

COUNTY OF SUMMIT  
NEIGHBORHOOD STABILIZATION PROGRAM  
2009 PROJECT APPLICATION

*Applications must be TYPED and FULLY completed and submitted by the application  
deadline, APRIL 30, 2009*



COUNTY OF SUMMIT  
THE HIGH POINT OF OHIO  
RUSSELL M. PRY, EXECUTIVE

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**1. APPLICANT INFORMATION** (The application score will be reduced by 5 points if not completed in full.)

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Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

Name/Title of Person Completing Application: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Organization, if any: \_\_\_\_\_

Agency Mission: (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of Housing Development Experience (list only if within the past five (5) years)

<u>Unit Type Developed</u>	<u>Rehabilitation</u>	<u>New Construction</u>
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Number of Rental Units	_____	_____
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Number of Ownership Units	_____	_____
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At the time of this application, how many vacant rental units does the agency own \_\_\_\_\_

At the time of this application, how many vacant new construction ownership units does the agency own \_\_\_\_\_

At the time of this application, how many vacant rehab ownership units does the agency own \_\_\_\_\_



- Weatherization Services
- Tax Credit developer
- Foreclosure Counseling
- Foreclosure Rescue Funds

Supportive Housing Special Needs Provider to:

- Abused Spouses and Their Children
- Elderly
- Homeless
- Individuals with Development Disabilities
- Individuals with Mental Disabilities
- Individuals with Physical Disabilities
- Migrant Farm Workers
- Individuals with alcohol or Other Drug Addictions
- Persons with HIV/Aids

Please describe any additional services provided by the organization not listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **3. PROJECT NARRATIVE**

***\*\*\* Projects must be located in the Areas of Greatest Need as Identified by the County of Summit. If explanation(s) do not fit on this page, please attach additional pages\*\*\****

**Indicate which area of Greatest Need your agency is willing to work in, please rank in order of preference:**

- \_\_\_ Barberton
- \_\_\_ Norton
- \_\_\_ Village of Lakemore
- \_\_\_ Springfield Township
- \_\_\_ Copley Township
- \_\_\_ Twinsburg Township

**Indicate which activities your agency is proposing to participate in:**

- Non-Profit Purchase/New Construction
- Non-Profit Purchase/Rehab/Resale
- Non-Profit Bank Partnership for Lease Purchase
- Land Banking
- Local Community Agreements

***TOTAL AMOUNT OF NSP FUNDS BEING REQUESTED \$ \_\_\_\_\_***

*1. Target Group:* Quantify the number of low-income persons/households (50% and below of AMI) and middle income persons/households (120% and below of AMI) potentially eligible per service/activity/project.

2. Total number of low income (50% below AMI) households this project will serve?

3. *Other Resources and Collaboration:* Clearly describe other sources of funds that will be used for this project and other agencies which will be involved to complete the process. ***Please provide letters of intent from funders and/or other participating agencies.***

4. Organization Capacity: Summarize the organization's background/programmatic capacity. Does your organization or proposed project fill a unique niche among clients who are not currently served or are under-served.

5. Board Composition: Does the agency have a diverse board of directors/trustees that receives annual board training.  Yes  No If Yes, please provide a list of board training. *Please attach a current list of board members.* N/A for Communities.

6. Staff Composition: Describe the staff's experience in community development and administering federal funds. *Attach staff resumes to application.*

7. Agency Role in Project: What is the agency's proposed role?  Owner  Sponsor  
 Developer  Property Manager  Construction Manager

8. Which of the following steps has the agency completed for this project:

- Project Concept \_\_\_\_\_
- Feasibility Concept \_\_\_\_\_
- Identification of Potential Sites \_\_\_\_\_
- Preliminary Design and Cost Estimates \_\_\_\_\_
- Feasibility of Identified Sites \_\_\_\_\_
- Development Team Assembled \_\_\_\_\_ (if yes please attach list)
- Identification of Potential Funding Sources \_\_\_\_\_ (attach any support letters)
- Applications for Financing \_\_\_\_\_ (not including NSP)
- Other major steps completed:

9. *Performance Schedule*: Complete the Work Plan for implementation/completion of the services and activities identified in the Scope of Services. (Exhibit 2). In addition, the agency will be required to indicate performance measurements as they relate to the activities of your project.

