

# CITY OF SAN ANTONIO

## Office of Grants Monitoring and Administration



### REQUEST FOR APPLICATION ("RFA")

for

**FY 2011- 2012 HOME Investment Partnership Grant (HOME) Funds  
RFA 11-038**

**Issued: February 18, 2011**

**Proposals Due: March 14, 2011**

**This solicitation has been identified as High-Profile.**

**FEDERAL BUDGET FOR FISCAL YEAR 2012 RELEASED ON  
FEBRUARY 14, 2011 INCLUDES A PROPOSED FUNDING REDUCTION  
OF 9.5% TO THE HOME INVESTMENT PARTNERSHIP GRANT. THIS  
WOULD HAVE AN IMPACT ON THE FUNDS AVAILABLE FOR THIS  
PROGRAM.**

**Notice Regarding Prohibition on Campaign or Officeholder Contributions for Individuals and Entities Seeking High-Profile Contracts.**

Under Section 2-309 of the Municipal Campaign Finance Code, the following are prohibited from making a campaign or officeholder contribution to any member of City Council, candidate for City Council or political action committee that contributes to City Council elections from the 10<sup>th</sup> business day after a contract solicitation has been released until 30 calendar days after the contract has been awarded ("black out" period):

- 1 legal signatory of a high-profile contract;
- 2 any individual seeking a high-profile contract;
- 3 any owner or officer of an entity seeking a high-profile contract;
- 4 the spouse of any of these individuals;
- 5 any attorney, lobbyist or consultant retained to assist in seeking contract.

**A high-profile contract cannot be awarded to the individual or entity if a prohibited contribution has been made by any of these individuals during the "black out" period.**

<b>Table of Contents</b>		
<b>Section</b>		<b>Page Number</b>
I	Background	3
II	Scope of Services	6
III	Term of Contract	7
IV	Pre-proposal Conference	7
V	Application Requirements	8
VI	Amendments to RFA	9
VII	Submission of Applications	10
VIII	Restrictions on Communication	11
IX	Evaluation Criteria	12
X.	Award of Contract and Reservation of Rights	13
XI	Indemnification Requirements	15
XII	Insurance Requirements	16
XIII.	Schedule of Events	18

## I. BACKGROUND

### Introduction

The Home Investment Partnership Grant (HOME), as funded by the U.S. Department of Housing and Urban Development (HUD), provides the City of San Antonio (City) with the opportunity to develop viable communities by funding activities that provide decent, safe, sanitary and affordable housing and expanded home ownership opportunities principally for low- and moderate-income persons. The City's Department of Grants Monitoring and Administration (Department) administers these funds.

Through this Request for Applications (RFA), the City seeks qualified applicants interested in partnering with the City to achieve the goals of the HOME program. Eligible Applicants include government agencies, non-profit organizations, and for-profit businesses.

At a minimum, successful applications will demonstrate the Applicant's:

- A. Compliance with the City's FY 2011-2015 Five Year Consolidated Plan, the City's Housing Program Policies (<http://www.sanantonio.gov/gma/resources/documents.aspx>), and Ordinance 2010-01-21-0068 directing use of CDBG and HOME funds
- B. Ability to begin project/program construction/implementation no later than six months after contract execution with the City.
- C. Commitment of a 12.5% non-federal funding match requirement which shall be available as of contract execution.

Applicants are encouraged to review all of these documents by accessing the Department's website located at: [www.sanantonio.gov/gma](http://www.sanantonio.gov/gma)

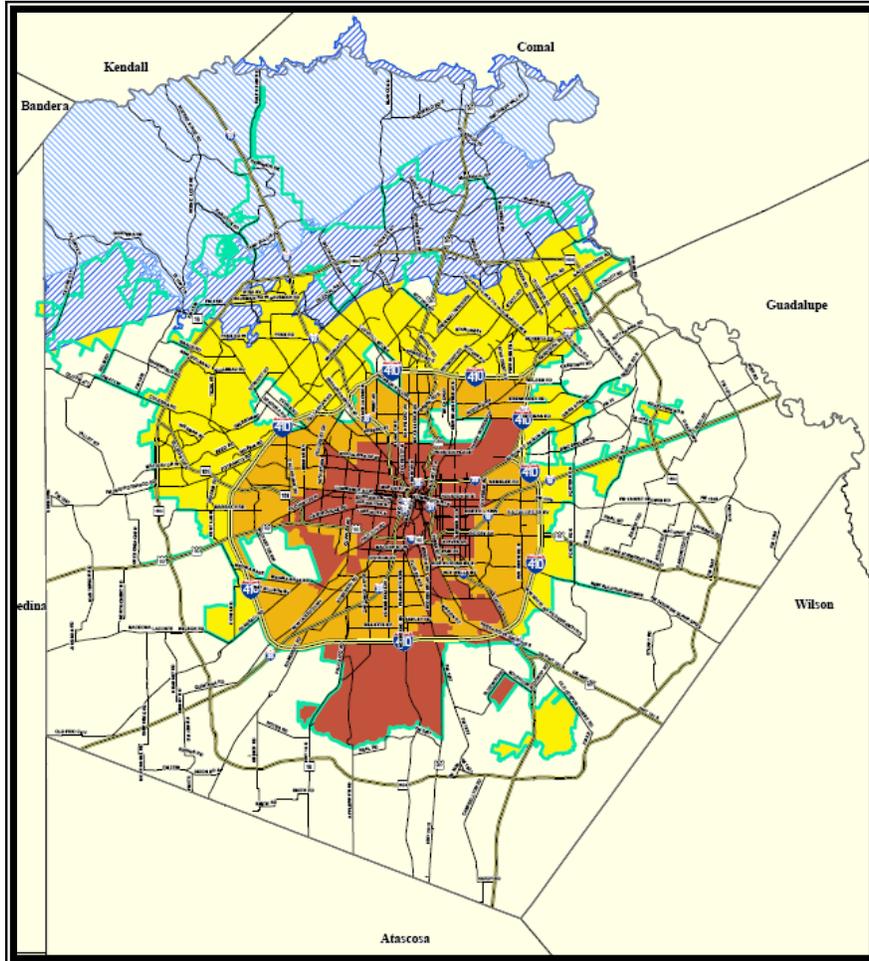
In addition, the ordinance referenced above provides the Department of Grants Monitoring and Administration with the City Council's directions specific to FY 2011 funding. **Housing projects will be accepted under the HOME RFA while maintaining availability of CDBG funds for community development.** However, Applicants are advised that the Department may allocate selected projects to the other funding sources available for an Eligible Activity based on the City's needs to maximize the use of the funds.

Applicants are also advised that in cases where the Applicant is planning on undertaking multiple activities, multiple applications will need to be submitted, e.g. Infrastructure and Down Payment Assistance are TWO applications.

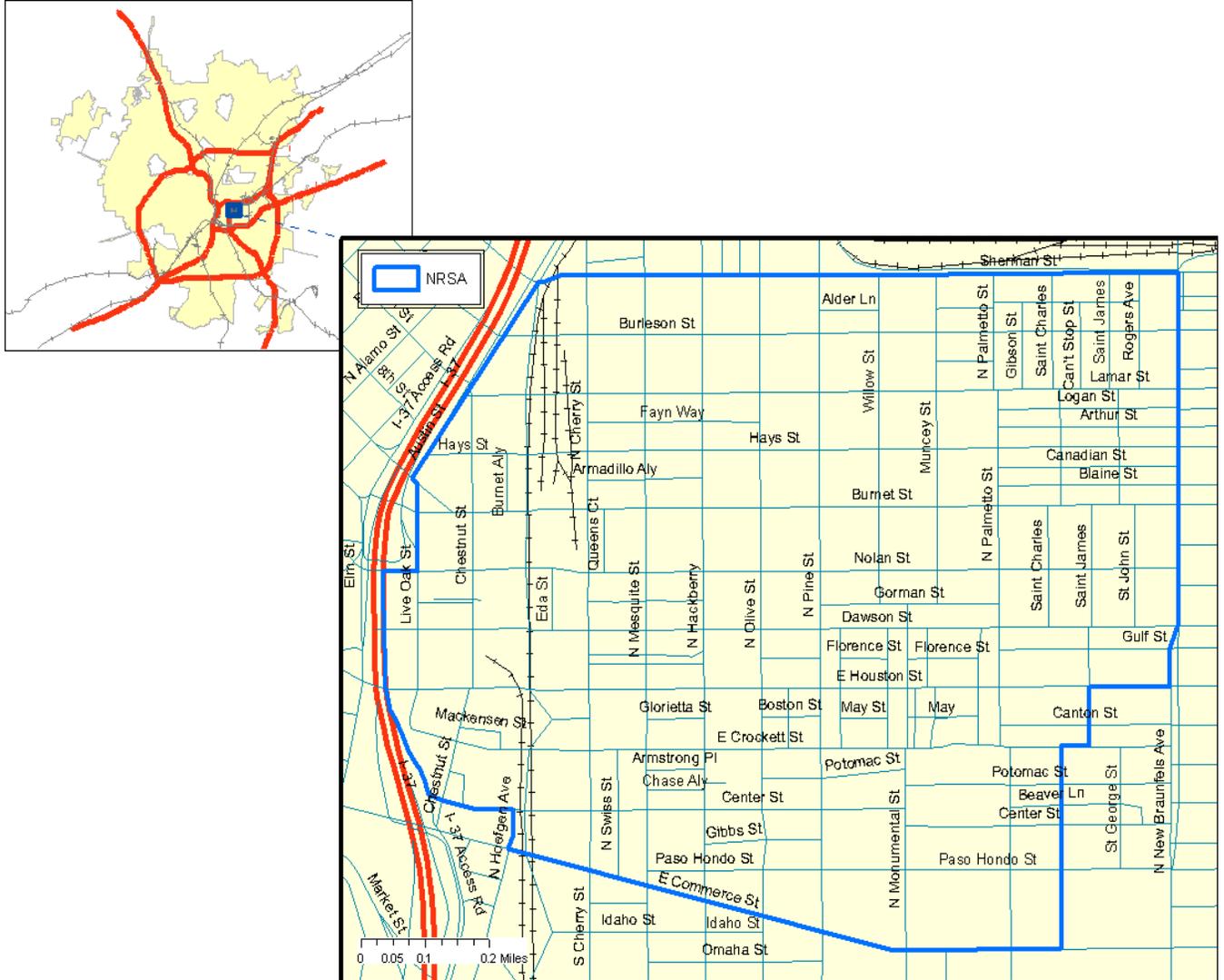
### Funding Emphasis

The Federal Budget for FY 2012 was released on February 14, 2011, and proposes a funding reduction of 9.5% to the HOME grant. If this reduction is approved the City estimates to receive \$700,000 less than the FY 2011 Allocation or approximately \$6,380,515 for the HOME Program. Of this amount approximately \$5.7 million will be available to qualified community partners who apply for and are selected for funding. Please note that City Council may opt to

reserve a portion of said amount to fund projects within the Infill Reinvestment Area. Under Council direction per the Ordinance 2010-01-21-0068, at least 60% of HOME (and CDBG) funds shall be targeted toward projects that fall within the Core Target Area (darkest red core). Furthermore, additional bonus points will be granted to projects located in the Neighborhood Revitalization Strategic Area (NRSA) of the Dignowity Neighborhood.



