

**APPLICATION FOR**  
**NSP FUNDS FOR SPECIAL NEEDS POPULATIONS**  
**IN**  
**DEKALB COUNTY, GEORGIA**



**Burrell Ellis, CEO**

BOARD OF COMMISSIONERS: Elaine Boyer, District 1; Jeff Rader, District 2;  
Larry Johnson, District 3; Sharon Barnes-Sutton, District 4; Lee May, District 5;  
Kathie Gannon, District 6; Connie Stokes, District 7

[www.co.dekalb.ga.us](http://www.co.dekalb.ga.us)

Administered By:  
DeKalb County Community Development Department  
Chris H. Morris, Director  
1807 Candler Road  
Decatur, GA 30032  
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**Due: April 17, 2009**

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## **I. Application Overview**

To support the creation of affordable housing for households with incomes below 50% of area median income while stabilizing neighborhoods, DeKalb County is accepting Neighborhood Stabilization Program (NSP) funding applications from non-profit organizations that include providing affordable housing and supportive services as part of their mission. +

Organizations may apply for NSP funds through the application process that is described in this document.

NSP is the grant program under Title III of Division B of the Housing and Economic Recovery Act, 2008 (HERA). HERA appropriates \$3.92 billion for NSP grants for emergency assistance for redevelopment of abandoned and foreclosed homes and residential properties. The DeKalb County NSP allocation totals \$18,545,013.

The County plans to use 25% of the NSP allocation (\$4.7 million) to address the housing needs of households at or below 50% of the area median income. The NSP Substantial Amendment to the 2008-2012 DeKalb County Consolidated Plan delineates the County's plans to use NSP funds to finance, acquire, rehabilitate, and re-sell foreclosed property that might otherwise become sources of blight within the community.

### **Eligibility/Requirements**

Through this application process, non-profit organizations may apply for funds to acquire and rehabilitate foreclosed, single-family homes that the organization will rent, lease with a purchase option, re-sell to households, or provide as transitional or permanent supportive housing to households with incomes at or below 50% of the area median income. All acquired property must be foreclosed and located in the "area of greatest need" as defined in Attachment B of this application.

The County expects organizations receiving NSP funds through this application process to express goals and objectives that are aligned with the goals of the DeKalb County or Tri-J Continuum of Care for the Homeless. Thus, applicants are encouraged to propose projects that provide affordable housing, deliver supportive services that will facilitate long-term self sufficiency to its clients, and facilitate stabilizing neighborhoods where the projects are located. However, NSP funds may not be used for the provision of supportive services. Examples of eligible housing projects include the following:

- Housing with supportive services for homeless households
- Housing for very low and extremely low income households
- Housing for households <50% AMI with disabilities

The County may provide funds to applicants in the form of grants, hard loans, or soft loans. All funds are subject to HOME affordability and recapture/resell provisions, as well as NSP requirements.

As NSP funds are limited, this application process is competitive. Therefore, successful proposals must thoroughly and concisely address the information requested in this document. All organizations interested in submitting a response should become familiar with the following documents, labeled as attachments to this application:

1. Map of DeKalb County Areas of Greatest Need (Attachment B)
2. HUD Income Limits (Attachment C)
3. The County's NSP application submitted to HUD on November 25, 2008, as a Substantial Amendment to the 2008-2012 Consolidated Plan, (Attachment D)
4. The HUD Regulations governing the Neighborhood Stabilization Program. (Attachment E)
5. Discussion Paper, "How to Spend \$3.92 Billion: Stabilizing Neighborhoods By Addressing Foreclosed and Abandoned Properties" by Alan Mallack, October 2008, Federal Reserve Bank of Philadelphia. (Attachment F)

### **Evaluation Criteria**

The County will evaluate applications based on the following criteria:

- The Project's impact on the creation of affordable housing for households < 50% AMI
- The Project's impact on stabilizing the neighborhood where it is to be located
- The applicant's documented experiences in successfully performing similar activities
- The applicant's broad project implementation plan
- The applicant's capacity to complete the project and maintain the housing through the affordability period
- The project budget
- Implementation costs
- Site visits and/or interviews with potential service providers

### **Proposal Format**

- All applications must be typed.
- Include the attachments as described in the application.
- In answering application questions, where applicable, check the appropriate box, fill the space, or insert your single spaced narrative answers immediately after the question. Type answers in bold.

