



SECTION 523 TECHNICAL ASSISTANCE GRANT APPLICATION HANDBOOK

*PROVIDED BY REGIONAL T&MA CONTRACTORS
SECTION 523 MUTUAL SELF-HELP PROGRAM*

Disclaimer

A handbook for grantees of the USDA Section 523 Self-Help Housing Program

Developed jointly by the Self-Help Housing Technical and Management Assistance (T&MA)

Contractors:

- *Florida Non-Profit Housing, Inc. (FNPH)*
- *Little Dixie Community Action Agency, Inc. (LDCAA)*
- *National Council of Agricultural Life and Labor Research Fund, Inc. (NCALL)*
- *Rural Community Assistance Corporation (RCAC)*

Funded by: *United States Department of Agriculture, Rural Development*

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Refer to the Introduction chapter of this handbook to identify the appropriate T&MA Contractor to contact for your area. After receipt of consent and conditions letter you may copy and distribute the manual in accordance with such terms and conditions as set and approved by the T&MA Contractors.

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INTRODUCTION

The Self-Help Program

Self-help housing is just as it sounds, participants working together to build their own homes. This cooperative effort is a direct application of the church and barn raising traditions of pioneering rural Americans. Self-help participants, working in groups, supply the necessary labor to build their homes, having qualified for mortgage financing to purchase land, building materials, and some subcontracted work on the more technical items. A private nonprofit corporation, public body, a federally recognized Tribe, or rural town can obtain a grant from U.S. Department of Agriculture (USDA) Rural Development (RD) to hire skilled staff, rent office facilities, pay for mileage, and purchase tools. This staff then works with the participants by providing the assistance and training necessary to fulfill the goals of the self-help housing program. The program is described in more detail below.

With the assistance of the skilled staff, a group of generally four to ten households is formed. Once the grant is completed, at least 40 percent of the total participants served should be in the very low-income category and the remaining 60 percent of the participants would likely fall into the low-income category (see income map for details: <https://www.rd.usda.gov/sites/default/files/RD-DirectLimitMap.pdf>)

The participants select lots, house plans, (or in the case of purchase/repair programs, locate a suitable home) and apply for individual mortgage loans. While participants await loan approval, the group studies the responsibilities of homeownership, construction techniques, tool usage, safety, homeowner's insurance, taxes, home maintenance, and money management. This time is known as the pre-construction stage.

Once the loans are approved and closed, the group begins to build under the guidance of a skilled construction supervisor. The participants must complete a minimum of 65 percent of the construction labor tasks until the group of homes is completed; usually the more technical work such as electrical, plumbing and HVAC is subcontracted out. The construction stage lasts from six to twelve months, depending on the size of the group and other factors. Participants work during their spare time (evenings, weekends, and days off) so as not to interfere with the regular household employment. RD loans feature subsidized interest rates ranging from 1 percent to the

current market rate, depending on the household's adjusted annual income. The repayment period is 33 or 38 years and no down payment is required. A 38-year payback period is for applicant's whose adjusted income does not exceed 60 percent of the applicable area median income and the longer term is necessary to show repayment ability.

Rural Development

RD is an agency of the United States Department of Agriculture (USDA). The RD mission is to help rural Americans improve the quality of their lives. RD helps rural communities meet their basic needs by:

- Building water and wastewater systems.
- Financing decent, safe, sanitary, and affordable housing.
- Supporting electric power and rural businesses, including cooperatives.
- Supporting economic and community development with information, technical assistance, and funding.

RD has been providing the funds for the self-help housing program since the late 1960s. They provide Section 523 self-help grants to eligible entities to start and implement the program and they thoroughly review the self-help application before a grant is awarded. When a grant is awarded, RD has determined the organization has demonstrated that there is a need for self-help housing in the area; the approved applicant is suited to administer a self-help housing program; the proposed plan, budget and schedule are feasible; the house plans meet local, state and RD building codes; adequate building sites are available; the necessary project elements are in place; and RD is ready to provide the requested financial resources necessary to make the project work. Technical assistance grant funds provided to self-help grantees by RD do not have to be repaid. It is an investment RD is willing to make in order to see self-help housing work.

RD will continue to monitor and provide oversight in the areas of construction and administration, through quarterly meetings, construction inspections, and participant accounts throughout the term of the grant.

In most cases RD provides another important ingredient to the self-help program: construction/permanent financing in the form of a Single-Family Housing Direct Home Loan (Section 502). They are independent of private or conventional lending institutions; the financing is directly between RD and the borrower. While labor and construction are group efforts, each

applicant must qualify and obtain a loan individually from RD. RD's function as a lender is significant because private credit institutions in rural areas are relatively few in number, smaller, and often impose more rigid terms which can be a barrier to homeownership.

Rural Development Offices

RD usually operates from four levels: national, state, area and local. The National Rural Housing Service Administrator in the National Office and the State Directors are politically appointed—all others are federal civil service employees.

Rural Development National Office

The RD National Office is responsible for developing policy and interacts with Congress for legislation, development, and program funding. The National Office also obligates and monitors all Section 523 self-help grants. The program staff at the national level maintain reports and statistics on operating self-help organizations and projected needs for funding. The National Office has a separate Appeals Division that hears appeals on actions unresolved at the state level.

Rural Development State Office

The State Office has the approval authority over smaller Section 523 Self-Help grant applications up to \$300,000. Section 502 home loan funds are allocated on a state-by-state basis and the State Office allocates the 502 funds based on a state RD formula. There are additional staff members who are key to the operation of a self-help program located in many State Offices:

- Rural Development State Director
- Rural Housing Program Director
- Rural Development Architect
- Rural Development Appraiser
- Rural Development Housing Specialist

Rural Development Area Office

The RD Area Director is typically responsible for the Section 523 grant. In some states however, the grant monitoring has been retained at the State Office level with the Single-Family Housing Program Director or it has been assigned to the Local Office. In any case, the RD grant manager is responsible to ensure that the grant is operated effectively and in accordance to

regulations. RD will evaluate the Section 523 self-help agencies on a quarterly basis and review grant applications for new and on-going programs.

Rural Development Local Office

Within this office, the Area Specialist is typically responsible for making the Section 502 home loans to participating applicants of each self-help group. He or she will be responsible for monitoring the 502 loans, custodial accounts and will also be the co-signer on the participant's Supervised/Custodial Bank Accounts and will process the draws.

They are the personnel who will convert the loans once the local jurisdiction has completed the final inspection and issued a Certificate of Occupancy.

The Rural Development Section 502 Single Family Direct Home Loan

Many applicants that participate in the self-help housing program use RD's Section 502 home loan program to finance their homes. Section 502 loans are only available for homes in eligible rural areas as defined by USDA (www.rd.usda.gov).