**Core Target Area**



**Dignowity NRSA**

All programs, services, and activities provided using HUD funds can only be provided to U.S. Citizens or legal resident aliens. Applicants may review additional information regarding the HOME program at HUD’s website located at: <http://www.hud.gov/offices/cpd/affordablehousing/programs/home/>

**HOME Program**

HUD provides HOME Program funds to the City to support a wide range of affordable housing activities. The City uses the funds, often in partnership with local nonprofit groups, to build, buy, and/or rehabilitate affordable housing for rent or homeownership or to provide direct rental assistance to low-income people. HOME is designed exclusively to create affordable housing for low-income households. All HOME funds must be used to benefit households at or below 80% of the area’s median income, adjusted for household size in accordance with HUD Section

8 Guidelines. HUD publishes HOME income limits for San Antonio each year. There are additional provisions that specify income eligibility when HOME funds are used for multi-family rental housing and for tenant based rental assistance:

- A. For **rental housing and rental assistance**, at least 90% of benefiting families must have incomes that are no more than 60% of the HUD-adjusted median family income for the area.
- B. In **rental projects with five or more assisted units**, at least 20% of the units must be occupied by families with incomes that do not exceed 50% of the HUD-adjusted median.

Additionally, there are HOME Program requirements that apply with respect to the **affordability of HOME assisted units**. HOME assisted rental housing must comply with certain rent limitations that are published each year by HUD.

**PRIOR TO APPLYING FOR FUNDS, PLEASE BE SURE TO READ THE HUD HOME REGULATIONS AT**

<http://www.hud.gov/offices/cpd/affordablehousing/lawsandregs/regs/finalrule.pdf> AS

**WELL AS THE CITY OF SAN ANTONIO HOUSING POLICIES AT**

<http://www.sanantonio.gov/gma/pdf/Housing%20Policy%20Guide%20Revised%202006%2030%202010.pdf> .

## II. SCOPE OF SERVICES

This section describes the Eligible Activities in each of the Funding Categories.

**Funding Category A – First Time Homebuyer (FTHB) Assistance** - Activities are focused on the purchase of affordable single family homes by low income individuals or families. Includes activities to install infrastructure (including streets, curbs, sidewalks, street lights and water and sewer service). Activity must meet one or more of the following objectives:

1. Provide support to non-profit, community-based or for-profit corporations engaged in the provision of loans for the new construction of housing for low and moderate-income persons.
2. Provide support to non-profit, community-based or for-profit corporations engaged in the provision of financial assistance for the purchase of existing housing stock for low and moderate-income persons.
3. Provide funds for the acquisition, rehabilitation, and sale of single family residences to eligible low and moderate income persons as first time homebuyers.

**Funding Category B – Owner-Occupied Single Family Rehabilitation or Reconstruction Program** - Includes activities focused on the rehabilitation of single family owner occupied homes or the reconstruction of homes in cases where rehabilitation has been deemed economically infeasible. Activity must meet one or more of the following objectives:

1. Provide support to non-profit, community-based or for-profit corporations engaged in the rehabilitation of housing for low and moderate-income persons.

2. Provide support to the City's ongoing rehabilitation and reconstruction programs in support of housing for low and moderate-income persons.
3. Assist low-income homeowners with home improvement loans or grants for emergency repairs.

**Funding Category C - Multi-Family Rental New Construction Projects\***: – Activities focused on new construction of rental properties for the use of low and moderate income persons. Particular consideration will be given to Applicants that meet the following objective:

1. Provide support to non-profit, community-based or for-profit corporations engaged in the development and construction of new, multi-family rental housing for low and moderate-income persons.
2. Applicants who have also applied for a funding allocation of Low Income Housing Tax Credits through the Texas Department of Housing and Community Affairs.

**\*Please note: A line item budget will be earmarked for rental new construction projects. Awarding of HOME funds for individual projects will take place after TDHCA announces Tax credit awards.**

**Funding Category D – Multi-Family Rental Rehabilitation Program** – Activities focused on rehabilitation of rental properties for the use of low and moderate income persons. Particular consideration will be given to Applicants that meet the following objective:

1. Provide support to non-profit, community-based or for-profit corporations engaged in the rehabilitation of multi-family rental housing for low and moderate-income persons.
2. Applicants who have also applied for a funding allocation of Low Income Housing Tax Credits through the Texas Department of Housing and Community Affairs.

### **III. TERM OF CONTRACT**

Contracts awarded in response to this Application will typically be for a term of 12 to 24 months commencing no sooner than October 1, 2011.

### **IV. PRE-PROPOSAL CONFERENCES**

Two separate Pre-proposal Conferences, to answer questions and provide technical assistance, will be held on the following dates, times, and locations:

**February 25 and March 4, 2011**

**1:00 p.m. to 3:00 p.m.**

**Office of Grants Monitoring and Administration – HNSD Main Conference Room**

**1400 South Flores**

**San Antonio, TX 78204**

Applicants are encouraged to prepare and submit their questions in writing three (3) calendar days in advance of the Pre-proposal Conference in order to expedite the proceedings. City's responses to questions received by this due date may be distributed at the Pre-proposal

Conference and posted on the City’s website at <http://www.sanantonio.gov/rfplistsings/>. Attendance at either one of the Pre-proposal Conference is optional, but highly recommended.

This meeting place is accessible to disabled persons. The building is wheelchair accessible. The accessible entrance is located at 1400 S. Flores. Accessible parking spaces are located at the same address. Auxiliary aids and services are available upon request. Interpreters for the Deaf must be requested at least 48 hours prior to the meeting. For assistance, call (210) 207-7245 Voice/TTY.

Any oral responses provided by City staff at the Pre-proposal Conference shall be preliminary. A written summary of the Pre-proposal Conference shall contain official responses, if any. Any oral response given at the Pre-proposal Conference that is not confirmed in the written summary of the Pre-proposal Conference or by a subsequent addendum shall not be official or binding on the City. Only written responses shall be official and all other forms of communication with any officer, employee or agent of the City shall not be binding on the City. Applicants are encouraged to resubmit their questions in writing, to the City Staff person identified in Section VIII – Restrictions on Communication, after the conclusion of the Pre-proposal Conference.

**V. APPLICATION REQUIREMENTS**

Applicant’s Application shall include the following items in the following sequence, tabbed and noted with the appropriate heading as indicated below.

	<b>Document</b>
	<b>Application Form</b>
	I. Applicant Information II. Project – General Information and Summary III. Project Budget IV. Timeline V. Project – Specific Information (Complete only one category) VI. Signature Page * and, if required, Resolution authorizing the signatory to submit the application and execute a funding contract, if awarded VII. Discretionary Contract Disclosure Form * VIII. Litigation Disclosure* *Indicates must be signed and submitted to be deemed Responsive.
<b>Tabs</b>	<b><u>I. Applicant Information</u></b>
Exhibit A	A1. Non-Profit determination letter A2. Articles of Incorporation A3. By-Laws A4. Program Brochure A5. Board of Directors list A6. Current Audit and Form 990 A7. Policies and Procedures Manuals A8. Resumes A9. Organizational Chart
Exhibit B	<b><u>II. Project – General Information</u></b>
	B1. Site/Target Area Map B2. Interagency Commitment Letters B3. Letter of Community Support B4. Map of Proximity to Bus Stop B5. Map of Proximity to School, Community Center or Library

	B6. Page of Local Plan or Policy
Exhibit C	<b>III. Project Budget</b> C1. Project Funding Commitment Letter(s)
Exhibit D	<b>VI. Funding Category Specific Information</b> <ul style="list-style-type: none"> <li>• <b>For Funding Category A include:</b> <ul style="list-style-type: none"> <li>D1. Marketing Plan</li> <li>D2. Homebuyer Counseling/Education Curriculum</li> <li>D3. Participant Eligibility Requirements/Guidelines</li> </ul> </li> <li>• <b>For Funding Category B include:</b> <ul style="list-style-type: none"> <li>D1. Marketing Plan</li> <li>D2. Participant Eligibility Requirements/Guidelines</li> </ul> </li> <li>• <b>For Funding Category C include:</b> <ul style="list-style-type: none"> <li>D1. Affirmative Marketing Plan</li> <li>D2. Operating Pro-Forma</li> <li>D3. Participant Eligibility Requirements/Guidelines</li> <li>D4. Zoning Letter</li> <li>D5. Application for Conditional Use</li> </ul> </li> <li>• <b>For Funding Category D include:</b> <ul style="list-style-type: none"> <li>D1. Affirmative Marketing Plan</li> <li>D2. Participant Eligibility Requirements/Guidelines</li> </ul> </li> </ul>

*\*Documents marked with an asterisk on this list require a signature.*

Applicant is expected to examine this RFA carefully, understand the terms and conditions for providing the services listed herein and respond completely. **FAILURE TO COMPLETE AND PROVIDE ANY OF THESE APPLICATION REQUIREMENTS MAY RESULT IN THE APPLICATION BEING DEEMED NON-RESPONSIVE AND THEREFORE DISQUALIFIED FROM CONSIDERATION.**

**VI. AMENDMENTS TO RFA**

Amendments to the RFA, including written responses to questions received in compliance with Section VIII, Restrictions on Communication, may be posted as addendums on the City’s website at <http://www.sanantonio.gov/rfplistings/>. It is Applicant’s responsibility to review this site and ascertain whether any amendments have been made prior to submission of a proposal. An Applicant who does not have access to the Internet, must notify City in accordance with Section VIII, Restrictions on Communication, that Applicant wishes to receive copies of addendums by mail or fax.

No oral statement of any person shall modify or otherwise change or affect the terms, conditions or specifications stated in the RFA, and changes to the RFA – if any – shall be made in writing only.