- Submit one (1) original and four (4) copies of the application and required attachments
- Submit applications to the address:  
DeKalb County Community Development  
1807 Candler Road  
Decatur, GA 30032
- Applications must be received no later than April 17, 2009

Applications submitted after 4:30 PM on April 17, 2009, will not be accepted.

## II. Minimum Threshold Requirements\*

Minimum submission requirements for NSP funding are shown below. To receive funding consideration, applicants must submit a completed application along with all required documentation.

### THRESHOLD REQUIREMENTS

### REQUIRED DOCUMENTATION

- |  |  |
|--|--|
| 1. Agency must have had non-profit status for at least <b>two full</b> years or be a governmental entity proposing to serve DeKalb County residents outside of the City of Atlanta.* | Copy of Non-profit designation from the IRS.   |
| 2. Agency must be registered and licensed to do business in the State of Georgia at the time of application.   | Certificate of Incorporation from the Secretary of State.  |
| 3. The Agency must have an annual independent audit. This audit must be no older than eighteen months prior to the submittal date of the application.*                               | One Copy of your 2007 or later annual independent audit, including management letter.                            |
| 4. Agency must provide 2 years of most recent financial statements (income & expense statement, balance sheet and cash flow statement).*   | 2 years of most recent financial statements (income & expense statement, balance sheet and cash flow statement). |
| 5. Agency must submit a copy of your IRS Form 990.   | 2007 or later IRS Form 990.  |
| 6. Agency must demonstrate that the Agency has an active, Independent Board of Directors that meets at least <b>4</b> times per year.  | Provide dated copies of the last <b>4</b> Board of Directors Meeting Minutes.                                    |

**THRESHOLD REQUIREMENTS**

7. The provision of decent housing that is affordable to low-and moderate-income people, is an organizational mission
8. The Agency demonstrates the capacity to complete the proposed project.

**REQUIRED DOCUMENTATION**

Charter, or  
Articles of Incorporation  
By-laws or Resolutions.

Resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with NSP funds, or contract(s) with consultant firms or individuals who have housing experience in projects similar to projects to be assisted with NSP funds, to train appropriate key staff of the organization.

\*Documentation not required from governmental entities.

### III. APPLICATION

#### A. General Information

1. **Official** Name of Agency/Organization
2. Name of Executive Director/President  
*\*Please Specify Correct Title*
3. Mailing Address
4. City, State, Zip Code
5. Telephone Number
6. Facsimile Number
7. Executive Director's E-mail Address
8. Agency Website Address
9. Contact person other than the Executive Director or President that is able to act on behalf of the Agency  
Name:   
Title:   
Telephone Number:   
E-mail address:
10. Current Board President , or Chairperson *\*Please Specify Title*
11. Current Board Secretary
12. Please check the DeKalb County Commission District(s) in which your services are provided:
  - Elaine Boyer, District 1
  - Jeff Rader, District 2
  - Larry Johnson, District 3
  - Sharon Barnes-Sutton, District 4
  - Lee May, District 5
  - Kathie Gannon, District 6
  - Connie Stokes, District 7

## B. Project Description

1. Amount of NSP funds requested

Total Project Cost

2. How will you use the NSP award? Check all of the uses(s) that apply to your project.

- Acquire foreclosed property
- Rehabilitate foreclosed property
- Rent /Lease foreclosed property to very low or extremely low income households
- Develop transitional housing
- Develop Permanent Supportive Housing
- Re-sell to very low income households
- Lease with a Purchase option to very low income households
- Other

3. Briefly describe the proposed project.

**Response:**

4. How many clients will you serve annually through this project?

**Response:**

5. What special needs populations will the proposed project serve? Describe your key constituents.

**Response:**

6. What household income range will the proposed project serve? (Household incomes may not exceed 50% of area median income, adjusted for family size.)

- At or below 30% of Area Median Income
- At or below 50% of Area Median Income

7. Briefly describe your plan for providing supportive services to low income households that benefit from this project. What services will be provided? What outcome do you expect after service provision? What organization will provide the service? How will you fund the supportive service portion of the project? (NSP awards may not be used to fund supportive services.)