To qualify for a Section 502 direct loan, prospective self-help applicants must meet RD income eligibility requirements as low-income or very low-income. (see the income map for details: <https://www.rd.usda.gov/sites/default/files/RD-DirectLimitMap.pdf>) They must be credit-worthy, have repayment ability for the loan requested, and be unable to secure credit from other sources.. These income standards, which are developed in consultation with the U.S. Department of Housing and Urban Development, are subject to local variation and periodic change. Current information on income standards and eligibility requirements for Section 502 loans is available at RD local offices or online at www.rd.usda.gov.

The repayment period for the Section 502 loan is either 33 or 38 years, and the interest rate is between 1 percent and the current market rate. The actual rate of interest the borrower pays depends on the borrower's income, as does the loan term. If a borrower is eligible to pay less interest than the market rate, the borrower then receives a subsidy called "payment assistance." The amount of payment assistance a borrower receives is determined by the loan amount, loan period, and the household income. The payment cannot exceed 24% of their monthly income or a 1% interest rate. The assistance makes up the difference between the full loan interest rate and the interest rate the participant pays. A portion of this subsidy must be repaid at time of sale or loan payoff based on equity, time, etc.

During home construction, Section 502 funds are advanced from the RD Servicing Office in St. Louis and disbursed by the local offices to the self-help grantee. Grantees prepare the drawdowns and checks for each participant's account as needed to purchase materials for different phases of construction. Note that the participant's loan payments are deferred during construction.

When construction is complete and all the necessary funds have been withdrawn from a participant's account, RD's Servicing Office sends payment books/payment coupons to the participant. The participant's first loan payment is due within 30 days of conversion (termination of deferred payments). Payments then go directly to RD's Servicing Office in St. Louis.

The 523 Mutual Self-Help Housing Technical Assistance Grant

To enable organizations to operate a mutual self-help housing program, RD provides grant funds to operate and oversee the program. Each technical assistance (TA) grant is usually for a period of up to two years, and is available to public and private nonprofit organizations, federally recognized Tribes, and units of state or local government. The amount of grant funds an organization can receive is based primarily upon how many houses they build in a grant period. An organization can generally receive up to 15 percent (based on a formula) of the average cost of a new home financed under the 502 programs in its area, for every home they are planning to build.

Activities that are allowable uses of Section 523 technical assistance grant funds include:

- Recruit eligible households to participate in the self-help program.
- Hold training meetings with participants on the self-help process and homeownership topics such as mortgages, insurances, taxes, and maintenance.
- Assist participants to obtain and develop building sites; obtaining or creating RD-approved house plans and helping participants select theirs.
- Help participants bid and select building supplies and subcontractors; train participants in construction techniques and provide construction supervision.

- Supervise participant Section 502 loan accounting, including:
 - Totaling invoices and itemizing payments to suppliers and subcontractors.
- Maintaining records of deposits and withdrawals.
- Preparing checks (accompanied with invoices and statements).

Disallowed activities using Section 523 Technical Assistance grant funds are:

- The use of any TA funds to pay staff to provide labor on the houses
- Purchasing any real estate or building materials for participating families
- Paying any debts, expenses or costs that should be the responsibility of the participating families
- Any lobbying activities as prohibited in OMB Circular 2 CFR 200 subpart f.

The T&MA Contractors

In 1979, appropriations language was changed to authorize the use of Section 523 grant funds to contract for technical assistance to self-help grantees. Currently there are four Technical and Management Assistance (T&MA) Contractors.

RD contracts with these groups to assist operating and potential self-help housing grantees across the country. This assistance comes in the form of staff and board training, grant management, development of applications, 502 loan program and processing training, newsletters, and conferences, among other services. These services are provided at no cost to the grantee.

The four contractors are:

- Florida Non-Profit Housing - covering Region I, the Southeast, including the states of AL, FL, GA, MS, NC, SC, TN, Puerto Rico, and the Virgin Islands.
- Little Dixie Community Action Agency, Inc. – covering Region II, the South-Central US, including the states of AR, KS, LA, MO, ND, NE, NM, OK, SD, TX, WY.
- NCALL Research, Inc. – covering Region III, the Northeast and Midwest, including the states of CT, DE, IA, IL, IN, KY, MA, MD, ME, MI, MN, NH, NJ, NY, OH, PA, RI, VA, VT, WI, WV.

- Rural Community Assistance Corporation (RCAC) – covering Region IV, the Western US, including the states of AK, AZ, CA, CO, HI, ID, MT, NV, OR, UT, WA, and the Western Pacific.

Self-Help Training Guides and Handbooks

The T&MA Contractors have produced a variety of training materials for the purpose of assisting grantees and training grantee staff. The following is a list of the available self-help guides and handbooks. Please contact your T&MA Contractor for a copy or for more information.

Boards of Directors Training Guide

Boards of Directors play a critical role in the success of any non-profit organization. The Board of Directors Training Guide was designed for use by board members of any housing agency. It is an informational resource that may be used as a training tool and can provide new insights and a clearer understanding of nonprofit organizations, board meetings and operations, agency planning, administration of agency personnel, teamwork, orientation for new board members, federal accounting requirements, and agency activities.

Program Director Handbook

It is the responsibility of the Program Director or Executive Director to administer a successful self-help housing program. This handbook takes a general look at the process of managing a self-help program as well as providing specific information on required reports, program criteria, grant and financial management, personnel, and fair housing.

Construction Supervisor Handbook

The Construction Supervisor Handbook discusses the roles and responsibilities of the construction supervisor as it relates to self-help housing. This handbook covers aspects of the construction supervisor's job; from construction specifications, house plans, schedules, bill paying procedures, to group motivation. Insight is provided on how the self-help program operates and what is expected from the construction supervisor.

Group Coordinator Training Handbook

Group Coordinators are central to the self-help program throughout the self-help participant's involvement from recruitment through construction and move-in to the completed

homes. This handbook provides guidance for the group worker in maintaining effective communication and relationships within the group of self-help participants throughout the self-help process.

Financial Management Handbook for Federally Funded Organizations

The purpose of the financial management handbook is to aid new and operating self-help grantees with the development of financial management systems and policies that are compatible with the fiscal responsibilities set forth by the funding agency (RD) and the Office of Management and Budget (OMB). While self-help housing programs that have been operating for many years may have sophisticated financial systems and policies, others are lacking written, established financial procedures that assure proper internal controls.

