



**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
2012 – 2013 HOME PARTNERSHIP PROGRAM (HOME)
PROGRAM SUMMARY**

**CERTIFICATION
RESPONDENT IDENTIFICATION**

Full Legal Name of Agency

DUNS #

Telephone

Legal Mailing Address of Agency

Project Title

Contact Person

Title of Contact Person

Telephone

E-mail address of contact person

Submission Date

1. What is your Vision Statement?

2. What is your Mission Statement?

3. What is your service mix? Include the # of people to be assisted. (See Income Limits)

Number of extreme low – low (30% AMI) _____

Number of low – mod (80% AMI) _____

Other – very-low (50% AMI) _____

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

5. Amount of HOME funds you are requesting: _____

6. Did you receive HOME funds for 2011 – 2012 grant year? _____

a. How much did you receive? _____

b. How much of the funds have you actually spent? _____

c. Will you be able to spend the full amount?

If not, why not?

d. What were your outcomes?

CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
2012 – 2013 HOME PARTNERSHIP PROGRAM

1. Total Project Costs:

HOME Funds	\$ _____
Other Funds	\$ _____
Other Funds	\$ _____
Other Funds	\$ _____
Total Funds	\$ _____

2. Funding Sources: List below other funding sources and amounts of funds for this project.

3. Project Service Area: List below the geographic areas the agency intends to serve through this project. Include Census Tracts and actual addresses if known.

4. Please provide your agency's most recent annual budget and audit if applicable.

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

Project Title:			Program Year: 2012 - 2013
Subcontractor:		Date:	
Contract Period: July 1, 2012 – June 30, 2013			
<u>Account</u>			
<u>Project Amt:</u>	<u>HOME Share</u>	<u>Other Funds</u>	<u>Total</u>
Personnel	\$	\$	\$
Supplies & Materials	\$	\$	\$
Contractual	\$	\$	\$
Other (including overhead	\$	\$	\$
Other -specify	\$	\$	\$
Other -specify	\$	\$	\$
Other -specify	\$	\$	\$
Total	\$	\$	\$

EXHIBIT I

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
AUTHORIZED SIGNATURES**

The following officers or employees are duly authorized by the Board of Directors of _____ to carry out the
(name of agency)
performance contemplated by a contract with the City of Muskegon and
can execute a contract on behalf of _____.
(name of agency)

Name

Title

Signature of Chair of Board of Directors

Date

Typed Name of Chair of Board of Directors

COMMUNITY DEVELOPMENT PROGRAM NARRATIVE

General Instructions: Please respond to the following questions about the agency's program design. (Limit the total narrative to the equivalent of three typewritten pages plus attachments).

- 1. Describe how your proposed housing project is different from other local housing programs without duplicating services.**
- 2. How do you see your project in collaboration with the City's overall comprehensive neighborhood revitalization and community development efforts as described in the City's 2011 – 2016 Consolidated Plan?**
- 3. Explain the case management system used to case monitor and complete described goals.**

4. **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 for support. Submit resumes of individuals carrying out the proposed program.**
5. **Do you coordinate services with other agencies? If so, explain.**
6. **How will you document and report the low to moderate-income clients that are served?**

7. Submit your current list of Board of Directors and describe their function and how the board is involved with the development and overview of your proposed project.
8. If you did not receive funding from the City of Muskegon last year:
- 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
If 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

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.
9. Drug Policy

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 2012

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>
Extremely Low	30	11,550	13,200	14,850	16,500	17,850	19,150	20,500	21,800
Very Low	50	19,250	22,000	24,750	27,500	29,700	31,900	34,100	36,300
Low -Moderate	80	30,800	35,200	39,600	44,000	47,550	51,050	54,600	58,100