

MISSISSIPPI HOME CORPORATION
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
(HOPWA) 2024

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.

HOPWA PROGRAM APPLICATION 2024

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 font no smaller than 9 points. Applicants must provide one bound copy of the application and submit the application via email. **Submissions are due by 4pm on Friday, September 20th, 2024.**

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: "HOPWA24 Application"

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

Mailing information:

Attention : Tamara Stewart, VP, 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)

Threshold Requirements

Applicants must meet all of the following criteria:

- 1 The applicant is an eligible applicant.
- 2 The applicant is registered with sam.gov and provides a unique entity identifier (UEI).
- 3 The application is fully completed.
- 4 Nonprofits must submit proof of good standing with the Secretary of State for Mississippi.
- 5 Applicants must not have any unresolved audit or monitoring findings associated with the programs managed by MHC or HUD.

Applicants must provide evidence that findings have been resolved. MHC may disqualify the applicant from consideration for funding based on this information.
- 6 Findings may include, but are not limited to, failing to submit required reports.
- 7 Applicants must disclose any loan(s) or grant(s) received from HUD or MHC for which HUD or MHC has issued a letter of findings associated with use of an MHC operated program.
- 8 The applicant must disclose all other grants and funding sources used to support activities and staff.
- 9 Section 3 Summary Report Form HUD 60002 must be submitted if necessary.
- 10 The applicant must have program-specific audit if they expended \$750,000 or more in Federal awards during the last fiscal year (CFR §200.501). Certified Organization Audit/Financial Statements for the past two years
 - Copy of OMB 2 CFR 200 Audit (Required if \$750,000 in aggregate Federal funds expended), OR
 - Financial statements prepared or audited by a CPA
- 11 The applicant must be able to provide their audits, financial statements, and tax forms (IRS 990) for the last two years. 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.
- 12 The applicant must disclose if they received any grants from MHC or HUD for which MHC or HUD has de-obligated part or all of the grant.
- 13 Completion of the Risk Assessment Questionnaire. Submission of the Risk Assessment certification if applicable.

Policy: Agency High Risk and Financial Controls Assessment

All agencies applying for federal funding are required to complete the following questionnaire to assess their financial controls and determine their risk level. The risk levels are categorized as High Risk, Moderately High Risk, or Low Risk.

Requirements:

1. **Completion of Questionnaire:** Agencies must thoroughly complete the provided questionnaire, ensuring all questions are answered accurately.
2. **Supporting Documentation:** Agencies must submit supporting documentation as specified within the questionnaire to validate their responses.
3. **Risk Designation:** Based on the responses and documentation, agencies will be designated as High Risk, Moderately High Risk, or Low Risk by MHC.
4. **High Risk Agencies:**
 - Agencies designated as High Risk must provide a detailed disclosure of the concerns identified in the questionnaire as an attachment titled "**Risk Assessment Certification**". The High Risk Assessment Certification must be signed by the agency's Executive Director.
 - The justification for each concern must also include the specific measures the agency is implementing to mitigate these risks.

This assessment is crucial in ensuring that agencies have the necessary financial controls in place to manage federal funding effectively.

Financial Controls

- 1) Does the agency have fiscal/financial policies and procedures that govern the management of grant funds? Submit a copy of the policy. (If “NO”, “High Risk”)

- 2) Does the agency have multiple state or federal grant funds?

- 3) If YES to question number 2, how does the agency keep grant funds clearly separated?

- 4) What system(s) does the agency use to manage its finances? (If “manual/other”, “High Risk”)

- 5) Can the agency’s accounting system accurately track expenditures and grant balances?
(If “NO”, “High Risk”)

Accounting Audit

- 1) Did the agency spend \$750,000 in federal funds or more during the last Fiscal Year?
- 2) If no to question #1, did the agency complete an IRS form 990 for the last Fiscal Year? Please submit a copy of the last IRS form 990. (If “NO”, “High Risk”)
- 3) If yes to question #1, did the agency complete a Single Accounting Audit? (If “NO”, “High Risk”)
- 4) What is the name of the agency that completed the Single Accounting?
 - a. _____
- 5) When was the agency Single Accounting Audit completed? (If “12 months, 24 months, other”, “High Risk”)
- 6) What were the results of the Single Accounting Audit? (If “Fair”, “Moderately high”. If “Unable, Deficiency, Noncompliance, Other”, “high risk”)
- 7) Did the agency ever have to repay funds due to a program audit or monitoring finding? (If “Yes”, “High Risk”)
- 8) Has the agency met compliance requirements for federal grants expended in the last two years? (If “NO”, “High Risk”)

