

**(Insert Agency Name)**

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**APPLICATION**

**for**

**Macon-Bibb County  
Economic & Community Development Department  
HOME Investment Partnership Program  
PROGRAM YEAR 2019**

**Deadline is May 1, 2019 at 5:00 p.m.**

**(Application Submittal –One Original and One Digital Copy Required...  
Applications must mirror each other)**

**HOME/CHDO funding is made possible by the US Department of HUD and is administered by the  
Local government, Economic and Community Development Department.**

**ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT  
200 Cherry Street, Suite 100  
Macon, Georgia 31201  
(478) 751-7190, TDD (478) 803-2306, FAX (478) 751-7390**

HOME/CHDO Applications are available on-line.

<http://www.maconbibb.us/economic-community-development/>

**Macon Bibb County  
HOME Investment Partnership Application 2019**

**General Information**

**Organization Name:** \_\_\_\_\_

**Federal Identification #** \_\_\_\_\_ **DUNS#** \_\_\_\_\_

**Project Name (if applicable):** \_\_\_\_\_

**Agency/Project Location:** \_\_\_\_\_  
(If map is available, please attach.)

**Total amount of HOME funding requested: \$** \_\_\_\_\_

**Contact Information**

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

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

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

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

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

## Minimum Eligibility Criteria

- a. Nonprofit 501(c)(3) status for at least one (1) full year, **or**
- b. Two (2) full years of operating experience under another non-profit entity which meets this criteria, **or**
- c. For-profit entity proposing to use funds for an eligible activity.
- d. For either nonprofit or for-profit, demonstrated successful experience in undertaking comparable programs or projects.

Designated Community Housing Development Organizations (CHDO's) must distinguish between HOME Sub-recipient, CHDO Operating, CHDO Set aside, and other CHDO activities.

- Preference will be given to applicants who can, and have demonstrated, the capacity to successfully manage and complete HOME assisted housing developments.

### Relocation/Displacement Plan (if applicable)

If the project involves rehabilitation of occupied housing, you must attach a plan that fully addresses the procedures you will implement to temporarily or permanently relocate tenants during the rehabilitation. Provide details on all costs you will pay and expenses for which the tenants will be reimbursed. No HOME Investment Partnership funds resulting from this application may be used for relocation assistance.

## Leverage Requirements

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HOME funds are to be used as a **gap** financing subsidy that is necessary to help make a project or development cost effective for the intended low-to moderate income beneficiary. HOME funds may not be used to replace other available City, State or Federal funds.

## Pro forma

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All applicants must submit a well-documented pro forma supporting the financing and ongoing maintenance of the project. In addition to the pro forma, information to be submitted includes the following as applicable:

- All sources of secured financing and a description of the financing;
- Documentation of all projected expenses;
- Rental rates;
- For homeownership projects, projected sales prices.

## **I. Program Description**

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Provide a detailed **summary** of the program or project. Please include the following:

- a. Type of activity proposed
- b. Housing unit information
- c. Expected household income level
- d. Proposed rents and utility allowances
- e. Proposed sale prices for homeowner projects
- f. Existing tenant information (for acquisition, rehabilitation projects)
- g. Total project cost
- h. Amount of funds requested
- i. Use of funds
- j. Other financial resources secured

## **II. Program Need**

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Thoroughly explain the need and how the project will address the stated need. Answer the following questions: (Please refer to key HOME requirements identified in the HOME Loan procedures document when completing this section.)

- a. What specific groups or individuals will benefit from the program?
- b. What income levels will you serve: moderate, low, or very low?

**See HUD Section 8 Income Limits for Macon-Bibb County, GA MSA attached.**

- c. How will participant eligibility be determined, documented, and monitored and how will your organization ensure compliance with all HOME regulations?

## **III. Organizational Capacity**

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1. Give the name and title of the individual(s) responsible for the success of this development or project. What kind of experience and qualifications do these individuals have related to housing development? Who would manage the project if these key personnel leave your organization?
2. Please describe your organization's abilities and expertise regarding financial management.
3. Please describe your organization's abilities and expertise regarding construction project management. Describe your organization's history and experience in completing similar projects or developments? Please quantify how successful your organization has been in conducting these programs or projects.

