

HOME Participating Jurisdiction Project Design Proposal – 2016

Applicant: Community House on Broadway **Contact Person:** Frank Morrison
Title: Executive Director **Title:** _____
Address: PO Box 403 **Address:** _____

Phone: 360-355-5660 **Phone:** 360-425-8679
Fax: 360-200-6736 **Fax:** _____
E-mail: frankm@choblv.org **E-mail:** _____

Non-Profit Status: NO ☐ Yes ☒ **IRS Tax Identification Number** 94-3067129

Location: ☒ Longview ☐ Kelso

Project Title: Homeless Recovery Tenant Based Rental Assistance

HOME Funding Requested: \$ \$42,655.95

Project Description

1. Give a *brief* summary of your project (under 101 words):

This project will target six (6) Community House on Broadway (CHOB) households that are not otherwise able to sustain rental costs due to their financial limitations, but are far enough along in their recovery to live on their own. Community House residents who have worked diligently on their case managed Action Plan will be the recipients of this assistance. These dollars will be used to supplement households in an income bracket (below 50% AMI) to reduce the cost burden of housing. CHOB case management team and administration will be responsible to select eligible recipients from its homeless shelter and provide those individuals or families with 1-year of ongoing case management after they have found a rental unit.

2. Describe the project noting the problem(s) or opportunity(s) that will be addressed.

The homeless population that CHOB serves comes from extremely low income brackets coupled with multiple barriers to housing. These major barriers typically are: mental health instability, poor rental history, evictions, poor credit, and criminal history. Cost burden is a common problem among low income renters. This leads to eviction as renters typically pay greater than 50% of their income on

housing or housing related costs. CHOB data indicates that 29% of homeless individuals and families that enter the shelter lost their housing due eviction.

One of the problems that Community House residents have encountered in 2015 is a lack of rental assistance funding available. Lower Columbia CAP is limited in the number of households they can Serve. Coordinated Entry and Assessment (CEASE) has changed their selection criteria for Rapid Rehousing assistance. Currently to receive this assistance the household must be assessed as the most vulnerable. Unfortunately, many Community House residents because of their living status (i.e. in a homeless shelter) do not meet the criteria to be placed in the most vulnerable homeless category. This handcuffs many of the families that are in crisis and have the greatest need of housing which further creates a sense of hopelessness and depression.

The opportunity is that this project will provide funds to help pay for a portion of rental costs for the homeless that are selected by CHOB case managers for that assistance.

3. List the specific HOME objective information from the “5 year Strategic Plan” within the 2014-2018 Longview-Kelso Consolidated Plan. (See website information under Instructions).

Consolidated Plan Objective Code and Number: : **AP-55 Affordable Housing 91.420, 91.220(g)**
Consolidated Plan Objective Title: **Affordable Housing**

Consolidated Plan Objective Proposed Accomplishments & Outcomes: **Homeless households to be supported through rent assistance**

Project Readiness

4. Describe what specific steps need to be completed before the project will be ready to proceed? (Projects must be under construction within 12 months of signing your HOME Contract or funding will be deobligated.)

Community House on Broadway is operational and has all of the elements necessary to begin the project when funding is made available. Our professional case management team coupled with our Mental Health professionals from CORE Health will be able to select high needs, vulnerable households from the pool of clients at the shelter.

5. Please list start and completion date by Month, Day and Year:

Complete the “Project Timeline” (included at the end of this application) detailing project tasks and dates. This will be a part of your contract goals should your project be selected.



Project Start Date (mm-dd-yyyy) 8/1/2016

Project Completion Date (mm-dd-yyyy) 12/31/2016

Problem Impact and Severity

6. How will this project increase housing affordability for rentals or home ownership? What reductions in cost of rent or a mortgage would be realized? What rents will you charge for each one, two, and three bedroom when the project is complete? (Please detail from your attached ProForma.)