**VII. SUBMISSION OF APPLICATION**

A. Applicant shall submit: One (1) original, **signed in ink**, and four (4) copies of the application, and one (1) compact disk (CD) containing an Adobe PDF version of the entire

proposal. Applicant shall submit these items in a sealed package, clearly marked on the front of the package:

**FY 2011-2012 HOME Funding Application.**

- B. All proposals must be received in the City Clerk's Office no later than **2:00 p.m., Local Time, on Monday, March 14, 2011** at the address below. Proposals submitted prior to the above time and date may be modified provided such modifications are sealed and received by the City Clerk's Office prior to the time and date set for submission of proposals. Any application or modification received after this time shall not be considered, and will be returned, unopened to the Applicant. Applicants should note that delivery to the P.O. Box address in a timely manner does not guarantee its receipt in the City Clerk's Office by the deadline for submission. Therefore, Applicants should strive for early submission to avoid the possibility of rejection for late arrival.

Mailing Address:

City Clerk's Office, Attn: Office of Grants Monitoring and Administration  
P.O. Box 839966  
San Antonio, Texas 78283-3966

Physical Address:

City Clerk's Office, Attn: Office of Grants Monitoring and Administration  
100 Military Plaza 2<sup>nd</sup> Floor, City Hall  
San Antonio, Texas 78205

Proposals sent by facsimile or email will not be accepted.

- C. Application Format: Each Application, including all Exhibits, shall be typewritten and submitted on 8 ½" x 11" white paper. Font size shall be no less than 12-point type. Double-sided printing is permissible. Margins shall be no less than 1" around the perimeter of each page. Each page shall be numbered and all exhibits shall be labeled in the upper right-hand corner. Applicants shall submit the original and each copy separately in identical, three-ring binders no larger than one and one-half inches. Each three-ring binder should be clearly labeled on the front with:

**FY 2011-2012 HOME Funding Application**

**Applicant Name:** *[Insert Name]*

**Project Name:** *[Insert Name]*

**Funding Request Amount:** *[\$[Insert Amount]*

*[Insert either Original or Copy \_\_ of 4, as appropriate]*

Electronic files, websites, or URLs shall not be submitted in lieu of the printed proposal. Each application must include the sections and attachments in the sequence listed in the RFA Section V, Application Requirements, and each section and attachment must be indexed and divided by tabs and indexed in a Table of Contents page. Failure to meet the above conditions may result in disqualification of the application or may negatively affect scoring.

- C. Applicants who submit proposals to this RFA shall correctly state the true and correct name of the individual, proprietorship, corporation, and /or partnership (clearly identifying the responsible general partner and all other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal title), shortened or short-hand, or local "handles" will be accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under other than an individual name, shall match with exact Assumed Name filings. Corporate Applicants and limited liability company Applicants shall include the 11-digit Comptroller's Taxpayer Number in the Application Form.

If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity on the General Information form, the Director of the Office of Grants Monitoring and Administration shall have the discretion, at any point in the contracting process, to suspend consideration of the proposal.

- D. All provisions in Applicant's proposal, including any estimated or projected costs, shall remain valid for ninety (90) days following the deadline date for submissions or, if a application is accepted, throughout the entire term of the contract.
- E. All proposals become the property of the City upon receipt and will not be returned. Any information deemed to be confidential by Applicant should be clearly noted on the page(s) where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by Applicant may not be considered confidential under Texas law, or pursuant to a Court order.
- F. Any cost or expense incurred by the Applicant that is associated with the preparation of the Proposal, the Pre-proposal conference, if any, or during any phase of the selection process, shall be borne solely by Applicant.

## VIII. RESTRICTIONS ON COMMUNICATION

- A. Applicants are prohibited from communicating with: 1) elected City officials and their staff regarding the RFA or Proposals from the time the RFA has been released until the contract is posted as a City Council agenda item; and 2) City employees from the time the RFA has been released until the contract is awarded. These restrictions extend to "thank you" letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFA and/or Application submitted by Applicant. Violation of this provision by Applicant and/or its agent may lead to disqualification of Applicant's application from consideration.

Exceptions to the Restrictions on Communication with City employees include:

1. Applicants may ask verbal questions concerning this RFA at the Pre-proposal Conference.

2. Applicants may submit written questions concerning this RFA to the email listed below until **3:00 p.m., Local Time, on March 7, 2011**. Questions received after the stated deadline will not be answered. It is suggested that all questions be sent by email to:

City of San Antonio, Office of Grants Monitoring and Administration  
[communitydevelopment@sanantonio.gov](mailto:communitydevelopment@sanantonio.gov)  
210-886-0006 fax

Please note in the subject line “HOME RFA” or “CDBG RFA.” Questions and responses will be posted no later than **March 10, 2011** in the form of an Addendum to the City's web site at <http://www.sanantonio.gov/rfplistings/>. **It is the Applicant’s responsibility to check this site for any addendums made to the RFA.**

- B. City reserves the right to contact any Applicant to negotiate if such is deemed desirable by City. Such negotiations, initiated by City staff persons, shall not be considered a violation by Applicant of this section.

## **IX. EVALUATION CRITERIA**

The City will conduct a comprehensive, fair and impartial evaluation of all Proposals received in response to this RFA. The City may appoint a selection committee to perform the evaluation. Each Application will be analyzed to determine overall responsiveness and qualifications under the RFA. Criteria to be evaluated may include the items listed below. The selection committee may select all, some or none of the Applicants for interviews. If the City elects to conduct interviews, Applicants may be interviewed and re-scored based upon the same criteria. The City may also request additional information from Applicants at any time prior to final approval of a selected Applicant. The City reserves the right to select one, or more, or none of the Applicants to provide services. Final approval of a selected Applicant is subject to the action of the City of San Antonio City Council. The Evaluation criteria include:

1. Applicant Information – 20 points
2. Project General Information and Summary – 30 points with possible 5 point bonus
3. Project Budget – 20 points
4. Timeline – 5 points
5. Project Specific Information – 25 points

## **X. AWARD OF CONTRACT AND RESERVATION OF RIGHTS**

- A. City reserves the right to award one, more than one or no contract(s) in response to this RFA.
- B. The Contract, if awarded, will be awarded to the Applicant(s) whose Application is deemed most advantageous to City, as determined by the selection committee, upon approval of the City Council.

- C. City may accept any Application in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFA on the part of City. However, final selection of an Applicant is subject to City Council approval.
- D. City reserves the right to accept one or more applications or reject any or all applications received in response to this RFA, and to waive informalities and irregularities in the proposals received. City also reserves the right to terminate this RFA, and reissue a subsequent solicitation, and/or remedy technical errors in the RFA process.
- E. Contract award for selected Applicant(s) **may** be held on Thursday, May 5, 2011 in the City Council Chambers. Contract negotiations and preparations will be conducted from June 1, 2011 through September 1, 2011. The City will require the selected Applicant(s) to submit acceptable detailed performance indicators and all other required elements of the Contract(s) and agreements. These elements must be finalized by September 1, 2011 in order to facilitate their execution by October 1, 2011. The Director of Grants Monitoring and Administration is authorized and directed to automatically cancel and move the full budget allocation provided to any project, including City Administration Projects, for which acceptable program description(s), performance indicators and all other required contractual elements have not been received and approved by September 1, 2011, to the CDBG/HOME Contingency Account in preparation for timely reprogramming to other eligible activities. Additionally, the Director of Grants Monitoring, and Administration is authorized to cancel and reprogram any and all budget allocations provided to any project, in the event, any sub-grantee contract and/or interdepartmental agreement is not executed by November 30, 2011.
- F. This RFA does not commit City to enter into a Contract, award any services related to this RFA, nor does it obligate City to pay any costs incurred in preparation or submission of an application or in anticipation of a contract.
- G. If selected, Applicant will be required to comply with the Insurance and Indemnification Requirements established herein.
- H. The successful Applicant must be able to formally invoice the City for services rendered, incorporating the SAP-generated contract and purchase order numbers that shall be provided by the City.
- I. Conflicts of Interest. Applicant acknowledges that it is informed that the Charter of the City of San Antonio and its Ethics Code prohibit a City officer or employee, as those terms are defined in the Ethics Code, from having a financial interest in any contract with City or any City agency such as City-owned utilities. An officer or employee has a “prohibited financial interest” in a contract with City or in the sale to City of land materials, supplies or service, if any of the following individual(s) or entities is a party to the contract or sale: the City officer or employee; his parent, child or spouse; a business entity in which he or his parent, child or spouse owns ten (10) percent or more of the voting stock or shares of the business entity, or ten (10) percent or more of the fair market value of the business entity; or a business entity in which any individual or entity above listed is a subcontractor on a City contract, a partner or a parent or subsidiary business entity.

Applicant is required to warrant and certify that it, its officers, employees and agents are neither officials nor employees of the City, as defined in Section 2-42 of the City's Ethics Code. (Discretionary Contracts Disclosure – form may be found online at <https://www.sanantonio.gov/eforms/atty/DiscretionaryContractsDisclosure.pdf>.)

- J. Independent Contractor. Applicant agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, are and shall be deemed to be independent contractors, responsible for their respective acts or omissions, and that City shall in no way be responsible for Applicant's actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.

K. Commercial Nondiscrimination Policy

"The undersigned Respondent hereby certifies and agrees that the following information is correct:

In preparing its response on this project, the Respondent has considered all proposals submitted from qualified, potential Subcontractors and suppliers, and has not engaged in "discrimination" as defined in the City's SBEDA Ordinance, Section III.C.1; to wit: discrimination in the solicitation, selection or commercial treatment of any Subcontractor, vendor, supplier or commercial customer on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation or on the basis of disability or other unlawful forms of discrimination. Without limiting the foregoing, "discrimination" also includes retaliating against any person or other entity for reporting any incident of "discrimination". Without limiting any other provision of the solicitation for responses on this project, it is understood and agreed that, if this certification is false, such false certification will constitute grounds for the City to reject the response submitted by the Respondent on this project, and terminate any contract awarded based on the response. As part of its response, the Respondent shall provide to the City a list of all instances within the immediate past 4 years where there has been a final adjudicated determination in a legal or administrative proceeding in the State of Texas that the Respondent discriminated against its Subcontractors, vendors, suppliers or commercial customers, and a description of the status or resolution of that complaint, including any remedial action taken. As a condition of submitting a response to the City, the Respondent agrees to comply with the City's Commercial Nondiscrimination Policy as described under its SBEDA Ordinance, Section III.C.1."

- L. Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that persons, or their agents, who seek to contract for the sale or purchase of property, goods, or services with the City, shall file a completed conflict of interest questionnaire with the City Clerk not later than the 7th business day after the date the person: (1) begins contract discussions or negotiations with the City; or (2) submits to the City an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with the City. The conflict of interest questionnaire form is available from the Texas Ethics Commission at <http://www.ethics.state.tx.us/forms/CIQ.pdf>. Completed conflict of interest questionnaires may be mailed or delivered by hand to the Office of the City Clerk. If mailing a completed conflict of interest questionnaire, mail to: Office of the City Clerk, P.O. Box 839966, San Antonio, TX 78283-3966. If delivering a completed

conflict of interest questionnaire, deliver to: Office of the City Clerk, City Hall, 2nd floor, 100 Military Plaza, San Antonio, TX 78205. Applicant should consult its own legal advisor for answers to questions regarding the statute or form.

