

Missouri Housing Development Commission
HOME Repair Opportunities (HeRO) &
Downtown Revitalization & Economic Assistance for Missouri (DREAM)
Application Guidelines
2012 Fiscal Year

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: **November 1, 2011 4:00 p.m.**

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

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 2011.
- 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: Agency Financial Stability**
 - Include a copy of the agency's most recent financial audit
- VIII. **Exhibit G: 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) &
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Application for 2011 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 that the agency's home 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: District: Counties:

State Representative: District: Counties:

State Representative: District: Counties:

State Representative: District: Counties:

Additional Applicable Offices:

Program Budget and Requested Amount:

<u>Projected Program Totals:</u>	Projected HeRO Rural	Projected DREAM <i>List DREAM Cities you are applying for:</i> _____ _____ _____	Last Year's Total HOME Allocations
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:			
Total amount requested:			

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 and note if federally funded:

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. Abatement projects must be performed by abatement certified contractors.

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	_____

List 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.