When funding is made available, those who are selected from the homeless population at Community House will receive the TBRA assistance which will reduce the cost burden of rent to less than 30% of their monthly income. For example, those that are working full-time low wage jobs will not be required to pay more than 30% of their monthly income on rent. This will make housing for our clients affordable and less expensive giving them a stable housing situation.

7. How does this housing project create a better living environment for residents? Have local, county, or state authorities noted the severity of the problem? Note building, public health or/and safety issues.

For the Community House residents that are the recipients of this assistance, a stable housing situation will be provided. Furthermore, a safe and affordable housing situation will make the likelihood of long-term success and self-sufficiency for the household much greater. CHOB case management will assist the household receiving the assistance with voluntary in home case management along with potential mental health peer support. The goal of the case manager/peer support will be to advocate for, provide support to, and ensure the household is receiving the services necessary to retain their housing. The goal of the peer support is to make sure the clients stay engaged with mental health services.

The 2014-2018 Consolidated Plan explains the need for the homeless to have access to safe and affordable housing.



8. List similar projects or programs your agency has, and other agencies have, in place to address this problem in the community. List agencies, funding sources and amounts. List the number of families housed under each of these programs.

Community House on Broadway does not have the resources to provide rental assistance to the clients it serves. However, CHOB does have a case management team and professional mental health outpatient services that will provide stability for the service recipients of this project.

Longview Housing Authority provides CHOB with 5% of section-8 vouchers as they become available.

Lower Columbia CAP –rapid rehousing assistance \$485,307 in 2016

Solution

Project Development

9. Did you attempt to collaborate the development of this project with other agencies? Which agencies were contacted and what was the outcome?

Community House on Broadway will be partnering with other mental health outpatient providers on an as needed basis. There has been interest from private parties to partner with Community House to help fund, locate, develop, and rehabilitate multiple housing units for low income renters in this community as well

10. How do you propose to solve the problem? Please be specific, itemizing the various tasks you will undertake.

CHOB case managers will determine the suitability of the client before they are selected for the assistance. The client will have to be in stable recovery, with stable income, and be in good standing with CHOB in order to become eligible for the support.

11. List all persons who would be involved during the development of this project and describe their project responsibilities. (Include names, titles, phone and e-mail.) (Responsibilities should include grant administration, project manager, developing partnerships, acquisition, overseeing construction, maintaining records, client intake and eligibility, etc.)

Frank Morrison, Executive Director Community House on Broadway/CORE Health, (360) 355-5660, frankm@choblv.org

Responsibilities: grant administrator, oversee project

Jim Murphy, Operations Manager Community House on Broadway, (360) 560-8500, jimm@choblv.org

Responsibilities: maintaining records, confirming eligibility, reporting outcomes

Cameron Carson, Operations Manager CORE Health, (360) 270-4587, cameronc@choblv.org

Responsibilities: maintaining records, confirming eligibility, reporting outcomes

Project Operation

12. Are you partnering with other organizations or businesses in this project? Will you have contracts for supportive services? What roles will each organization or business play after the project is completed? Please submit letters from partnering agencies and/or businesses as supporting documentation.

After the completion of the project, peer support and other forms of mental health counseling may be provide at the clients discretion. The possible private parties involved will help maintain the properties for ongoing support.

13. List all persons involved in the operation of this project when completed and describe their responsibilities. (Include names, titles, phone and e-mail.) (Responsibilities should include case management, day-to-day management, rent schedules for units, annual renter income review, partnerships in serving renters, etc., apartment management, and project owner.)

Jim Murphy, Operations Manager Community House on Broadway, (360) 560-8500, jimm@choblv.org

Responsibilities: maintaining records, confirming eligibility

Tim Tivey, Case Management Community House on Broadway, (360) 425-8679, timt@choblv.org

Responsibilities: maintaining case management records, intake, eligibility, housing locator, case management



Suzanne Gosch, Lead Peer Support Counselor CORE Health, (360) 200-5419, suzanneg@choblv.org
Responsibilities: maintain client outreach and engagement, ensuring the clients receive support services to maintain stable housing.