#### IV. Program/Project Management

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Please address the following:

1. **Schedule.** Provide a detailed schedule of the project or development from start to finish.
2. **Site Control.** Have the site(s) been identified and secured or will they have to be acquired? Examples of site control include a property deed, a sales contract, or a written option to purchase the property. Is the site in full zoning compliance for the proposed project, or will a re-zoning or variance be required?
3. **Professional Cost Estimates.** Has a professional cost estimate been performed (i.e., by an Architectural and Engineering firm, contractor, or other certified expert?) If so, please provide the estimate being used as the basis for the project budget and name the firm that performed it.
4. **Preliminary Design Specifications.** Have any preliminary designs or specifications been developed for the project prior to the submittal of this application? If so, please name the developing firm.

#### **DEVELOPMENT TEAM** *Identify and attach resumes.*

**A. Architect:** \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Is there a direct or indirect, financial, or other, interest with other team members or the applicant?  
\_\_\_ Yes \_\_\_ No If yes, describe relationship(s) between entities and/or principals.

**B. General Contractor:** \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Is there a direct or indirect, financial, or other, interest with other team members or the applicant?  
\_\_\_ Yes \_\_\_ No If yes, describe relationship(s) between entities and/or principals.

**C. Appraiser:** \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Is there a direct or indirect, financial or other interest with other team members or the applicant? \_\_\_ Yes \_\_\_ No If yes, describe relationship(s) between entities and/or principals.

**D. Engineer:** \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Is there a direct or indirect, financial, or other, interest with other team members or the applicant? \_\_\_ Yes \_\_\_ No If yes, describe relationship(s) between entities and/or principals.

**E. Cost Estimator:** \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? \_\_\_Yes \_\_\_No If yes, describe relationship(s) between entities and/or principals.

**F. Project Attorney:** \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? \_\_\_Yes \_\_\_No If yes, describe relationship(s) between entities and/or principals.

**G. Property Manager:** (If applicable)

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? \_\_\_Yes \_\_\_No If yes, describe relationship(s) between entities and/or principals.

**H. Syndicator or Underwriter:** (If applicable)

Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? \_\_\_Yes \_\_\_No  
If yes, describe relationship(s) between entities and/or principals.

**Type of Applicant** *(Check all that apply)*

- \_\_\_\_ Applicant is an existing entity  
\_\_\_\_ Applicant is a new entity formed for the purpose of receiving financing from MBCG HCD
- |                                    |                                |
|------------------------------------|--------------------------------|
| ____ Corporation                   | ____ General Partnership       |
| ____ Limited Partnership           | ____ Limited Liability Company |
| ____ Joint Venture                 | ____ For-Profit                |
| ____ Non-Profit                    | ____ Housing Authority         |
| ____ Developer                     | ____ Contractor                |
| ____ CHDO* Please see CHDO package | ____ Other: (specify)          |

\* If CHDO, is agency acting as owner, sponsor, and/or developer?

\_\_\_\_\_

**PRINCIPALS OF APPLICANT**

Provide contact-information and ownership stake for Managing Partner, General Partners, and all corporate Officers:

Name	Address	Phone/Email	Title	%
			Managing Entity	
			President/Director	
			Project Manager	
			Secretary/Treasurer	
			Other Officer(s) or Partners	

**CO-APPLICANT INFORMATION** (If applicable)

Name			
Address			
Mailing Address (if			
City			
State & Zip			
Federal Identification #			
Phone & Fax			
E-mail address			

Does applicant and/or co-applicant have, or is applicant and/or co-applicant delinquent on local, federal and/or state debt? Yes\_\_No\_\_

Does applicant and/or co-applicant have unresolved local, federal, or State findings? Yes\_\_No\_\_

Is applicant and/or co-applicant delinquent on the filing of any federal or State tax returns?

