



#### HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT

## **Request for Proposal**

# **HOME**

## **Investment Partnerships Program**

## **FY2019 FUNDING**

Grant Year Starting October 1, 2019 and Ending September 30, 2020

Deadline for Submittal: **March 15, 2019** 

Full applications are available through the City of Corpus Christi's Housing and Community Development Department (HCD) located at 1201 Leopard St. RFP full applications may also be accessed through our website at <a href="https://www.cctexas.com/housingandcommunitydevelopment">https://www.cctexas.com/housingandcommunitydevelopment</a> RFP full applications are due no later than 5:00 p.m. on <a href="Friday">Friday</a>, March 15, 2019. No matter which method of delivery an organization chooses (US Mail, Courier, Hand delivery, or other), it is the organization's responsibility to ensure that the application is received in the HCD Office, 2nd Floor, City Hall by the deadline specified.

For further information you may contact the Office of HCD at 361.826.3010 **FY2019 HOME Program RFP** 

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February 1, 2019

### Dear Applicants:

Thank you for your interest in submitting an application for FY2019 HOME funds. The City of Corpus Christi acts as the local participating jurisdiction (PJ) and each year the U.S. Department of Housing and Urban Development (HUD) allocates HOME funds to PJs. To date, HUD has yet to announce the funding allocation for FY2019; however, it is expected that funding will be again reduced as in recent years; therefore, it will be more competitive for HOME applicants.

HOME applicants are strongly encouraged to apply for funds in a form of a loan vs. a grant. Interest bearing loans with a short term payout, will increase the scoring of your proposed project. Due to the HOME Program allocation shrinking in recent years, loans payable from cash flow (or similar) may not be considered in FY2019.

If your proposed project will be supported by the Texas Department of Housing and Community Affairs (TDHCA) Tax Credits, you will be required to attend a "loan meeting" with HCD staff to negotiate acceptable loan terms for HOME funds awarded. Terms agreed upon must be entered into your Tax Credit application in respect to the local support. Please be informed that a HOME loan is contingent with your success on obtaining Tax Credits.

The City's goal is to strengthen its outreach efforts in relation to the RFP process and increase citizen participation. So, please visit the website periodically.

Again, thank you for your interest and we wish you success with your application. If you have any questions, please contact Leticia Kanmore, HCD Administrator at (361) 826-3816.

Sincerely,

Rudy Bentancourt
Director of Housing and Community Development

cc: Keith Selman, Interim City Manager

### **General RFP Application Information**

The HOME RFP application may be completed thru PDF format. Application can be downloaded from the City's website:

https://www.cctexas.com/housingandcommunitydevelopment

This RFP packet is to apply for Home Investment Partnerships (HOME) Program, HOME funding only which includes:

- New Construction for Homeownership
- New Construction for Single Family Rental
- Rehab of Multi-family Rental
- New Construction Multi-Family Rental

### **Eligible HOME applicants**

Must:

- Demonstrate a track record of continuous, active, and relevant operation for at least two years. Applicants who received HOME funds previously, past performance will be evaluated.
- Have no Conflict of Interest with City of Corpus Christi employees, officials, board members or consultants. Disclosure of Interest form must be submitted with the full application.
- Project must be located in Corpus Christi and serve primarily low to moderate income residents.

Must be:

- Non-Profit\* or For-Profit agencies with one-year experience of providing affordable housing to low/moderate income households.
- Non-Profit\* certified Community Housing Development Organization (CHDO) and meet CHDO eligibility requirements. Please review applicable changes to the HOME Final Rule located at: <a href="https://www.onecpd.info/home/home-final-rule">https://www.onecpd.info/home/home-final-rule</a>.

<u>Income Eligibility:</u> In general, all projects must benefit persons with household income below 80% of area median income adjusted for family size. Special conditions apply to HOME assisted rental projects (refer to Income Limits for Extremely Low, Very Lowand Low-Income Household (see table on Page IV).

The project begins after the execution of the funding agreement between the City and Agency. Project expenditures before the funding agreement is executed will not be reimbursed.

Page I.

<sup>\*</sup> Non-Profit: a 501(c) (3) tax exemption notice from the IRS

### RFP Applications will be rejected for the following reasons:

- •A Pre-Application Form was not timely submitted for proposed project.
- •Applicant fails to attend one of the Mandatory Technical Assistance Workshop (see Page IV.)
- •Tax Credit supported projects, Agency did not attend a "Loan Meeting" with City staff.
- •Project activity not eligible according to HOME Program Regulations.
- •Applicant has demonstrated poor past performance in carrying out HOME funded projects or complying with federal regulations.
- •Applicant fails to provide audited financial statements or other required Information.
- •Other applicable reasons or major concerns to be determined by HCD Staff.

### Project evaluation and funds allocation

Eligible applications will be evaluated by HCD staff based on the priorities of the Consolidated Plan (please visit: <a href="https://www.cctexas.com/departments/housing-and-community-development/consolidated-annual-action-plan%C2%A0">https://www.cctexas.com/departments/housing-and-community-development/consolidated-annual-action-plan%C2%A0</a>), feasibility of the project, and the capacity of the agency to deliver the proposed project timely. In addition, HCD staff will use the Evaluation Criteria on Page X as a guide in allocating funds. However, this will not be the sole factor in determining whether a project will be funded or how much funding it will receive. Also, there may be applications for projects that satisfy the evaluation criteria and may not be funded.

HCD staff will present their allocation recommendations to the City Council in the form of a Consolidated Annual Action Plan (CAAP) for the HOME Program. Furthermore, the City will seek citizen input on the Plan through public hearings and written comments. (See FY2019 Consolidated Annual Action Plan (CAAP) Schedule on Page III.)

In order to facilitate the review of your RFP, please follow the assembly instructions. The RFP presentation is considered as part of the scoring criteria for your project.