## XI. INDEMNIFICATION REQUIREMENTS

If selected to provide the services described in this RFA, Applicant shall be required to comply with the indemnification requirements set forth below:

### INDEMNIFICATION

**APPLICANT covenants and agrees to FULLY INDEMNIFY, DEFEND and HOLD HARMLESS, the CITY and the elected officials, employees, officers, directors, volunteers and representatives of the CITY, individually and collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the CITY directly or indirectly arising out of, resulting from or related to APPLICANT'S activities under this Agreement, including any acts or omissions of APPLICANT, any agent, officer, director, representative, employee, consultant or subcontractor of APPLICANT, and their respective officers, agents employees, directors and representatives while in the exercise of the rights or performance of the duties under this Agreement. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of CITY, it s officers or employees, in instances where such negligence causes personal injury, death, or property damage. IN THE EVENT APPLICANT AND CITY ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS FOR THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CITY UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.**

The provisions of this INDEMNITY are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. APPLICANT shall advise the CITY in writing within 24 hours of any claim or demand against the CITY or APPLICANT known to APPLICANT related to or arising out of APPLICANT's activities under this AGREEMENT and shall see to the investigation and defense of such claim or demand at APPLICANT's cost. The CITY shall have the right, at its option and at its own expense, to participate in such defense without relieving APPLICANT of any of its obligations under this paragraph.

Defense Counsel - CITY shall have the right to select or to approve defense counsel to be retained by APPLICANT in fulfilling its obligation hereunder to defend and indemnify CITY, unless such right is expressly waived by CITY in writing. APPLICANT shall retain CITY approved defense counsel within seven (7) business days of CITY'S written notice that CITY is invoking its right to indemnification under this Contract. If APPLICANT fails to retain Counsel

within such time period, CITY shall have the right to retain defense counsel on its own behalf, and APPLICANT shall be liable for all costs incurred by CITY. CITY shall also have the right, at its option, to be represented by advisory counsel of its own selection and at its own expense, without waiving the foregoing.

**XII. INSURANCE REQUIREMENTS**

If selected to provide the services described in this RFA, Applicant shall be required to comply with the insurance requirements set forth below:

**INSURANCE**

- A) Prior to the commencement of any work under this Agreement, Applicant shall furnish copies of all required endorsements and an original completed Certificate(s) of Insurance to the City’s **Office of Grants Monitoring and Administration** which shall be clearly labeled “City of San Antonio Office of Grants Monitoring and Administration HUD HOME Funds” in the Description of Operations block of the Certificate. The original Certificate(s) shall be completed by an agent and signed by a person authorized by that insurer to bind coverage on its behalf. The City will not accept Memorandum of Insurance or Binders as proof of insurance. The original certificate(s) or form must have the agent’s original signature, including the signer’s company affiliation, title and phone number, and be mailed, with copies of all applicable endorsements, directly from the insurer’s authorized representative to the City. The City shall have no duty to pay or perform under this Agreement until such certificate and endorsements have been received and approved by the City’s Office of Grants Monitoring and Administration. No officer or employee, other than the City’s Risk Manager, shall have authority to waive this requirement.
- B) The City reserves the right to review the insurance requirements of this Article during the effective period of this Agreement and any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by City’s Risk Manager based upon changes in statutory law, court decisions, or circumstances surrounding this Agreement. In no instance will City allow modification whereupon City may incur increased risk.
- C) An Applicant’s financial integrity is of interest to the City; therefore, subject to Applicant’s right to maintain reasonable deductibles in such amounts as are approved by the City, Applicant shall obtain and maintain in full force and effect for the duration of this Agreement, and any extension hereof, at Applicant’s sole expense, insurance coverage written on an occurrence basis, by companies authorized and admitted to do business in the State of Texas and with an A.M Best’s rating of no less than A- (VII), in the following types and for an amount not less than the amount listed below:

<u>TYPE</u>	<u>AMOUNTS</u>
1. Workers' Compensation	Statutory
2. Employers' Liability	\$500,000/\$500,000/\$500,000

<p>3. Broad form Commercial General Liability Insurance to include coverage for the following:</p> <ul style="list-style-type: none"> <li>a. Premises operations</li> <li>b. Independent Contractors</li> <li>c. Products/completed operations</li> <li>d. Personal Injury</li> <li>e. Contractual Liability</li> <li>f. Damage to property rented by you</li> </ul>	<p>For <u>B</u>odily <u>I</u>njury and <u>P</u>roperty <u>D</u>amage of \$1,000,000 per occurrence; \$2,000,000 General Aggregate, or its equivalent in Umbrella or Excess Liability Coverage</p> <p>\$100,000</p>
<p>4. Business Automobile Liability</p> <ul style="list-style-type: none"> <li>a. Owned/leased vehicles</li> <li>b. Non-owned vehicles</li> <li>c. Hired Vehicles</li> </ul>	<p><u>C</u>ombined <u>S</u>ingle <u>L</u>imit for <u>B</u>odily <u>I</u>njury and <u>P</u>roperty <u>D</u>amage of \$1,000,000 per occurrence; \$5,000,000 General Aggregate, or its equivalent in Umbrella or Excess Liability Coverage</p>

D) The City shall be entitled, upon request and without expense, to receive copies of the policies, declaration page and all endorsements thereto as they apply to the limits required by the City, and may require the deletion, revision, or modification of particular policy terms, conditions, limitations or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). Applicant shall be required to comply with any such requests and shall submit a copy of the replacement certificate of insurance to City at the address provided below within 10 days of the requested change. Applicant shall pay any costs incurred resulting from said changes.

City of San Antonio  
 Attn: **Office of Grants Monitoring and Administration**  
 P.O. Box 839966  
 San Antonio, Texas 78283-3966

E) Applicant agrees that with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following provisions:

- Name the City, its officers, officials, employees, volunteers, and elected representatives as additional insured by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the City, with the exception of the workers’ compensation and professional liability policies;
- Provide for an endorsement that the “other insurance” clause shall not apply to the City of San Antonio where the City is an additional insured shown on the policy;
- Workers’ compensation and employers’ liability policies will provide a waiver of subrogation in favor of the City.
- Provide thirty (30) calendar days advance written notice directly to City of any suspension, cancellation, non-renewal or material change in coverage, and not less than ten (10) calendar days advance notice for nonpayment of premium.

- F) Within five (5) calendar days of a suspension, cancellation or non-renewal of coverage, Applicant shall provide a replacement Certificate of Insurance and applicable endorsements to City. City shall have the option to suspend Applicant’s performance should there be a lapse in coverage at any time during this Agreement. Failure to provide and to maintain the required insurance shall constitute a material breach of this Agreement.
- G) In addition to any other remedies the City may have upon Applicant’s failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City shall have the right to order Applicant to stop work hereunder, and/or withhold any payment(s) which become due to Applicant hereunder until Applicant demonstrates compliance with the requirements hereof.
- H) Nothing herein contained shall be construed as limiting in any way the extent to which Applicant may be held responsible for payments of damages to persons or property resulting from Applicant’s or its subcontractors’ performance of the work covered under this Agreement.
- I) It is agreed that Applicant’s insurance shall be deemed primary and non-contributory with respect to any insurance or self insurance carried by the City of San Antonio for liability arising out of operations under this Agreement.
- J) It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in this Agreement.
- K) Applicant and any Subcontractors are responsible for all damage to their own equipment and/or property.

**XIII. SCHEDULE OF EVENTS**

Following is a list of **projected dates** with respect to this RFA:

RFA Release Date	February 18, 2011
1 <sup>st</sup> Pre-proposal Conference	February 25, 2011
2 <sup>nd</sup> Pre-proposal Conference	March 4, 2011
Final Questions Accepted	March 7, 2011
Proposals Due	March 14, 2011
1st City-wide Public Hearing	March 30, 2011
Advertising of Funding Recommendations	April 4, 2011
2nd Citywide Public Hearing	May 4, 2011
FY 2011-2012 Consolidated Plan/Budget Adoption	May 5, 2011

THE DOCUMENTS THAT FOLLOW ARE FORMS THAT MUST BE COMPLETED BY APPLICANT AND INCLUDED WITH APPLICATION. ATTACH THESE DOCUMENTS TO YOUR APPLICATION IN THE ORDER INDICATED IN RFA SECTION V, WHICH IS ENTITLED “APPLICATION REQUIREMENTS”. PLEASE BE SURE TO LABEL UPPER LEFT CORNER WITH ATTACHMENT NUMBER, I.E. “D-1”, “A-2”, ETC.

## FY 2011-2012 HOME APPLICATION FORM

Applicant must complete this FY 2011-2012 HOME Application Form as in conjunction with the FY 2011-2012 HOME RFA. Use the following list to ensure that all required documents have been included in the Application and that they are properly tabbed and in the correct order. Please be sure to provide a response to each question. N/A is not acceptable unless the question allows that answer.

	Document
	<p><b>Application Form</b></p> <p>IX. Applicant Information                      X. Project – General Information and Summary                      XI. Project Budget                      XII. Timeline                      XIII. Project – Specific Information (Complete only one category)                      XIV. Signature Page * and, if required, Resolution authorizing the signatory to submit the application and execute a funding contract, if awarded                      XV. Discretionary Contract Disclosure Form *                      XVI. Litigation Disclosure*</p> <p style="text-align: center;">*Indicates must be signed and submitted to be deemed Responsive.</p>
<b>Tab</b>	<p><b><u>I. Applicant Information</u></b></p>
Exhibit A	<p>A1. Non-Profit determination letter                      A2. Articles of Incorporation                      A3. By-Laws                      A4. Program Brochure                      A5. Board of Directors list                      A6. Current Audit and Form 990                      A7. Policies and Procedures Manuals                      A8. Resumes                      A9. Organizational Chart</p>
Exhibit B	<p><b><u>II. Project – General Information</u></b></p> <p>B1. Site/Target Area Map                      B2. Interagency Commitment Letters                      B3. Letter of Community Support                      B4. Map of Proximity to Bus Stop                      B5. Map of Proximity to School, Community Center or Library                      B6. Page of Local Plan or Policy</p>
Exhibit C	<p><b><u>III. Project Budget</u></b></p> <p>C1. Project Funding Commitment Letter(s)</p>
Exhibit D	<p><b><u>VI. Funding Category Specific Information</u></b></p> <ul style="list-style-type: none"> <li>• <b>For Funding Category A include:</b> <ul style="list-style-type: none"> <li>D1. Marketing Plan</li> <li>D2. Homebuyer Counseling/Education Curriculum</li> <li>D3. Participant Eligibility Requirements/Guidelines</li> </ul> </li> <li>• <b>For Funding Category B include:</b> <ul style="list-style-type: none"> <li>D1. Marketing Plan</li> <li>D2. Participant Eligibility Requirements/Guidelines</li> </ul> </li> <li>• <b>For Funding Category C include:</b> <ul style="list-style-type: none"> <li>D1. Affirmative Marketing Plan</li> <li>D2. Operating Pro-Forma</li> <li>D3. Participant Eligibility Requirements/Guidelines</li> <li>D4. Zoning Letter</li> </ul> </li> </ul>

	D5. Application for Conditional Use • <b>For Funding Category D include:</b> D1. Affirmative Marketing Plan D2. Participant Eligibility Requirements/Guidelines
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**I. APPLICANT INFORMATION (20 Points)**

**A. Contact information:**

1.) Provide the requested information for the person to whom the City should address correspondence and/or direct questions regarding this Application.

