractors, may commit HUD assistance under a program listed in Section 58.1(b) on an activity or project until HUD has approved the recipient's Request for Release of funds and related certification.

If the proposed project requires relocation or moving of occupants from an acquired structure or a structure that will be rehabilitated, the organization agrees to comply with all requirements as described in (1) The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended, enacted as Public Law 91-646 and (2) all requirements of 24 CFR Part 92.353 Displacement, Relocation and Acquisition, and (3) HUD Handbook 1378 Uniform Relocation Assistance, including proper notices AS OF THE DAY THIS APPLICATION IS SUBMITTED TO MISSISSIPPI HOME CORPORATION to tenants to ensure no tenant displacement and/or relocation occurs.

- I. Description of Project:** Provide clear descriptions for the information listed below. If the organization is awarded a grant, this information will be used to issue the written agreement.

A. Type of Project (Select one with an X)

- ☐ Acquisition
☐ Acquisition/Rehabilitation
☐ Rehabilitation
☐ New Construction (non residential)

Section III – HOPWA Project/Program Information (30 Points)

Please label and include non-bound documents as attachments to detail the following:

- B. Project Scope of Work – Provide a summary of the project from start to finish. Include an outline of each phase of the project. Provide a detailed work write-up to complete the **entire** project. Attach schematic drawings if applicable.

Section III – HOPWA Project/Program Information (30 Points)

- C. Has the organization identified the property location for the project? ☐ Yes ☐ No
If yes, list below and attach a copy of the street and legal address (if available) and a map with the possible location(s) identified:

Address 1:

Address 2:

Address 3:

- D. Does project require temporary/permanent relocation or moving occupants? ☐ Yes ☐ No
If yes, give detailed explanation and attach (1) a copy of the appropriate URA Notice and (2) the Relocation Plan, including a budget for relocation activities.

Section III – HOPWA Project/Program Information (30 Points)

E. Zoning:

1. Project structure type is: ☐ Residential ☐ Commercial ☐ Other (Please specify):
2. What is current zoning classification of project site?
3. Is site zoned correctly for the proposed activity? ☐ Yes ☐ No
If no, provide an explanation of efforts and timetable to change zoning or obtain variance:

Section III – HOPWA Project/Program Information (30 Points)

4. Is the proposed site located in an AO FEMA flood plain? ☐ Yes ☐ No
Attach a flood map with the location identified. No projects located in an AO FEMA flood plain will be eligible for grant funds.
- F. Does the project require land use approvals such as Site Review, Annexation, Zone Change, Minor Land Partition, Demolition, or Conditional Use permits? ☐ Yes ☐ No
If yes, please give detailed explanation and attach appropriate documentation:

Section III – HOPWA Project/Program Information (30 Points)

- II. **Acquisition ONLY:** Please describe the readiness to proceed concerning whether or not land use issues have been resolved. **All projects will be subjected to a HUD Environmental Review before the use of HUD funds, and certain projects, such as new construction, must also undergo a Phase I Environmental Assessment before any part of the project can begin.**

- A. **For Property Acquisition Projects:** Applicants can have no financial or legal commitment to purchase a property. Applicants may have an **option to purchase** a property pending grant approval, an approved HUD Environmental Review and an executed written agreement with MHC. Does the organization have an option to purchase agreement on the property?

☐ Yes ☐ No

If yes, attach copy of option agreement.

- B. If organization has an option to purchase a property, has an appraisal or comparative market analysis from a knowledgeable real estate professional been completed? ☐ Yes ☐ No
If yes, attach copy of appraisal.

Date appraisal was completed:

(Note: For a property acquisition, a current (no older than 3 months) appraisal or a comparative market analysis from a knowledgeable real estate professional must be completed prior to receiving funds.)

- C. If appraised value is not known, what is the source of the acquisition cost estimate?

- D. Will any **occupiable***, affordable permanent housing units be converted or demolished?

☐ Yes ☐ No

If yes, how many?

*Occupiable means a residential dwelling that is substandard, but suitable for rehabilitation. All rehabilitation projects must conform to Mississippi Home Corporation's Rehabilitation Standards and Specifications. Upon completion of rehabilitation, housing must meet local property maintenance codes (International Property Maintenance Codes) with no major structural defects in the structure.