## 2019 ANNUAL ACTION PLAN SCHEDULE

## HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT **COMMUNITY PLANNING & DEVELOPMENT (CPD) PROGRAMMING** FY2019 CONSOLIDATED ANNUAL ACTION PLAN (CAAP) SCHEDULE \*Tentative and subject to change

| December 16, 2018 | Publish Technical Assistance Workshops/Neighborhood Meeting(s)/Public Hearings/Deadlines for Pre-Application & Full Applications (Request for Proposals)      |
|-------------------|---|
| February 2019     | Preliminary Planning/Technical Assistance Workshops/Neighborhood<br>Meeting(s)/Public Hearing Presentation  |
| January 2, 2019   | Release Pre-Application form (CDBG, ESG, and HOME Programs)   |
| January 18, 2019  | Deadline to submit Pre-Application form (Mandatory for CDBG, ESG, and HOME Programs)  |
| February 1, 2019  | Release Full Application (Request for Proposal) for the CDBG, ESG, and HOME Programs  |
| March 15, 2019    | Deadline to submit Full Application (Request for Proposal)  |
| April 19, 2019    | Proposals discussion with City Administration   |
| May 1, 2019       | Publication of City Council Public Hearing on the Proposed FY2019 CAAP and notice of Comment Period   |
| May 15, 2019      | 30-day Citizen's Comment Period begins  |
| June 1, 2019      | Forward FY2019 CAAP books to City Council   |
| June 1, 2019      | Forward final Attachment "D" with staff recommendations to City Council   |
| June 18, 2019     | City Council Public Hearing – Proposed FY2019 CAAP with Staff Recommendations for Full Applications submitted. End of Citizen Comment Period for FY2019 CAAP. |
| June 25, 2019     | City Council Adoption – FY2019 CAAP   |
| June 26, 2019     | Submit Final FY2019 CAAP Summary & Proposed Use to Caller-Times   |
| June 30, 2019     | Publication of Final FY2019 CAAP Summary  |
| August 9, 2019    | Submit FY2019 CAAP to HUD (Due by August 16)  |
| September 3, 2019 | HUD 15-day comment period – Notice of Finding of No Significant Impact and Notice of Intent to Request a Release of Funds  Page III                           |

### **FY18 HOME Program Income Limits**

| Income Limit<br>Category          | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Extremely Low (30%) Income Limits | \$13,550 | \$15,450 | \$17,400 | \$19,300 | \$20,850 | \$22,400 | \$23,950 | \$25,500 |
| Very Low (50%)<br>Income Limits   | \$22,550 | \$25,800 | \$29,000 | \$32,200 | \$34,800 | \$37,400 | \$39,950 | \$42,550 |
| Low (60%)<br>Income Limits        | \$27,060 | \$30,960 | \$34,800 | \$38,650 | \$41,760 | \$44,880 | \$47,940 | \$51,060 |
| Low/Mod (80%)<br>Income Limits    | \$36,050 | \$41,200 | \$46,350 | \$51,500 | \$55,650 | \$59,750 | \$63,900 | \$68,000 |

Subject to change in 2019 ( <a href="https://www.hudexchange.info/programs/home/home-income-limits/">https://www.hudexchange.info/programs/home/home-income-limits/</a>)

Client Income eligibility: HOME assisted projects or programs must serve low income clients (less than 80% of AMI).

For HOME rental programs lower income limits apply. For all HOME programs providing direct financial benefits, all clients must meet income eligibility limits.

**Client Income tracking:** As well as ensuring client eligibility, HUD requires HCD staff to report the numbers of clients served in each of the income groups listed above.

**Housing Activities:** For new construction - (single family or rental) a Part 5 Income Calculation process will be required before the first unit is occupied. The Part 5 definition of annual income is the gross amount of income of all adult household members.

## **Workshops and Meetings:**

### **CAAP 2019 MANDATORY MEETING SCHEDULE**

| DATE                 | PLACE & LOCATION   | MEETING TYPE                            | TIME      |
|----------------------|--|---|-----------|
| February 5, 2019     | City Hall,1201 Leopard St., 2nd Fl. HCD Conf. Room       | TA Workshop<br>(City Depts. Only)       | 9:00 a.m. |
| February 8, 2019     | City Hall, 1201 Leopard St., 6th Fl. Conference Room.    | Public Hearing/TA                       | 9:00 a.m. |
| February 14, 2019    | City Hall, 1201 Leopard St., 6th Fl.<br>Conference. Room | Public Hearing / TA / Neighborhood Mtg. | 5:30 p.m. |
| February 20,<br>2019 | City Hall, 1201 Leopard St., 6th Fl. Conference. Room    | TA Workshop /<br>Neighborhood Mtg.      | 5:30 p.m. |

### **HOME** program eligible activities

All HOME projects must comply with Property Standards as outlined in 24 CFR 92.251. In addition, a Part 5 Income Calculation process will be required. For rehab of Rental Properties: A Rent Roll must be evaluated by HCD staff before HOME funds are committed.

**HOME program eligible costs (**eligible costs depend on the nature of the program activity)

- New Construction: Home funds may be used for new construction for rental and ownership housing. Any project that includes the addition of dwelling units outside the existing walls of a structure is considered new construction.
- Rehabilitation: This includes the alteration, improvements or modification of an existing structure, moving an existing structure to a foundation constructed with home funds.
   Rehabilitation includes adding rooms outside existing walls of a structure but adding a housing unit is considered new construction.
- **Reconstruction:** This refers to rebuilding a restructure on the same lot where housing is standing at the time of project commitment. Home funds may be used to build a new foundation or repair an existing foundation.
- **Conversion:** Conversion of an existing structure from another use to affordable residential housing is usually classified as rehabilitation. If conversion involves additional units beyond the walls (envelope) of an existing structure, the entire project will be deemed new construction. Conversion of a structure to commercial use is prohibited.
- **Demolition:** Demolition of an existing structure may be funded only if construction will begin on the home project within 12 months.
- Relocation Costs: The Uniform Relocation Act and Section 104(d) (also known as the Barney Frank Agreements) apply to all Home-assisted properties. Both permanent and temporary relocation assistance are eligible costs. Staff and overhead costs associated with relocation are also eligible. If the proposed project will trigger relocation you must submit a current rent roll of all tenants with the relocation plan. The rent roll should detail; name, household size, household income, unit size, and rent/utility costs.
- Project Related Soft Costs: These must be reasonable and necessary. Examples include:
  - a. Finance-related costs
  - b. Architectural, engineering and related professional services
  - c. Tenant and homebuyer counseling provided the recipient of counseling ultimately becomes the tenant or owner of Home-assisted unit
  - d. Project audit costs
  - Affirmative marketing and fair housing services to prospective tenants or owners
    of an assisted project, and City staff costs directly related to projects (not
    including TBRA).