**Name of Applicant:** \_\_\_\_\_

**Address: mailing** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**physical** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

2.) Provide the requested information for the person who will have authority to sign a funding contract if awarded pursuant to the Application. Signatory authority must be with either the Chief Executive Officer (Executive Director/President) or Chief Volunteer Officer (Board President).

**Name of Applicant:** \_\_\_\_\_

**Address: mailing** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**physical** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\_\_\_\_\_

**B. Type of Applicant:**

**1.) Status**

Non-Profit     For-Profit     Other    Please specify: \_\_\_\_\_

**If non-profit, is applicant a CHDO?** Yes                       No

**If Non-Profit, check source of exemption:**

IRS Section 501(a)                       IRS Section 501(c)(3)

IRS Section 501(c)(4)                       IRS 456

*Please provide letter of Non-Profit Determination as Exhibit A-1*

Date source of exemption received (mm/dd/yy): \_\_\_\_\_

Date Incorporated (mm/dd/yy): \_\_\_\_\_ *Please provide Articles of Incorporation as Exhibit A-2 and By-laws as Exhibit A-3*

**2. Business Identification**

Federal Employer Identification Number (9-digits): \_\_\_\_\_

DUNS #: \_\_\_\_\_ *If Applicant does not have one, go to <http://fedgov.dnb.com/webform> and request a number.*

Is Applicant authorized and/or licensed to do business in Texas? Yes     No

If yes, please provide Texas Comptroller's Taxpayer Number (11-digits): \_\_\_\_\_

*(Required from corporations and limited liability corporations only.)*

**C. Organizational Background**

1. Number of years in operation? \_\_\_\_\_

2. How many years has Applicant been successfully performing the specific activities related to this RFA? \_\_\_\_\_

3. How many years experience does agency have with HOME funds? \_\_\_\_\_

4. How many years experience with other federal funds? \_\_\_\_\_

5. Applicant Prior Funding: Provide requested information for any federal funds received through the City of San Antonio, State of Texas or any other entity for the last FIVE years. You may add additional lines.

YEAR	PROJECT NAME	FUND TYPE	BUDGETED AMOUNT	AMOUNT EXPENDED TO DATE	TOTAL CLIENTS/UNITS COMPLETED
2005	Sample Project	HOME	\$13,000,000	\$12,999,000	1250/250
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

6. What is the purpose/mission of your agency? Please include any special populations or clients served.

7. What are the types of services provided by your agency? *Please provide pamphlet or brochure for the program as it relates to this RFA as Exhibit A-4.*

8. Does Applicant have authorized board support to proceed with this project? City departments check "N/A."

Yes  No  N/A

*If yes, please provide Board Roster showing Names and Addresses of Current Board of Directors as Exhibit A-5.*

9. Does Applicant anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months that may affect the Agency's ability to carry out its proposal?

Yes  No

10. Are accounting/financial reconciliations written and reviewed by an independent auditor?

Yes  No

11. Does Applicant execute an independent audit on a yearly basis? *Please provide a copy of your most recent audit and Form 990 as Exhibit A-6. If City, check N/A.*

Yes  No  N/A

12. Does your program have written policies/procedures in place to address compliance with the following Federal and Local requirements for:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Affirmative Fair Housing Marketing Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMWBE/HUB                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Procurement Method                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SBEDA                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Section 3                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Please provide copies of each policy/procedure label/title and attach a copy in Exhibit A-7 in order to receive points.***

15. Indicate the method/definition of 'INCOME' to be used to qualify all participants in the program/project:

- 24 CFR Part 5 (Section 8)
- Census Long Form Annual Income
- IRS Form 1040 Adjusted Gross Income

**D. Staff Capacity:**

1. List the name, position, role and years of experience of each key/relevant staff member associated with this project. ***Please attach resumes (A-8) of each staff member listed below and an organizational chart, (A-9).***

Name	Position	Role	Years Experience

2. Has the Applicant or any of its principals been debarred or suspended from contracting with any public entity?      **Yes**                       **No**

If yes, identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

3. Has Applicant or any of its principals ever had a bond or surety canceled or forfeited?

Yes  No

If yes, state the name of the bonding company, date, amount of bond and reason for such cancellation or forfeiture.

4. Has Applicant or any of its principals ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

Yes  No

If yes, state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

5. Provide any other names under which Applicant has operated within the last 10 years.

6. Has the Applicant ever received any disciplinary action, or any pending disciplinary action, from any regulatory bodies or professional organizations? If "Yes", state the name of the regulatory body or professional organization, date and reason for disciplinary or impending disciplinary action.

**II. PROJECT – GENERAL INFORMATION AND SUMMARY ( 30 Points with 5 bonus points possible)**

A. Name of Project: \_\_\_\_\_

B. Amount of HOME funding requested: \_\_\_\_\_

C. Funding Category and Project Type: *Choose one (1) of the following activities from categories that best describes the program/project proposed by the applicant. (NOTE: In cases where the Applicant is planning on undertaking multiple activities, multiple applications will need to be submitted, e.g. Infrastructure and Down Payment Assistance are TWO applications.)*

**Funding Category A - First Time Homebuyer (FTHB) Assistance**

- FTHB – Direct Homebuyer Assistance (DPA, Closing Costs, Gap Assistance)
- FTHB - Construction Assistance
- FTHB - Acquisition & Rehabilitation for Sale to FTHB
- FTHB - Land Acquisition and/or Infrastructure in Support of FTHB

**Funding Category B - Owner Occupied Housing Rehabilitation & Reconstruction Program**

- Owner Occupied Rehabilitation
- Owner Occupied Reconstruction

**Funding Category C – Multi-Family New Construction Projects**

- Multifamily New Construction Individual Projects

**\*Please note: A line item budget will be earmarked for rental new construction projects. Awarding of HOME funds for individual projects will take place after TDHCA announces Tax credit awards.**

**Funding Category D – Multi-Family Rental Rehabilitation Program**

- Multifamily Rehabilitation Program (for programs only, not individual projects)

**D. Project Description - *Provide a brief description of Applicant's project. The response should include a brief history, goals, objectives, outcomes, project beneficiaries, number of persons/families being served, and community impact or need/problem being addressed. Limit the response to the space in the text box below.***

**E. Scope of Work - *Describe the specific work to be performed and activities to be completed to achieve the project's goals. Include what exactly the HOME funds will be used toward. Limit the response to the space in the text box below.***

**F. Performance Measures: *Please identify how the project's specific objectives are tied to the following Federal objectives and outcomes for reporting purposes.***

The Outcome Performance Measurement System offers three possible objectives for each activity. Please select one:

1.  **Creating Suitable Living Environments** relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low-and moderate-income persons from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.
  
2.  **Providing Decent Housing** covers the wide range of housing activities that are generally undertaken with HOME funds. This objective focuses on housing activities whose purpose is to meet individual family or community housing needs. It does not include programs where housing is an element of a larger effort to make community-wide improvements, since such would be more appropriately reported under Suitable Living Environments.
  
3.  **Creating Economic Opportunities** applies to activities related to economic development, commercial revitalization, or job creation.

Similarly, the Outcome Performance Measurement System offers three possible outcomes for each activity. Please select one:

1.  **Availability/Accessibility** applies to activities that make services, infrastructure, public services, public facilities, housing or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- and moderate-income people where they live.
2.  **Affordability** applies to activities that provide affordability in a variety of ways in the lives of low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or daycare. Affordability is an appropriate objective whenever an activity is lowering the cost, improving the quality or increasing the affordability of a product or service to benefit a low-income household.
3.  **Sustainability: Promoting Livable or Viable Communities** applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

**G. Target Area and Site Location:** *Provide the following information for the project site. If project includes more than one site, provide the information for each site. Provide a site location/target area map as Exhibit B-1.*

Street Address: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Council District: \_\_\_\_\_

*Describe the target area for your project. Include information such as street boundaries, names of neighborhoods, cardinal directions, etc.*

**H. Partnerships and Planning Efforts**

1. Is this project to be carried out in conjunction with other agencies in delivering the proposed service?

Yes  No

*If yes, provide inter-agency commitment letters as Exhibit B-2.*

2. Has the applicant undertaken any neighborhood coordination efforts either in the preparation or future course of this project? *If yes, please explain below.*

Yes  No

3. Has the applicant received any letters of support from the community or community leaders? Yes  No  *If yes, provide copies as Exhibit B-3.*

