

# HOME-ARP PROGRAM PROJECT APPLICATION

## Introduction

To address the need for homelessness assistance and supportive services, Congress appropriated \$5 billion in American Rescue Plan (ARP) funds to be administered through HOME to perform four activities that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. The City of Sarasota and Sarasota County, operating as the Sarasota Consortium, received HOME-ARP funds and are accepting applications for project funding.

The U.S. Department of Housing and Urban Development published CPD Notice 21-10, which describes the requirements for the use of funds in the HOME-American Rescue Plan Program. CPD Notice 21-10 specified qualifying populations who would be eligible to receive assistance or services funded through HOME-ARP without meeting additional criteria (e.g., additional income criteria). Based on the criteria outlined in the CPD Notice 21-10, qualifying populations are:

- a. Homeless as defined in 24 CFR 91.5 Homeless (1), (2) or (3);
- b. At risk of homelessness as defined in 24 CFR 91.5;
- c. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking as defined by HUD at 24 CFR 5.2003; or
- d. Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined in HUD CPD Notice 21-10.

Veterans and families that include a veteran family member that meet one of these criteria for qualifying populations are also eligible to receive HOME-ARP assistance.

The American Rescue Plan states that funds will be used primarily to benefit the qualifying populations through the following eligible activity:

Acquisition and development of non-congregate shelter (NCS) units.

## Applicant Information

### A. Name of Non-Profit:

Must have a tax exemption ruling from the Internal Revenue Service under section 501 (c) (3) or (4) of the Internal Revenue Code of 1986. Include the confirmation letter. Label the confirmation letter: Exhibit 1.

Address:

Telephone:

Cell:

Facsimile:

E-mail:

- B. Designated contact person: Person with decision making authority that the Office of Housing and Community Development will correspond and contact regarding the Application and Development.

Designated Contact Person:

Title:

Address:

Telephone:

Cell:

Facsimile:

E-mail:

- C. Individual(s) authorized by resolution to sign this application and all other documents associated with any proposed development project.

Name:

Title:

Address:

Telephone:

Cell:

Facsimile:

E-mail:

Attach a signed copy of the corporate resolution authorizing the person(s) above to sign the application and all other documents associated with any proposed project labeled: Exhibit 2.

- D. Attach the names and the addresses of the officers and members of the Non-Profit's Board of Directors labeled: Exhibit 3.

- E. Attach Articles of Incorporation and by-laws labeled: Exhibit 4.

- F. Attach a copy of the Non-Profit's insurance certificate with the City of Sarasota, 1565 First St. Sarasota, FL 34236 as "Additional Insured" as Exhibit 5.

- G. Attach the Non-Profit's applicant/beneficiary selection and outreach criteria assuring that applicants are treated fairly with equal opportunity and will meet the qualifying population requirements of the HOME-ARP Program. Label as Exhibit 6.

- H. Non-Profit's Federal Taxpayer Identification Number: \_\_\_\_\_

- I. Non-Profit's Unique Entity Identity (UEI) Number: \_\_\_\_\_

- J. Describe the experience of the Non-Profit and employees who will be assigned to any proposed projects. Attach and label narrative: Exhibit 7.

- K. Attach the following financial documents and label them: Exhibit 8.

1. Current Balance Sheet

2. Income and Expense Statement
  3. Most recent audit and management letter
- L. Attach a copy of the Non-Profit agency's procurement policy as Exhibit 9.
- M. Complete the Agency Accountability Questionnaire and label: Exhibit 10.

EXHIBIT 1  
IRS TAX EXEMPTION LETTER

REPLACE THIS PAGE WITH A COPY OF THE INTERNAL  
REVENUE SERVICE (IRS) TAX EXEMPTION LETTER

## EXHIBIT 2

SIGNED CORPORATE RESOLUTION AUTHORIZING A PERSON(S) TO SIGN THE APPLICATION AND ALL OTHER DOCUMENTS ASSOCIATED WITH THE DEVELOPMENT

REPLACE THIS PAGE WITH A COPY OF THE RESOLUTION DESIGNATING A PERSON(S) TO SIGN THE APPLICATION AND ALL OTHER DOCUMENTS ASSOCIATED WITH THE DEVELOPMENT.