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### Homeownership eligible activities

- New Construction for homeownership: provides subsidies for developers or organizations to construct new affordable housing.
- Whenever HOME funds are used for rehabilitation, they must be performed according to the City's written rehabilitation standards and the unit must also be brought up to the applicable State or Local Code.

### Rental housing eligible cost

• Eligible expenses for rental property are the same as for other HOME activities.

Please review applicable changes to the HOME Final Rule at: https://www.onecpd.info/home/home-final-rule

### CHDO eligible uses of HOME funds

Applicants applying for CHDO funds must complete a Certification or Recertification Packet in addition to this RFP. Eligible set-aside activities include the following when carried out by a CHDO acting as an Owner, Sponsor or Developer:

- Acquisition and/or rehabilitation of rental housing;
- New construction of rental housing;
- Acquisition and/or rehabilitation of homebuyer properties;
- New construction of homebuyer properties; and
- Direct Financial assistance to purchasers of HOME-assisted housing sponsored or developed by CHDO with HOME funds.

### **CHDO** ineligible uses of **HOME** funds

The following activities are ineligible set-aside activities; however, they may be carried out by the CHDO as a Subrecipient:

- Tenant Based Rental Assistance
- Homeowner Rehabilitation
- Other Real Estate transactions

### **HOME** program ineligible activities

- **Project Reserve accounts:** Home funds may not be used to provide project reserve accounts or to pay for operating subsidies.
- Tenant Based Rental Assistance (TBRA) for certain purposes: Home funds may not be used as rental assistance in conjunction with the federal Rental Rehabilitation Program to prevent displacements. They also may not be used for certain mandated existing Section 8 Program uses, such as Section 8 rent subsidies for troubled HUDinsured projects.
- **Match for other programs**: Home program funds may not be used as the —nonfederal match for other federal programs except to match McKinney Act funds.
- **Development, operations or modernization of public housing:** Home program monies may not be used to provide assistance authorized under Section 9 of the 1937 Act (Public Housing Capital and Operating Funds).
- Double-dipping: Before a 12-month period lapse from the time a project was
  previously funded, and funds expended, the City may commit additional funds to a
  project. After a 12-month lapse from a completed HOME funded project no additional
  HOME funds may be provided to a HOME-assisted project during the relevant period of
  affordability, except that:
  - a. Rental assistance to families may be renewed.
  - b. Rental assistance may be provided to families that occupy housing previously assisted with Home funds.
  - c. A homebuyer may be assisted with HOME funds to acquire a unit that was previously assisted with HOME funds.
- Project Based Rental Assistance: HOME funds may not be used for rental assistance
  if receipt of the funds is tied to occupancy in a particular project. Funds from another
  source, such as Section 8, may be used for this type of project-based assistance in a
  HOME-assisted unit. Further, HOME funds may be used for other eligible costs, such as
  rehabilitation, in units receiving project-based assistance from another source—for
  example, Section 8 or state-funded project-based assistance.
- Pay for delinquent taxes, fees or charges: HOME funds may not be used to pay delinquent taxes, fees or charges on properties to be assisted with HOME funds.
- Public facilities: are not eligible under HOME.

## RFP Application Instructions Prerequisites

- All applicants must have submitted a Pre-Application form for each individual proposed on or before 5:00 p.m. January 18, 2019 in order to be eligible to submit a RFP Application.
- Applicants must have attended a Mandatory Technical Assistance (T/A) Workshop in order to be eligible for submitting an RFP Application (See schedule on Page IV).
- Applicants who have never been awarded HOME funds by the City of Corpus Christi for the same type of project activity, must attend a one-on-one meeting, before submitting an RFP Application. Please contact Leticia Kanmore, HCD Administrator, at 361-826-3816 to schedule a meeting.
- Applicants whose proposed project will be supported with Texas Department Housing and Community Affairs (TDHCA) Tax Credits, <u>MUST attend a "loan meeting"</u> to negotiate HOME loan terms. Please contact Rudy Bentancourt 361-826-3021.

### RFP Submittal Requirements & Deadline

- RFPs considered incomplete by HCD staff and/or if applicants fail to provide required documentation as requested, RFP may be disqualified.
- Please complete each question on RFP with clear and accurate responses.
- Applicants must submit ONE ORIGINAL and ONE COPY with all supporting documents.
- RFP Application submittal deadline: 5:00 p.m., March 15, 2019.
- RFPs received after the submittal deadline, WILL NOT be considered, <u>NO</u> EXCEPTIONS.
- Faxed or Electronic submission of the RFP WILL NOT be accepted.
- RFPs may ONLY be submitted as follows:

### Certified Mail OR Hand Delivery to:

City of Corpus Christi - City Hall – 2nd. Floor ATTN: Leticia Kanmore, HCD Administrator Housing and Community Development Department 1201 Leopard Street Corpus Christi, Texas 78401

No matter which of the methods of delivery used (certified mail or hand delivery), it is the applicant's responsibility to ensure that the RFP is actually received by HCD staff by the submittal deadline.

All RFP packets will be date and time stamped by the HCD Staff at time of delivery. For further information, you may contact Leticia Kanmore, HCD Administrator at 361-826-3816.

