

Housing Repair Program and Minor Home Repair Application Questions

Section 1: General Requirements

Legal Name of Applicant:

Applicant Mailing Address:

Applicant is:

Select one

Drop down list

Private, Non-Profit Organization

Unit of Local Government

Municipal Corporation

UBI:

Unified Business Identifier

EIN:

Employer Identification Number

UEI:

Unique Entity Identifier(formerly DUNS#)

CEO/Executive Director Name and Title:

CEO/Executive Director Email:

CEO/Executive Director Phone:

Project Contact Name and Title:

Project Contact Email:

Project Contact Phone:

1. Insurance Information

We certify that if our agency is awarded funds, we are able to meet city-specific insurance requirements and understand we may use grant funds for insurance premiums paid during the contract period.

View NOFA for specific insurance requirements.

Yes or No

2. What percentage of your agency leadership identifies as black, indigenous, and people of color (BIPOC)?

Select one

- 0-25%
- 25-50%
- 25-75%
- More than 75%
- Unknown (please explain)

3. What percentage of your Board identifies as black, indigenous, and people of color (BIPOC)?

Select one

- 0-25%
- 25-50%
- 25-75%
- More than 75%
- Unknown (please explain)
-

Type of Project: (a separate application must be submitted for each project being applied for)

Select one

Drop down list

- Housing Repair Program
- Minor Housing Repair Program

4. Project Name:

5. Summarize your proposed project in one brief paragraph.

Max 500 characters.

6. If funded, what is the earliest date the project could begin:

7. Total amount of funds being applied for:

Section 2: Applicant Capacity

1. What is your organization's vision and mission statement? **Max 500 characters.**

2. Describe the experience your organization has in executing this type of project funded with federal funds. **Max 3000 characters.**

Include knowledge of Federal regulations, Equal Employment Opportunity, and labor standards, as well as experience administering CDBG or other Federal funds on time, within budget, and in compliance with funding requirements. If your organization does not have experience with this type of project or the administration of federal funds, describe the relevant experience of board members or staff. This may include past experience related to the proposed project or a similar project or other experience that indicates the skills, knowledge, and ability to complete and sustain the project successfully.

- Describe the positions, qualifications (e.g., education, training, experience), and roles for the proposed project of the staff members who will implement the proposed project. **Max 3000 characters.**

Include staff responsible for administration, financial management, data collection, monitoring, and reporting, contractor supervisors/management, and service delivery, if applicable. Please indicate which staff members, if any, have experience with similar, federally funded projects.

- Describe strategies used to ensure staff at all levels receives ongoing education and training in culturally and linguistically appropriate service delivery. **Max 1500 characters.**
- Will you hire a consultant to help with this project? Explain reasoning for hiring a consultant. **Max 1500 characters.**

Please note consultants paid for with CDBG funds must be selected through a competitive process and in accordance with 2 CFR 200.320. (<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.320>)

- Has your organization received CDBG funds from the city of Federal Way or King County in the past five years that have directly benefited Federal Way residents? (yes/no)
- If you answered yes to question 6, list all CDBG funded projects awarded to your organization by Federal Way or King County in the past five years that have directly benefited Federal Way residents, and provide the status of each.

(1)	(2)	(3)	(4)		(5)	
Project Name	Program Year Awarded	Amount Awarded	Completed in time originally specified in contract?		Completed within original budget?	
			Yes	No	Yes	No

- If any answers in columns (4) or (5) in question 7 above are no, please explain. **Max 500 characters.**
- How will your organization monitor progress towards project milestones and completion and comply with record-keeping and reporting requirements? **Max 3000 characters.**

10. Describe the data collection process including the data to be collected, timeline/frequency of data collection, and the data collection and tracking tools and systems that will be used. Data collection tools will be uploaded. **Max 3000 characters.**
11. List any license(s) or certificate(s) your organization needs in order to operate under Federal or state law, and whether they are current. **Max 1500 characters.**
12. State whether your organization has general liability insurance coverage, as well as professional liability for licensed professionals, in what amount, and with what insuring agency. **Max 1500 characters.**
13. What is your governing body's knowledge and level of involvement with the proposed project? **Max 1500 characters.**
14. What are the major sources of support for the organization? **Max 1500 characters.**
15. Describe how the proposed project supports your organization's goals and strategies. **Max 3000 characters.**

Section 3: Project Soundness and Readiness to Proceed

1. How Project Meets Federal and Local Needs, check and respond to only one:

A. Limited Clientele Presumed Benefit Activity (*project exclusively serves a group of persons generally presumed to be principally LMI*).