Yes\_\_No\_\_

*(If the answer to any of these questions is "yes", please attach an explanation.)*

## EVIDENCE OF SITE OR PROPERTY CONTROL

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*(Provide this information for each address on which you will be completing your project) Identify and attach supporting documentation.*

**Applications submitted without this information will not be considered.**

Address:

Warranty Deed (recorded)

Contract for Deed

Purchase Option

In Escrow

Earnest Money Contract

Long term Contract for Lease

Long term Option to Lease

Notice to Purchase

Expiration of Contract or Option: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration of Feasibility Contingency: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Applies to pre-development loans only)

Expiration of Financing Contract: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Closing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**DESCRIPTION OF PROJECT**

**TYPE** (Check all that apply)

- Multifamily Rental                       Residential Condominium
- Townhouse Units                               Duplexes
- Single Floor (flats) Units               Congregate
- Care Elderly Housing                       Emergency
- Detached Single Family Residences: New Construction, scattered site
- Detached Single Family Residences: Rehabilitation, scattered site
- Detached Single Family Residence Subdivision
- Attached Single Family Residence New Construction Other: (specify) \_\_\_\_\_

**SITE DESCRIPTION**

Size: \_\_\_\_\_ acres OR \_\_\_\_\_ square feet of proposed structure(s)

Is the property zoned for intended use?    Yes\_\_No\_\_

Is the present use non-conforming under existing zoning restrictions? Yes\_\_No\_\_

Is the property in the process of rezoning?    Yes\_\_No\_\_

Current zoning (or describe permitted uses): \_\_\_\_\_

Flood Zone Designation: Describe \_\_\_\_\_

Topography: \_\_\_\_\_

Mark all proposed or existing off-site facilities

- |                 |                |               |                |
|-----------------|----------------|---------------|----------------|
| Electric        | Gas            | Storm Drains  | Water - public |
| Water - private | Sidewalks      | Street Lights | Fire Hydrants  |
| Sewers-public   | Sewers-private | Paved Streets | Concrete Curbs |
| Rolled Curbs    | Well           | Septic        |                |

Expected date of availability: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DESCRIPTION OF IMPROVEMENTS (Acquisition, rehabilitation, resale; rental projects only)**

Total # Units: \_\_\_\_\_ # Buildings: \_\_\_\_\_ # Floors: \_\_\_\_\_ Age: \_\_\_\_\_ years

Current vacancies: \_\_\_\_\_ as of \_\_\_\_/\_\_\_\_/\_\_\_\_ # Program Units: \_\_\_\_\_

Net Residential Sq. Ft.: \_\_\_\_\_ Common Area Sq. Ft. \_\_\_\_\_

Non-Residential Sq. Ft.: \_\_\_\_\_ Gross Sq. Ft. \_\_\_\_\_

For **Housing Unit Rehab projects** identify and attach a detailed, line by line work write-up for each unit on which you propose to complete work.

**CONSTRUCTION SPECIFICATIONS**

*Please provide a complete listing of your construction specifications. See examples below.*

- |                 |                    |                  |                          |
|-----------------|--------------------|------------------|--------------------------|
| Wood Frame      | Steel Frame        | Masonry          | Poured-in-place Concrete |
| Forced Air Unit | Central Heat & Air | Heat Pump System |                          |

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**INTERIOR FEATURES & SPECIFICATIONS**

*(Continue listing of your construction specifications. See examples below.)*

Range & Oven	Hood & Fan	Garbage Disposal	Dishwasher
Refrigerator	Microwave	Washer & Dryer	Wash/Dry Conn.

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**ON-SITE AMENITIES – Rental Developments Only**

*(Continue listing of your construction specifications. See examples below.)*

Community Room	Recreation Room	Crafts Room
Tennis Court	Common Dining	Residential Kitchen

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**VALUATION INFORMATION**

*Required if funds are used for the acquisition of single family lots. List for each property under consideration. If appraisal is complete, please attach.*

**APPRAISED VALUE**

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

Land Only: \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Existing Building (as is): \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed Building (as completed): \$ \_\_\_\_\_  
Date of Valuation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Appraiser:

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

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

Phone: ( ) \_\_\_\_\_

**ASSESSED VALUE**

Land: \$ \_\_\_\_\_ Assessment for the Year of: \_\_\_\_\_  
 Building: \$ \_\_\_\_\_ Valuation by: \_\_\_\_\_  
 Total Assessed Value: \$ \_\_\_\_\_

**ALL OTHER SOURCES OF FUNDS**

*(If additional space is necessary, attach information directly behind this page)*

**Source I:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Source II:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Source III:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Designations for "Type of Loan" Entries\***

- A. Conventional Construction
- B. Conventional Permanent
- C. Conventional Gap
- D. Conventional Mini-Perm
- E. FHLB
- F. HOME Program
- G. Private Funds
- H. CDBG Funds
- I. Bond Funds
- J. Proceeds from Syndication of Low Income Housing Tax Credits
- K. Other State Funds: (specify) \_\_\_\_\_
- L. Other Federal Funds: (specify): \_\_\_\_\_
- M. Local Government Funds: (specify) \_\_\_\_\_

## Certification

I certify that \_\_\_\_\_ (Organization Name) is in good standing with all Departments of Macon-Bibb County Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services/Facilities Management and Building Inspections/Business Development Services.

I understand that the following documentation and/or certifications are required to receive a HOME Investment Partnership Loan from the Unified Government of Macon-Bibb County:

- Articles of Incorporation & Bylaws
- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

## CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that \_\_\_\_\_  
\_\_\_\_\_(organization name):

**Drug Free Workplace -- Will or will continue to provide a drug-free workplace by:**

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Macon-Bibb County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 7 Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying --** To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub- grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

**Section 3 --** \_\_\_\_\_ (organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

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Signature/Authorized Official

Date

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Title:

## MACON-BIBB COUNTY CONSOLIDATED PLAN

### GOALS AND STRATEGIES - HUD FISCAL YEARS 2016-2020

#### HUD Guiding Principles

The Macon-Bibb County 5-Year Consolidated Plan will:

- Champion fair access to decent, safe, affordable housing and promote safety and health in the community by providing community services and economic opportunity;
- Promote active and representative citizen participation in decision making so community members can meaningfully influence decisions that affect their lives;
- Encourage collaboration and cooperation among non-profit corporations, faith-based organizations, and private sector entities;
- Support agency efforts to streamline services through coordinated outreach, intake, and assessment and create clear and direct linkages between residents, non-profits, workforce development agencies, and local employers;
- Direct Annual Action Plan activities towards prioritized blocks within neighborhood revitalization areas; and
- Reward high performing agencies that advance individual and community-level outcomes.

#### Affordable Housing Goals

**Goal A: Expand housing choices, both rental and homeownership, and increase the availability of safe, decent affordable housing for low-to-moderate income residents throughout the community.**

Strategy 1: Build new, quality, affordable housing with an emphasis on construction in existing neighborhoods and areas targeted for revitalization.

Strategy 2: Acquire and rehabilitate vacant homes, returning them to the housing stock as quality, affordable, owner-occupied housing.

Strategy 3: Acquire and rehabilitate vacant or substandard multifamily housing units, returning them to the housing stock as quality, affordable, rental housing.

Strategy 4: Develop and implement new housing programs to fill gaps in housing services and move people from subsidized rental housing into self-sufficient housing.

Strategy 5: Promote awareness and understanding of housing needs, through housing counseling, outreach and education, and continue to develop strategies to meet those needs.

Strategy 6: Promote homeownership by providing area residents with housing counseling services.

Strategy 7: Provide down payment assistance, low-interest mortgages and/or interest rate subsidies to low-to-moderate income residents seeking homeownership.

**Goal B: Preserve the existing stock of affordable housing in Macon-Bibb County by ensuring that it is properly maintained.**

- Strategy 1: Provide assistance for the restoration and rehabilitation of historic properties for low-to-moderate income households.
- Strategy 2: Provide assistance for the restoration and rehabilitation of properties for elderly or disabled low-to-moderate income households.
- Strategy 3: Enforce housing and property maintenance codes and related ordinances, abate public nuisances, demolish dilapidated structures beyond repair and encourage the construction of new homes on these cleared lots.
- Strategy 4: Enforce housing and property maintenance codes and related nuisance ordinances regulating rental units.
- Strategy 5: Offer low interest loans and interest rate subsidies to low-to-moderate income home owners for home repairs and rehabilitation.