## EXHIBIT 3

### OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS

Position	Name	Address
Attach additional pages if necessary		

Non-Profit may attach their own list as Exhibit 3 list as Exhibit 3.

## EXHIBIT 4

REPLACE THIS PAGE WITH  
ARTICLES OF INCORPORATION  
AND  
BY-LAWS



## EXHIBIT 5

### INSURANCE

CERTIFICATE WITH THE CITY OF SARASOTA NAMED AS  
“ADDITIONAL INSURED”

## EXHIBIT 6

### SELECTION CRITERIA

DESCRIBE HOW THE NON-PROFIT WILL SELECT BENEFICIARIES FOR THE PROJECT BASED UPON THE REQUIREMENTS FOR QUALIFYING POPULATIONS DESCRIBED ON PAGE 1.

## EXHIBIT 7

### EXPERIENCE OF THE NON-PROFIT AND EMPLOYEES

REPLACE THIS PAGE WITH A DESCRIPTION OF THE  
EXPERIENCE OF THE NON-PROFIT AND RESUMES OF THE  
INDIVIDUALS WHO WILL BE ASSIGNED TO THIS PROJECT

## EXHIBIT 8

### FINANCIAL STATEMENTS

REPLACE THIS PAGE WITH THE FOLLOWING FINANCIAL STATEMENTS

1. CURRENT BALANCE SHEET
2. CURRENT INCOME AND EXPENSE STATEMENTS
3. MOST RECENT AUDIT AND MANAGEMENT LETTER

EXHIBIT 9

AGENCY PROCUREMENT POLICY

## EXHIBIT 10

### AGENCY ACCOUNTABILITY QUESTIONNAIRE

#### A. Budgets

YES NO

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Are formal budgets adopted by the governing board and recorded in the minutes?   |
| _____ | _____ | 2. | Are the budgets prepared in sufficient detail to provide a meaningful tool with which to monitor subsequent performance? |
| _____ | _____ | 3. | Are budgets periodically compared to actual revenues and expenditures and significant differences investigated?          |
| _____ | _____ | 4. | Are the results of the budget comparison (budget to actual) communicated to the Board of Directors on a regular basis?   |

#### B. Cash

YES NO

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | Does the governing body authorize all bank accounts and check signatories?   |
| _____ | _____ | 2. | Are cash receipts entered in books of original entry by persons independent of the collection and deposit preparation functions? |
| _____ | _____ | 3. | Are all disbursements, except petty cash disbursements, made by check?   |
|       |       | 4. | Check Preparation  |
| _____ | _____ | a. | Are checks prepared by specific employees who are independent of voucher/invoice approval?                                       |
| _____ | _____ | b. | Is there a clearly defined approval process and does all supporting documentation accompany checks presented for a signature?    |
| _____ | _____ | c. | Are all supporting documents properly canceled at time of signature to prevent duplicate payment?                                |

- |       |       |    |   |
|-------|-------|----|---|
| _____ | _____ | d. | Are all checks pre-numbered, blank stock controlled, used in numerical sequence, accounted for in numerical sequence, and reconciled to the check register?   |
| _____ | _____ | e. | Are checks required to be counter signed, or have dollar limits been established for single signature checks?   |
| _____ | _____ | f. | Are authorized check signers, and the custody of checks after signature, independent of all payable, disbursement, cash, receiving and general ledger functions?  |
| _____ | _____ | 5. | If check-signing machines are used, are facsimile signature plates adequately safeguarded, used in the presence of the custodian, and controlled by using numbering devices?  |
| _____ | _____ | 6. | Does a responsible individual (e.g., the Executive Director, CEO, etc.) receive the bank statements unopened from the banks?  |
| _____ | _____ | 7. | Are bank accounts reconciled within a timely specified period after the end of each month? Are reconciliations made by someone other than persons who participate in the receipt or disbursement of cash? Are reconciliations reviewed by a responsible official? |

**C. Revenues and Expenditures**

**YES    NO**

- |       |       |    |   |
|-------|-------|----|---|
| _____ | _____ | 1. | Has an individual(s) been designated the responsible party for assuring compliance with the terms and conditions of all grants, restricted contributions, endowments, etc., received by the agency? |
| _____ | _____ | 2. | Does an adequate system exist to allow for the allocation of costs Applicable to various programs and other functions?  |
| _____ | _____ | 3. | Are purchases made in accordance with established requirements of the governing board and of funding sources?   |
| _____ | _____ | 4. | Is the purchasing function performed by personnel independent of receiving and shipping functions, payables and disbursing functions, and governing board members?                                  |
| _____ | _____ | 5. | Do purchase orders require independent approval that the expenditure is within budget of funding source restrictions?   |

- \_\_\_\_\_ 6. Do adequate procedures exist to ensure that goods for which payment is made have been received, and that the goods are verified by someone other than the individual approving payment?