14. Complete the Rental or Ownership Proforma and Marketing Plan for 5 units or over (provided separately.)

Summarize your marketing/public outreach that you will provide to inform the general community of this project? (Review the Marketing Plan information under the Underwriting Policies)

Community House on Broadway case management team will seek out and make known the opportunities of the assistance to those that reside at the shelter. CORE Health will seek out and make known the opportunities of the assistance to those that choose to receive these services.

15. Describe your selection process for applicants to participate? How will disabled applicants be able to participate?

Community House in collaboration with CORE Health and other behavioral health providers will be responsible to establish its policy of determining eligible applicants. Through case management interview sessions, staff will check client's history and background information along with their current barriers that may have impact to their success. Eligible recipients will need to be in good standing with the CHOB program along with other recovery organizations in this community. Furthermore, they will need to have verifiable, stable income from employment in the cities of Kelso or Longview. Finally, selected clients will be city of Kelso or Longview citizens.

Disabled applicants will be granted equal opportunity to this program.

16. What other short-term and long-term outcomes will result from the project?

The short term goals of this project is to meet the housing needs of at least six (6) Community House on Broadway households that need rental assistance. This will solve the recipients housing crisis and give them an advantaged opportunity to maintain self-sufficiency.

The long term goals will be stabilization of the household's health, recovery, finance, and housing that will help the integration into the community as a stably housed and self-sufficient household.

17. What activities would still need to be undertaken after the project is completed in order for the problem to be fully addressed? Quantify where possible.

There will likely be a continued need for some types of supportive services to the households selected for this program. Programs including but are not limited to: ongoing mental health treatment, substance abuse recovery services, continued education, and life skill enhancement. It will be the goal of the case manager to ensure that the client is connected to these services and the necessary social support structures are developed while they benefit from the assistance.

CHOB does foresee a need for this assistance in the future as homelessness remains a problem in Cowlitz County.

Households Benefiting

18. What is the number of low-income households that will benefit from this project?

Use current year HUD Income Limits for family size.

At or below 80% of Median Income: _____

At or below 50% of Median Income: 6

At or below 30% of Median Income: _____

TOTAL Number of Households: 6

Budget

19. Explain why HOME funds are appropriate for your project. If this application is for a program currently receiving HOME funding, discuss what action you have taken and what other funding sources have been investigated in the last 12 months to reduce your organization's dependence on City of Longview (or City of Kelso) HOME funds.

HOME funds are appropriate for Tenant Based Rental Assistance Projects such as this. No other funding source serves this project.

Community House is new to applying for HOME funds and will continue to investigate various avenues and funding sources to assist its clients of getting housing support.

20. What agency funding will you commit to this project? If none, why not? (A 25% match of non-federal funding is desired.)

Community House on Broadway will commit to funds for case management services for the six (6) households that receive the assistance. This funding will come directly from the Community House general operating fund. We anticipate a cost of \$12,000 for in home case management and mileage expense.



21. If one or more funding sources listed below is not realized, what impact would this have on your project? Explain what changes would be considered to its scope or design, including the number of families housed, structure(s) constructed, delays in construction start date, etc. and whether your project would exist without HOME funding.

If HOME dollars are not provided, this project will not function at any capacity

22. Complete and attach the separate HOME Budget Form.

Complete the budget form showing all sources and uses of funds related to your project.

See attached budget

23. Sources and Uses Fund Statement / Budget Form Narrative

a. Please list all funding sources, intended uses, and amounts from your budget form. Identify each source as Federal, State, Local, or Private.

See attached 'Use of Funds Statement'

b. Identify which sources are proposed and which sources are committed.

See attached 'Use of Funds Statement'

c. Supporting Documentation: List and attach "Sources of Funds" supporting documentation noted under Question #25.

d. Supporting Documentation: List and attach "Uses of Funds" supporting documentation noted under Question #25.