Individual Borrower 502 Loan Accounts

The self-help housing grantee is responsible for keeping an accurate account of the disbursements of funds from the individual self-help family's Section 502 loan accounts. RD Instruction 1944-I indicates that the technical assistance provided by the grantee to the families should include "providing financial supervision to individual families with Section 502 loans, which will minimize the time and effort required by RD in processing borrower expenditures for materials and contract services." This handbook provides guidelines for self-help grantees to use in designing the procedures necessary for a reasonable standard of control and a system of checks and balances to protect the participants and the grantee.

Self-Help 502 Loan Guidebook

While the labor and construction are a group effort, each participant must qualify and obtain a loan individually from RD. To qualify, a household must fall within the income guidelines set by RD, must have demonstrated repayment ability, must have a good credit rating, and should have a low debt load. Because the 502 self-help loan process can be complicated for the individual, the technical assistance staff will pre-screen participants for program eligibility and prepare the application packages for RD. The Self-Help 502 Loan Guidebook will help to train the Group Coordinator or appropriate staff person in packaging these loans.

Preconstruction Meeting Handbook

Each self-help grantee is responsible for organizing participants into self-help groups, which remain together from loan processing through construction. The organization of

participants into groups reinforces the "mutual" aspect of the self-help program because participants within a group are expected to work on each other's house until all houses in the group are completed. In addition to organizing participants into groups, self-help grantees are responsible for explaining the self-help concept and methodology to participants, and for educating participants about their responsibilities as self-help participants, 502 loan borrowers, and homeowners. This is achieved through a series of "pre-construction meetings" which are covered in this handbook.

Acquisition and Owner-Occupied Rehab Handbook

Although not fully utilized until 1995, the Self-Help Rehabilitation Program is permitted in RD Instruction 1944-I Self-Help Technical Assistance Grants regulation. The rehab program is a separate component than the Self-Help New Construction and is a stand-alone program. However, new construction and rehab can be operated simultaneously. Offered as either an owner-occupied or acquisition-rehabilitation element, self-help rehab offers flexibility in the program when changing market conditions make land difficult to find, tough to develop, a drop in the economy increases the housing stock, or low incomes make obtaining homes a challenge for homeowners seeking affordable housing under the traditional mutual self-help model. This handbook explains the program and regulations in detail.

Application Handbook

To receive funding, organizations are required to apply to RD. This handbook provides detailed information to assist grantees in completing each item required on the RD Checklist. Forms and samples for each section of the application are included. This handbook also includes helpful tips for accomplishing each item.

Feasibility Handbook

Deciding whether to go forward with a self-help housing program is a big decision with many considerations. Forming a self-help housing program takes time, and a lot of decisions need to be made regarding program development. Does my organization qualify? Do we have the capacity to carry out the program? Is this program right for our service area? This handbook will help walk an organization through the feasibility process.

Preparing a Successful TA Grant Application

An application, whether it be for new construction, rehab, or a combination of the two, must include all the Tabs listed in the RD Application Checklist. Information for completing either type of application is included in this handbook. Most items required are the same, however, a select few are different. It is important to note that occasionally some of the forms used as part of the application are updated. You can obtain the most updated versions from your T&MA contractor. The application needs to prove that the area has a need for the program, the organization has the capacity to administer the program and that the organization is ready to start building once the grant agreement is executed. Most importantly, approved participants ready to close their loans and staff prepared to operate the program.

The rough time frame to complete the application should be about three to four months but it may take considerably longer depending on the availability of applicants and buildable land.

This handbook not only covers the items required for the application, but helpful tips on getting them accomplished. Your T&MA Contractor is also available to review each item and provide valuable insight in completing the required documents. Your Contractor will be reviewing your final application and providing a recommendation to RD upon submission.

For existing grantees, grant applications should be submitted to RD no less than six months prior to the end of your current grant period. The Federal Fiscal Year end also needs to be taken into consideration when submitting your application. It is recommended to begin work on the application well ahead of your anticipated start date. Plan the timing of the submission with your T&MA Contractor.

RD is currently encouraging all applications be submitted electronically by encrypted password protected files. This practice will become a requirement in the future.

Rural Development Offices

RD has several office levels. Most grantees will end up working with three levels of RD offices: State Office, Area Office, and Local Offices. It is the State Office that will submit your Section 523 Grant Application to the National Office for approval. (All applications are submitted to the National Office for review and approval. State Offices may approve grants less

than \$300,000, essential documents such as the requested amount and home goal, obligation forms, the T&MA contractor review, amongst others will still be reviewed by the National Office.) The Area Office is typically your primary contact with regards to the 523 grant and application. This office is responsible for ensuring the grant is effectively managed and operated according to regulations. The Local Office is responsible for processing Section 502 loans. Your organization will be working closely with the local office on behalf of the participating families.

RD also expects your agency to operate within their regulations and carry-out the responsibilities of the Grant Agreement. Some of these responsibilities are recruiting low and very-low income families and families from substandard housing, building the number of houses proposed, building the houses in a timely manner, keeping program cost within the required limit, making sure that the families meet the labor contribution requirements (65% for mutual self-help) and setting up an acceptable accounting system.

It cannot be overemphasized how important your working relationship is with RD. This relationship will be critical to the success of your program.

APPLICATION PROCESSING CHECKLIST – NEW CONSTRUCTION

(RD Instruction 1944-I, Exhibit G)

| Description of Documents | Form/ Instruction Number | Tab Position | Date Received/Comments |
|---|---|-----------------|---------------------------|
| (1) Application for Federal Assistance Non-Construction Programs Including Intergovernmental Review Response (as available) | Form SF-424 1944.410(e) | | |
| (2) Waiting List of Participants | 1944.410(e) (I) | | |
| (3) Proof that the participants in the first group have qualified for assistance | 1944.410(e)(2) | | |
| (4) Lot options for first group | 1944.410(e)(3) | | |
| (5) Evidence of lot availability for remaining groups | 1944.410(e)(3) | | |
| (6) House plans, specifications, and detailed cost estimates | 1944.410(e)(4) | | |
| (7) Staffing needs and hiring schedule | 1944.410(e)(5) | | |
| (8) Authorized representative of applicant | 1944.410(e)(6) | | |
| (9) Budget Information -Non-Construction Programs | Form SF-424A & Budget Narrative 1944.410(e)(7) | | |
| (10) Indirect or direct cost policy and proposed indirect cost rate | 1944.410(e)(8) | | |
| (11) Monthly activities schedule | 1944.410(e)(10) | | |
| (12) Personnel practices and procedures | 1944.410(e)(9) | | |
| (13) Authorizing resolution | 1944.411(d) | | |
| (14) Assurance Agreement | Form RD 400-4 1944.411(d) | | |
| (15) Fidelity Bond Coverage | 1944.411(e) | | |
| (16) Evidence of interest-bearing checking account and a statement of interest repayment (as applicable) | 1944.411(g) | | |