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### **RFP Application assembly instructions**

- 1. RFPs MUST start with Page 1 of the RFP Application, please make sure it is signed before submitting.
- 2. Do not include a cover letter or the instruction pages provided in this packet.
- 3. Documents requested in the "Documentation Checklist" (see page 2 of RFP Application) and additional Information you provide must be in SEQUENTIAL TAB ORDER and placed after Page 15 of the RFP Application). RFP Application must be kept in page order (pages 1-15), do not insert support documentation in between RFP application pages.
- 4. Documents requested in the "Documentation Checklist" may be put on USB flash drive. Be sure and title label your documents correctly on your USB.
- 5. Additional information should only be used to provide pertinent or extended information.
- Applicant MUST ensure agency name and project name appear on all RFP application pages and documents submitted.
- RFP applications should NOT be spiral bound, stapled or mechanically fixed; should be
  fastened with a paper clip or other fastening that can easily be undone. Please do not
  use binders, covers, or staples.
- 8. You must provide **ONE ORIGINAL** plus **ONE COPY** of the RFP Application and requested documents in the order listed and place a tabbed divider in front of each section.
- 9. When completing the questions, make sure pages do not break and run onto the next page.
- 10. Narrative responses should be 1 ½ spaced in a typeface no smaller than 11-point.
- 11. Provide copy of documents listed on page 2.
- 12. Do not submit Roman Numeral page numbers I-X with the RFP application.

Please read all RFP application questions and follow instructions carefully. The care that goes into accurately and informatively completing this application is evidence of your agency's ability to manage the complexities of HOME program requirements.

HCD staff will be available to answer questions about the HOME program, the RFP application, and the process; however, we cannot assist in writing the application.

All HOME funded projects must comply with all applicable federal regulations.

### **HOME RFP evaluation criteria**

- 1. Project primarily benefits low and very low-income residents who live within the City of Corpus Christi.
- 2. Allow for the most efficient and cost-effective use of HOME Program funds so that the project outcome benefits as many low and very low-income persons as possible (See Income Guidelines on Page IV.)
- 3. Agency's demonstration and commitment to proposed project in terms of experience, time, effort, resources, support staff, etc.
- 4. Provides a realistic project cost breakdown and demonstrates the financial capacity to successfully deliver project.
- 5. Demonstrates that project will successfully meet the required affordability period.
- 6. Project will be delivered in a timely manner as proposed. It is expected that all construction projects should be completed by or within 24 months upon execution of a funding agreement with the Corpus Christi Community Improvement Corporation (CCCIC).
- 7. Agencies providing "Match" towards proposed project.
- 8. Affordable housing shall be maintained as the top priority.
- 9. Projects ready to start will receive preference over complex projects with delay (environmental, zoning issues, unsecured funding, etc.,).
- 10. Loan requests with high interest rate, with shorter terms will score high.
- 11. The above is not listed in any order of priority or a complete evaluating list. City Council has final decision-making authority on the selection of proposals to be funded.

HOME FY2019 RFP application starts on the next page, applicant must submit pages (1-15) with required documentation placed behind page 15 and tabbed accordingly.

| End of RFP instructions |
|-------------------------|
|                         |

Page X.

| FY2019                            | City of Cor                                     | rpus Christi - HOME    | E Program RI    | <b>FP</b> Application |               |                    | Page 1 of 15         |
|-----------------------------------|---|------------------------|-----------------|-----------------------|---------------|--------------------|----------------------|
| Type of funding r                 | request (check one):                            | Loan 🗌 Grant           | (               | (check one):          | ]Non-F        | Profit             | For Profit           |
| Agency Name:                      |   |                        | <u> </u>        |                       |               | CHDO?              | Yes No               |
| Agency Address:                   |   |                        |                 |                       |               |                    |                      |
| Project Nar                       | ne:   |                        |                 |                       |               |                    |                      |
| Project Add                       | dress:  |                        |                 |                       |               |                    |                      |
|                                   | Contact   |                        |                 |                       | Phoi          | ne#                |                      |
| Name                              | & Title  E-Mail                                 |                        |                 |                       | Fax#          | <del></del>        |                      |
| 2 <sup>ND</sup>                   | Contact   |                        |                 |                       |               |                    |                      |
|                                   | & Title   |                        |                 |                       | Phoi          | 1e #               |                      |
|                                   | E-Mail  |                        |                 |                       | Fax#          | <b>‡</b>           |                      |
| Loan:% int                        | erest;year term; _                              | year amortization      | i               |                       | TIN           | or DUNS#           |                      |
| Eligible Activity                 | Гуре (V.)                                       |                        |                 |                       | LIH'          | TC<br>Yes \[ \] No |                      |
| Amount Requeste                   | d: \$   | Total Project Cost S   | \$              |                       |               | Risk HTC<br>Yes    | Regional HTC  Yes No |
| Proposed Project                  | Description: (Two or three                      | e sentences describe y | our proposed    | project: # of un      | its, pop      | ulation serv       | ed, etc.)            |
| ☐ Yes ☐ No                        | Will proposed project so                        | ustain operations thro | oughout require | ed affordability p    | period?       |                    |                      |
| ☐ Yes ☐ No                        | Is Agency providing HO (Projects with Match sc  | •                      |                 |                       | nuch, \$      |                    |                      |
| Yes No                            | Does Agency have at le                          | ast one-year experien  | ice in proposed | l project activity    | type?         |                    |                      |
|                                   | ON: To the best of my k authorized by the gover | •                      |                 | • •                   |               |                    |                      |
| Authoriz                          | ed Signature:                                   |                        |                 | Date:                 |               |                    |                      |
| Print Na                          | me of Authorized Persor                         | n:                     |                 | Title:                |               |                    |                      |
|                                   | hairperson/President:                           |                        |                 |                       |               |                    |                      |
| RFP AP                            | PLICATION SUBMITTA                              | AL DEADLINE: 5:        | :00 p.m., Ma    | rch 15, 2019          |               |                    |                      |
| TO BE COMPL                       | ETED BY HCD STAFF:                              | (any "no" response m   | nay disqualify! | RFP or affect         | propose       | ed project ra      | nking)               |
|                                   | nitted? TYES NO                                 | •                      | • • •           | tes financial capa    |               |                    | <u> </u>             |
| 2) RFP Applicat                   | ion submitted? YES                              | ]NO                    | 7) Demonstrat   | es staff capacity     | ? <b>\_</b> Y | ES NO              |                      |
| 3) Attended Mandatory TA Meeting? |   |                        |                 |                       |               |                    |                      |
| 4) Project meets                  | affordable housing needs?                       | YES NO                 | 9) RFP submit   | tted complete?        | □YES          | S 🗌 NO             |                      |
| 5) Demonstrates                   | s ability to proceed and del                    | iver project? TYES     | S □NO           |                       |               |                    |                      |
| Comments:                         |   |                        |                 |                       |               |                    |                      |

| FY2019        | City of Corpus Christi - HOME Program RFP Application | Page 2 of 15 |
|---------------|---|--------------|
| Agency Name:  |   |              |
| Project Name: |   |              |

