



**CITY OF MUSKEGON  
COMMUNITY AND NEIGHBORHOOD SERVICES  
2011 – 2012 HOME PARTNERSHIP PROGRAM (HOME)  
PROGRAM SUMMARY**

1. Agency Name: \_\_\_\_\_

2. Service Headquarters (complete address):  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email Address of Contact Person:  
\_\_\_\_\_

3. Short summary of the type of service/s you will be providing with these funds.

4. How many people or families will you be assisting with these funds? \_\_\_\_\_

5. What is your service mix?  
Number and % of extreme low – low \_\_\_\_\_  
Number and % of low – mod \_\_\_\_\_  
Other – explain (need number and %) \_\_\_\_\_  
\_\_\_\_\_

6. Amount of HOME funds you are requesting: \_\_\_\_\_

7. Did you receive HOME funds for 2010 – 2011 grant year? \_\_\_\_\_

a. How much did you receive? \_\_\_\_\_

b. How much of the funds did you actually spend? \_\_\_\_\_

c. What did you spend the funds on?

d. If you didn't spend the full amount, why?

e. Have you received HOME funds in other year?

Yes  No  If yes, what year/s?



**CITY OF MUSKEGON  
COMMUNITY AND NEIGHBORHOOD SERVICES  
BUDGET FOR COMMUNITY DEVELOPMENT ACTIVITY**  
(Attach detail breakdown of project expenses. See example below.)

<b>Project Title:</b>		<b>Program Year: 2011 - 2012</b>	
<b>Subcontractor:</b>		<b>Date:</b>	
<b>Contract Period:</b>		<b>June 1, 2011 – May 31, 2012</b>	
<b><u>Account</u></b>			
<b><u>Project Amt:</u></b>	<b><u>HOME Share</u></b>	<b><u>Other Funds</u></b>	<b><u>Total</u></b>
<b>Personnel</b>	\$	\$	\$
<b>Supplies &amp; Materials</b>	\$	\$	\$
<b>Contractual</b>	\$	\$	\$
<b>Other (including overhead)</b>	\$	\$	\$
<b>Other</b>	\$	\$	\$
<b>Other</b>	\$	\$	\$
<b>Total</b>	\$	\$	\$





4. Provide a self-evaluation of previous experience in providing the services proposed. This evaluation should include how long the agency has been providing services, how many clients have been served, how successful the program has been, how success was determined, what kind of follow-up plan was used and documentation of the support of local community organizations.
  
5. Describe the system that will be used to organize and coordinate service delivery to new applicants or returning clients seeking assistance. This case management system should include provisions for additional screening, intake processing referral linkage, case monitoring and follow-through.
  
6. Describe the full staff component necessary to provide services proposed and their qualifications.
  
7. Describe the agency's capabilities for carrying out this project, how it fits into the agency's overall program and what resources will be used to support.



- 12.** Please address the following questions in your narrative:
- a.** How many persons were served by your agency last year:
  
  
  
  
  
  
  
  
  
  
  - b.** Was the proposed service/project provided previously by your agency?  Yes  No  
If yes, how was it funded?
  
  
  
  
  
  
  
  
  
  
  - c.** Does your agency/organization have a fee schedule for this particular service/project?  No  Yes (Please provide)

**EXHIBIT II**

**CITY OF MUSKEGON  
COMMUNITY AND NEIGHBORHOOD SERVICES  
ACCOUNTING SYSTEM**

I am the chief financial officer of \_\_\_\_\_ and  
(name of agency)

in this capacity I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for this agency. The accounting system and internal control procedures will be adequate to safeguard the assets of this agency, check the accuracy and reliability of accounting data, promote operating efficiency and assure compliance with prescribed management policies of the agency and the City of Muskegon.

\_\_\_\_\_  
**Signature of Financial Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name of Financial Officer**

**EXHIBIT III**

**CITY OF MUSKEGON  
COMMUNITY AND NEIGHBORHOOD SERVICES  
SECURITY POLICY**

In keeping with the general conditions of the prime grant agreement between the City of Muskegon and the U.S. Department of Housing and Urban Development, all records, reports, etc., must be kept confidential and retained for a period of three years after the end of the contract. Because of these requirements, it is necessary for the subcontractor to maintain all data in a safe and secure place.

The undersigned certifies that \_\_\_\_\_ shall  
(name of agency)

have in place a mechanism for keeping records, reports and all data related to this project confidential and in a safe and secure place.

\_\_\_\_\_  
**Signature of Chair of Board of Directors**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name of Chair of Board of Directors**

**CITY OF MUSKEGON  
COMMUNITY AND NEIGHBORHOOD SERVICES  
CERTIFICATION  
RESPONDENT IDENTIFICATION**

---

**Full Legal Name of Agency**

---

**Telephone**

---

**Legal Mailing Address of Agency**

---

**Project Title**

---

**Contact Person**

---

**Title**

---

**Telephone**

---

**E-mail address of contact person**

---

**Submission Date**

## **DOCUMENTATION**

1. Authorized Signatures – Submit an executed copy of Exhibit I certifying those officers or employees of the agency having the authority to carry out the performance contemplated by a contract and which designates the person or persons who execute the contract on behalf of the organization and legally bind the organization to the terms of the contract.
2. Accounting System – Submit an executed copy of Exhibit II certifying the adequacy of the agency’s accounting system.
3. Security Policy – Submit an executed copy of Exhibit III certifying the confidentiality and retention of records.
4. Section 501(C) (3) – Submit evidence that the agency is in compliance. Attach a copy of the agency’s certification.
5. Licensing – Submit certification that the agency and its employees comply with all local, state and federal licensing requirements for project services provided.
6. Personnel – Submit a copy of your employment profile including total employees, male, female and minority employees both male and female plus positions held.
7. Financial Audit – Submit the agency’s most recent financial audit.
8. Board of Directors – Submit a roster of all members of the agency’s Board of Directors: include their addresses and telephone numbers.

I hereby certify all information and documentation submitted as part of this proposal to be correct and true to the best of my knowledge.

\_\_\_\_\_  
**Signature of Chair of Board of Directors**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name of Chair of Board of Directors**

## INCOME LIMITS

### Muskegon

<u>Type of Income</u>	<u>% of MEDIAN</u>	<u>1 PERSON</u>	<u>2 PERSON</u>	<u>3 PERSON</u>	<u>4 PERSON</u>	<u>5 PERSON</u>	<u>6 PERSON</u>	<u>7 PERSON</u>	<u>8 PERSON</u>
<b>Extremely Low</b>	30	12,400	14,200	15,950	17,700	19,150	20,550	21,950	23,400
<b>Very Low</b>	50	20,650	23,600	26,550	29,500	31,900	34,250	36,600	38,950
<b>Low</b>	80	33,100	37,800	42,550	47,250	51,050	54,850	58,600	62,400