

**Missouri Housing Development Commission**  
HOME Repair Opportunities (HeRO) &  
Downtown Revitalization & Economic Assistance for Missouri (DREAM)  
*Application Guidelines*  
*2010 Fiscal Year*

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Applicants must submit one original copy of the attached application and exhibits to:

**Missouri Housing Development Commission**  
**HeRO Program c/o Tina Clavin Clubine**  
**3435 Broadway**  
**Kansas City, MO 64111**

Applications must be received by the deadline date of: **September 10, 2009 4:30 p.m.**

*\* MHDC is not responsible for mailing or delivery errors. Please allow ample time for delivery.*

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**Guidelines:**

- Proposals must be for repairs and improvements to owner occupied houses which assist persons or families below 80% of the area median income, adjusted for family size. *The program is designed to solve housing code violations and reduce lead-based paint hazards first and then general rehabilitation.* Proposals must be for assistance in at least one of the following categories:
  1. Repair of existing owner occupied single-family residences.
  2. Rehabilitation of existing owner occupied single-family residences.
  3. Reduction of the risk of lead-based paint in existing owner occupied single-family residences.
  4. Improving the accessibility of or to existing owner occupied single-family residences.
  5. Weatherization of existing owner occupied single-family residences.
  
- Applicants must submit proposals using the MHDC HOME Repair Application dated FY 2010.
- This application will be valid for both the **HeRO - Rural Areas** and **DREAM** designated communities.
- The amount of HeRO funds granted may affect the amount of Trust Fund monies allotted.
- Applicants must respond to each question and request for documentation noted in the application.
- Applicants should not refer to other sections of the proposal, or to other material, when responding to questions.
- Incomplete applications will not be considered for funding.

- Proposals must be submitted in a three-ring binder with tabs corresponding to each number as follows:
  - I. **HOME Repair Application**
  - II. **Exhibit A: Staff Experience Documentation**  
Resumes and Certifications of program/project key staff members.  
*(Ex: In House Lead Inspectors must supply Lead Risk Assessor Certification.)*
  - III. **Exhibit B: Agency Experience Documentation - Programs**  
Statement showing all non-HOME funded weatherization and/or rehabilitation programs administered within the last 3 years. Indicate sources and note if federally funded.
  - IV. **Exhibit C: Agency Experience Documentation - Projects**  
Listing of all homes repaired with non-HOME funded programs within the last 3 years by address
  - V. **Exhibit D: Certificate of Good Standing** from the Secretary of State (current within 3 months)
  - VI. **Exhibit E: Agency Service Areas**  
City / County / locality map showing area of service and location of proposed funding. Supply separate maps for DREAM cities showing their designated DREAM targeted areas.
  - VII. **Exhibit F: Other Supporting Documentation – If Applicable**  
Articles of Incorporation, CHDO Designation, By-Laws, and/or  
IRS Designation Letter  
Letters of Support  
Letter of Co-operation from DREAM City (required if applying for DREAM funding)

*For additional information, please call Lorenzo Rice, HOME Administrator, at 816-759-6698.*

**Missouri Housing Development Commission**  
HOME Repair Opportunities (HeRO) &  
Downtown Revitalization & Economic Assistance for Missouri (DREAM)  
*Application for 2010 fiscal year*

**Applicant Information:**

**Agency Name:**

Physical Address:

City: MO Zip:

County: Phone:

**Contact Person for Application/Program:**

E-mail: Title:

Phone: Fax:

**Federal Tax Employer Identification Number:** # \_\_\_\_\_

**Agency Type:** (check all that apply)

- Nonprofit                       For-profit
- Community Action Agency                       Regional Planning Commission                       Municipality
- Subsidiary {please attach name and address of parent organization, description of relationship and tax status}

**Agency's Mission:**

**Director/C.E.O.:**

*I hereby acknowledge that the submission of this request has been approved by me and the Board of Directors, if necessary.*

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

Print name:

Title:

## Local Elected Officials:

### Mayor or Chief Elected Official:

*(Only if targeting a specific city or town,  
otherwise list town main office is located in.)*

Address:

City:

MO

Zip:

### Officials for multi-county coverage areas:

State Senator:

District:

Counties:

State Senator:

District:

Counties:

State Senator:

District:

Counties:

State Representative:

District:

Counties:

State Representative:

District:

Counties:

State Representative:

District:

Counties:

State Representative:

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Counties:

State Representative:

District:

Counties:

State Representative:

District:

Counties:

State Representative:

District:

Counties:

### Additional Applicable Offices:





## Program Budget and Requested Amount:

| <b><u>Projected Program Totals:</u></b> | <b>Projected<br/>HeRO Rural</b> | <b>Projected<br/>DREAM</b><br><i>List DREAM Cities you are<br/>applying for:</i><br>_____<br>_____<br>_____ | <b>Last Year's<br/>Total HOME<br/>Allocations</b> |
|---|---------------------------------|---|---|
| Number of houses to be repaired:        |                                 |   |   |
| Average expenditure expected per house: |                                 |   |   |
| Total cost for repairs:                 |                                 |   |   |
| Total cost for overhead/management:     |                                 |   |   |
| Total costs for program budget:         |                                 |   |   |
| <b>Total amount requested:</b>          |                                 |   |   |

**List all counties and/or designated cities to be served by this program/project:**

**Will this agency be collaborating with other agencies or programs for this HOME funded program? Please describe:**

**Is Trust Fund money also being requested for this fiscal year?**

*If yes, what is the estimated amount that will be requested?*

Yes \_\_\_\_ No \_\_\_\_

\$ \_\_\_\_\_

## Agency History:

Do you currently have a non-HOME funded Home Repair program in existence?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, how many households does it typically assist each year?*

\_\_\_\_\_

### **Agency Service History:**

*Include listing of agency services – i.e. home repair, weatherization, accessibility, and other related programs.*

### **Briefly describe the agency's existing non-HOME home repair or weatherization program(s) :**

*{Please attach a listing of all homes repaired through your non-HOME funded programs within the last three years as Exhibit C.}*

**Has this agency received other MHDC grants or loans in the past?**

*Please list year, amount, and program funded:*

**Agency Experience and Expertise:**

*Describe the agency's experience and expertise with rehabilitation and weatherization type programs.*

## Agency Staff Expertise:

**Who will perform the construction work for the program?**

|                                   |       |
|-----------------------------------|-------|
| Agency Crew                       | _____ |
| Crews Subcontracted by the Agency | _____ |
| Contracted Construction Companies | _____ |

**Who will perform the lead reduction work for the program?**

|                                   |       |
|-----------------------------------|-------|
| Agency Crew                       | _____ |
| Crews Subcontracted by the Agency | _____ |
| Contracted Construction Companies | _____ |

*Note: All contractors not employed by the agency must be pre-approved by MHDC. Any contractor working on lead reduction projects must have, at minimum, Lead Safe Work Practice training.*

**If using your own subcontractors, please list those who are hired directly through the agency. Please attach any applicable lead training certifications:**

**Who will perform all applicable lead inspections?**

|  |       |
|--|-------|
| Agency Certified Inspectors                | _____ |
| Third Party Non-Staff Certified Inspectors | _____ |

**Key personnel and areas of expertise including staff certifications:**

*(i.e. Lead Abatement Certified, Lead Risk Assessors, Codes Inspectors, etc.) Attach applicable certificates & resumes as Exhibit A.*