**Goal C: Ensure equal access to housing and fair lending practices for Macon-Bibb County residents.**

- Strategy 1: Educate the community about fair housing rights and responsibilities through housing counseling programs and outreach.
- Strategy 2: Analyze impediments to fair housing choice.



## **Macon-Bibb County Community Affordable Housing Goals FY2016-2020 Consolidated Plan**

1. Facilitate dispersal of affordable rental and homeownership units throughout the community to prevent creating concentrated areas of poverty.
2. Encourage affordable rental and homeownership development within close proximity to **MBCG** major employers, existing local support services including medical, and transit access.
3. Encourage the development of mixed-income and mixed use neighborhoods through all available means.
4. Encourage large employers to help increase homeownership by providing funds to match with HOME dollars for down payment assistance for their employees.
5. Encourage redevelopment of existing apartment complexes into affordable rentals.
6. Encourage housing providers to acquire and/or rehab existing apartment complexes or suitable commercial buildings for individual or congregant living.
7. Encourage the use of green build techniques that include energy-efficient and environmentally friendly designs, construction and maintenance, and conservation measures in the development of HOME-assisted housing.

## HUD Income Limits

HUD is required by law to set income limits that determine the eligibility of applicants for HUD’s assisted programs. According to HUD, Household Income is the sum of money income received in the previous calendar year by all household members who are 15 years old and over, including household members not related to the householder, people living alone, and others in non-family households. Under HUD’s income policies low-income families are defined as families whose incomes do not exceed 80 percent of the median family income for the area. Very low-income families are defined as families whose incomes do not exceed 50 percent of the median family income for the area. Extremely low-income families are defined as families whose incomes do not exceed 30 percent of the median family income.

### FY 2018 INCOME LIMITS DOCUMENTATION SYSTEM

#### FY 2018 Income Limits Summary\*

\* (Effective date April 1, 2018, Subject to Change)

FY 2018 Income Limit Area	Median Income	FY 2018 Income Limit Category	Persons in Family								
			1	2	3	4	5	6	7	8	
<b>Bibb County</b>	\$53,600	<b>Very Low (50%) Income Limits</b>									
		(\$)	18,800	21,450	24,150	<b>26,800</b>	28,950	31,100	33,250	35,400	
		•									
		<b>Extremely Low Income Limits</b>									
		(\$)*	12,140	16,460	20,780	<b>25,100</b>	28,950*	31,100*	33,250*	35,400*	
		•									
		<b>Low (80%) Income Limits (\$)</b>									
		•	30,050	34,350	38,650	<b>42,900</b>	46,350	49,800	53,200	56,650	



## Part V

### ADDITIONAL SUPPORT DOCUMENTS

**Checklist:** Please mark the forms enclosed in this application. Only submit forms which are relevant to the agency or the program for which this application is written. (Delete irrelevant forms to maintain pagination.)

- \_\_\_\_\_ Resolution of Application **(Required for all applications)**
- \_\_\_\_\_ Conflict of Interest Forms from each member of the Board of Directors **(Required for all applications)**
- \_\_\_\_\_ Conflict of Interest Disclosure Forms **(Required, if relevant)**
- \_\_\_\_\_ Conflict of Interest Disclosure Form Attachments **(Required, if relevant)**
- \_\_\_\_\_ Acknowledgement of Religious Organization Requirements **(Required for all applications from religious organizations.)**

**HOME Investment Partnership Program  
Macon-Bibb County - Economic & Community Development Department  
PROGRAM YEAR 2019**

**APPLICATION**

**RESOLUTION**

I, the Certifying Representative of \_\_\_\_\_  
(*name and title*) authorize the application for \_\_\_\_\_ (*name of nonprofit*)  
and use of funds from the Macon Bibb County Economic and Community Development  
Department for activities described in the proposal and, if awarded funds, shall implement the  
activities in a manner to ensure compliance with all applicable federal and local laws and  
regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Certifying Representative