If you checked A, respond to the following items in questions: (a) the category of persons presumed by HUD to be predominately LMI persons that the proposed project will exclusively benefit; **(b)** how the activity is designed to be used exclusively by this category of persons; and **(c)** how your organization will document the presumed benefit status (e.g., client intake form, homeless verification form). **Max 1500 characters.**

B. Limited Clientele Direct Benefit Activity (*project is limited exclusively to LMI persons*).

If you checked B, respond to the following items: (a) explain how your project will limit benefit exclusively to LMI persons; **(b)** describe the process your organization will use to document income eligibility; and **(c)** attach a copy of the client intake form, highlighting the questions regarding family size and income. **Max 1500 characters.**

2. Describe the intake process and how a household will be deemed eligible for the project. **Max 3000 characters.**

Include eligibility criteria, the supporting documentation that will be required, and process for collecting application and supporting documentation.

3. Describe the Federal Way community need the proposed project seeks to address. **Max 3000 characters**

Include (1) what the need is; (2) how the need was identified, and (3) the acuteness of the need. Use objective measured in your response (e.g., statistical data from studies, waiting lists, surveys, etc.) and note the sources for the data.

4. How is the project culturally relevant to and appropriate for the population to be served? **Max 3000 characters**

Include how/whether the racial/ethnic mix of the people to be served reflect the population of Federal Way and how you address linguistic and cultural needs of the people you propose to serve with this project.

5. Specify: **(1)** the target population that will benefit from the proposed project (e.g., age, gender, race/ethnicity, income level, geographic area, or other defining characteristics); **(2)** the location of the project and/or the area served; and **(3)** the percentage of those served by the proposed project who are Federal Way residents. **Max 3000 characters**
6. How will residency of people served be verified and documented?

Outcome Performance Measurement

7. Specify the **output goals** for the proposed project. Outputs measure the amount of work accomplished.
- a. **Persons Assisted.** Complete the table below by specifying numbers of unduplicated Federal Way persons to be assisted by the proposed project. Unduplicated means that each person served by the project is counted only once during the program year.

	PY2021 Actual	PY2022 Actual	PY2024 Projection
1. Federal Way persons assisted by all funds			
2. Federal Way persons assisted by Federal Way CDBG funds only			
3. Federal Way families/households to be assisted by Federal Way CDBG funds only (subset of #2)			

Select the group(s) that will be served by the proposed project: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Individuals | <input type="checkbox"/> Elderly persons (ages 62-74) |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Frail elderly persons (ages 75 and older) |
| <input type="checkbox"/> Income less than or equal to 30% of HUD-defined median income | <input type="checkbox"/> Persons with developmental disabilities |
| | <input type="checkbox"/> Persons with physical disabilities |
| | <input type="checkbox"/> Persons with severe mental illness |

- Income greater than 30% but less than or equal to 50% of HUD-defined median income
- Income greater than 50% but less than or equal to 80% of HUD-defined median income
- Persons with alcohol or other drug addictions
- Persons with HIV/AIDS and their families
- Veterans
- Victims of domestic violence
- Youth (specify age range: _____)
- Public housing residents
- Other: _____

b. Output Units Provided. Identify and define the output unit(s) to be provided each program year. Examples include: households served, work accomplished, etc.) Each program must track at least one output unit. **Max 500 characters.**

Complete the table below for each output unit identified above, for each program year. Specify output units provided to Federal Way residents only.

Program Year	Output Unit	Federal Way Units Provided by All Funds	Federal Way Units Provided by Federal Way CDBG Funds Only
PY2024			

8. Describe and quantify the **outcome goals** for the proposed project for the program year. Outcomes are the benefits or impacts that result from the project activities, and they measure a change in knowledge, attitude, skills, behavior, conditions, or status in the persons served. **Max 500 characters.**

Example: 10 homes previously considered substandard will be brought to local city code and pass city housing code inspections.