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| (17) Group and/or Participation Agreement including Exhibit B- 2 of 1944-1 | 1944.411(h) | | |
| (18) Request for Obligation of Funds | Form RD 1940-1 | | |
| (19) Self-Help Technical Assistance Grant Agreement | Exhibit A of 1944-1 1944.412 | | |
| (20) Certification Regarding Drug- Free Workplace | Form AD-1049 RD Inst. 1940-M, §1940.606 (b)(2) | | |
| (21) Certification Regarding Debarments, Suspension, and other Responsibility Matters | Form AD-1047 RD Inst. 1940-M, §1940.606(b)(1) | | |
| (22) Certification Regarding Lobbying | Exhibit A-1 of RD Inst. 1940-Q and §1940.810 | | |
| (23) Statement of Compliance with 2 CFR 200 Part 400 & 416 if a State or Local government; or Part 400 & 415 if a non-profit | 1944.411(c) | | |
| (24) Assurances - Non-Construction Programs | Form SF-424B 1944.411(f) | | |
| (25) Rural Development Manager's Recommendation *Do Not Pay (Checked at submission and again prior to closing.) | 1944.410(b) 1940-M §1940.606(b) | | |
| (26) T&MA Contractor's Review and Recommendation | Required Under National Office Contract with T&MA Contractor | | |
| (27) National Office Review | 1944.415(a) | | |
| (28) Narrative Statement (a) Amount of request (b) Areas served (c) Number of houses proposed (d) Housing conditions of low-income families (e) Need for self-help | 1944.410(a)(4) | | |

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| housing (f) Evidence of Community Support | | | |
| (29) Current Financial Statements for Applicant and any Sponsor | 1944.410(a)(3) | | |
| (30) Outreach Plan for very low- Income | 1944.410(a)(S) | | |
| (31) HUD Affirmative Fair Housing Marketing Plan (AFHM) | HUD Form 935.28 1944.410(a)(10) | | |
| (32) Determination of TA Grant Amount | 1944.407 | | |
| (33) Intergovernmental Review Submittal | 1944.409 | | |
| (34) Civil Rights Impact Analysis Certification | Form RD 2006-38 2006-P, §2006.754(b) | | |
| (35) Compliance Review (Pre-award) | Form RD 400-8 RD Inst. 1901-E, §1901.204(a) & §1901.204(c)(3) | | |
| (36) OGC Review (if necessary) | 1944.410(b)(2) | | |
| (37) Previous Experience | 1944.410(a)(l) | | |
| (38)Organizational Papers (a) Reference to State Law (b) Certified copies of Articles of Incorporation and Bylaws, or other evidence of corporate existence (c) Certificate of incorporation for other than public bodies (d) Evidence of Good Standing from the State (e) Names and addresses of Board of Directors, officers and members (plus principal | 1944.410(a)(2) 1944.404(d) (1-4) | | |

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| business of any member that is an organization) (f) Copy of 501(c)(3), if non-Profit | | | |
| <p>Applicants and existing Self-Help grantees applying for a new grant should submit their applications in an original and one copy containing the above applicable items to the Technical and Management Assistance (T&MA) Contractor for review. The T&MA contractor will make a recommendation and submit the package to the State Office within 15 calendar days. <u>Within thirty (30) days of the agency's receipt of the application, the designated official will review the application for completeness, accuracy and conformance to program policies and regulations.</u> The designated official should then make a recommendation and forward along with a copy of the grantee's package to the National Office.</p> | | | |

Rehab Programs Application/Re-Application/Amendment Checklist

(RD Instruction 1944-I, Exhibit I)

| Description of Documents | Comment | Form/Instruction Number | Tab Position | Date Received/Comment |
|--|---|--|--------------|-----------------------|
| (1) Application for Federal Assistance Non-Construction Programs Including Intergovernmental Review submittal, if applicable | N/A- Grant Amendment | Form SF-424 1944.410(e) | | |
| (2) Waiting List of Participants | In Addition to Name, Contact Info, and demographic info Include Property Address if Identified, Anticipated Loan Amount and Source of Funding | 1944.410(-e) (1) | | |
| (3) Proof that approximately 10% of the participants have qualified for assistance | RD HB Letter 16 or 3rd Party Funding Source Approval Document | 1944.410(e)(2) | | |
| (4) Lot options for first group | N/A- See Waiting List | 1944.410(e)(3) | | |
| (5) Evidence of lot availability for remaining groups | Provide Listing of Identified Potential Program Homes for Sale in Service Area | 1944.410(e)(3) | | |
| (6) House plans, specifications, and detailed cost estimates | Describe How the Home Inspection, Work Order List, Cost Estimating, and Contractor Selection Process will be Completed and Documented. | 1944.410(e)(4) | | |
| (7) Staffing needs and hiring schedule | N/A- Grant Amendment Unless Changed from Original Application | 1944.410(e)(5) | | |
| (8) Authorized representative of applicant | N/A- Grant Amendment | 1944.410(e)(6) | | |
| (9) Budget Information – Non-Construction Programs | Not Required in No Cost Amendment Requests | Form SF-424A & Budget Narrative 1944.410(e)(7) | | |
| (10) Indirect or direct cost policy and proposed indirect cost rate approval | N/A- Grant Amendment Unless Changed Form Original Application | 1944.410(e)(8) | | |

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|--|--|--|--|--|
| (11) Monthly activities schedule | Should be Updated with all Amendment Requests | 1944.410(e)(10) | | |
| (12) Personnel practices and procedures | N/A- Grant Amendment | 1944.410(e)(9) | | |
| (13) Authorizing resolution | Should be Received for Amendment Requests | 1944.411(d) | | |
| (14) Assurance Agreement | N/A- Grant Amendment | Form RD 400-4 1944.411(d) | | |
| (15) Fidelity Bond Coverage | N/A- Grant Amendment | 1944.411(e) | | |
| (16) Evidence of interest-bearing checking account and a statement of interest repayment | N/A- Grant Amendment | 1944.411(g) | | |
| (17) Group and/or Participation Agreement including Exhibit B2 of 1944-I | Describe how labor hours will be tracked and how cost savings to the family is being calculated; Exhibit B2 not applicable | 1944.411(h) | | |
| (18) Request for Obligation of Funds | Only if Amendments Request is For-Cost | Form RD 1940-1 1944.412 | | |
| (19) Self-Help Technical Assistance Grant Agreement | Amendment to Self-Help Technical Assistance Grant Agreement Exhibit A of 1944-I | 1944.412 | | |
| (20) Certification Regarding Drug- Free Workplace | N/A- Grant Amendment | Form AD-1049 RD Inst. 1940-M, § 1940.606(b)(2) | | |
| (21) Certification Regarding Debarments, Suspension, and other Responsibility Matters | N/A- Grant Amendment | Form AD-1047 RD Inst. 1940-M, § 1940.606(b)(1) | | |
| (22) Certification Regarding Lobbying | N/A- Grant Amendment | Exhibit A-1 of RD Inst. 1940-Q and §1940.810 | | |
| (23) Statement of Compliance with 2 CFR 200 Part 400 & 416 if a State or Local government; or Part 400 & 415 if a non-profit | N/A- Grant Amendment | 1944.411(c) | | |
| (24) Assurances – Non-Construction Programs | N/A- Grant Amendment | Form SF-424B 1944.411(f) | | |
| (25) Area Director Recommendation | Always required | 1944.410(b) | | |