24. Please list the amount of private, local, and State (non-federal) matching funds which will be designated towards the 25% match per HOME categories below:

\$ _____ A. Cash Contributions
 \$ _____ B. Forgone, Taxes, Fees and Charge
 \$ _____ C. Donated Land or Other Real Property
 \$ _____ D. On Site and Off-Site Infrastructure
 \$ _____ E 1 Donated Site Preparation
 \$ _____ E 2 Donated Construction Material
 \$ _____ E 3 Donated Labor (other than homeowner): Number or hours _____ times \$10 per hour
 \$ _____ E1 Sweat Equity (homeowner only): Number or hours _____ times \$10 per hour
 \$ _____ F. Proceeds from Affordable Housing Bonds
 \$ 12,000 G. Supportive Services – Type Case management, mileage for home visits, and housing support
 \$ _____ G1 Homebuyer Counseling Services
 \$ _____ Estimated/Unknown at this time. Type : _____

Attachments

25. Required Attachments

- ☐ **Project Timeline** (Note: Funding is available in November following project submittal. Please plan accordingly.)
- ☐ **Project Budget** (Note: Show all funding sources and note if they are committed or not committed. List date when commitment will be confirmed.)
- ☐ **Detailed Cost Estimates** (Specific costs for project itemized to show project cost analysis.)
- ☐ **Project Documentation** (See below)
- ☐ **HOME Performa: Rental or Homeowner Affordability**
- ☐ **Market Analysis** (separate form)
- ☐ **Marketing Plan** (as described in the Underwriting Policies and Procedures.)
- ☐ **Developer Development Capacity Certification**
- ☐ **Agency Financial Audit by e-mail** (Most current independent audit.)

Project Documentation to support your project. (Provide in order listed. Staff may limit the number of documents to the most important for Council to base its decision.)

- **Sources of Funds**



1. Include commitment letters with all terms and conditions for all mortgages, loans, grants, subordination agreements, private fundraising, bridge (interim) loans and investment tax credits (historical low-income, if applicable);
 2. Provide a formal Certification letter signed by the Agency Director or Owner listing the amounts and type of all governmental assistance (Federal, State, and Local) which will be used in this project.
 3. If you (the applicant) are a partnership, or will enter into a partnership to undertake this project (including services) provide a copy of the partnership agreement, which will indicate the cash contributions by the general partner(s) and/or limited partner(s).
- **Uses of Funds**
 1. Earnest money agreement, option or closing statement for land and/or building(s);
 2. Construction cost estimate
 3. Construction contract or preliminary (bids)
 4. Agreements governing the various reserves which are capitalized at closing (to verify that the reserves cannot be withdrawn later as fees or distributions.)
 5. Appraisal (to substantiate the value of the land and the value of the property after rehabilitation or the structure being built)
 6. If low-income tax credits are utilized, provide documentation on the syndication costs (legal, accounting, tax opinion, etc.) from the organization/individuals who will syndicate and sell the offering to ensure that the project can support the fees necessary to syndicate/fund the project. All assumptions should be verified in the supporting documentation.
 - Maps, architectural renderings and elevations, floor plans
 - Surveys and other professional reports
 - Letters from local, state, or federal agencies directing the repair or creation of a specific housing project
 - Letters attesting to the subject problem
 - Letters of support
 - Current news articles
 - Engineering, soils, or environmental reports



Project Timeline

[illegible]

HOME Program Longview- Kelso HOME Consortium

Questions? Technical Assistance? Contact Adam Trimble at 360.442.5092, or by e-mail at: adamt@mylongview.com



Marketing Plan: A marketing plan shall be completed to show how the project will be marketed publically to Longview and/or Kelso residents through the public media, professional realtor or/and real estate marketing staff for at least 90 days or until the unit(s) are fully sold/rented. The advertising methods used to reach buyers/renters, both paid and free, and direct promotion through local organizations, stakeholders and social media can be used. The message to buyers should note that the value/sales ore rental price is competitive and the home's features fit the target buyer or renter. The agency must follow its marketing plan and provide documentation of its public marketing effort prior to selecting its recipient(s.)