Staff

- 1) Did key staff member(s) in your financial, programing, or executive development change within the last _____ years? (If less than 4 years, "High Risk")

Survey results, agency risk designation. _____

Completed by: _____ Title: _____

HOPWA APPLICATION
Section I: Organization Information (20 points)

Name of Organization: _____

Street Address: _____

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

Phone: _____ Email: _____ Fax: _____

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: _____

Section I: Organization Information (20 points)

D. Project/Program Director (Primary Contact)

Name: _____

Title: _____

E-mail: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____

I. Type of Organization

A. IRS Designation Status: Nonprofit Other (please specify): _____

Source of exemption

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

Date exemption received: _____

Date incorporated: _____

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

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

B. Business Identification

Federal Employee Identification (FEI) Number: _____

Unique Entity Identifier (UEI) 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

Section I: Organization Information (20 points)

- 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: _____
- 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:

Section I: Organization Information (20 points)

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:

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

i. Total number of years of experience the organization has with these types of HUD funds: _____

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

k. Is this organization a Faith-Based organization? Yes No

Section I: Organization Information (20 points)

- c) 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:

Section I: Organization Information (20 points)

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:

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

Section I: Organization Information (20 points)

- 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:

Section I: Organization Information (20 points)

V. 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:

Section I: Organization Information (20 points)

C. Personnel:

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:

Section I: Organization Information (20 points)

VI. 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 dedicate to the project

Section I: Organization Information (20 points)

VII. Need

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

Section I: Organization Information (20 points)

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):

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> ADAMS | <input type="checkbox"/> GRENADA | <input type="checkbox"/> LINCOLN | <input type="checkbox"/> SIMPSON |
| <input type="checkbox"/> ALCORN | <input type="checkbox"/> HANCOCK | <input type="checkbox"/> LOWNDES | <input type="checkbox"/> SMITH |
| <input type="checkbox"/> AMITE | <input type="checkbox"/> HARRISON | <input type="checkbox"/> MADISON | <input type="checkbox"/> STONE |
| <input type="checkbox"/> ATTALA | <input type="checkbox"/> HINDS | <input type="checkbox"/> MARION | <input type="checkbox"/> SUNFLOWER |
| <input type="checkbox"/> BENTON | <input type="checkbox"/> HOLMES | <input type="checkbox"/> MARSHALL | <input type="checkbox"/> TALLAHATCHIE |
| <input type="checkbox"/> BOLIVAR | <input type="checkbox"/> HUMPHREYS | <input type="checkbox"/> MONROE | <input type="checkbox"/> TATE |
| <input type="checkbox"/> CALHOUN | <input type="checkbox"/> ISSAQUENA | <input type="checkbox"/> MONTGOMERY | <input type="checkbox"/> TIPPAH |
| <input type="checkbox"/> CARROLL | <input type="checkbox"/> ITAWAMBA | <input type="checkbox"/> NESHOBA | <input type="checkbox"/> TISHOMINGO |
| <input type="checkbox"/> CHICKASAW | <input type="checkbox"/> JACKSON | <input type="checkbox"/> NEWTON | <input type="checkbox"/> TUNICA |
| <input type="checkbox"/> CHOCTAW | <input type="checkbox"/> JASPER | <input type="checkbox"/> NOXUBEE | <input type="checkbox"/> UNION |
| <input type="checkbox"/> CLAIBORNE | <input type="checkbox"/> JEFFERSON | <input type="checkbox"/> OKTIBBEHA | <input type="checkbox"/> WALTHALL |
| <input type="checkbox"/> CLARKE | <input type="checkbox"/> JEFF. DAVIS | <input type="checkbox"/> PANOLA | <input type="checkbox"/> WARREN |
| <input type="checkbox"/> CLAY | <input type="checkbox"/> JONES | <input type="checkbox"/> PEARL RIVER | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> COAHOMA | <input type="checkbox"/> KEMPER | <input type="checkbox"/> PERRY | <input type="checkbox"/> WAYNE |
| <input type="checkbox"/> COPIAH | <input type="checkbox"/> LAFAYETTE | <input type="checkbox"/> PIKE | <input type="checkbox"/> WEBSTER |
| <input type="checkbox"/> COVINGTON | <input type="checkbox"/> LAMAR | <input type="checkbox"/> PONTOTOC | <input type="checkbox"/> WILKINSON |
| <input type="checkbox"/> DESOTO | <input type="checkbox"/> LAUDERDALE | <input type="checkbox"/> PRENTISS | <input type="checkbox"/> WINSTON |
| <input type="checkbox"/> FORREST | <input type="checkbox"/> LAWRENCE | <input type="checkbox"/> QUITMAN | <input type="checkbox"/> YALOBUSHA |
| <input type="checkbox"/> FRANKLIN | <input type="checkbox"/> LEAKE | <input type="checkbox"/> RANKIN | <input type="checkbox"/> YAZOO |
| <input type="checkbox"/> GEORGE | <input type="checkbox"/> LEE | <input type="checkbox"/> SCOTT | |
| <input type="checkbox"/> GREENE | <input type="checkbox"/> LEFLORE | <input type="checkbox"/> SHARKEY | |