4. Is proposed project located within a ¼ mile of a bus stop? Yes  No

*If yes, provide scaled map showing proximity to stop as Exhibit B-4.*

5. Is proposed project within a ¼ mile of school, community center or library?

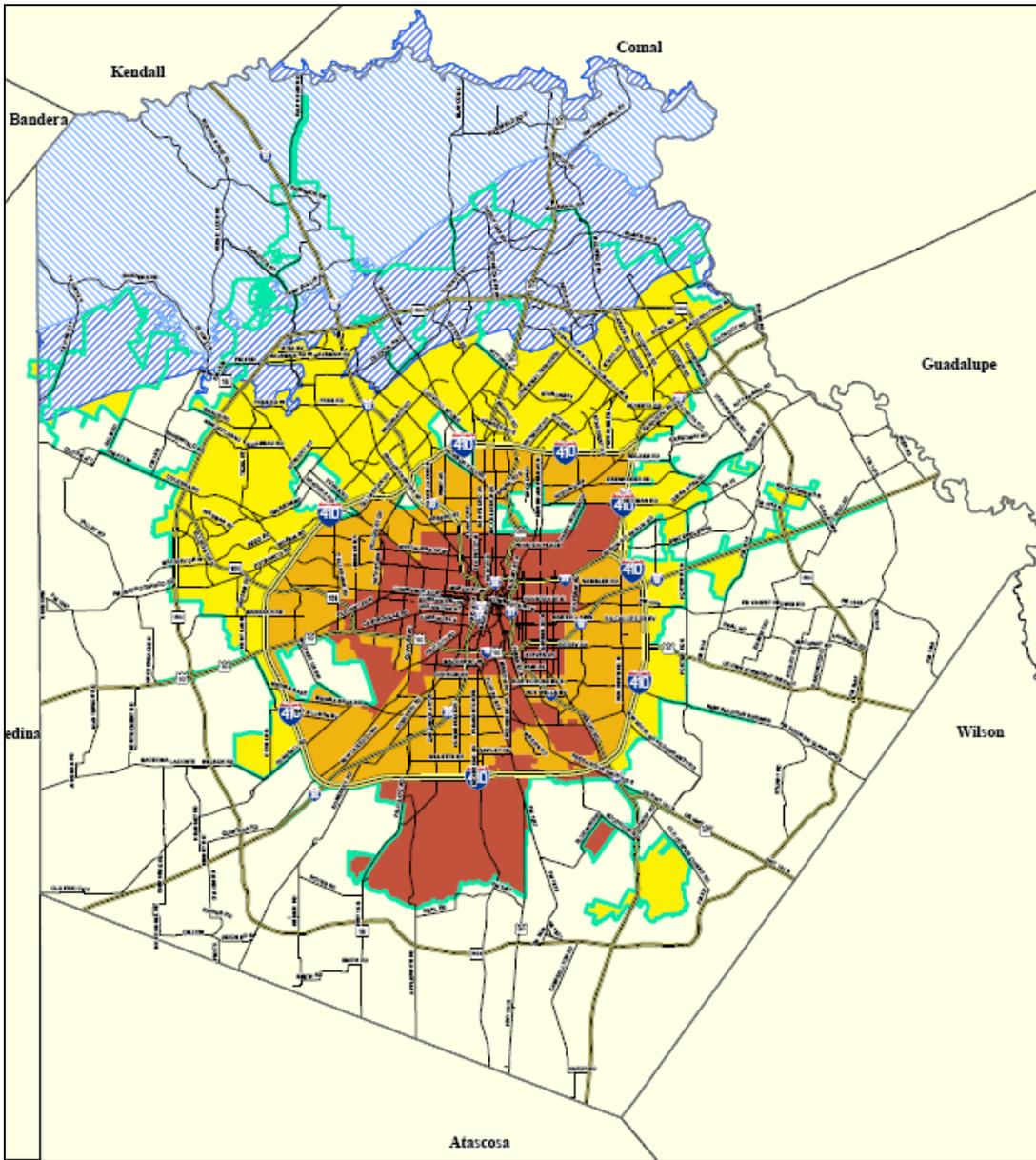
Yes  No  *If yes, provide scaled map showing proximity to any and all of the above as Exhibit B-5.*

6. Does this project address any local plans and policies as they relate to applicable City, County, community, and/or neighborhood association plan (i.e. land use, goals, or policies)? *If yes, please give name of plan and page number of plan that relates to your project. Please attach copy of the page stating this information as Exhibit B-6.*

Yes  No

7. Does this project fall within the **Infill Reinvestment Area** as outlined in the Reinvestment Policy? *See following map. If project is citywide, mark RED CORE.*

<b>Red Core Target Area</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Orange Periphery</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Yellow Suburban</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



8. **BONUS QUESTION (FOR AN ADDITIONAL 5 POINTS TO TOTAL SCORE)** Does this project fall within the **Dignowity Neighborhood Revitalization Strategy Area** as outlined in the 2010-2015 Consolidated Plan? *See following map.*

Yes

No



**III. PROJECT BUDGET ( 20 Points)**

**A. Project Expenditures - Complete the table on the following two pages and identify all project expenditures related to the proposed project. If a specific line item of the budget is not identified on the table, utilize one of the line items identified as ‘Other’ and add the applicable line item. Do not add additional lines to the table. If the expenditures require more line items than identified on the table, consolidate multiple line items into a single response under an “Other’ line item.**

EXPENDITURE CATEGORIES		Total Project Expense	CDBG Funding Request	HOME Funding Request
<b>ADMINISTRATIVE COSTS</b>				
1	Salaries	\$	\$	\$
2	FICA	\$	\$	\$
3	Worker’s Compensation	\$	\$	\$
4	TEC	\$	\$	\$
5	Health Insurance Benefits	\$	\$	\$
6	Retirement Benefits	\$	\$	\$
7	Audit	\$	\$	\$
8	Consultants/Contract Labor	\$	\$	\$
9	Dues and Membership	\$	\$	\$
10	Insurance, Bond	\$	\$	\$
11	Insurance, Liability	\$	\$	\$
12	Legal Fees	\$	\$	\$
13	Maintenance	\$	\$	\$
14	Memberships/Professional Dues	\$	\$	\$
15	Mileage and Parking	\$	\$	\$
16	Miscellaneous	\$	\$	\$
17	Office Equipment	\$	\$	\$
18	Postage	\$	\$	\$
19	Printing	\$	\$	\$
20	Publications and Subscriptions	\$	\$	\$
21	Staff Training	\$	\$	\$
22	Travel	\$	\$	\$
23	Other:	\$	\$	\$
24	Other:	\$	\$	\$
25	Other:	\$	\$	\$
26	Other:	\$	\$	\$
27	Other:	\$	\$	\$
28	Other:	\$	\$	\$
<b>TOTAL ADMINISTRATIVE COSTS</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

EXPENDITURE CATEGORIES		Total Project Expenses	CDBG Funding Request	HOME Funding Request
<b>DIRECT PROJECT COSTS</b>				
<b>Project Soft Costs</b>				
1	Financing Fees	\$	\$	\$
2	Origination Fees	\$	\$	\$
3	Credit Reports	\$	\$	\$
4	Title Reports	\$	\$	\$
5	Recordation Fees	\$	\$	\$
6	Legal Fees	\$	\$	\$
7	Appraisals	\$	\$	\$
8	Loan Processing Fees	\$	\$	\$
9	Marketing	\$	\$	\$
10	Design/Architectural/Engineering Fees	\$	\$	\$
11	Environmental Reviews	\$	\$	\$
12	2 <sup>nd</sup> Lien Gap Financing	\$	\$	\$
13	Down Payment Assistance	\$	\$	\$
14	Homebuyer Education/Counseling	\$	\$	\$
15	*Developer's Fee	\$		
16	*Project/Construction Management Fees	\$		
17	Other:	\$	\$	\$
18	Other:	\$	\$	\$
19	Other:	\$	\$	\$
20	Other:	\$	\$	\$
21	Other:	\$	\$	\$
22	Other:	\$	\$	\$
<b>Project Hard Costs:</b>				
23	Land/Site Acquisition	\$	\$	\$
24	Site Preparation/Demolition	\$	\$	\$
25	New Construction	\$	\$	\$
26	Rehabilitation	\$	\$	\$
27	Lead-based Paint Activities	\$	\$	\$
28	ADA Modifications	\$	\$	\$
29	Weatherization	\$	\$	\$
30	Other:	\$	\$	\$
31	Other:	\$	\$	\$
32	Other:	\$	\$	\$
33	Other:	\$	\$	\$
34	Other:	\$	\$	\$
35	Other:	\$	\$	\$
<b>TOTAL DIRECT PROJECT COSTS</b>		\$	\$	\$
<b>TOTAL PROJECT EXPENDITURES</b>				
		\$	\$	\$

\*Ineligible for City of San Antonio funding

**B. Amount of Funding Request:**

**Home Investment Partnership Program (HOME):** \$ \_\_\_\_\_

**Estimated Total Project Cost:** \$ \_\_\_\_\_

**Please provide the following:**

(HOME funds requested: \_\_\_\_\_ / Total project cost: \_\_\_\_\_) x 100 = \_\_\_\_\_% HOME Requested

**C. Project Funding Sources:**

<u>Funding Source</u>	<u>Funding Amount</u>	<u>Funding Status (Enter either "Applied-Pending" or "Committed")</u>
1.	\$ _____	
2.	\$ _____	
3.	\$ _____	
4.	\$ _____	
5.	\$ _____	
6.	\$ _____	
7.	\$ _____	
TOTAL	\$ _____	

*For all funding listed as "Committed", attach written commitment letter(s) in Exhibit C-1*

**D. Are all funding sources committed less HOME funds?** Yes  No

**E. Estimated Total Project Cost per Unit:** \$ \_\_\_\_\_

**F. Total HOME funds requested/HOME units proposed:** \$ \_\_\_\_\_

**G. Total Number of Units at Project Completion:** \_\_\_\_\_

**H. Total Number of HOME Assisted Units at Project Completion:** \_\_\_\_\_

**IV. TIMELINE (5 Points)**

***A. Timeline Table - Identify each activity/task for the project in chronological order and enter the projected dates. Identify all key activities of the proposal. The Completion Date should be identified as the date that all proposed activities are fully-completed based on the scope of the project. Units are fully-completed as evidenced through the issuance of a Certificate of Occupancy or ready for move-in.***

***(NOTE: Some project activities such as land acquisition, new construction or rehabilitation activities should have actual dates and others, such as housing counseling and marketing, may be identified as ‘ongoing’.)***

Activity/Task	Projected Dates (Give specific dates)
Project Start	
Project Completion	

**V. PROJECT – SPECIFIC INFORMATION ( 25 Points)**

*Based on the Funding Category (A, B, or C) being applied for, complete the appropriate Project-Specific Information section. Complete only one Project-Specific Information Section per application.*

**Funding Category A - First Time Homebuyer (FTHB) Assistance**

- FTHB – Direct Homebuyer Assistance (DPA, Closing Costs, Gap Assistance)
- FTHB - Construction Assistance
- FTHB - Acquisition & Rehabilitation for Sale to FTHB
- FTHB - Land Acquisition and/or Infrastructure in Support of FTHB

**A. PERFORMANCE INDICATORS and BENEFICIARIES *(Please provide proposed numbers):***

1. Homeownership Units: *Direct Financial Assistance to Homebuyers- Gap Financing, Down-Payment Assistance*

Number of first-time homebuyers:..... \_\_\_\_\_  
*Of those*, number receiving Housing Counseling:..... \_\_\_\_\_

**And/Or**

Homeownership Units: *Development Subsidy- Constructed, Acquired, and/or Acquired with Rehabilitation, Land Acquisition*