**D. Payroll**

**YES NO**

- \_\_\_\_\_ 1. Do employees complete and sign attendance and time records?
- \_\_\_\_\_ 2. Are persons preparing the payroll independent of other payroll duties (e.g., timekeeping, distribution of checks, etc.), and is their access to other payroll data or cash restricted?
- \_\_\_\_\_ 3. Is the payroll subject to final approval by a responsible agency official before payment is made?
- \_\_\_\_\_ 4. Are payroll checks drawn on a separate clearing account and is the account reconciled by someone independent of all payroll transaction processing activities?
- \_\_\_\_\_ 5. Are employee time records maintained in sufficient detail, and does an adequate system exist to allow for allocations of payroll costs to the proper accounts, programs, and other functions?

**E. Financial Reporting**

**YES NO**

- \_\_\_\_\_ 1. Are the final review and approval of financial reports segregated from the responsibility for preparation of the reports?
- \_\_\_\_\_ 2. Are the principal accounting, treasury, and custody functions segregated?
- \_\_\_\_\_ 3. Are record keeping procedures in place to ensure that financial reports are accurate and filed in a timely manner?
- \_\_\_\_\_ 4. Does the accounting system provide for accumulating and recording expenditures by award or grant and by cost category as shown in the budget?



5. Audits

- \_\_\_\_\_ a. Has the agency been audited during the past two years?
- \_\_\_\_\_ b. If so, have reports been reviewed?
- \_\_\_\_\_ c. Was a Management Letter issued?
- \_\_\_\_\_ 6. Do procedures exist to monitor compliance with financial reporting requirements, use of funds and other conditions in accordance with grant terms, and timely billing of amounts due under grants?
- \_\_\_\_\_ 7. Is grant activity accounted for so that it can be separated from the accounting for activities funded from all other sources?
- \_\_\_\_\_ 8. Are reconciliations of the grant financial reports with supporting accounting records prepared, reviewed, and approved by a responsible agency official before filing?
- \_\_\_\_\_ 9. Are procedures in place to identify and preclude charging expenditures to programs which are disallowed by the grant?
- \_\_\_\_\_ 10. If the agency provides social services under governmental programs, does a responsible member of management review and approve the provision of services to ensure that recipients are eligible under specific program requirements?

Explain any 'no' responses. Attach additional sheets, if necessary.

COMPLETED BY: NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PART TWO  
HOME-ARP PROGRAM  
SITE SPECIFIC INFORMATION

Project Information

- A. Development/Property Address(es): \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. Parcel Identification Number(s): \_\_\_\_\_
- E. Property Census Tract(s): \_\_\_\_\_
- F. Location to shopping and transportation (attach a site map and outline shopping and transportation). Label as Exhibit 11.
- G. Provide a brief description of the project, including the HOME-ARP qualifying population that will be served by the project
- H. If the project involves construction or rehabilitation, indicate whether the project will include the following items:
  - a. Energy Star appliances
  - b. Smoke detectors
  - c. Carbon monoxide detectors

Acquisition of Site (if applicable)

The applicant must have a purchase contract for the acquisition of the property if applicable. If the property is already owned, then provide a copy of the deed. If there is a contract it must be subject to an appraisal that is not older than 60 days. Label as Exhibit 12.

Construction, including rehabilitation

- A. Provide a list of repairs to be made for the unit. If new construction, provide plans and specifications. Include the appropriate document labeled Exhibit 13.