	Outcome Goals
PY2024	

9. Describe the **outcome measures** (i.e., indicators, verifiable information, or data) that you will use to assess whether each outcome goal was actually attained. **Max 500 characters.**

Examples: Signed city code inspection record in project files.

10. Provide an estimate of the following project milestones (add additional lines for other milestones as needed and appropriate) *(example: within 1 week of agency receiving application for qualification)*

	Projected Timeline
Applicant submits application:	
Agency either denies application or approves application to move forward for an Environmental Review:	_____
Applicant provides necessary information to the Community Services Division to allow staff to complete the environmental review:	_____
Contract with the City of Federal Way Community Services Division regarding lien oversight:	_____
Complete bid specifications:	_____
Select contractor:	_____
Obtain all needed permits:	_____
Bid award:	_____
Project 50% complete:	_____
Project complete:	_____

11. Describe any potential contractors that will be needed to complete this project. **Max 304500 characters**

Section 4: Financial Feasibility

Budget Worksheet will be uploaded in Section 5

1. Explain: **(1)** how you developed your total project cost; **(2)** why you consider your project costs to be reasonable; **(3)** any unusual budget expenditures listed in the budget forms; and **(4)** if federal or state prevailing wage is included in the project cost. **Max 3000 characters**
2. If funded, will the proposed project leverage additional matching resources? Yes No

Provide any relevant comments below. **Max 500 characters**

3. Specify whether your project will generate program fees or program income, and if so, how (e.g., late fees, loan payments, etc.). **Max 1500 characters**

4. Describe how donated goods and services would be used to support the proposed project. Estimate the annual value of donated goods and services that would support the project and how you calculated the value. **Max 1500 characters**
5. Describe how your organization is prepared to deal with unanticipated project costs (e.g., cost overruns, change orders, etc.). **Max 1500 characters**
6. Explain possible funding issues that may delay the proposed project, and describe the steps that will be taken to address those issues. **Max 1500 characters**
7. Define the role Federal Way CDBG funds will play in developing the project. *Do not describe the importance of the project; describe the need for the Federal Way CDBG funding to make the project viable financially.* **Max 1500 characters**
8. Describe how your organization will keep track of any loans dispersed for the program after the project is completed and collect the loan when it is due. **Max 1500 characters**
9. Describe how service delivery costs and operations will be sustained over time. Include possible funding sources and a plan with timelines. **Max 1500 characters**

Section 4: Attachments

- a. Applicant Certification
- b. Cover Letter
- c. Conflict of Interest Questionnaire
- d. Project budget; applicant must use the provided Excel template.
- e. Resumes of President/Executive Director, Chief Fiscal Officer, and Chief Program Administrator/Project Manager
- f. Non-Discrimination Policy (policies for staff and clients)
- g. Proof of organization's non-profit status from the IRS (or letter stating applicant is a public or for-profit entity)
- h. Organization's current budget
- i. Most recent agency budget to actuals or financial statement
- j. Most recent audit. If no audit, but the organization has had a financial review, please upload the financial review. If neither has occurred, please upload a letter stating this.
- k. Audit Management Letter
- l. Agency response to management letter.
- m. Corrective action plan(s), if applicable.
- n. Audits within the last three (3) years that contained questioned or unallowable costs, if applicable and not in the most recent audit.
- o. IRS form 990 or applicable Tax Return
- p. Personnel Manual
- q. Accounting/Financial Management Manual. If no manual, include a letter explaining why the organization does not have a financial management manual or similar and describe the internal controls.
- r. Other funder monitoring reports and certifications, if applicable.
- s. Current organizational chart
- t. Current list of Board of Directors

- u. Data collection tools
- v. Proof of CDBG client income eligibility (section 3 question 2)
- w. Job descriptions for positions to be supported by Federal Way CDBG funds; required for economic development projects
- x. Required licenses or certificates
- y. Risk assessment

How did you hear about this funding opportunity? (select one)

- City of Federal Way's Community Service Newsletter
- The Federal Way Mirror
- Social Media
- Directly from City staff
- Word of Mouth
- Other (please explain)