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

Section I: Organization Information (20 points)

VIII. 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.

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. Cost per unit assisted:

Activity	Unit of Services/ Households	Number of Individuals	Cost \$	Number of Units	Projected Program Income based on PY 2023 \$
Permanent Housing Placement					
Tenant-Based Rental Assistance					
Facility Based Housing					
Facility Based Development					
Short-Term Rental Mortgage Utility					
Support Services					
Resource ID					
Admin					
Other					

- D. Leverage funds and funds from other source: \$_____

Funding source	Activity	Unit of Services/Househol	Budget\$

Section I: Organization Information (20 points)

IX. Project Information

A. Is this a new project? Yes No

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

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

___ % ADAMS	___ % GRENADA	___ % LINCOLN	___ % SIMPSON
___ % ALCORN	___ % HANCOCK	___ % LOWNDES	___ % SMITH
___ % AMITE	___ % HARRISON	___ % MADISON	___ % STONE
___ % ATTALA	___ % HINDS	___ % MARION	___ % SUNFLOWER
___ % BENTON	___ % HOLMES	___ % MARSHALL	___ % TALLAHATCHIE
___ % BOLIVAR	___ % HUMPHREYS	___ % MONROE	___ % TATE
___ % CALHOUN	___ % ISSAQUENA	___ % MONTGOMERY	___ % TIPPAH
___ % CARROLL	___ % ITAWAMBA	___ % NESHOPA	___ % TISHOMINGO
___ % CHICKASAW	___ % JACKSON	___ % NEWTON	___ % TUNICA
___ % CHOCTAW	___ % JASPER	___ % NOXUBEE	___ % UNION
___ % CLAIBORNE	___ % JEFFERSON	___ % OKTIBBEHA	___ % WALTHALL
___ % CLARKE	___ % JEFF. DAVIS	___ % PANOLA	___ % WARREN
___ % CLAY	___ % JONES	___ % PEARL RIVER	___ % WASHINGTON
___ % COAHOMA	___ % KEMPER	___ % PERRY	___ % WAYNE
___ % COPIAH	___ % LAFAYETTE	___ % PIKE	___ % WEBSTER
___ % COVINGTON	___ % LAMAR	___ % PONTOTOC	___ % WILKINSON
___ % DESOTO	___ % LAUDERDALE	___ % PRENTISS	___ % WINSTON
___ % FORREST	___ % LAWRENCE	___ % QUITMAN	___ % YALOBUSHA
___ % FRANKLIN	___ % LEAKE	___ % RANKIN	___ % YAZOO
___ % GEORGE	___ % LEE	___ % SCOTT	
___ % GREENE	___ % LEFLORE	___ % SHARKEY	

Section I: Organization Information (20 points)

- C. Does the agency currently track health outcomes (HIV viral loads and CD4) or partner with the Health Department to track health outcomes? Yes No
- D. Describe the agency's health outcomes assessment and documentation process. Include the agency's policy on how frequently health outcomes are updated, where health outcomes information is tracked, and how this information is used to help inform case management and service delivery.