| | | | | |
|---|---|--|--|--|
| *DNP Portal Verification (Checked at submission and again prior to closing) * | | 1940-M §1940.606(b) | | |
| (26) T&MA Contractor's Review and Recommendation | Always required | Required Under National Office Contract with T&MA Contractor | | |
| (27) National Office Review (if over \$300,000 or if amount of new grant plus unexpended funds from previous grant total \$400,000) | All For-Cost Amendments are Funded at the National Office | 1944.415(a) | | |
| In addition to the above information, existing grantees submitting an application for a new grant should also provide the following information as part of a complete application. If this information was already provided in the pre-application of a new grantee, they will not be required to duplicate this information: | | | | |
| (28) Narrative Statement (a) Amount of request (b) Areas served (c) Number of houses proposed (d) Housing conditions of low-income families (e) Need for self-help housing (f) Evidence of Community Support | Rehab Narrative Statements Should Also Include 1. Rehab Policies and Procedures 2. Min/Max rehab \$ per home 3. Relocation Policy, if any | 1944.410(a)(4) | | |
| (29) Current Financial Statements for Applicant and any Sponsor | Updated Financial Statements as applicable for Amended Request | 1944.410(a)(3) | | |
| (30) Outreach Plan for very low- Income | N/A- Grant Amendment | 1944.410(a)(5) | | |
| (31) HUD Affirmative Fair Housing Marketing Plan (AFHMP) | N/A- Grant Amendment | HUD Form 935.2B 1944.410(a)(10) | | |
| (32) Determination of TA Grant | Amount Include the Projected Average Cost Savings for Families | 1944.407 | | |
| (33) Intergovernmental Review Submittal, if applicable | N/A- Grant Amendment | 1944.409 | | |
| (34) Civil Rights Impact Analysis Certification | N/A- Grant Amendment | Form RD 2006-38 2006-P, §2006.754(b) | | |
| (35) Compliance Review (Pre-Award) | N/A- Grant Amendment | Form RD 400-8 (Pre-award) Amendment RD Inst. 1901-E, § | | |

| | | | | |
|---|----------------------|-------------------------------------|--|--|
| | | 1901.204(a) and § 1901.204(c)(3) | | |
| (36) OGC Review (if necessary) | N/A- Grant Amendment | 1944.410(b)(2) | | |
| (37) Previous Experience | N/A- Grant Amendment | 1944.410(a)(1) | | |
| (38) Organizational Documents (a) Reference to State Law (b) Certified copies of Articles of Incorporation and Bylaws, or other evidence of corporate existence (c) Certificate of incorporation for other than public bodies (d) Evidence of Good Standing from the State (e) Names and addresses of Board of Directors, officers, and members (plus principal business of any member that is an organization) (f) Copy of 501(c)(3), if Non-Profit | N/A- Grant Amendment | 1944.410(a)(2) 1944.404(d) (1-4) | | |
| <p>Applicants and existing Self-Help grantees applying for a new grant should submit their applications in an original and one copy containing the above applicable items to the Technical and Management Assistance (T&MA) Contractor for review. The T&MA contractor will make a recommendation and submit the package to the State Office within 15 calendar days. Within thirty (30) days of receipt of the application, the designated official will review the application for completeness, accuracy and conformance to program policy and regulations. The designated official should then make a recommendation and forward along with a copy of the grantee's package to the State Director. The State Office will issue a Letter of Conditions to the Grantee subject to: (1) review of the application package by the National Office, if applicable and (2) subject to submission of any additional items not included with the application.</p> | | | | |

TAB 1 - APPLICATION FOR FEDERAL ASSISTANCE – SF424

The information in this section can be referenced in RD Instruction 1944-I, 1944.410(a). Included are a blank SF 424 and instructions, as well as a completed SF424. The link to access the form is [SF-424 Family | GRANTS.GOV](#).

This form will be the first document reviewed as part of your application. The completed information in this form will be repeated in other sections of the Application. Be sure to complete the entire form.

Several of the items most often completed incorrectly and the correct way to complete them include:

Item 10. Name of Federal Agency:

USDA/Rural Housing Service

Item 14. Areas Affected by Project (Cities, Counties, States, etc.):

Sebring, Highlands County, FL.

Item 15. Descriptive Title of Applicant's Project:

Operate a Section 523 Mutual Self-Help Housing Program to assist 15 low and very-low income families build houses over a two-year period using the self-help method.

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

INSTRUCTIONS FOR THE SF-424

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

| Item | Entry: | Item: | Entry: |
|------|--|-------|--|
| 1. | Type of Submission: (Required) Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Pre-application • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date. | 10. | Name Of Federal Agency: (Required) Enter the name of the federal agency from which assistance is being requested with this application. |
| | | 11. | Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. |
| 2. | Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award D. Decrease Duration B. Decrease Award E. Other (specify) C. Increase Duration | 12. | Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. |
| | | 13. | Competition Identification Number/Title: Enter the competition identification number and title of the competition under which assistance is requested, if applicable. |
| | | 14. | Areas Affected By Project: This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed. |
| 3. | Date Received: Leave this field blank. This date will be assigned by the Federal agency. | 15. | Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project. |
| 4. | Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable. | | |
| 5a. | Federal Entity Identifier: Enter the number assigned to your organization by the federal agency, if any. | 16. | Congressional Districts Of: 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5 th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed. |
| 5b. | Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions. | | |
| 6. | Date Received by State: Leave this field blank. This date will be assigned by the state, if applicable. | | |
| 7. | State Application Identifier: Leave this field blank. This identifier will be assigned by the state, if applicable. | | |
| 8. | Applicant Information: Enter the following in accordance with agency instructions: | | |
| | a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov . | 17. | Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project. |
| | b. Employer/Taxpayer Number (EIN/TIN): (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. | 18. | Estimated Funding: (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. |
| | c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov . | 19. | Is Application Subject to Review by State Under Executive Order 12372 Process? (Required) Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State. |
| | d. Address: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US). | 20. | Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment. |