### **RFP Supporting Documentation Checklist**

Place an X in each box to indicate that you have included item. For each Tab # place a Title Page as indicated below. Must submit one original and one copy of RFP Application and support documents. You may provide on USB flash drive the documents as requested, you may also place other pertinent documents on USB. Be sure and title label your documents correctly on your USB.

| Place X if<br>Submitted<br>w/RFP | Tab<br># | Title Page Name  | Must<br>Provide<br>on USB | HCD Staff Comments |
|----------------------------------|----------|--|---------------------------|--------------------|
|                                  | 1        | Project description, demographics, & timeline (pg. 3-6)                            | Yes                       |                    |
|                                  | 2        | Project Cost and Funding Support (pgs. 6-7)  | No                        |                    |
|                                  | 3        | Project Drawings and Specifications (pg. 8)  | Yes                       |                    |
|                                  | 4        | Maps and Property Legal Description (see pg. 8)                                    | Yes                       |                    |
|                                  | 5        | Affordability, Marketing & Support Services (pg. 8)                                | Yes                       |                    |
|                                  | 6        | PROFORMA {rental projects only} Rent roll and Relocation Plan (pg. 9)              | Yes                       |                    |
|                                  | 7        | Property Ownership documentation (pg. 9)   | No                        |                    |
|                                  | 8        | Environmental and Historical Significance (pg. 9)                                  | No                        |                    |
|                                  | 9        | Community Partners (pg. 10)  | Yes                       |                    |
|                                  | 10       | Project Support Team, Procurement documentation (pg. 10)                           | Yes                       |                    |
|                                  | 11       | Organization Description, Policies requested, most recent financial Audit (pg. 10) | Yes                       |                    |
|                                  | 12       | Organization Track Record (pg. 11)   | Yes                       |                    |
|                                  | 13       | List of Board Members (pg. 11)   | Yes                       |                    |
|                                  | 14       | CHDO {Recertification or Certification} (see pg. 11)                               | No                        |                    |
|                                  | 15       |  |                           |                    |

| Tab # | Please explain why documents were not provided with RFP |
|-------|---|
|       |   |
|       |   |
|       |   |
|       |   |

### **Required Instructions:**

- 1. Make sure the following pages are signed: 1, 12, 13 and 15.
- 2. If your project will be supported with Housing Tax Credits, you MUST schedule a Loan Meeting with Rudy Bentancourt to negotiate loan terms;

- otherwise, your RFP may be rejected. Please contact Rudy Bentancourt 361-826-3021 for additional questions on the loan meeting.

  3. For specific questions regarding HOME Program or RFP Application and/or to schedule a one-on-one meeting, please contact Leticia Kanmore, HCD Administrator at: 361-826-3816.

| FY2019        | City of Corpus Christi - HOME Program RFP Application  | Page 3 of 1 |
|---------------|--|-------------|
| Agency Name:  |  |             |
| Project Name: |  |             |
|               | Agency Type: (check applicable)  |             |
|               | ☐ Non-Profit ☐ For-Profit ☐ other (please specify):  |             |
|               | If Non-Profit, check source of exemption and provide IRS letter:   |             |
|               | ☐ IRS Section 501(a) ☐ IRS Section 501(c) (3)  |             |
|               | ☐ IRS Section 501(c) (4) ☐ IRS 456   |             |
| Rental        | Type of Activity: (check applicable)  New Construction for Homeownership  New Construction for Multiple Construction for M | ti-Family   |
|               | ☐ New Construction for Single-Family Rental ☐ Rehab for Multi-Family Re  | ental       |
|               | Other: describe  |             |
|               | <b>Project</b> will / will not trigger URA and Section 104 (d). Please provide rendemographics for projects that will trigger the URA and Section 104 (d).   | tal         |
|               | Population and number to be served by proposed project:  |             |
|               | ☐ Families' ☐ Persons w/Special Needs  |             |
|               | ☐ Veterans' ☐ Homeless ☐ Mix Use _   |             |
|               | Seniors (over age 55) Other (explain):   |             |

### **TAB 1** Project Demographics:

| Income Group                     | Number                | Breakdown of Units                    | Number |
|----------------------------------|-----------------------|---------------------------------------|--------|
| See Income Table on Page IV      | Provide actual number | Total Units                           |        |
| <30% of area median income (AMI) |                       | HOME designated                       |        |
| 31-50% of AMI                    |                       | Newly Constructed                     |        |
| 51-60% of AMI                    |                       | Rehab Units                           |        |
| 61%-80% of AMI                   |                       | Section 504 accessible                |        |
| Above 80% of AMI                 |                       | Subsidized w/project-based assistance |        |
| TOTAL                            |                       | Qualified as Energy Star              |        |

| FY      | Y2019 | City of Corpus Christi - HOME Program RFP Application                                    | Page 4 of 15 |
|---------|-------|--|--------------|
| Agency  | Name: |  |              |
| Project | Name: |  |              |
|         |       |  |              |
|         | TAB 1 | Detailed Project Description:  |              |
|         |       | In space provided give a detailed description of your proposed project:                  |              |
|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
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|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
| _       |       |  |              |
|         |       | Agency's Mission:  | will moot    |
|         |       | In space provided, provide your mission statement and how your proposed project mission. | wiii meet    |
|         |       |  |              |
|         |       |  |              |
|         |       |  |              |
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|         |       |  |              |
|         |       |  |              |