- E. What is the current condition of any improvements on the property and what is the expected life of the property? Attach photographs (interior and exterior):

Section III – HOPWA Project/Program Information (30 Points)

Note: If the acquired property will require rehabilitation at a later date, fill out the next section, even if the current grant application does not include rehabilitation.

III. Construction/Rehabilitation Projects ONLY:

- A. Describe the familiarity and/or experience with oversight of construction projects. If there is no general knowledge of the construction process, describe how this will be remedied:
- B. Describe the familiarity and/or experience with Davis-Bacon prevailing wage requirements (Labor Standards Provisions) and Section 3 compliance:
- C. Provide information that demonstrates the proposed activity is economically feasible and that it can be implemented in a timely and cost-effective manner, including a comparison of rehabilitation costs versus new construction and a project time line showing it can be completed within the proposed program year. (this information must be provided as an attachment)

Section III – HOPWA Project/Program Information (30 Points)

- D. Provide the sources consulted and how costs were determined. Attached supporting documents to verify the cost.
- E. Tell what considerations have been given to remaining economic life of the property and potential cost increases such as unanticipated repair, maintenance, and operating costs.

Section III – HOPWA Project/Program Information (30 Points)

F. How will the total project be funded? Discuss all sources and uses of funds for the entire project.

G. Site Control: ☐ Yes ☐ No

Date Acquired:

Provide documentation of site control. Attach a copy of the property deed, and the executed contract of sale.

H. Year property was built:

If pre-1978, will it be occupied by children under the age of six? ☐ Yes ☐ No

I. Current Mortgage? ☐ Yes ☐ No Remaining Principal Balance:\$

J. Attach photographs of site to be improved (interior and exterior).

K. Attach architectural drawings.

L. Include project timeline with firm, fixed start and end dates for each task (See Construction/Rehabilitation Timeline for Grant Activity Form for an example below).

M. Attached a completed Physical Needs Assessment for the project.

Section III – HOPWA Project/Program Information (30 Points)

CONSTRUCTION / REHABILITATION TIMELINE for Grant Activity Form

CONSTRUCTION / REHABILITATION PHASES	START DATE (m/d/yy)	END DATE (m/d/yy)
Pre-Construction		
Environmental Review		
Work Write-Up		
Architectural Drawings/Engineering Plans Approved		
Lead-Based Paint Testing		
Construction Permits		
Bid Specifications/Bid Packet Approved		
Advertisement for Bids		
Pre-Bid Conference		
Bid Opening		
Pre-Construction Conference		
Actual Construction		
Demolition		
Site Preparation		
Framing		
HVAC Work		
Electrical Work		
Plumbing Work		
Rough In Fire Suppression System		
Dry Wall		
Install Doors and Windows		
Paint		
Install Floor Finishes and Base Molding		
Complete HVAC, Electrical, Plumbing & Fire Suppression system, etc.		
Testing HVAC, Electrical, Plumbing & Fire Suppression system, etc.		
Final Cleaning		
Walk Through and Punch List		
Final Inspection		
Occupancy Permit		
Other (Describe)		

Section IV: HOPWA Project/Program Financial Information (25 Points)

NOTE: Mississippi Home Corporation encourages diversification of program funding sources. It is strongly recommended that applicants seek private sector and/or foundation funds to supplement HOPWA funds. Programs and initiatives that are wholly dependent on HOPWA funds will be considered high risk.

I. Funding Rationale

- A. If awarded a grant, state what project/program expenditures HOPWA funds will be used for and why:
- B. Explain how organization arrived at the total cost of the project/program. (The total cost of Construction/Rehabilitation projects must be verified by a third-party cost certification.):

Section IV: HOPWA Project/Program Financial Information (25 Points)

C. Describe total cost to administer the project/program and what percent, if any, will be charged to the grant:

D. Describe the economic feasibility of the project. Did your organization perform a price analysis detailing alternative service providers and vendors when planning the budget?

E. Future requests for HOPWA funds for this project/program are anticipated: ☐ Yes ☐ No
If yes, provide more details:

Section IV: HOPWA Project/Program Financial Information (25 Points)

- F. The number of **pending/committed** sources of funding specifically for this project is:
- I. List the source and amount of non-HOPWA funds that will be used as leverage to implement this project. Identify each source as either pending or committed and attach documentation to substantiate each.