Development Capacity Certification

List your Project _____

Project Name:

Address:

City:

Owner, Developer, Sponsor (circle or bold all that apply)

Rental, Homeownership, Lease-to-Own, Self-Help (circle or bold one)

New Construction or Rehabilitation (circle or bold one)

Pre-development Start Date _____

Construction Start Date _____

Expected Construction Completion Date _____

Total Project Units: _____

Financial Capacity

Project Budget from all sources: \$

Are all sources committed? Yes No

HOME dollars \$

Do you have funds available for pre-development expenses, capital advances required for development, and to cover internal costs until fees are earned? Yes No

Note additional project information here:

Current Projects which will be underway at the same time::

I certify that the Longview Housing Authority has the personnel and financial capacity to develop this project as noted on these forms:

Signed _____ Agency Director.

Date _____

Developer Staff Capacity

List all Staff and contracted employees who will be involved in this project:

Name and job title: _____

Full-time or part-time employee (circle or bold one)

Number weekly hours to be dedicated to this project: _____

(If new staff member under 1 year attach resume, or experience, skill or training of tasks to be fulfilled.)

Responsibilities/capacity for project:

Name and job title: _____

Full-time or part-time employee (circle or bold one)

Number weekly hours to be dedicated to this project: _____

(If new staff member under 1 year attach resume, or experience, skill or training of tasks to be fulfilled.)

Responsibilities/capacity for project:

Name and job title: _____

Full-time or part-time employee (circle or bold one)

Number weekly hours to be dedicated to this project: _____

(If new staff member under 1 year attach resume, or experience, skill or training of tasks to be fulfilled.)

Responsibilities/capacity for project:

Name and job title: _____

Full-time or part-time employee (circle or bold one)

Number weekly hours to be dedicated to this project: _____

(If new staff member under 1 year attach resume, or experience, skill or training of tasks to be fulfilled.)

Responsibilities/capacity for project:

Complete additional staff sheets as needed.



Instructions & Application Process

Designing Projects

The Cities of Longview and Kelso appreciate your interest and participation in the HOME Program. Please follow these guidelines and requirements when proposing projects:

1. READ the 2014-2018 Consolidated Plan to develop annual projects. The Plan can be accessed on the City of Longview Website at www.mylongview.com under the Community Development Department *HOME Program* scrolling down to “Important Links.”
2. Use the 5-year Objectives, Accomplishments and Outcomes to develop projects.
Meet the proposed accomplishments and outcomes
3. Review Underwriting Policies and Procedures.
4. It is strongly urged that your project be discussed in detail with HOME staff prior to design and submittal. Application completeness will be reviewed after submittal for possible additions/corrections.
5. Projects using other funding sources must show documentation through funding commitment letters. No HOME funding will be released without full project funding in place.
6. Projects which will not be substantially underway to drawdown funds by **July 2017 may be deobligated by December 2017.**
7. Agencies or individuals must start construction within 12 months of their HOME contract date or funding will be deobligated. Projects not completed within 3 years of the dated contract will have remaining HOME funding deobligated. Projects which cannot show a verified HOME accomplishment based upon their Project Design at the end of their contract date must return all HOME money spent to the Kelso-Longview Consortium.
8. If contractors are to be hired, an affirmative effort must be made to market to Minority and Women Owned Businesses / Providers.
9. All paid labor must adhere to HOME Davis/Bacon federal wage rules or meet state prevailing wage guidelines, whichever is higher in projects involving 12 or more housing units.
10. If rental property is involved, a “HUD Marketing Plan” must accompany your request, showing how you will be able to compete for market share; and” HOME Proforma” and still maintain affordable rents per HUD guidelines.
11. Your project must be in compliance with all federal guidelines pertaining to environmental hazards (e.g. asbestos, lead-based paint, soil contaminants, etc), public notices, reporting requirements, fair housing practices, and any other public regulations.

Project Proposals are usually due March 1st of each year.

- ☐ Please submit **1 copy** of the Project Design Form, Project Timeline, Budget and Additional Attachments by **April 28, 2016** to:

Adam Trimble
Community Development Department
Longview City Hall
1525 Broadway
Longview, WA

- ☐ **After staff review**, you will be asked to make **13 copies** of your entire application packet for the City Council Public Hearing.