***Response:***

8. How will your project assist in stabilizing the neighborhood where it is located while assisting low and/or extremely low income households obtain affordable housing? (Please keep in mind that this project is intended to strengthen declining neighborhoods.)

***Response:***

9. Describe how your agency plans to work with affected neighborhood(s) to address issues and resolve any potential problems with your Project and/or Activity.

***Response:***

## C. Organizational Management/Administrative Capacity

1. Required Documentation - Attach the following documentation in Section IV
  - Bylaws
  - Operational procedures
  - Certificate of Incorporation
  - Copy of Non-profit designation from the IRS
  - Audit with Management Letter
  - Most Recent 2 Years of Financial Statements
  - IRS Form 990
  - Last Four (4) Board of Directors minutes
  - Conflict of Interest Statement
  - Copy of written financial procedures and responsibilities
  - Listing of Board of Directors (names, addresses, telephone, terms, officers)
  - Job descriptions and Resumes for staff positions involved with the proposed activity
  - Current organizational chart
  - Copy of approved Agency budget for current fiscal year.

2. Please provide the dates of the last four (4) Board Meetings.

**Response:**

3. Do any family relationships (by blood or marriage) exist between staff and/or Board members? If yes, please explain in detail.

**Response:**

4. Are any staff or Board members beneficiaries of any Agency funds? If yes, please explain in detail.

**Response:**

5. What are your organization's Mission, Goals and Objectives?

**Response:**

6. Describe your organization's experiences, capabilities and qualifications for this project. Include linkages to experiences or initiatives that involve similar activities or work components as those required in the implementation of this project.

**Response:**

7. Describe your organization's linkages with the DeKalb County or Tri-J Continuum of Care for Homelessness.

**Response:**

8. Has your organization received federal, state, or local government grants? What was the grant amount? What was the purpose of the grant? What was the grant source (who provided the grant)? What were your grant periods? If have been monitored by HUD and/or any other governmental agency, please provide copies of your HUD monitoring letter and your most recent monitoring letter from other agencies.

**Response:**

9. Who are your strategic partners in this project? Describe each partner's role(s) and qualification for performing that role in this project.

**Response:**

10. Has your agency or your strategic partners re-organized for any reason. If so, please explain.

**Response:**

11. Identify the individuals who will be part of the project team. Include consultants.

**Response:**

12. Enclose brief resumes of personnel to be assigned to this project.

**Response:**

13. Provide your organization's 2009 annual budget information. Use the "Agency/Organization Finances" forms found in Attachment A.

## D. Property Information

**Answer questions 1-7 if you have identified the property that you wish to purchase. All applicants should answer question 8.**

1. If you have identified the land and structures that you will acquire in this project, are they located within the “area of greatest need”? Please submit the following information regarding each parcel.
  - a. DeKalb County Tax Parcel I.D. number  
**Response:**
  - b. Property Address  
**Response:**
  - c. Purchase price (attach purchase option, sales contract, etc.)  
**Response:**
  - d. Method of establishing fair market value (provide documentation)  
**Response:**
  - e. Evidence of foreclosure  
**Response:**
2. For all structures that you will acquire, please provide the following information
  - a. The number of structures  
**Response:**
  - b. The number of units within each structure and the number of bedrooms of each unit. (For NSP purposes, a single family structure may contain up to four units)  
**Response:**
  - c. The occupancy status of each unit  
**Response:**
  - d. The length of time the unit has been vacant.  
**Response:**

- e. Whether the project will displace, either temporarily or permanently, any of the residents in the occupied units

**Response:**

- 3. What is the current zoning for each parcel that you will acquire? What variances to zoning will be required for your project?

**Response:**

- 4. What is the age of existing structures? Describe the general condition of the structure. How will you address historically significant structures?

**Response:**

- 5. Will property rehabilitation be required? Have you prepared detailed structure rehabilitation specifications? If so, please provide a copy.

**Response:**

- 6. If property rehabilitation is planned, please describe the procurement process for the project.

**Response:**

- 7. Do you plan to demolish any existing structure(s)?

**Response:**

- 8. Please provide your project timetable.