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Job Title of Certifying Representative

**HOME Investment Partnership Program  
Macon-Bibb County - Economic & Community Development Department  
Program Year 2019**

**APPLICATION**

**CONFLICT OF INTEREST**

Federal Law (24 CFR 85.36 for governments, 24 CFR 84.42 for private non-profits) prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the Emergency Solutions Grant...or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity...either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

I hereby certify that the information provided on the Conflict of Interest Disclosure Form(s) is true and accurate to the best of my knowledge. I also certify that to the best of my knowledge and belief, no staff member of the Board of Director's, nor officer of \_\_\_\_\_ (agency) is currently, nor has been within one year of the date of this application, employed by the local government or as an employee of the Economic and Community Development Department, nor serves as an elected official of the local government (Macon Water Authority, Board of Commissioners, Court Clerk, Judge, etc.). In cases where an elected official may serve on the board of the agency, the officials department and position will need to be disclosed on the Conflict of Interest Document Disclosure form.

I further attest that no staff member, member of the Board of Director's, nor officer of the applicant agency, is a business partner or immediate family member of a County employee, a member of the Economic and Community Development Department, or an elected member of the local government.

Funds requested will not be used to pay the salaries of any of the applicant agency's staff nor will the applicant agency award a subcontract to any individual who is or has been within one year of the date of this application a county employee, a member of the Economic and Community Development Department, or a member of the local government.

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

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

## CONFLICT OF INTEREST DISCLOSURE FORM

**Conflict of Interest Regulation.** No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

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

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

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

Program Client #: \_\_\_\_\_

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

Contractor/Vendor#: \_\_\_\_\_

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, funding or providing assistance. The term "Conflict Of Interest" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising professional judgment in following the rules and regulations of the program. Please **check** the appropriate box for each question and complete the attachment if indicated. This form (with Attachments, if required) must be completed and returned to your Program Representative.

### A. Family Relationships:

Do you have a family member directly or indirectly involved or employed with YOUR ORGANIZATION that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

YES       NO      (if YES, please complete Part A of the Attachment)

### B. Program Relationships:

Are you involved in any other activity directly or indirectly with YOUR ORGANIZATION that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

YES       NO      (if YES, please complete Part B of the Attachment)

### C. Business Relationships:

Are you or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with YOUR ORGANIZATION to provide goods or services, sponsor development activities and/or receive referrals from YOUR ORGANIZATION?

YES       NO      (if YES, please complete Part C of the Attachment)

### D. Gifts for Personal Use:

To the best of your knowledge, have you or your family members accepted gratuity gifts, or special favors from someone that is doing business with or proposing to do business with YOUR ORGANIZATION?

YES       NO      (if YES, please complete Part D on Attachment)

To the best of your knowledge, have you or your family members made any donations or gifts, or provided special favors to YOUR ORGANIZATION or any employee of the YOUR ORGANIZATION who exercises or may exercise any functions or responsibility with respect to the activities involving your award, contract or program assistance.

YES       NO      (if YES, please complete Part D on Attachment)

**E. Legal Proceedings and Debarment**

Have you been involved in any fraud, antitrust or criminal proceedings as a defendant (other than a minor traffic offense) or been debarred, suspended or otherwise excluded by a duly authorized regulatory agency or had a transaction with any such agency terminated for any reason?

YES       NO      (if YES, please complete Part E on Attachment)

I have read and understand the Conflict of Interest Disclosure Form and have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the agency to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly if relevant circumstances change. I understand that this Disclosure Form is not a confidential document.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



**CONFLICT OF INTEREST DISCLOSURE FORM  
ATTACHMENT**

**Conflict of Interest Regulation.** No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

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

Address: \_\_\_\_\_ Program Client #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contractor/Vendor# \_\_\_\_\_

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered No to All questions, you may discard this attachment. Give your completed form to your Program Representative.

