
APPLICATION

for

**Macon-Bibb County
Economic & Community Development Department
HOME Investment Partnership Program
PROGRAM YEAR 2021**

Deadline is April 12, 2021 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 2021**

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

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. When a project includes other funding sources, supporting documentation must be provided of the awarded funding and amounts from other entities (grants, Low Income Housing Tax Credits, bank financing, donors, etc.) when making an application for assistance.

Pro forma

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

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 HOME funds requested
- i. Use of funds
- j. Other financial resources secured

II. Program Need

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

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

III. Organizational Capacity

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

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
 Limited Partnership
 Joint Venture
 Non-Profit
 Developer
 CHDO* Please see CHDO package
- General Partnership
 Limited Liability Company
 For-Profit
 Housing Authority
 Contractor
 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 different)			
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

(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	

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.

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

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

CERTIFICATION

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.

Signature/Authorized Official

Date

Title:

**Macon-Bibb County Consolidated Plan
2020 - 2024**

Decent Housing Objectives

Objective: Increase the number of affordable housing units for potential low-to-moderate income (LMI) homeowners and renters and provide training and educational classes to assist those LMI families in housing-related matters.

Strategy: Through contractors, build new affordable housing units for LMI homeowners and renters with an emphasis on construction in existing neighborhoods and areas targeted for revitalization.

Strategy: Through contractors, acquire and rehabilitate vacant housing units, returning them to the housing stock as quality, affordable, owner-occupied housing.

Strategy: Through contractors, provide housing-related training and educational classes to existing and potential LMI homeowners to reduce foreclosures and evictions.

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 2020 INCOME LIMITS DOCUMENTATION SYSTEM

FY 2020 Income Limits Summary*

* (Effective date April 1,2020, Subject to Change)

FY 2020 Income Limit Area	Median Income	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Bibb County	\$59,000	Very Low (50%) Income Limits (\$)	20,350	23,250	26,150	29,050	31,400	33,700	36,050	38,350
		Extremely Low Income Limits (\$)*	12,760	17,240	21,720	26,200	30,680*	33,700*	36,050*	38,350*
		Low (80%) Income Limits (\$)	32,550	37,200	41,850	46,500	50,250	53,950	57,700	61,400

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 2021**

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 2021**

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:

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:

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 _____

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.

SIGNATURE

DATE

NAME / TITLE OF SIGNATURE

NAME OF ORGANIZATION