TOTAL Number of Units:..... \_\_\_\_\_  
***Of those:***  
 Number qualified as Energy Star:..... \_\_\_\_\_  
 Number Section 504 accessible:..... \_\_\_\_\_  
 Number occupied by elderly:..... \_\_\_\_\_  
 Number specifically designated for persons with HIV/AIDS: \_\_\_\_\_  
 Number specifically designated for homeless:..... \_\_\_\_\_

2. Based on the number of affordable units proposed, identify the number of units/households to be served at each income level of the Area Median Income (AMI):

30% or below of AMI:..... \_\_\_\_\_  
 31%-50% of AMI:..... \_\_\_\_\_  
 51%-60% of AMI:..... \_\_\_\_\_  
 61%-80% of AMI:..... \_\_\_\_\_

3. Indicate any Special Populations your program proposes to market and serve:

- |  |   |
|--|---|
| <input type="checkbox"/> Elderly   | <input type="checkbox"/> Homeless                     |
| <input type="checkbox"/> Disabled (physical, developmental, psychiatric) | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Persons with HIV/AIDS                           | <input type="checkbox"/> Not targeting a special pop. |

4. If you serve a special population, does your program have a written Marketing Plan to ensure

appropriate outreach to that special population?  Yes  No

*If yes, attach a copy of Marketing Plan as Exhibit D-1.*

**B. EFFICIENCY:** *Complete the information below using historical averages from your program production during the last 3 years, and taking into consideration increases in cost of materials, labor, etc.*

1. Average HOME Loan Amount per household..... \$\_\_\_\_\_

Average HOME Grant Amount per household..... \$\_\_\_\_\_

2. Minimum homebuyer contribution ..... \$\_\_\_\_\_

3. Identify the source(s) of funding for Administrative funds to operate your program:

100% HOME/CDBG  Partial HOME/CDBG  Other- No HOME/CDBG

**4. For FTHB New Construction Projects:**

a. Complete the requested information for the type/size of affordable housing available to program participants

Unit Type	Avg. Square Feet	Avg. Sales Price	Additional Features/Amenities (Garage, carport, appliances, ceiling fans, flooring type, storage unit, etc.)
2 bed/1 bath		\$	
2 bed/1 ½ bath		\$	
2 bed/2 bath		\$	
3 bed/1 bath		\$	
3 bed/1 ½ bath		\$	
3 bed/2 bath		\$	
Other: Identify		\$	

b. Provide cost of land acquisition .....\$\_\_\_\_\_

c. Will the cost of land acquisition have been funded or to be funded with HOME or CDBG dollars?  Yes  No

d. Provide cost of infrastructure ..... \$\_\_\_\_\_

e. Will the cost of infrastructure have been funded or to be funded with HOME or CDBG dollars?  Yes  No

**C. TERMS OF ASSISTANCE:** *Identify the terms of assistance provided to program participants.*

Income Level	Maximum Amount of Assistance	Interest Rate	Years for Repayment	Additional Loan Provisions (forgivable, deferred payments, period of affordability, etc.)
30% or below of AMI				
31%-50% of AMI				
51%-60% of AMI				

61%-80% of AMI				
----------------	--	--	--	--

**D. PROGRAM DESIGN:**

1. Homeowner Counseling/Education:

Pre-Assistance Counseling/Education required:.....  Yes, \_\_ Hours  No

Post-Assistance Counseling/Education required:.....  Yes, \_\_ Hours  No

*Attach copy of curriculum used as Exhibit D-2.*

2. Does your program have written Participant Eligibility Requirements/Guidelines that are provided to all potential participants?  Yes  No

*If yes, attach a copy of Requirements/Guidelines as Exhibit D-3.*

3. Is each client offered a “flat” subsidy, e.g. a set dollar amount for all homebuyers?

Yes  No

4. Identify the focus of the New Construction program:

In-Fill Development

Affordable New Subdivision

Mixed Income Subdivision: (Market and Affordable)

5. Does your new construction incorporate Green Building standards and principles?

Yes  No

If yes, indicate the Level of Green Building (i.e., Level I, Level II, LEED Certified, etc.): \_\_\_\_\_

**STOP: Proceed to Part VI, Signature Page**

**Funding Category B - Owner Occupied Housing Rehabilitation & Reconstruction Program**

- Owner Occupied Rehabilitation
- Owner Occupied Reconstruction

**A. PERFORMANCE INDICATORS and BENEFICIARIES *(Please provide proposed numbers):***

1. Owner-Occupied Units Rehabilitated or Reconstructed

- TOTAL Number of Units:..... \_\_\_\_\_
- Number of units occupied by elderly:..... \_\_\_\_\_
- Number of units brought from substandard to HQS or local code: \_\_\_\_\_
- Number of units qualified as Energy Star:..... \_\_\_\_\_
- Number of units brought into compliance with lead-safe housing rule (24 CFR part 35):..... \_\_\_\_\_
- Number of units made accessible for persons with disabilities: \_\_\_\_\_

2. Based on the number of affordable units proposed, identify the number of units/households to be served at each income level of the Area Median Income (AMI):

- 30% or below of AMI:..... \_\_\_\_\_
- 31%-50% of AMI:..... \_\_\_\_\_
- 51%-60% of AMI:..... \_\_\_\_\_
- 61%-80% of AMI:..... \_\_\_\_\_

3. Indicate any Special Populations your program proposes to market and serve:

- Elderly
- Disabled (physical, developmental, psychiatric)
- Not targeting a special pop.

4. If you serve a special population, does your program have a written Marketing Plan to ensure appropriate outreach to that special population?  Yes  No

*If yes, attach a copy of Marketing Plan as Exhibit D-1.*

**B. EFFICIENCY: *Complete the information below using historical averages from program production during the last 3 years, and taking into consideration increases in cost of materials, labor, etc.***

- 1. Average Total Cost per home for Rehabilitation..... \$ \_\_\_\_\_  
(Hard Costs, Soft Costs, Rehab, ADA, Lead, Weatherization, Asbestos)
- Average Hard Costs.....\$ \_\_\_\_\_
- Average Soft Costs.....\$ \_\_\_\_\_
- Average ADA.....\$ \_\_\_\_\_
- Average Lead.....\$ \_\_\_\_\_
- Average Weatherization.....\$ \_\_\_\_\_
- Average Asbestos.....\$ \_\_\_\_\_

2. Average HOME Loan Amount per household..... \$ \_\_\_\_\_  
 Average HOME Grant Amount per household..... \$ \_\_\_\_\_  
 Average Other Grants (FHLB, Private, etc.) Amount per household.....\$ \_\_\_\_\_
3. Identify the source(s) of funding for Administrative funds to operate your program:  
 100% HOME/CDBG       Partial HOME/CDBG       No HOME/CDBG

**C. TERMS OF ASSISTANCE: *Identify the terms of assistance to be provided to program participants.***

Income Level	Maximum Amount of Assistance	Interest Rate	Years for Repayment	Additional Loan Provisions (forgivable, deferred payments, period of affordability, etc.)
30% or below of AMI				
31%-50% of AMI				
51%-60% of AMI				
61%-80% of AMI				

**D. PROGRAM DESIGN:**

1. Homeowner Counseling/Education:  
 Pre-Assistance Counseling/Education required:.....  Yes       No  
 Post-Assistance Counseling/Education required:.....  Yes       No
2. Does your program have written Participant Eligibility Requirements/Guidelines that are provided to all potential participants?  Yes       No  
*If yes, attach a copy of Participant Eligibility Requirements/Guidelines as Exhibit D-2.*

**STOP: Proceed to Part VI, Signature Page**

**Funding Category C – Multi-Family New Construction Projects**

**Multifamily New Construction Individual Projects**

**A. PERFORMANCE INDICATORS and BENEFICIARIES** *(Please provide proposed numbers):*

1. Multi-Family Rental New Construction

TOTAL Number of Units:..... \_\_\_\_\_

***Of those:***

Number of affordable units:..... \_\_\_\_\_

Number Section 504 accessible:..... \_\_\_\_\_

Number qualified as Energy Star:..... \_\_\_\_\_

***Of those affordable:***

Number occupied by elderly:..... \_\_\_\_\_

Number subsidized with project-based rental assistance:..... \_\_\_\_\_

Number of years of affordability (HUD standard or longer): \_\_\_\_\_

Number specifically designated for persons with HIV/AIDS: \_\_\_\_\_

***Of those***, number for chronically homeless: \_\_\_\_\_

Number specifically designated for homeless:..... \_\_\_\_\_

***Of those***, number for chronically homeless:..... \_\_\_\_\_

2. Based on the number of affordable units proposed, identify the proposed number of units/households served at each income level of the Area Median Income (AMI):

30% or below of AMI:..... \_\_\_\_\_

31%-50% of AMI:..... \_\_\_\_\_

51%-60% of AMI:..... \_\_\_\_\_

61%-80% of AMI:..... \_\_\_\_\_

3. Indicate any Special Populations your program proposes to market and serve:

- |  |   |
|--|---|
| <input type="checkbox"/> Elderly   | <input type="checkbox"/> Homeless                     |
| <input type="checkbox"/> Disabled (physical, developmental, psychiatric) | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Persons with HIV/AIDS                           | <input type="checkbox"/> Not targeting a special pop. |

4. If you propose to serve a special population, does your program have an Affirmative Marketing Plan to ensure appropriate outreach to the target population?  Yes  No

***If yes, attach a copy of Affirmative Marketing Plan as Exhibit D-1.***

**B. EFFICIENCY:**

a. Identify the number of proposed units for each of the following:

Number of Units	HOME only Units @ LOW Rent	HOME only Units @ HIGH Rent	LIHTC only Units	HOME and LIHTC Units	Market Rate Units	Total Units
1 bedroom						
2 bedroom						

3 bedroom						
4 bedroom						
Other:						
<b>TOTAL:</b>						

b. Indicate if proposed HOME units will be designated as:

Fixed                       Floating

c. Identify the appropriate development costs and per unit subsidy amount of an affordable unit:

	HOME Funds per Unit	Other Funds per Unit	Total per Unit Development Cost
1 bedroom	\$	\$	\$
2 bedroom	\$	\$	\$
3 bedroom	\$	\$	\$
4 bedroom	\$	\$	\$
Other:	\$	\$	\$

d. Total Development Cost: \$ \_\_\_\_\_  
 Total Unit Development Cost: \$ \_\_\_\_\_  
 Total Common Area Development Costs \$ \_\_\_\_\_  
 Development Costs per Square Foot: \$ \_\_\_\_\_