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|---------------|---|--------------|
| Agency Name:  |   |              |
| Project Name: |   |              |

## TAB 1 Proposed Project Delivery Timeline:

Identify each activity/task in chronological order and target dates.

| Breakdown of Project Activities & Tasks | Target Dates |
|---|--------------|
| Secure all funding                      |              |
| A/E Agreement                           |              |
| Prime Contractor Agreement              |              |
| Planning, design, zoning, etc.          |              |
| Relocation Process (if applicable)      |              |
| Environmental Clearance                 |              |
| Site Preparation/Site Control           |              |
| Construction Starts                     |              |
| Construction 100% complete              |              |
| Unit Occupancy                          |              |
| Other:                                  |              |
| Other:                                  |              |
| Other:                                  |              |
| Projected Project Completion Date       |              |

| List Activities & Tasks which may cause Project delays | Delay Timeframe |
|--|-----------------|
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |

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|---------------|---|--------------|
| Agency Name:  |   |              |
| Project Name: |   |              |

## TAB 2 Proposed Project Cost:

| Expenditures  | Estimated Costs |
|---|-----------------|
| Land Acquisition  | \$              |
| Site Preparation  | \$              |
| Planning & Design   | \$              |
| Environmental Phase 1 and 2   | \$              |
| Developer Fees  | \$              |
| A/E Professional Services   | \$              |
| Relocation Costs  | \$              |
| Construction Costs (new or rehab)                                     | \$              |
| Construction Contingency (at least 10% of total project cost)         | \$              |
| Indirect Construction Costs (titles, permits, taxes, insurance, etc.) | \$              |
| Legal Fees & Financing Fees   | \$              |
| Other Soft Costs  | \$              |
| Procurement Costs (advertisement, printing, etc.)                     | \$              |
| Other:  | \$              |
| Other:  | \$              |
| Total Project Cost  | \$              |

TAB 2 Project Funding Support (MUST provide commitment letters)

| Funding Source  | Funding<br>Amount | Funding<br>(Secured) | Funding is<br>"pending" - explain: |
|---|-------------------|----------------------|------------------------------------|
| Previous HOME funding provided for your proposed project? | \$                | Yes No No            | FY                                 |
| HOME FY2019 (amount of request)                           | \$                | Yes 🗌 No 🗌           |                                    |
| Private Bank Loan(s)                                      | \$                | Yes 🗌 No 🗌           |                                    |
| Other Loan(s)   | \$                | Yes 🗌 No 🗌           |                                    |
| TDHCA Housing Tax Credits                                 | \$                | Yes No No            |                                    |
| Other Grant(s)  | \$                | Yes No No            |                                    |
| Support from the Public                                   | \$                | Yes 🗌 No 🗌           |                                    |
| Match (HOME)  | \$                | Yes 🗌 No 🗌           |                                    |
| Other:  | \$                | Yes No No            |                                    |
| Other:  | \$                | Yes No No            |                                    |
| Other:  | \$                | Yes No No            |                                    |
| Total:  | \$                |                      |                                    |

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|---------------|---|--------------|
| Agency Name:  |   |              |
| Project Name: |   |              |

**TAB 2 Loans:** state amount and term. (If unknown, tell us your working assumptions)

| Funding Source | Amount | Term<br>(years) | Interest<br>Rate | Amortizing<br>Y/N | Any other requirements |
|----------------|--------|-----------------|------------------|-------------------|------------------------|
|                |        |                 |                  |                   |                        |
|                |        |                 |                  |                   |                        |
|                |        |                 |                  |                   |                        |

### TAB 2 Secondary Financing to Homeownership Projects Only

Complete this table for homeownership development, where assistance is being provided to the homebuyer, either through the rollover of the project's HOME construction funding or other sources.

| Subsidy Source | Average Homeowner Subsidy<br>Amount | Terms | Position |
|----------------|-------------------------------------|-------|----------|
|                | \$                                  |       |          |
|                | \$                                  |       |          |
|                | \$                                  |       |          |
|                | \$                                  |       |          |

### TAB 2 HOME Match (HOME only)

List the project revenues which will count as matching funds, this is not capital contributions (<u>non-federal</u> funds that are permanently contributed to the project). Include any in-kind contributions of materials and labor, including sweat equity, at \$10 per hour. Match contribution letter is requested. If in doubt whether funds will count as match, call HCD Administrator.

| Revenue Source | Amount |
|----------------|--------|
|                | \$     |
|                | \$     |
|                | \$     |

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|---------------|--|----------------|
| Agency Name:  |  |                |
| Project Name: |  |                |
|               | TAB 3 Drawings and Specifications  |                |
|               | For proposed project to be built in Phases, provide Implementation Master Plan.  |                |
|               | Submit floor plan and drawings of proposed project. If building(s) is(are) existing floor plan to show ADA accessibility features if present, and/or annotate new AD improvements to be done (clearly define new or existing).   | ng, annotate   |
|               | <ul> <li>List number of units that will have at least the following accessibility features:</li> <li>An at-grade or ramped entrance to the main floor or the capability to a ramp later on; and</li> <li>All doorways and passageways on the main floor at least 32" wide; at</li> <li>A bathroom or half-bath on the main floor that will accommodate a who (show dimensions of unobstructed floor area on floor plan)</li> </ul> | easily install |
|               | Annotate sketch to emphasize design features that you consider particularly att compatible with other buildings in the neighborhood.   | ractive and    |
|               | Square footage of each unit: Number of bedrooms: baths: _  |                |
|               | ☐ Each HOME-assisted unit must at a minimum meet ENERGY STAR standard  | d.             |
|               | For rehab projects, property or unit(s) MUST be brought up to local or state c completion of rehab activities.   | ode upon       |
|               | TAB 4 Maps and Property Legal Description  ☐ Subdivision, Block(s) and Lot(s) #(s).  |                |
|               | General location map showing development site in relation to streets and points of the surrounding neighborhood (at least ½ mile radius). Waterways, railroads, esshown.   |                |
|               | <ul> <li>Site map showing lot boundaries, street access, location of structure(s), and other features</li> </ul>   | site           |
|               | <ul> <li>☐ Size of development site: acres</li> <li>☐ Access to transportation, employment, shopping for basic needs, community servi</li> <li>☐ Current site zoning and status of required planning reviews, conforming to City coorcopy of letter from City Development Services. If not, please explain.</li> </ul>   |                |
|               | TAB 5 Affordability, Marketing & Support Services  |                |
|               | Proposed rents, sale prices for completed housing units. For rental units, estima costs.   | te utility     |
|               | <ul> <li>Marketing plan to ensure an adequate pool of income-eligible tenants or buyers</li> <li>Plan to ensure long-term affordability of housing units, include subsidy recapture sharing, buy-back options, etc.</li> </ul>   | e, equity      |
|               | Services coordinated with the project that will help ensure occupants' long-term   | housing        |
|               | SUCCESS.  Plans for compliance with EHEO regulations   |                |