| | | | | | |
|---|---|---|---|--|--|
| | <p>e. Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7. a. Telephone number and email (Required); fax number.</p> | 21. | <p>Authorized Representative: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)</p> | | |
| 9. | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify) </td> </tr> </table> | <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority | <ul style="list-style-type: none"> M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify) | | |
| <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority | <ul style="list-style-type: none"> M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify) | | | | |

| Application for Federal Assistance SF-424 | | |
|---|---------------------------|---|
| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | |
| * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | | |
| * If Revision, select appropriate letter(s): _____ * Other (Specify): _____ | | |
| * 3. Date Received: _____ | | 4. Applicant Identifier: _____ |
| 5a. Federal Entity Identifier: _____ | | 5b. Federal Award Identifier: _____ |
| State Use Only: | | |
| 6. Date Received by State: _____ | | 7. State Application Identifier: _____ |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: Self-Help Housing, Inc | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 12-3456789 | | * c. Organizational DUNS: 987654321 |
| d. Address: | | |
| * Street1: 123 Main Street | | |
| Street2: _____ | | |
| * City: Anytown | | |
| County/Parish: America | | |
| * State: Florida | | |
| Province: _____ | | |
| * Country: USA: UNITED STATES | | |
| * Zip / Postal Code: 12345 | | |
| e. Organizational Unit: | | |
| Department Name: _____ | | Division Name: _____ |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Mr. | * First Name: John | |
| Middle Name: _____ | | |
| * Last Name: Smith | | |
| Suffix: _____ | | |
| Title: Executive Director | | |
| Organizational Affiliation: _____ | | |
| * Telephone Number: 123-456-7890 | | Fax Number: 123-456-7891 |
| * Email: jsmith@gmail.com | | |

| Application for Federal Assistance SF-424 | |
|--|--|
| <p>* 9. Type of Applicant 1: Select Applicant Type:</p> <p>M - Nonprofit with IRS status (Other than Institution of Higher Education)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>* Other (specify):</p> | |
| <p>* 10. Name of Federal Agency:</p> <p>USDA/Rural Housing Service</p> | |
| <p>11. Catalog of Federal Domestic Assistance Number:</p> <p>10-420</p> <p>CFDA Title:</p> <p>Rural Self-Help Housing Technical Assistance</p> | |
| <p>* 12. Funding Opportunity Number:</p> <p>* Title:</p> | |
| <p>13. Competition Identification Number:</p> <p>Title:</p> | |
| <p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <p>Anytown, America County, Florida</p> <p>Add Attachment Delete Attachment View Attachment</p> | |
| <p>* 15. Descriptive Title of Applicant's Project:</p> <p>Section 523 Self-Help Technical Assistance Grant from USDA/RHS to construct 12 single family homes using the self-help method over a 2 year period.</p> | |
| <p>Attach supporting documents as specified in agency instructions.</p> <p>Add Attachments Delete Attachments View Attachments</p> | |

| Application for Federal Assistance SF-424 | |
|---|--|
| 16. Congressional Districts Of: | |
| * a. Applicant | 1st |
| * b. Program/Project | 1st |
| Attach an additional list of Program/Project Congressional Districts if needed. | |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> | |
| 17. Proposed Project: | |
| * a. Start Date: | 5/2/21 |
| * b. End Date: | 5/1/23 |
| 18. Estimated Funding (\$): | |
| * a. Federal | \$300,000 |
| * b. Applicant | |
| * c. State | |
| * d. Local | |
| * e. Other | |
| * f. Program Income | |
| * g. TOTAL | \$300,000 |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | |
| <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> | |
| <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If "Yes", provide explanation and attach | |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> | |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| <input checked="" type="checkbox"/> ** I AGREE | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | |
| Authorized Representative: | |
| Prefix: | <input type="text"/> |
| * First Name: | John |
| Middle Name: | <input type="text"/> |
| * Last Name: | Smith |
| Suffix: | <input type="text"/> |
| * Title: | Executive Director |
| * Telephone Number: | 123-456-7890 |
| Fax Number: | 123-456-7891 |
| * Email: | jsmith@gmail.com |
| * Signature of Authorized Representative: |  |
| * Date Signed: | 3/2/21 |

TAB 2 – WAITING LIST OF PARTICIPANTS

Information on families that have been personally contacted and are interested in participating in the self-help housing program is required in the application. Their names, as well as addresses, telephone number, number of persons in their household and the total annual income are required. It is also helpful if a contact date is included. RD offices requires demographic information for the families on the waiting list to complete the Compliance review. This information must be maintained on the waitlist with the completion of an application for credit. Loan packagers must make a 'best guess' determination if the information is not furnished by the applicant.

Given that it is difficult to qualify participants for the program even if they are interested, it is recommended to include at least three times as many potential participants as would be needed to complete the grant.

A sample waiting list follows.

SAMPLE

**WAITING LIST OF FAMILIES
CONTACTED AND INTERESTED IN PARTICIPATING IN
THE SELF-HELP HOUSING PROGRAM**

If the Mutual Self-Help Housing Program comes to this area I am interested in participating. I have been explained the program and understand the 65% labor requirement.

| | Name | Address | Telephone Number | Number of Persons in Household | Total Household Annual Income | Race | Ethnicity | Sex |
|---|------------------------|--|------------------|--------------------------------|-------------------------------|-------|------------------------|-----|
| 1 | Mary and Alfred Jones | 123 America Street, Anywhere, FL 33852 | 863-385-1234 | 4 | \$15,000 | Asian | Not Hispanic or Latino | F/M |
| 2 | Joseph P. Alberts | 4123 Unites Avenue, Apt 444 Anywhere, FL 33852 | 863-214-4321 | 6 | \$18,000 | White | Not Hispanic or Latino | M |
| 3 | Alberta Victoria Smith | 6732 Florida Avenue Anywhere, FL 33852 | 863-386-3241 | 3 | \$10,000 | Black | Latino | F |

TAB 3 – PROOF THAT THE PARTICIPANTS IN THE FIRST GROUP HAVE QUALIFIED FOR ASSISTANCE

In addition to the list of names and information of potential participants, proof is required that the first group of participants has been qualified or determined “eligible” by the local RD office. Such proof will be letters from RD.

To be determined eligible, the full mortgage loan application must be processed and reviewed by RD. Once the applicant’s eligibility has been verified, the RD Loan Originator uses verified information to determine the amount of payment subsidy and the maximum loan amount the applicant will be able to receive. Based on this information, the Loan Originator will issue a Letter of Eligibility to the participant. In addition to the letters of eligibility, it is recommended to include a cover page narrative to this section. The narrative here should include the number of families in the first group, a list of the family names, their total building cost amount, their total 502 loan amount and any other loans or grants that will be used for that participant.