Public Presentation of your Project Design Proposal

Longview Projects:

You may be asked to present your proposal to the Longview City Council, Longview City Hall in a Public Hearing on the Thursday, May 26, 2016.

Kelso Projects:

You will be asked to present your proposal to the Kelso City Council, Kelso City Hall in a Public Hearing TBD.

Public Review of all projects is available at least one week prior to the public hearings.

Questions?? Technical Assistance??

Contact Adam Trimble 360.442.5092

FAX: 360.442.5953.

E-mail: adam.trimble@ci.longview.wa.us

Checkout our website at: <http://www.mylongview.com/index.aspx?page=498>

The City of Longview is the lead agency for the Longview – Kelso HOME Consortium.



PROJECT BUDGET AND FUNDING SOURCES

	LV Document Recording	FEMA 2016	Source 3	Source 4	Source 5	Total Cost	How costs determined (bid, est.)
Commitment Dates	2016	2016					
ACQUISITION							
Purchase Price - Land						\$0.00	
Purchase Price - Bldg.						\$0.00	
Transaction Taxes						\$0.00	
Closing/Recording Fees						\$0.00	
Title Insurance/Binder Fees						\$0.00	
Appraisal						\$0.00	
Other:						\$0.00	
Subtotal	0.00	0.00	0.00	0.00	0.00	\$0.00	
PREDEVELOPMENT							
Architect						\$0.00	
Engineering						\$0.00	
Legal Fees						\$0.00	
Environmental Review						\$0.00	
Preconstruction Inspection						\$0.00	
Other:						\$0.00	
Subtotal	0.00	0.00	0.00	0.00	0.00	\$0.00	
CONSTRUCTION COSTS							
New Construction						\$0.00	
Rehabilitation						\$0.00	
Infrastructure on site						\$0.00	
Energy Related Improvemts						\$0.00	
Repair/Replace Major Syst.						\$0.00	
Lead Based Paint /Haz Mat						\$0.00	
Access for Disabled						\$0.00	
Securing of Building						\$0.00	
Demolition						\$0.00	
Utility Connections						\$0.00	
Permits & Fees						\$0.00	
Construction Loan Fees						\$0.00	
Construction Inspections						\$0.00	
Sales Tax						\$0.00	
Insurance/Bond/Surety Fees						\$0.00	
Contingency						\$0.00	
Other:						\$0.00	
Subtotal	0.00	0.00	0.00	0.00	0.00	\$0.00	
OTHER							
Home Buyer Counseling						\$0.00	
Credit Report Fees						\$0.00	
Operating Deficit Reserves						\$0.00	
Relocation Costs						\$0.00	
Technical Assistance						\$0.00	
Loan Fees						\$0.00	
Tenant Rental Assistance						\$0.00	
Affirmative Marketing						\$0.00	
Project Management						\$0.00	
Developer Fees						\$0.00	
Other: Shelter Operations	22,000	11,000				\$33,000.00	
Other:						\$0.00	
Subtotal	22,000.00	11,000.00	0.00	0.00	0.00	\$33,000.00	
Doc. Rec. Fee TOTAL	\$22,000.00	\$11,000.00	\$0.00	\$0.00	\$0.00	\$33,000.00	
Date: 4/21/2016							
Sponsor: Community House on Broadway			Project Address: 1105 Broadway/PO Box 403 Longview, WA				



CORE Health

Community Mental Health & Recovery
P.O. Box 2394
748 14th Avenue
Longview, WA 98632
(360) 200-5419
Frank Morrison, Executive Director

4/21/2016

To whom it may concern,

CORE Health is willing and eager to participate in the "Home Program for Affordable Housing" Grant in collaboration with Community House.

CORE Health offers comprehensive outpatient mental health services to the residents of Cowlitz County and could greatly impact the recovery of the clients this grant would serve.

Sincerely,

Cameron Carson
Operations Manager