**REQUEST FOR APPLICATIONS**

**DISTRICT OF COLUMBIA HOMEBUYER ASSISTANCE PROGRAM**

**FOR**

**FY 2014**

**APPLICATION FORM**

**PARTS 1 AND 2**

|  |  |
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| **Part 1: Organizational Capacity** Use Part 1 of the application to provide information about your organization and to demonstrate its project management and administrative capacity.  | **Total Points Available in Part 1:** **100** |
|  |
| 1a. Provide basic information about your organization. |
| **Name of Organization** |  |
| **Year Established** |  |
| **Overall Organizational Service Area** |  |
| **Primary Contact Person/Title** |  |
| **Site Address(es)** |  |
| **Mailing Address** **(if different)** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Mission** |  |
| 1b. Please provide information about your organization’s major sources of funding (over $10,000). | **Points Available: 5** |
| **Score:** |
| **2010** | **2011** | **2012** |
| Funder | Amount  | Funder | Amount | Funder | Amount |
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**Application Certification:**

Signature of Authorized Representative (staff) Date

Signature of Governing Board President or Chairperson Date

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| 2. Provide information about the staff at your organization who will have responsibility for this activity (add additional rows if necessary). Identify all proposed staff positions, key skills necessary for this activity, and job responsibilities. Indicate the percentage of time that staff member will work on the Homebuyer Programs. | **Points Available: 25** |
| **Score:** |
|  Staff | Name | Title | Key skills for HPAP administration | Job Responsibilities and Percentage of time on HPAP | Years with organization |
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| No. of Full-time Staff | 2009 | 2010 | 2011 | 2012 |  |
|  |  |  |  |  |
| No. of Part-time Staff |  |  |  |  |  |
| No. of Staff Departures (excluding interns) |  |  |  |  |  |

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| 3. Provide information about your organization’s Board of Directors**.** Add additional rows and expand cells as necessary. | **Points Available: 5** |
| **Score:** |
| **Name** | **Role** | **Home Address** | **Stakeholder representation[[1]](#footnote-1)** | **Profession** | **Affiliations** | **Length of Tenure** |
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|  |  | Average Tenure: |  |
| 4. Provide information to demonstrate that your Board possesses: (1) skills and/or experience related to community lending programs, especially related to homebuyer assistance financing and (2) legal, business finance, and management skills required to oversee this program. Describe the Board’s role in program oversight, frequency of meetings, and any Board initiatives within the past three years that demonstrate these capabilities. Attach copies of Board Minutes for the past 12 months’ meetings.  | **Word Limit: 300** | **Points Available: 5** |
| **Score:** |
| <insert response here> |

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| 5. Please provide the following financial information about your organization. Indicate what cash assets or access to a line of credit is available in the amount of $500,000 to $1,000,000, a requirement for operating the Home Purchase program. Attach a copy of your organization’s most recent financial audit. | **Points Available: 10** |
| **Score:** |
|  | **2010** | **2011** | **2012** |  |
| Annual Operating Budget |  |  |  |  |
| Operations Surplus (deficit) |  |  |  |  |
| Total Assets (Dollars) |  |  |  |  |
| Net Assets (Dollars) |  |  |  |  |
| **Available line of credit for FY 2014:** |  |  |

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| 6. Provide contact information for three references from funding sources or other entities who are well acquainted with your organization’s ability to achieve positive outcomes with budget management and who are willing to provide detailed information about your organization’s capacity and performance[[2]](#footnote-2). |
|  | Organization | Contact Person | Telephone |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |

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| 7. Describe your organization’s systems in place for effectively:* managing high volume loan underwriting, settlements and funding;
* coordinating and overseeing staff to meet complex technical and regulatory requirements;
* maintaining records in an organized and secure manner;
* tracking and reporting accomplishments; and quality control.
 | **Word Limit: 800** | **Points Available: 30** |
| **Score:** |
| <insert response here> |

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| 8a. Is your organization approved by the U.S. Department of Housing and Community Development as a secondary financing provider to perform activities for down payment assistance, closing cost or rehabilitation assistance? If yes, please provide a copy of your approval letter in the application submission package. If no, please go to the HUD internet site located at http:/www.hud.gov to receive information and guidance.  |  | **Points Available: 5** |
| **Score:** |
| <insert response here> |