10. Will the project be carried out in partnership with any other entities?  Yes  No  
Name entities, identify whether for-profit or non-profit and describe proposed roles and capacity.

11. Identify key individuals who will be responsible for carrying out all major activities necessary to complete this project. If all staff/consultants are not yet identified, describe what efforts have and will be undertaken to engage the necessary services.

12. Community Outreach: Describe what efforts, (including public meetings), the agency has taken or plans to take to make sure the project is compatible with the neighborhood plans and strategies. What is the expected impact of the project on the neighborhood? Include minutes of meetings and/or sign-in sheets.

13. Describe any services that will be provided for the beneficiaries of the housing that will enhance the quality of the development, such as Down Payment Assistance? Also describe any supportive services that will be targeted to program beneficiaries to enhance their quality of life through participating agencies.

14. Project Funding: (Complete Exhibit 1) Identify each proposed source of financing. Explain the status of each funding source. In the event that sufficient funds are not available to fully fund this request, can this project be funded in phases? Include any cost implications which will result if phased funding occurs. (Attach additional pages if necessary)

15. Project Budget: Complete a budget (exhibit 3) summarizing the use of the proposed funding. Also complete a non-capital budget (exhibit 4) for the agency. Each contract requires a 25% match in the form of a permanent contribution to the project. Indicate where the match funds will come from, and the committed match amounts.

16. Scope of Services: Clearly describe the proposed service/activity/project to be carried out with the funds requested, include what access the clients will have to necessary public services and employment assistance. Discuss the cost-per-beneficiary in relation to private and other organizations delivering similar services. *Please include project name.* (Use additional sheet if necessary)

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#### **4. GENERAL REQUIREMENTS**

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1. NSP funds are provided on a reimbursement basis. Please complete the information below regarding the person responsible for submitting the agencies request for reimbursement:

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Provide one of the following documents to prove the agency conforms to the financial accountability standards of 24 CFR 84.21:

Notarized statement by your Chief Financial Officer or a Certified Public Accountant

HUD-approved Audit Summary

3. Authorization and Certification: Exhibit 5 must be completed by the individual completing the NSP application. A resolution *must* be attached acknowledging the board and or community partner is aware of the application.

4. Attachments: The following items must be attached with the application (if applicable)

- Most recent strategic plan (if applicable) \*
- Succession plan- alternative plans for board and staff leadership \*
- By laws
- Most recent newsletter – (if one exists)
- Current client application used by agency
- List of all board committees and committee members
- Current organizational flow chart indicating liens of authority

\*Please note the County can provide technical assistance to agencies to provide these items.

If all items can not be provided, you must provide a reason as to why attachments are not included.

Applications must be submitted via certified mail to:

County of Summit  
Department of Community and Economic Development  
175 S. Main St.  
Room 207  
Akron, Oh 44308

Attn: Elizabeth Rogers, Senior Administrator Community Development

**\*\* APPLICATION DEADLINE APRIL 30, 2009 BY 4:00 P.M.\*\***

Facsimiles will not be accepted

Late applications will not be accepted

Please provide original application and four (4) copies. All applications should be unbound.

If you have any questions concerning this application, please contact:

Elizabeth Rogers  
Senior Administrator – Community Development  
330-643-8623  
[Erogers@summitoh.net](mailto:Erogers@summitoh.net)

OR

Holly R. Miller  
Community Development Coordinator –HOME  
330-643-8013  
[Hmiller@summitoh.net](mailto:Hmiller@summitoh.net)

## EXHIBIT 1 PROJECT FUNDING

TOTAL COST OF PROJECT \$ \_\_\_\_\_

Proposed Source of Funding	Amount	Term	Status
1. NSP	\$	Grant/Loan	Applied
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		
7.	\$		
8.	\$		
<b>TOTAL</b>	<b>\$</b>		

If using a line of credit, please attach documentation from financial institution.