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|-----------------------|--|--|
| Agency Nan            |  |  |
| Project Nan           | ne:  |  |
| TAB                   | 6 Pro-Forma (Rental Property only)   |  |
| estim<br>devel<br>TDH | u are developing residential rental property, attach a 20-year property attach a 20-year propert | cash flow. For<br>C) through the             |
| TAB                   | 7 Site Control and Current Property Occupancy  |  |
|                       | If you already own the site or property, submit a copy of the deed and liens or deeds of trust on the property. If the site is currently under submit a copy. Rehab related projects, property MUST be free of any   | purchase agreement,                          |
|                       | Has Agency acquired real property in order to carry out the project, or iplanned?  | s property acquisition                       |
|                       | Is the property currently occupied? If so, state the number of tenants how you will determine relocation needs and help occupants to reloca Uniform Relocation Act. Include the re-location costs. If you have Information Notice to tenants informing them of their rights to relocation copy.  | te in accordance with<br>ve issued a General |
|                       | Is there any regulatory agency in which prior approval is required for submit approval.  | the project? If yes,                         |
| TAB                   | 8 <u>Environmental and Historical Significance</u>   |  |
|                       | Phase 1 Environmental Site Assessment is required for new construction and projects that will require an expansion of more than 2 structure.   |  |
|                       | Phase I Environmental Site Assessment will need to be conducted or   | the proposed site?                           |
|                       | YES NO NO  | N/A 🗌  |
| Origi                 | ASE SUBMIT COVER LETTER ONLY FROM THE ENVIRONMENTAL PROVIDER.  nal full Environmental Phase I to be submitted to Program Manage A@cctexas.com or 361-826-3045  |  |
| Lead                  | -Based Paint (Rehab only): Describe in detail how do you plan to addrest batement or hazard control on any property built before 1978. Attach  |  |
|                       | rical Significance (Rehab only): Does the structure have any historical stered with the Local, State or National Historical Commission)? NO  |  |
| (prov                 | ide details):  |  |

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|------------|---|---------------|
| AGENCY NA  | ME:   |               |
| PROJECT NA | AME:  |               |

### **TAB 9** Community Partners

If agency is partnering with other entities, attached any and all Memorandum of Understanding letters to validate the existence and establishment of developed community partners.

### TAB 10 Project Support Team

Please identify the projects proposed team by name, job title, and employment status (employee, independent contractor, or volunteer), and describe each person's relevant experience and specific responsibilities in this project. If the team is not yet assembled, then describe how you will select them. For LIHTC projects, please provide copies of all procurement activities to date. We will need bid advertisement, bid opening, contracts awarded, etc.

**For Rehab projects only:** List all project staff who have completed training in Lead Safe Work Practices (with date) or have any more extensive training in Lead Based Paint hazard control.

### **TAB 11 Organizational Description & Policies**

| 1. | Date Incorporated:  |
|----|---|
| 2. | Non-profit or For-profit:   |
| 3. | Faith-based organization:   |
| 4. | Describe any "key" positions vacant during 2018 and for how long: |
|    |   |
| 5. | Total number of agency staff (FTE)                                |

Please provide a narrative of your organization structure and complete the following:

| Policies:                     | Yes | No | Date Last Updated |
|-------------------------------|-----|----|-------------------|
| ADA Policy*                   |     |    |                   |
| FHEO Policy*                  |     |    |                   |
| Most Recent Audit Report      |     |    |                   |
| Code of Conduct               |     |    |                   |
| By Laws                       |     |    |                   |
| Relocation Policy             |     |    |                   |
| Indirect Cost Allocation Plan |     |    |                   |

<u>Provide</u> a copy on a USB flash drive of policies listed above. An ADA self-evaluation goes beyond a simple statement of intention not to discriminate; it shows how you have reviewed your premises, programs, and personnel policies to ensure that no unnecessary barriers exist to program participation or employment for persons with disabilities.

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|--------------------|--|----------------------|
| gency Name:        |  |                      |
| roject Name:       |  |                      |
| In spac<br>carry o | Organization Track Record  e provided, please describe what makes your organization particular it your proposed project. This may include your past achievements in projects and other features relating to the organization capacity. | •                    |
|                    |  |                      |
| <b>TAB</b> 13      | Board of Directors  1. Number of board members you should have according to your By  | /-l aws:             |
|                    | Actual number of board members currently serving:  |                      |
|                    | 3. How often does your board meet?   |                      |
|                    | 4. How many times in the past 12 months was a quorum not met: _  |                      |
|                    | 5. Do any of your organization's staff members serve on your board   | ☐ Yes ☐ No           |
|                    | 6. What efforts are made to ensure that your board represents the c  | community it serves? |
|                    | <ol> <li>Explain:</li> <li>Name of person authorized by your Board to execute Agr transactions with the City of Corpus Christ and the Corpus Christ Improvement Corporation, (CCCIC) (HOME</li> </ol>                                  |                      |
|                    | 8. Board approval made in support of proposed project:Yes If so, provide minutes to substantiate Board action to submit execute funding agreement with the City. If  |                      |
| Agreem             | cation or recertification packet must be completed and submitted prior ent for funding. Please contact: Leticia Kanmore, HCD Administrator   |                      |