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| 8b. Provide information about your organization’s activities in the past 3 years, including success in implementing similar homebuyer assistance programs or other activities with performance-based outcomes. Add additional rows and expand cells as necessary. | **Points Available: 5** |
| **Score:** |
| Activity Name | Partner Organizations | Budget | Target Population | Start/End Dates | List Accomplishments:For lending, include number of marketing contacts, complete loan applications, and settled loans. |
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| 9. Describe successful marketing activities you have completed, including via website, reaching a low-moderate income community?  | **Word limit: 200** | **Points Available: 5** |
| **Score:** |
| <insert response here> |

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| 10. Describe recent challenges faced by your organization, any significant challenges it faces today, and the response to those challenges.   | **Word Limit: 200** | **Points Available: 5** |
| **Score:**  |
| <insert response here> |

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| **Part 2: Proposed Implementation Plan for Homebuyer Programs**Use Part 2 of the application to explain your detailed implementation plans and budget for the program.  | **Total Points Available in Part 2:**  **100** |
| 1a. Describe detailed work plan that outlines what your organization proposes to under-take through responding to this RFA. Provide specifics of the process by which these activities will be conducted. Explain why you believe these activities are needed and how the activities proposed will be carried out by your organization to ensure that the District’s new homeowners will be able to sustain their home. | **Word Limit:** **800 words****1a. and 1b. are both included in word limit and points**  | **Points Available: 40** |
| **Score:** |
| <insert response here> |

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| 1b. In preparing the work plan, provide a detailed first year work plan for marketing, implementing, coordinating and managing the proposed homebuyer assistance program activities in the space below (add additional tasks and steps as necessary). In particular, address in your work plan questions 1b. through 1h. below. |  |  |
| **Major Tasks** | **Start Date** | **Complete Date** |
| 1. |  |  |
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| 6. |  |  |
| 7. |  |  |

1c. How will you implement any new DHCD policies and procedures, in terms of staff training and quality control?

1d. How will you provide oversight to ensure program compliance with requirements of each HUD and local funding source?

1e. What is your plan for coordination with D.C. intake/Housing Counseling agencies?

1f. How many complete loan applications do you need to process in order to settle on 300 loans?

1g. What is the highest number of loans you can complete through settlement given your proposed staffing plan and budget?

1h. Outline the underwriting process for an HPAP loan when financing with an FHA loan or Conventional loan and when will you know if a loan is approved by the first lender?

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| 2. List specific personnel and tools required for each function in your work plan, along with cost of those personnel. Expand cells and add rows as necessary. |  | **Points Available: 20** |
|  | **Score:** |
| Personnel |  |
| Function  | Personnel  | Budget costs  | Tools (IT, consultants, forms, procedures) |
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| **Budget**  | **Total Points Available in Budget: 30** |
| **Score:**  |
|  Cost Categories | Required DHCD Funding |  Other Funding | Total Costs |
| Personnel/salaries  |  |  |  |
| Fringe benefits (maximum 20% of salary costs) |  |  |  |
| Consultants & Contract Services (list specific services) |  |  |  |
| Space & Utilities |  |  |  |
| Consumable Supplies |  |  |  |
| Lease/Purchase of Equipment |  |  |  |
| Other Operating Costs (specify) |  |  |  |
| Indirect cost (maximum 10% of direct costs) |  |  |  |
|  |  |  |  |
| **Total Administration Costs** |  |  |  |
| Total Administrative Cost per loan settled |  |  |  |

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| 4. Describe how your organization is prepared to bring in additional resources to support the program, and how relationships with partner organizations will enhance the outcome.  | **Word Limit:** **300 words** | **Points Available: 10** |
| **Score:** |
| <insert response here> |

1. The Department prefers the organization’s Board membership includes stakeholders in the community of low- and moderate-income District households in one of three ways (use the following letter code to indicate for each Board member whether one or more apply):

A - indicates that the member is him/her-self a member of a low-/moderate-income District resident household;

	* B - indicates that the member owns or is a senior officer of private establishment and/or other institution located in and serving the District of Columbia’s low-/moderate-income households; and/or
	* C - indicates that the member is a representative of a District neighborhood organization with a proven track record of serving low- and moderate-income residents. [↑](#footnote-ref-1)
2. DHCD reserves the right to act as its own reference (in addition to those listed) for any applicant. [↑](#footnote-ref-2)