**C. PROPOSED UNIT RENTS:**

Unit Type	LOW HOME Rents			HIGH HOME Unit			LIHTC Unit			Market Rate Unit
	Unit Rent	Utility Allow.	Total Tenant Payment	Unit Rent	Utility Allow.	Total Tenant Payment	Unit Rent	Utility Allow.	Total Tenant Payment	Unit Rent
1 Bedroom	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2 Bedroom	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3 Bedroom	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4 Bedroom	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

**D. OWNERSHIP AND DEVELOPMENT TEAM STRUCTURE:**

a. Identify all Ownership Organizations:

Organization:	
Contact Person/title:	
Role/Responsibility:	

Organization:	
Contact Person/title:	
Role/Responsibility:	

Organization:	
Contact Person/title:	
Role/Responsibility:	

Organization:	
Contact Person/title:	
Role/Responsibility:	

**E. PROPOSED TERMS FOR FUNDING REQUEST:**

- a. Total Amount of HOME Loan Request..... \$\_\_\_\_\_
- b. Interest Rate:..... \_\_\_\_\_
- c. Length of Loan Repayment (Number of Years):..... \_\_\_\_\_
- d. Other proposed Loan terms (Period of deferment, repayment schedule, lien position, etc.):

e. Period of Affordability:.....\_\_\_\_\_

f. Provide an operating pro forma for the project that is equal to, at a minimum, the proposed period of affordability and length of loan repayment. The pro forma should include the first ten years then increments of five years through affordability period. ***Attach as Exhibit D-2.***

**F. PROGRAM DESIGN:**

a. Does your program have written Participant Eligibility Requirements that are provided to all potential participants?  Yes  No

***If yes, attach a copy of Requirements/Guidelines as Exhibit D-3.***

b. Has the Applicant received a letter from the City of San Antonio’s Development Services Department that states the proposed development/use is (an):

1. Outright Use?  Yes  No

***If yes, attach a copy of the Zoning Letter as Exhibit D-4***

2. Allowable with conditions?  Yes  No

***If yes, insert Application for Conditional Use as Exhibit D-5.***

c. Does your new construction incorporate Green Building standards and principles?:

Yes  No

If yes, indicate the Level of Green Building (i.e., Level I, Level II, LEED Certified, etc.): \_\_\_\_\_

d. Identify any and all social and/or supportive services that will be available to residents of the property:

e. Identify the entity responsible for the management of the social services program:

\_\_\_\_\_

f. Identify the property management company being used for the property:

\_\_\_\_\_

**STOP: Proceed to Part VI, Signature Page**

**Funding Category D – Multi-Family Rental Rehabilitation Program**

Multifamily Rehabilitation Program (not individual projects)

**A. PERFORMANCE INDICATORS and BENEFICIARIES *(Please provide proposed programmatic numbers):***

1. Multi-Family Rental Rehabilitation

TOTAL Number of Units:..... \_\_\_\_\_

***Of those:***

Number of affordable units:..... \_\_\_\_\_

Number Section 504 accessible:..... \_\_\_\_\_

Number qualified as Energy Star:..... \_\_\_\_\_

***Of those affordable:***

Number occupied by elderly:..... \_\_\_\_\_

Number subsidized with project-based rental assistance:..... \_\_\_\_\_

Number of years of affordability (HUD standard or longer): \_\_\_\_\_

Number specifically designated for persons with HIV/AIDS: \_\_\_\_\_

***Of those***, number for chronically homeless: \_\_\_\_\_

Number specifically designated for homeless:..... \_\_\_\_\_

***Of those***, number for chronically homeless:..... \_\_\_\_\_

2. Based on the number of affordable units proposed, identify the proposed number of units/households the program will seek at each income level of the Area Median Income (AMI):

30% or below of AMI:..... \_\_\_\_\_

31%-50% of AMI:..... \_\_\_\_\_

51%-60% of AMI:..... \_\_\_\_\_

61%-80% of AMI:..... \_\_\_\_\_

3. Indicate any Special Populations your program proposes to market and serve:

- |  |   |
|--|---|
| <input type="checkbox"/> Elderly   | <input type="checkbox"/> Homeless                     |
| <input type="checkbox"/> Disabled (physical, developmental, psychiatric) | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Persons with HIV/AIDS                           | <input type="checkbox"/> Not targeting a special pop. |

4. If you propose to serve a special population, does your program have an Affirmative Marketing Plan to ensure appropriate outreach to the target population?  Yes  No

***If yes, attach a copy of Affirmative Marketing Plan as Exhibit D-1.***

**2. EFFICIENCY:**

a. Identify the proposed unit subsidy amount of an affordable unit:

	HOME Funds per Unit
--	------------------------

1 bedroom	\$
2 bedroom	\$
3 bedroom	\$
4 bedroom	\$
Other:	\$

**3. PROPOSED UNIT RENTS:**

Unit Type	LOW HOME Rents			HIGH HOME Unit			Market Rate Unit
	Unit Rent	Utility Allow.	Total Tenant Payment	Unit Rent	Utility Allow.	Total Tenant Payment	Unit Rent
1 Bedroom	\$	\$	\$	\$	\$	\$	\$
2 Bedroom	\$	\$	\$	\$	\$	\$	\$
3 Bedroom	\$	\$	\$	\$	\$	\$	\$
4 Bedroom	\$	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$	\$

**5. PROPOSED TERMS FOR LENDING OF HOME FUNDS:**

- a. Maximum amount of HOME funds to be loaned per project..... \$ \_\_\_\_\_
- b. Interest Rate:..... \_\_\_\_\_
- c. Length of Loan Repayment (Number of Years):..... \_\_\_\_\_
- d. Other proposed Loan terms (Period of deferment, repayment schedule, lien position, etc.):

- e. Required Period of Affordability:..... \_\_\_\_\_

**6. PROGRAM DESIGN:**

- a. Does your program have written Participant Eligibility Requirements/Guidelines that are provided to all potential participants?  Yes  No  
*If yes, attach a copy of Program Eligibility Requirements/Guidelines as Exhibit D-2.*
- b. Does your Program require Green Building standards and principles?:  
 Yes  No  
If yes, indicate the Level of Green Building (i.e., Level I, Level II, LEED Certified, etc.): \_\_\_\_\_
- c. Will social/supportive services be required of program participants?  Yes  No
- d. Will proposed program require assisted projects to be mixed income?  
 Yes  No

- e. Will program require participants to have received LIHTC in order to receive HOME funds?  
 Yes       No

**STOP: Proceed to Part VI, Signature Page**

**VI. SIGNATURE PAGE**

The undersigned certifies that (s)he is \_\_\_\_\_ (title) of the Applicant entity named below; that (s)he is designated to sign this Application Form (if a Corporation or not-for-profit Corporation, then by resolution with Certified Copy of resolution attached) for and on behalf of the Applicant entity named below, and that (s)he is authorized to execute same for and on behalf of and bind said entity to the terms and conditions provided for in the Application as required by the this RFA, and has the requisite authority to execute an Agreement on behalf of Applicant, if awarded:

\_\_\_\_\_ Applicant Organization Name  
 \_\_\_\_\_ DBA Name (Required if Applicant is an Individual or Proprietorship)

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

By signature above, Applicant agrees/certifies that:

1. If this Application is approved for funding, Applicant will be able and willing to comply with the insurance and indemnification requirements set out in RFA Sections XI and XII.
2. If this Application is approved for funding, Applicant will adhere to all relevant Federal, State and local regulations, guidelines, policies, procedures and other assurances as required by the City.
3. The information provided in this application, to the best of the Applicant’s knowledge, is true, complete and accurately describes the proposed project and if this Application is approved for funding, Applicant will be able and willing to comply with all representations made by Applicant in this Application and during the Application process.
4. If this Application is approved for funding, Applicant understands that the terms and conditions of the funding are subject to negotiation and are at the discretion of the Director of the Department.
5. Applicant has fully and truthfully submitted a Litigation Disclosure form with the understanding that failure to disclose the required information may result in disqualification of Application from consideration.
6. Applicant has fully and truthfully submitted an Applicant Questionnaire and understands that failure to fully disclose requested information may result in disqualification of application from consideration or termination of contract, once awarded.
7. Applicant will comply with the City's Ethics Code, particularly Section 2-61 that prohibits a person or entity seeking a City contract - or any other person acting on behalf of such a person or entity - from contacting City officials or their staff prior to the time such contract is posted as a City Council agenda item.
8. Applicant authorizes the release of project information to the City, Department, from all financial partners listed in the Application and authorizes the Department to verify any Application information, including financial information, as required to complete its due diligence.
9. If this Application is approved for funding and the Applicant receives more than \$500,000 in Federal funding in a fiscal year, the Applicant will have a single independent audit performed at the cost of the Applicant for that corresponding Fiscal Year and that a complete copy of the completed independent audit will be submitted to the City within five (5) business days of it being made available to the Applicant.
10. In compliance with Texas Government Code Section 2264.051, certifies that Agency or a branch, division or department of Agency does not and will not knowingly employ an undocumented worker. If Agency is awarded funds under this Request for Application and is later convicted of violating 8 U.S.C. Section 1324a(f), Agency shall

repay the full amount of funding with interest, at the highest non-usurious rate allowed by law, and notwithstanding any other term provided by its Contract with City, not later than the 120<sup>th</sup> day after the date the City notifies the Agency of the violation.

**Acknowledgement of Prohibition regarding Campaign and Officeholder Contributions**

I acknowledge that this contract has been designated a “high-profile” contract. I have read and understand the provisions regarding high profile contracts that appear on the cover page of this RFA.

## **VII. CITY OF SAN ANTONIO DISCRETIONARY CONTRACTS DISCLOSURE FORM**

Discretionary Contracts Disclosure Form may be downloaded at;

<https://www.sanantonio.gov/efrms/atty/DiscretionaryContractsDisclosure.pdf>.

Instructions for completing the Discretionary Contracts Disclosure form are listed below:

1. Download form and complete all fields. Note: All fields must be completed prior to submitting the form.
2. Click on the “Print” button and place the copy in Application response as indicated in the Application Checklist.

**VIII. LITIGATION DISCLOSURE FORM**

**Respond to each of the questions below by checking the appropriate box. Failure to fully and truthfully disclose the information required by this Litigation Disclosure form may result in the disqualification of your proposal from consideration or termination of the contract, once awarded.**

1. Have you or any member of your Firm or Team to be assigned to this engagement ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

Yes  No

2. Have you or any member of your Firm or Team to be assigned to this engagement been terminated (for cause or otherwise) from any work being performed for the City of San Antonio or any other Federal, State or Local Government, or Private Entity?

Yes  No

3. Have you or any member of your Firm or Team to be assigned to this engagement been involved in any claim or litigation with the City of San Antonio or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Yes  No

**If you have answered “Yes” to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.**