SOURCE	AMOUNT	COMMITTED OR PENDING
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

II. Total Cost of Project/Program:

- A. HOPWA funds were received last year for this project: ☐ Yes ☐ No
If yes, list amount received: \$ and percentage of the project's total budget constituted by HOPWA funds: %
- B. HOPWA funds have been received for 3 or more consecutive years: ☐ Yes ☐ No
If yes, list years and amount received:
- C. How will the program be sustained if HUD funds are not awarded in the future? If "Yes", how?

Section IV: HOPWA Project/Program Financial Information (25 Points)

- D. If the organization conducts more than one project/program, explain how the funding for this project/program will be allocated among the various projects or programs for shared expenses. provide detailed information on how the organization plans to manage funding from different grants to guarantee that HOPWA funds are solely allocated towards HOPWA-eligible activities and beneficiaries. (Attach appropriate agency policy)

- E. If salaries and fringe benefits are included as a budget item, for each position to be funded by the grant, provide the employee's name, job title and a brief summary of job duties each person will perform for the project/program.

Name	Job Title	Description of Duties

Section V – Attachments

ATTACHMENTS

Please provide the following attachments. To clearly identify the remaining attachments, please provide a cover page for each attachment listed below. If the item is not applicable for your project/program, add “N/A” to the cover page.

1. **Certificate of Incorporation:** Attach a copy of the organization’s Certificate of Incorporation pursuant to the laws of the State of Mississippi.
2. **IRS Tax Exempt Status:** Attach a copy of the IRS letter authorizing tax-exempt status for the agency.
3. **Agency Budget:** Attach the current year – must include all programs and funding sources.
4. **Organization Chart:** An organization chart depicting the organization’s internal structure, including any boards, trustees, or affiliates to whom the organization must report.
5. **Board of Directors:** A list of board officers and members including address, telephone number and length of board tenure for each member. Indicate upcoming rotations.
6. **Bylaws:** Attach a copy of the organization’s bylaws.
7. **IRS Form 990:** Non-profit applicants: include a copy of IRS form 990 (Informational Tax Return of Organizations Exempt from Income Tax), or an explanation of why your organization has not been required to complete such a form.
8. **Certificate of Commercial General Liability Insurance**
9. **Accounting policies and procedures** (current or planned policies/procedures)
10. **Certified Organization Audit/Financial Statements** of most recent year (one of the following)
 - a. Copy of OMB 2 CFR 200 Audit (Required if \$750,000 in aggregate Federal funds expended), OR
 - b. Financial statements prepared or audited by a CPA
11. **Memorandums of Understanding** (MOUs) (optional, but encouraged)
12. **Documentation of Funding Commitments**
13. **Allocation Plan** (for shared costs among more than one project/program)
14. **Supportive Documentation for Pending and Committed Non-HOPWA Funding**

Section V – Attachments

ACQUISITION PROJECTS – ATTACHMENTS

If the item is not applicable for your project/program add “N/A” to the cover page.

15. Option agreement for applicable property acquisition projects

16. Flood plain map with the location identified

17. Current Appraisal

18. Documentation of required land use approvals such as Site Review, Annexation, Zone Change, Minor Land Partition, Demolition, or Conditional Use permits

19. Photographs of the property

20. Relocation Plan and budget (if applicable)

21. URA Notice (If applicable)

22. Physical Needs Assessment (PNA)

CONSTRUCTION/REHABILITATION PROJECTS – ATTACHMENTS

If the item is not applicable for your project/program add “N/A” to the cover page.

23. Site Control – property deed, executed contract of sale

24. Flood plain map with location identified

25. Work write-up detail

26. Photographs of site to be improved, if rehabilitation project

27. Architectural or schematic drawings

28. Project timeline

29. Pro Forma (5 year Pro Forma for rehabilitation projects)

30. Phase 1 Environmental Assessment (for new construction – submit one copy only)

31. Relocation Plan and budget (if applicable)

32. URA Notice (If applicable)

33. Physical Needs Assessment (PNA)