If the RD loan does not cover the complete building cost, including land cost, please add a narrative indicating how the gap is being covered. This may be paid for with local or state grants, first time home buyer awards, or second loans. If additional liens are placed on the mortgage, be certain that the RD local office is aware of the additional loans. This will affect the debt-to-income ratios. If these additional funds are being used, please provide proof that these funds have been secured

The Rehab Program requires proof that approximately 10% of the participants have qualified for assistance.

A blank sample HB Letter 16 is included. This letter is used for both new construction and rehab.

REFERENCE: Field Office Handbook Chapter 4
SUBJECT: Eligibility of Self-Help Applicants

Date: [insert today's date]

[insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

You have been determined eligible for Rural Development financing for construction of a modest single family home under the Self-Help program. Eligibility is based on income and financial information that is verified within 180 days of loan approval and closing. Loan approval and closing are subject to the continued eligibility of the applicant and the availability of loan funds. Changes in your financial status (income and expenses) must be reported to Rural Development, and may affect your eligibility and the amount of loan for which you qualify. Rural Development has determined that you qualify for a Self- Help loan up to the amount of \$ _____ in _____ County.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

The Fair Housing Act prohibits discrimination in real estate related transactions, or in the terms or conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. The federal agency that is responsible for enforcing this law is the U. S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U. S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

Sincerely,

[insert name of Rural Development Official]
[insert title of Rural Development Official]

TAB 4 - LOT OPTIONS FOR THE FIRST GROUP

For a New Construction Application, it is required that you have control and availability of land.

You must have evidence of control of eligible lots for the first group. This evidence would be either a purchase agreement (or a copy of the deed if owned) or option agreements for all the land that is needed for the first group of participants. A group must consist of a minimum of four families.

Controlling land in a timely manner is a critical to ongoing activity for your self-help program. It's critical because so many other activities depend upon it with the primary one being construction. The situation you don't want to experience is one in which approved families are anxious to get started, a full-time staff, and scheduled subcontractors but no land.

The process of controlling land is often complicated by the need for interim financing. Interim financing is often a must in areas where land is dear. In such areas, many grantees must financially secure land well ahead of the time when 502 loan moneys become available. You can take control of land either by purchasing it or by entering into an option agreement. Caution!! Section 523 grant funds cannot be used either to option or purchase land. RD Instruction 1944-I, Exhibit F provides information about the 523 Site Loan. It is an option available to grantees for assistance in obtaining land.

Before RD approves the use of a site, the lot must meet certain requirements. Detailed requirements are in RD Instruction 1970. The most important aspect to RD is that the site is in an eligible rural area. For more information on rural areas, including definition, exceptions, review criteria, and current property eligibility sites refer to Rural Area Designation: HB-1-3550, Chapter 5 Property Requirements.

Attached is a blank Option to Purchase, as well as the link, [RD3550-34.PDF \(usda.gov\)](#). This is an optional form, but other formats could be acceptable.

For a Rehab Application, include a listing of potential program homes for sale or owner-occupied properties identified in the service area. This can be obtained using various sources to include the Multiple Listing Service (MLS).

**UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT**

OPTION TO PURCHASE REAL PROPERTY

1. In consideration of the sum of \$ _____ Earnest Money in hand paid, the undersigned (hereinafter called the "Seller"), who covenants to be the owner thereof, hereby, for the Seller and the Seller's heirs, executors, administrators, successors and assigns, offers and agrees to sell and convey to

(Buyer's Name, Address, Telephone Number)

(hereinafter called the "Buyer"), and hereby grants to the said Buyer the exclusive and irrevocable option and right to purchase, under the conditions hereinafter provided, the following-described property, located in

_____ County, State of _____ : Physical Address _____

(See attachment for full legal description)

The title to said property is to be conveyed free and clear of all encumbrances except for the following reservations, exceptions and leases, and no others: (See attachment for a full statement of all reservations and exceptions.)

2. The option is given to enable the Buyer to obtain a loan made by the United States of America, acting through the Rural Housing Service, hereinafter called the "Government," for the purchase of said property. It is agreed that the Buyer's efforts to obtain a loan constitute a part of the consideration for this option and any down payment will be refunded if the loan cannot be processed by the Government or insured because of defects in the title or other land now owned by, or being purchased by, the buyer.

3. The total purchase price for said property is \$ _____; said amount includes excludes the dollar amount mentioned in paragraph 1.

4. The Seller agrees to pay all normal selling expenses for the above-mentioned county. Except for the following as agreed upon by both parties. (Attach list of closing costs to be paid by each party.)

5. Upon Buyer's exercise of the option, the Seller further agrees to convey said property to the Buyer by general warranty deed (except where the law provides otherwise for conveyances by trustees, officers of courts, etc.) in the form, manner and at the time required by the Government conveying to the Buyer a valid, unencumbered, indefeasible fee-simple title to said property meeting all requirements of the Government.

6. Taxes and other general and special assessments of whatsoever nature for the year in which the closing of the transaction takes place shall be prorated as of the date of the closing of the transaction and paid by the seller. If the closing of the transaction shall occur before the tax rate is fixed, the apportionment of taxes shall be on the basis of the tax rate for the next preceding year applied to the latest assessed valuation. Any different tax agreement is attached.

7. This option may be exercised by the Buyer at any time while the offer herein shall remain in force, by mailing, telegraphing or delivering in person a written notice of acceptance of the offer herein to the Seller(s). The offer herein shall remain irrevocable for a period of _____ months from the date hereof and shall remain in force thereafter until one (1) year from the date hereof unless earlier terminated by the Seller. The Seller may terminate this offer at any time after the _____ months irrevocable period provided herein by giving to the Buyer ten (10) days written notice of intention to terminate at the address of the Buyer. Acceptance of this option by the Buyer within ten (10) days after the Buyer receives such notice shall constitute a valid acceptance of the option. Possession of described property will be at Loan Closing. Closing will be scheduled to occur within 30 days of Buyer's exercise of this option unless the parties otherwise mutually agree in writing.

8. Loss or damage to the property by fire or from an act of God shall be at the risk of the Seller until the deed to the Buyer has been recorded, and in the event that such loss or damage occurs, the Buyer may, without liability, refuse to accept conveyance of title, or may elect to accept conveyance of title, in which case there shall be an equitable adjustment of the purchase price.

