City of TUSCALOOSA
COMMUNITY & NEIGHBORHOOD SERVICES

COMMUNITY PLANNING & DEVELOPMENT GRANTS

CPD APPLICATION PHASE 1: PRE-APPLICATION

HOME Investment Partnerships Program (HOME)

Pre-Application Deadline
Monday, April 18, 2022
11:59 P.M. CST

PRE-APPLICATION

The Office of Community and Neighborhood Services uses this pre-application to determine applicant eligibility and the eligibility of its proposed activity.

The Office of Community and Neighborhood Services will only use the information provided to evaluate eligibility.

If the applicant and/or proposed project is ineligible under the Community Planning & Development guidelines, the applicant is encouraged to submit an application for the next program year.

ONLY eligible activities that closely align with our local and federal standards and priorities will receive AN INVITATION to complete the final application.

To ensure legibility, please type in this form. Additional forms and documents are PROHIBITED.

Refer to page 6 for a list of HOME activities.

Submittal Instructions

Electronically by email
cnservices@tuscaloosa.com

Hand deliver
Office of Community and Neighborhood Services
City of Tuscaloosa
2201 University Boulevard Tuscaloosa, AL 35401

Telephone: (205) 248-5080 (Office) Fax: (205) 349-0135

PRE-APPLICATION SECTION 1: ORGANIZATIONAL INFORMATION

Agency Name:

Address:

Contact Person/Title:

Telephone:

Email Address:

1. Does your organization have 501(c)(3) tax-exempt status? ◯ **YES** ◯ **NO**
2. Does your organization have a Federal Employer Identification Number? ◯ **YES** ◯ **NO**
   - o If yes, please provide FEIN:
3. Does your organization have a DUNs Number? ◯ **YES** ◯ **NO**
   - o If yes, please provide DUNS:
4. Does your organization have an active registration in SAM.gov? ◯ **YES** ◯ **NO**
   - o If yes, please provide registration expiration date:
5. Is your organization a current sub-recipient of CPD funds (CDBG, HOME, ESG, HMIS)? ◯ **YES** ◯ **NO**
   - o If yes, please provide name of funding organization and type of funding:
6. How many years of experience does your organization have in administering federal, state, and/or private grants?
7. How long has your organization been in operation?
8. Do existing organizational policies address Title VI and other civil rights requirements? ◯ **YES** ◯ **NO**

PRE-APPLICATION SECTION 2: ACTIVITY/ PROJECT/PROGRAM INFORMATION

Project Title:

Project Location:

Select the applicable service your project proposes to provide from the following eligible activities categories

Eligible Activity Home Buyer Assistance

1. How long has this activity/project/ program been in operation? <1 year

2. Select the area of service delivery: District 1
- o Select **"ALL**" if all areas are served.
- o If "**Other**", please, explain here:

3. Select the population that will be served: Elderly (60+)

4. Is acquisition of property or right of way involved? ◯ **YES** ◯ **NO**

5. Does the proposed activity/project/program have policies and procedures in place? ◯ **YES** ◯ **NO**

6. HUD grantees and sub-recipients are required to report measureable outcomes for activities funded. **What are the proposed outcomes of your activity/project/program and how will your agency measure them?**

7. **Project Description**: Use the space below to provide a detailed description of the proposed project.

    - Include the project location, address, population, and the geographic area the project will serve in Tuscaloosa City.
    - Include the work to be performed, the activities to be undertaken or the services to be provided, the frequency and duration of services, and the expected number of clients to be served.
    - Must provide specific details related to the project and proposed use of the CPD funds (i.e. Materials, Food, Salary, etc.).

PRE-APPLICATION SECTION 3 FUNDING

1. How many other community organizations does your agency coordinate with to leverage resources? **0** ◯ **1** ◯ **2** ◯ **3** ◯ **4+** ◯

2. Is HOME the primary source of cash funding for the proposed activity? ◯ **YES** ◯ **NO**
   - **If HOME is 51% of the total cash funding, it is the primary source of funding.**

3. **Matching Funds**: Use the table below to identify the sources of funding for your activity/project/program. Select either "**Anticipated**" or "**Committed**" for each fund.

Sources of Funding	Identify Type/Name of Funds	Total Funding	Status-Anticipated	Status-Committed	Award Date
Other Grant, State, Federal Funding			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
Private Funds			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
Capital Campaign Funds			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
Other Funds			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

Total Matching Funds	$
CPD Funds Requested	$
Total Project Cost	$

4. What is the minimum level of funding your project needs to perform at the level identified in this proposal? ☐

5. Will this activity occur if your agency does not receive the requested level of funding? ◯ **YES** ◯ **NO**

PRE-APPLICATION SECTION 4: CERTIFICATIONS

6. If your agency makes it to the final application process, do you agree to provide OFP with the following verifications and documentations? ◯ **YES** ◯ **NO**

- *Articles of Incorporation/Bylaws*
- *Non-Profit Determination Letter (IRS)*
- *Person(s) Authorized to Request Funds*
- *Current Organizational Chart- including job description and time (hours per week) for all persons to be reimbursed with CPD funding*
- *Board of Directors Roster w/ contact information*
- *Organizational Policies and Procedures, which must include, at minimum:*
  a. *Conflict of Interest Policy*
  b. *Non-Discrimination Policy*
  c. *Grievance/Termination Policy*
  d. *Records Retention Policy*
  e. *Procurement Policy*
- *Program/ Activity Policy and Procedures*
- *Accounting Policy and Procedures*
- *Organization's Current and Project year Budget (include Board minutes of adoption of current year budget)*
- *Current Audit*
- *Budget for CPD funds based on requested project amount(No indirect expenses allowed)*
  a. *Budget for HOME: Total per unit cost which must include a breakdown of Non-HOME funding sources and contributions for each unit (labor included)*
- *Contact Information for Program Manager and Accountant/ Bookkeeper responsible for funds*
- *Completed Income Benefit Goals*
- *Address of the project preferred*

7. SIGNATURE:

Completed by: _____ _____ _____

Name/Title **Signature** **Date**

Submitted by: _____ _____ _____

Name/Title **Signature** **Date**

HOME INVESTMENT PARTERNERSHIPS PROGRAM

ELIGIBLE HOME CATEGORIES:

- New Home Construction-Funds may be used to help construct homes for eligible low to moderate income home owners.
- **Tenant-Based Rental Assistance** – Funds may be used to help renters with costs related to renting, such as security deposits, rent, and, under certain circumstances, utility payments.