**MATCH** 25% of total amount awarded in NSP funds (i.e. \$200,000 = \$50,000 match)  
 Match must be a permanent contribution to the project. For additional explanation on Match consult with the Community Development Coordinator- HOME  
 Status should indicate; pending, committed, received or applied for.

Proposed Source of Match	Amount	Status
1.		
2.		
3.		
4.		
5.		
6.		
7.		

## EXHIBIT 2 PERFORMANCE SCHEDULE

TASK	UNIT1 DATE	UNIT2 DATE	UNIT3 DATE	UNIT4 DATE	UNIT5 DATE	UNIT6 DATE	UNIT7 DATE	UNIT8 DATE
Funding Approval								
Property Acquisition								
Work Scope								
Blue Prints								
Demo								
Construction Start								
Construction Complete								
Rehab Start								
Rehab Complete								
Occupancy								

### EXHIBIT 3 CAPITAL PROJECT BUDGET SUMMARY\*

Budget Category	Proposed Project “NSP Portion”	Other Sources	Total
<b><i>Land/Property Acquisition</i></b>			
Land/Property cost	\$	\$	\$
ER Review (non HUD)	\$	\$	\$
Consulting Fees	\$	\$	\$
Site Improvements	\$	\$	\$
<b><i>Development</i></b>			
Wages and Salaries	\$ N/A	\$	\$
Fringe Benefits	\$ N/A	\$	\$
Appraisal	\$	\$	\$
Legal Fees	\$	\$	\$
Carrying Costs	\$	\$	\$
Lien Search	\$	\$	\$
Title Insurance	\$	\$	\$
Developers Fee	\$	\$	\$
Est. Rehab Costs	\$	\$	\$
Est. New Construction Costs	\$	\$	\$
Other	\$	\$	\$
<b><i>TOTAL</i></b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

- Please revise this form and annotate budget items as needed
- All applicants are required to submit a copy of the organizations operating budget.
- A detailed budget will be required for each unit for County approval if application is approved.

## EXHIBIT 4 OPERATING BUDGET SUMMARY

Budget Category	Proposed Projection "NSP Portion"	Other Sources	Total
Salaries & Wages	\$	\$	\$
Fringe Benefits	\$	\$	\$
Consultant/Contract Services	\$	\$	\$
<b>TOTAL PERSONNEL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Office Rent	\$	\$	\$
Utilities	\$	\$	\$
Telephone	\$	\$	\$
Office Supplies	\$	\$	\$
Equipment	\$	\$	\$
Printing/Duplication	\$	\$	\$
Travel/Conferences	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>TOTAL NON-PERSONNEL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\* Please revise this form and annotate budget items as needed\*

Please indicate what the percentage of each dollar raised is used towards overhead \_\_\_\_\_

Please indicate what percentage of each dollar raised is used towards accomplishing the mission of the agency \_\_\_\_\_

**EXHIBIT 5**  
**AUTHORIZATION AND CERTIFICATION**

**The undersigned certifies that:**

- 1. He/She is legally authorized to request and accept financial assistance from the County of Summit;**
2. To the best of his/her knowledge, all representations that are part of this application are true and correct;
3. All official documents and commitments that are part of this application have been duly authorized by the governing body of the agency;
4. Should the requested financial assistance be provided, that in execution of this project, the agency will comply with all assurance required by Federal laws that govern the NSP Program of the Department of Housing and Urban Development and all assurances set forth in the contract to be signed with the County of Summit. The agency also certifies that physical construction or property acquisition for the project as defined in the application has not begun and will NOT begin until a 2009 Program Year NSP agreement with the County of Summit has been executed and any necessary Environmental review is completed. Action to the contrary may result in termination of the agreement.
5. No part of the agencies net earning benefit any member, founder, contributor, or individual affiliated with the agency.

Name of Certifying Representative: \_\_\_\_\_

Title of Certifying Representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Representative

\_\_\_\_\_  
Date Signed