| FY2019   | City of Corpus Christi                                | - HOME Program RFP Application  | Page 12 of 15   |
|--|---|---|---|
| Agency Nam                                     | e:  |   |   |
| Project Name                                   | <b>:</b> :  |   |   |
|  | В   | OARD RESOLUTION   |   |
| _  |   | resolution that may be used to me am. You may use this form to mee                              |   |
| At a meeting                                   | held on (date) passed                                 | the Board of Direct the following resolution(s):  | ctors of (the agency)                                       |
|  |   | lication for and use of funds from ting proposal entitled                                       |   |
|  |   | f awarded funds by the City o shall implement the activities in a laws, rules, and regulations. |   |
|  |   | gency) is n<br>the receipt or expenditure of federa   |   |
| The Board of<br>valorem, a                     | Directors certifies that (the agssessments, and other | gency) is congovernment charges lawfully  | urrent with all taxes, including imposed on (the agen       |
| title or name                                  | ed person), on behalf of (the                         | the Board of Directors authorizes agency)or the expenditure of the funds.                       |   |
| Depending o                                    | n the nature of the activity or t                     | he agency, if applicable, include th  | e following statement:                                      |
| ensures the                                    |   | gency)<br>rtaining to any individual or fami  |   |
|  | confidentiality of records pe                         | ngency)<br>ertaining to any individual provide  |   |
| Depending o                                    | n the nature of the activity or t                     | he agency, if applicable, include th  | e following statement:                                      |
| The Board or<br>ensures that<br>by its benefic | homeless facilities are free fro                      | agency)<br>om the illegal use, possession, and  | administers a policy wh<br>I distribution of drugs and alco |
|  |   |   |   |

Date

Signature of Board Secretary

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|--------------|---|---------------|
| Agency Name  | e:  |               |
| Project Name | :   |               |



| City of Corpus Christi Ordinance 17112, as amended, requires all persons or firms seeking to do                |
|--|
| business with the City to provide the following information. Every question must be answered. If the           |
| question is not applicable, answer with "NA." See the definitions for the Disclosure of Interest in Section II |
| Conoral Information  |

| City of Corpus Christi – Disc  | closure of Interest                                 |
|--|---|
| City of Corpus Christi Ordinance 17112, as amended, business with the City to provide the following informat question is not applicable, answer with "NA." See the co-General Information. | ion. Every question must be answered. If the        |
| Company Name:  | <del></del>   |
| Address:   |   |
| Select one: Corporation ( ) Partnership ( ) Sole   | e Owner ( ) Association Other ( )                   |
| <b>Disclosure Questions:</b> If additional space is needed separate sheet.   | d, please use reverse side of this page or attach a |
| 1. State the names of each "employee" of the City of Constituting 3% or more of the ownership in the above   | •   |
| Name   | Job Title and City Department (if known)            |
| 2. State the names of each "official" of the City of Corp constituting 3% or more of the ownership in the above  |   |
| Name   | Title   |
| 3. State the names of each "board member" of the Circonstituting 3% or more of the ownership in the above  | •   |
| Name   | Board, Commission, or Committee                     |
| 4. State the names of each employee or officer of a "c worked on any matter related to the subject of this cont 3% or more of the ownership in the above named "firm                       | tract and has an "ownership interest" constituting  |
| Name   | Consultant  |
|  |   |

| 110.1110 | • |
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| that I have not knowingly withheld disclosure of any information requested, and that supplementa statements will be promptly submitted to the City of Corpus Christi, Texas as changes occur. |            | •                 |  |
|---|------------|-------------------|--|
| Certifying Person:  | Print Name | Title:            |  |
| Signature:  |            | Date <sup>.</sup> |  |

Certification - I certify that all information provided is true and correct as of the date of this statement,

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|--------------|---|---------------|
| Agency Nam   | e:  |               |
| Project Name | e:  |               |

#### **Disclosure of Potential Conflicts of Interest**

| Are any Board Members, employees, or members of their immediate families or their business associates?  |
|---|
| a) Members of or closely related to members of City Council: YES \_ NO \_   |
| b) Current beneficiaries of the program for which funds are requested: YES \( \square\) NO \( \square\)   |
| c) Paid providers of goods or services to the program or having other financial interest in the program: YES $\square$ NO $\square$   |
| d) Creditors (i.e. persons who made loans to agency or provided loan collateral): YES \( \square \) NO \( \square \)  |
| * If you have answered YES to any question, <b>please attach a full explanation</b> . The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an <b>undisclosed</b> conflict may result in the termination of any grant awarded. |
| Definitions for the Disclosure of Interests Form  |

- "Board member." A member of any board, commission, or committee appointed by the City a. Council of the City of Corpus Christi, Texas.
- b. "Employee." Any person employed by the City of Corpus Christi, Texas either on a full or parttime basis, but not as an independent contractor.
- C. "Firm." Any entity operated for economic gain, whether professional, industrial or commercial, and whether established to produce or deal with a product or service, including but not limited to, entities operated in the form of sole proprietorship, as self-employed person, partnership, corporation, joint stock company, joint venture, receivership or trust, and entities which for purposes of taxation are treated as nonprofit organizations.
- d. "Official." The Mayor, members of the City Council, City Manager, Deputy City Manager, Assistant City Managers, Department and Division Heads, and Municipal Court Judges of the City of Corpus Christi, Texas.
- "Ownership interest." Legal or equitable interest, whether actually or constructively held, in a firm, e. including when such Interest is held through an agent, trust, estate, or holding entity. "Constructively held" refers to holdings or control established through voting trusts, proxies, or special terms of venture or partnership agreements."
- f. "Consultant." Any person or firm, such as engineers and architects, hired by the City of Corpus Christi for the purpose of professional consultation and recommendation.

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|---------------|----------|
| Agency Name:  |          |
| Project Name: |          |

### **Certification Regarding Lobbying**

### Certification for contracts, grants, loans, and cooperative agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit with this a Standard Form-11, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

| Signature                           | Date |
|-------------------------------------|------|
| Print Name of Authorized Individual |      |
| Organization Name                   |      |