**PART A: FAMILY RELATIONSHIPS**

1. Name of your family member (s) directly or indirectly involved or employed at YOUR ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_

2. Do any of your family members work in the program area? \_\_\_\_\_

3. Are any of your family members elected officials or members of the Local Housing Authority Board of Commissioners?

\_\_\_\_\_

4. Relationship to you: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**PART B: PROGRAM RELATIONSHIPS**

1. Activities: Name and describe the activity and/or program that you are directly or indirectly involved with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you used the name of YOUR ORGANIZATION, or their resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program?

YES       NO      if YES, describe the resource used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C: BUSINESS RELATIONSHIPS**

Please complete this section for each business relationship, or attach a separate explanation of business and research activities.

1. Name of business: \_\_\_\_\_

2. Categorize the business' relationship with YOUR ORGANIZATION.

- Consultant or advisor
- Research activities
- Business or referrals
- Other contractual or business relationship

**Briefly, describe the business, or licensing activity:**

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3. Have you used YOUR ORGANIZATION's name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity?

- YES       NO      if YES, describe the resource used:

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4. Who is involved with the business? Check all that apply:

- Yourself
- Your family member (name and relationship) \_\_\_\_\_

Describe the position or involvement (check all that apply):

- Owner/Investor
- Board Member
- Employee/Manager
- Other \_\_\_\_\_

5. Are you receiving any type of compensation?    No    Yes: If yes, describe \_\_\_\_\_

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6. Who at YOUR ORGANIZATION oversees the relationship with this business?

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

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART D: GIFTS FOR PERSONAL USE:**

1. What was the dollar value of the gift (s) you or your family member received or donated? \_\_\_\_\_
2. Who was the donor or donee of the gift? \_\_\_\_\_
3. What is the donor's or donee's relationship with YOUR ORGANIZATION?  
\_\_\_\_\_

**PART E: LEGAL PROCEEDINGS AND DEBARMENT**

Describe any legal proceedings or debarment situations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

## **ACKNOWLEDGEMENT OF RELIGIOUS ORGANIZATION REQUIREMENTS**

1. In accordance with the First Amendment of the United States Constitution - "faith based principles set forth at 24 CFR 576.406," - HOME assistance may not, as a general rule, be provided to primarily religious entities for any activities, including secular activities.
2. The following restrictions and limitations therefore apply to the use of HOME funds by any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which are supervised or controlled by, or operates in conjunction with, a religious or denominational institution or organization.
3. Any religious entity that applies for and is granted HOME funds for public service must agree to the following:
  - a. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
  - b. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion;
  - c. It will provide no religious instruction or counseling, conduct no religious worship or service, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services;
  - d. HOME funds may not be used for the acquisition of property or the construction or rehabilitation (including historic preservation or removal of architectural barriers) or structures to be used for religious purposes or which will otherwise promote religious interests.
4. HOME funds may be used to rehabilitate buildings owned by primarily religious entities which are to be used for a wholly secular purpose under the following conditions:
  - a. The building (or portion thereof) that is to be improved with HOME assistance has been leased to an existing or newly established wholly secular entity (which may be an entity established by the religious entity);
  - b. The HOME assistance is provided to the lessee (and not to the lessor) to make improvements;
  - c. The leased premises will be used exclusively for secular purposes available to all persons regardless of religious affiliation;
  - d. The lease payments do not exceed fair market value of the premises as they were before the improvements were made;

- e. The portion of the cost of any improvements that also serve a non-leased portion of the building will be allocated to and paid by the lessor;
- f. The lessor enters into a binding agreement that unless the lessee, or a qualified successor lessee, retains the use of the leased premises for a wholly secular purpose for at least the useful life of the improvements, the lessor will pay to the lessee an amount equal to the residual value of the improvements;
- g. The lessee must remit the amount received from the lessor to the recipient or sub-recipient from which the HOME funds were derived.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS CONTAINED IN THIS ATTACHMENT, AND THAT ELIGIBILITY OF MY ORGANIZATION'S PROJECT DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

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SIGNATURE

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DATE

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NAME / TITLE OF SIGNATURE

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NAME OF ORGANIZATION