**Response:**

## **E. Project Budget**

1. Using the attached “Itemized Budget for NSP Projects” form, provide a detailed project implementation budget. Include clarifications of each budget line item. Identify sources and amounts of other funds that will leverage NSP funds to achieve the objective.
2. Have you completed a feasibility study to determine if this project will satisfy your financial and operational objectives? If so, please provide a summary of your study results.

***Response:***

3. Describe your operational and financial sustainability plan for property acquired with NSP funds.

***Response:***

## Itemized NSP Project Budget

If you have not identified the property at the time of application submission, include estimates and indicate that amounts are estimates. If categorizes are not applicable please indicate by typing "n/a" in the appropriate location.

ITEMIZED COST	Total Cost	Source of Funds	SOURCE of Funds	SOURCE of Funds
A. Acquisition Costs 1. Land 2. Existing Structure 3. Other _____				
B. Rehabilitation (construction contract costs) 1. Site Work 2. Rehabilitation				
C. Closing Costs 1. Appraisal 2. Building Permits 3. Tap Fees 4. Soil Borings/Environmental Survey 5. Real Estate Attorney 6. Title and Recording 7. Other				
D. Permanent Financing Fees and Expenses 1. Credit Report 2. Permanent Loan Origination Fee 3. Title and Recording 4. Counsel's Fee				
E. Project Administration/Management 1. Taxes 2. Insurance				
F. Total Uses (Development)				
G. Total Sources (Development)				
H. Difference				
I. Additional Sources of Permanent Financing:				
J. Owner's equity				
Loan:				
Loan:				
Total				

## F. Signature Page: This Page Must Be Submitted With the Application

*I certify that I have completed the application for Neighborhood Stabilization Program. All of the information contained in this submission has been completed as thoroughly and as accurately as possible.*

Executive Director Name (Print)

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Executive Director  
Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

President or Secretary of the  
Board of Directors Name (Print)

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President or Secretary of the  
Board of Directors Signature

---

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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### For Office Use Only

<b>Application Number</b>	
<b>Date Received</b>	
<b>Administrative Staff Processed</b>	
<b>Copies</b>	
<b>Minimum Threshold</b>	
<b>Attachments</b>	
<b>Notes</b>	
<b>Staff Assigned</b>	

## G. Application Checklist

Check (click) the box to indicate that information is included. In the “Page Number in Section IV” column, insert the page number where the information is located.

<b>Check Box to Indicate Document is Included</b>	<b>Category</b>	<b>Page Number in Section IV</b>
<input type="checkbox"/>	Bylaws	Click here and type
<input type="checkbox"/>	Operational Procedures	Click here and type
<input type="checkbox"/>	Certificate of Incorporation	Click here and type
<input type="checkbox"/>	Copy of Non-profit Designation from IRS	Click here and type
<input type="checkbox"/>	Audit with Management Letter	Click here and type
<input type="checkbox"/>	Most Recent 2 Years of Financial Statements	Click here and type
<input type="checkbox"/>	IRS Form 990	Click here and type
<input type="checkbox"/>	Last Four (4) Board of Directors Minutes	Click here and type
<input type="checkbox"/>	Conflict of Interest Statement	Click here and type
<input type="checkbox"/>	Copy of Written Financial Procedures and Responsibilities	Click here and type.
<input type="checkbox"/>	Listing of Board of Directors (Names, Addresses, Telephone Numbers, Terms, Officers)	Click here and type.
<input type="checkbox"/>	Job Descriptions for staff positions involved with the proposed activity	Click here and type.
<input type="checkbox"/>	Current Organization Chart	Click here and type.
<input type="checkbox"/>	Approved 2009 agency budget	Click here and type.
<input type="checkbox"/>	Resumes of personnel assigned to the project	Click here and type.
<input type="checkbox"/>	Purchase Option, Sales Contract... to prove price (If property has been identified)	Click here and type
<input type="checkbox"/>	Other - Please Describe	

**IV. Appendix**  
**Place Required Documentation in this Appendix.**  
**Number All Pages**

## **V. Attachments**

**A. Agency/organization Finances**

**B. Map of DeKalb County Areas of Greatest Need**

**C. HUD Income Limits**

**D. DeKalb County NSP Application to HUD**

**E. HUD Neighborhood Stabilization Program**

**F. “How to Spend \$3.2 Billion: Stabilizing  
Neighborhoods by Addressing Foreclosed and  
Abandoned Properties**