Section I: Organization Information (20 points)

- E. If the program/project is a pre-existing venture, provide evidence of how the program has contributed to implementing 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.

Section I: Organization Information (20 points)

x. Performance Measures

A. Does the agency currently use HMIS to track program activities?

Yes

No

B. 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.

C. Explain the method for measuring the outcomes including frequency of data collected, and how it is collected (tools, systems, and/or assessments). MHC recommends that agencies use HMIS; if another database are being used, provide that database name.

Section I: Organization Information (20 points)

- D. 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	
Total	

- E. 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 and improve health outcomes. The projected outcome might be that 90% of those served maintain housing for 6 months after assistance.)

Section I: Organization Information (20 points)

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

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

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"/> Facility Project Based Housing |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Admin |
| <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.

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

- 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.** Specify how HUD funds will be used. Describe your proposed project, including project goals, expected outcomes and measures, gaps you intend to fill in the community, and partnerships established to effectively operate the project. Cite specific, local evidence of the needs for the services proposed using PIT data, AIDSvu, CDC, CAPERs, and other available data

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

- B.** HOPWA is a program that encourages the use of low-barrier approaches to access program services and promotes equity with the goal of increasing housing stability and improving health outcomes.

Describe the housing and case management strategies that will be used in the proposed HOPWA project. When responding to this question, consider evidence-based best practices and strategies.

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

- C.** 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:

- A.** List when the project/program services will be offered (examples hours/days/months of service, summer only, after school only, year-round, etc):

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

- B.** Identify the location(s) where services will be provided.
- C.** Is there a waiting list for the program? If yes, provide more details.
Yes No
- D.** 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 completed to date. If HOPWA funds have been used in an earlier phase, provide 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. Describe the service coordination efforts to increase/improve services and resources targeted to individuals living with HIV. For example, medication retention and connection to supportive health programs like Ryan White decreased HIV viral load. How do the programs differ? How do they overlap?
- B. Is there collaboration with 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 the project/program staff qualifications to conduct the required client housing needs assessment, including client intake, housing case management, and who serves to direct the type of housing assistance provided by 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.

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 (nonresidential)

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 a 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)

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.

5. 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:

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

C. Describe how your agency will comply with Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)?

D. 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 timeline showing it can be completed within the proposed program year. (this information must be provided as an attachment)

E. Provide the sources consulted and how costs were determined. Attached supporting documents to verify the cost.

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

- F. 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.

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

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

H. Site Control: Yes No Date Acquired: _____

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

I. Year the property was built:
If pre-1978, will it be occupied by children under the age of six? Yes No

J. Current Mortgage? Yes No
Remaining Principal Balance:\$_____

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

L. Attach architectural drawings.

M. 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).

N. Attached a completed Physical Needs Assessment for the project.
The Physical Needs Assessment form can be found on MHC's website.

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:

Activities	Total Activity Cost	% Percent Charged to the grant
Staff related activities		
Admin activities		

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

- D. If the organization conducts more than one project/program, 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. Did your organization perform a price analysis detailing alternative service providers and vendors when planning the budget?

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 the 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:

Years	Amount
More years	

- C. Future requests for HOPWA funds for this project/program are anticipated
 Yes NO
- D. How will the program be sustained if HUD funds are not awarded in the future?

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

- 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

HOPWA Application Certification
Signature of individual completing the HOPWA Application

Name: _____ Title: _____
 Signature: _____ Date: _____

Does the agency's Executive Director or Board President approve the submission of this HOPWA application?

Executive Director Signature: _____ Date: _____

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. **Certificate of Commercial General Liability Insurance**
8. **Accounting policies and procedures** (current or planned policies/procedures)
9. **Certified Organization Audit/Financial Statements** of the last two years (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
10. **IRS Form 990:** Nonprofit 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.
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 to 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 a 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)