Project Schedule

Complete the following proposed schedule for the development:

- A. Date of Acquisition (if applicable)
- B. Building Permit issued
- C. Construction Begins
- D. Construction Complete
- E. Expected occupancy date

Project Budget

Complete the following proposed budget for the development:

- A. Construction
- B. Acquisition Costs
- C. Soft Costs

ACQUISITION COSTS	
Category	Total Funds
Property	
Title Insurance	
Appraisal (if applicable)	
Recording Fees	
Survey (if applicable)	

Insurance	
Taxes	
Termite Inspection (if applicable)	
Other	
Closing Fees	
<b>Total Acquisition Costs</b>	

CONSTRUCTION COSTS	
Estimated Construction Costs	
Permits	
Utility Connections	
Repair Contingency	
Other	
<b>Total Construction Costs</b>	

Project Financing

SOURCES OF FUNDS	
Category	Total Funds
Requested OHCD funds	
Other funds (list below)	
Total Sources of Funds	

Total sources of funds must match the total project costs.

# SARASOTA

## Office of Housing & Community Development Partnership Program Project Leveraging Worksheet

This worksheet is intended to capture other funds that were leveraged by the Office of Housing and Community Development's (OHCD) funding for the project. OHCD reports on other funding that goes into these projects, and these reports are available for public review and comment. Please provide the amount(s) of other funding used for the project. Do not include the funding provided by OHCD.

### I. Other Federal Funds:

Source	Amount
_____	_____
_____	_____
_____	_____
Total:	_____

### II. Other State Funds:

Source	Amount
_____	_____
_____	_____
_____	_____
Total:	_____

### III: Other Local Government Funds:

Source	Amount
_____	_____
_____	_____
_____	_____
Total:	_____

**IV. Other Private Funds (Organizations, Foundations, Individuals):**

Source	Amount
Total:	

## EXHIBIT 11

### LOCATION TO SHOPPING, TRANSPORTATION, SCHOOLS

Replace this page with map(s).



## EXHIBIT 12

### EVIDENCE OF SITE CONTROL

Replace this page with a copy of the Real Estate Contract or Warranty Deed.

## EXHIBIT 13

### CONSTRUCTION, INCLUDING REHABILITATION

For existing construction, replace this page with the list of repairs developed by the Non-Profit. If new construction, provide plans and specifications and the Non-Profits strategy for completing the project by the project deadline. Label the appropriate document Exhibit 13

EXHIBIT 14  
INCOME LIMITS

### 2025 Sarasota Affordable Rents by Income Level

Family Size								
	1	2	3	4	5	6	7	8
30% of Median	\$22,650	\$25,850	\$29,100	\$32,300	\$34,900	\$37,500	\$40,100	\$42,650
Maximum Rent	\$566	\$646	\$728	\$808	\$873	\$938	\$1,003	\$1,066
50% of Median	\$37,700	\$43,050	\$48,450	\$53,800	\$58,150	\$62,450	\$66,750	\$71,050
Maximum Rent	\$943	\$1,076	\$1,211	\$1,345	\$1,454	\$1,561	\$1,669	\$1,776
60% of Median	\$45,240	\$51,660	\$58,140	\$64,560	\$69,780	\$74,940	\$80,100	\$85,260
Maximum Rent	\$1,131	\$1,292	\$1,454	\$1,614	\$1,745	\$1,874	\$2,003	\$2,132
80% of Median	\$60,300	\$68,900	\$77,500	\$86,100	\$93,000	\$99,900	\$106,800	\$113,700
Maximum Rent	\$1,508	\$1,723	\$1,938	\$2,153	\$2,325	\$2,498	\$2,670	\$2,843
100% of Median	\$75,400	\$86,100	\$96,900	\$107,600	\$116,300	\$124,900	\$133,500	\$142,100
Maximum Rent	\$1,885	\$2,153	\$2,423	\$2,690	\$2,908	\$3,123	\$3,338	\$3,553
120% of Median	\$90,480	\$103,320	\$116,280	\$129,120	\$139,560	\$149,880	\$160,200	\$170,520
Maximum Rent	\$2,262	\$2,583	\$2,907	\$3,228	\$3,489	\$3,747	\$4,005	\$4,263

*Florida Housing Finance Corporation (FHFC) income and rent limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD) and are subject to change.*

Median Income for all households \$106,100  
Maximum Rent - 30% of monthly income - includes utilities