9. The Seller agrees to furnish at Seller's expense (unless other agreements were made in the attachment to paragraph 4), to the Buyer a certificate from a reliable firm certifying that the following described building(s) covered by this option (a) is now free of infestation by wood destroying pests and organisms, and (b) either is now free of unrepaired damage from wood destroying pests and organisms or has suffered unrepaired damage from such cause which is specifically described in the certificate during the option period.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RD 3550-34 (03-04)

10. The Seller agrees to furnish, at the Seller's expense, (unless other agreements were made in the attachment to paragraph 4) to the Buyer evidence from the Health Department or an approved reliable and competent source that the waste disposal system for the dwelling is functioning properly, and the water supply for domestic use meets State Health Department requirements.

11. Other (see attached)

LEAD-BASED PAINT INSPECTION/RISK ASSESSMENT

- Buyer has received the form "Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards."
 - Buyer has been informed that the property was constructed after Jan 1, 1978, and **should not contain** lead-based paint or lead-based _____ paint hazard; or
 - Buyer has been informed that the property was constructed before 1978, and **may contain** lead-based paint.
- Buyer has received a copy of the pamphlet "Protect Your Family From Lead in Your Home."
- Buyer has been advised of their rights regarding lead-based paint inspections and risk assessments, and
 - Buyer **has waived** opportunity to have an inspection and/or risk assessment to check for the presence of lead-based paint or a lead-based paint hazard; or
 - Buyer **would like** a lead-based paint inspection and/or lead-based paint risk assessment. The contract will be contingent on the results of the lead-based paint inspection and/or lead-based paint risk assessment.
 - Contingency will terminate 10 days after this contract is accepted unless buyer or selling agent deliver written contract addendum listing deficiencies and corrections needed.
 - Seller shall indicate in writing within 10 days of delivery of an addendum whether they will correct the condition(s) or make a counter offer.
 - If the seller will not make corrections or makes a counter offer, the buyer shall have 3 days to respond or remove the contingency. The buyer may remove a contingency at any time without cause.

IF THIS OFFER IS NOT ACCEPTED BY THE SELLER(S), THE EARNEST MONEY WILL BE RETURNED TO THE BUYER(S). THIS IS A LEGAL AND BINDING CONTRACT.

We, the undersigned, have read the Informational Disclosure and Acknowledgment form and completed the blanks to the best of our knowledge.

(Seller's printed name and telephone number)

(Seller's printed name and telephone number)

(Seller's Signature)

Date

(Seller's Signature)

Date

(Buyer's Signature)

Date

(Buyer's Signature)

Date

TAB 5 - EVIDENCE OF LOT AVAILABILITY FOR REMAINING GROUP(S)

Include evidence that there are lots available for the remaining families. This can include: Lists, maps, and prices are required. It is imperative you continue working to locate suitable building sites throughout the duration of the grant.

It is recommended to include a narrative summarizing what is available. Include information on whether site development is required and the length of time that this will take.

When participating in the Rehab Program, include a Listing of Identified Potential Program Homes for Sale/in need of repair in Service Area.

TAB 6 - HOUSE PLANS, SPECIFICATIONS AND DETAILED COST ESTIMATES

House plans, specifications and detailed cost estimates need to be included in the application. Specific criteria will need to be listed.

When submitting a Rehab application, different information needs to be included. You will need to describe how the home inspection, work order list, cost estimating, scope of work and subcontractor selection process will be completed and documented.

TAB 6a - HOUSE PLANS

House plans are required for every model that will be built during the grant period. A complete set of house plans consists of the plans and blueprints, including a foundation plan, floor plan, cross section, front and rear elevations, and right and left side elevations; specifications, which include a Description of Materials- Form 1924-2 and detailed cost estimates. Each set of plans must also have a Plan Certification, Form RD 1924-25. Included are the Description of Materials and the link, [RD1924-2.PDF \(usda.gov\)](#), as well as a Plan Certification and the link, [PLAN CERTIFICATION \(usda.gov\)](#) and a sample Cost Estimate.

Codes and Standards

Local and state building codes set the minimum for acceptable material and construction standards for structural integrity, plumbing, heating, electrical installation, windows and ventilation, and safety issues.

You do need to research building codes for each group since each community has their own unique house design regulations, building codes do change, and the setback requirements can differ from site to site.

As well as conforming to state and local building codes, you must follow RDs standards. These standards require the adherence to their thermal performance standards (1924-A, Exhibit D) and the dwelling must be affordable to the family, not have a pool, and contain no income producing facilities.

Obtaining House Plans

There are several ways to obtain house plans. Many architects are very familiar with RD and their requirements. You can also select plans from other sources if RD approves them.

Cost of obtaining plans and what plans to obtain

Another item to take into consideration is the cost of obtaining the house plans. All options should be carefully considered to determine which is the best cost/value option. Grantees may purchase a master set of plans. It is possible for the applicant to purchase plans at their expense. At the very minimum, blueprints should be made up of 5 pages: the first page being a foundation plan, then floor plan; cross section; front and rear elevations and left and right-side elevations. Other pages may consist of electrical, plumbing, and mechanical plans, energy calculations, site plan and specifications. The more information you have on your plans the easier it will be to get them approved.

Standardize Plans

When obtaining house plans, self-help organizations should standardize the plans as much as possible. Grantees need to review the house plans periodically. This will assist in keeping the homes affordable and meeting the needs of the service area. For example, the cabinet and kitchen arrangement in the houses can be standardized, as can the size and arrangement of the bathroom. The purpose of standardization is two-fold: 1.) The cost estimate and use of materials in the houses will remain the same and 2.) The construction supervisor and participant families will become familiar with the plans during construction. It is not recommended to offer families a large variety of plans to choose from. It is better to limit the

plans offered to a reasonable number. For example, it is recommended that self-help grantees provide a limited selection of basic plans to simplify the management required to operate a successful program. These basic plans should be of varying living areas and varying number of bedrooms, depending on the sizes that the grantee finds most in demand based on a survey of the target area.

TAB 6b - DEVELOPING SPECIFICATIONS

After deciding on a particular set of house plans, the next item is to develop a specification sheet. Form 424-2, "Description of Materials" should be used when recording specifications.

If an architect is providing the blueprints, always ask if a specification sheet will be included. If the sheet isn't automatically included, explain the importance of the specification sheet in getting RD's approval. Usually there will be no additional cost for this service. If the specification sheet seems unclear to you, contact your T&MA contractor, and have the form explained to you. The material identification shall be in sufficient detail to fully describe the material, size, grade and, when applicable, manufacturer's model or identification numbers. When necessary, additional sheets must be attached as well as manufacturers' specification sheets for equipment and/or special materials, such as aluminum or vinyl siding or carpeting. Keep in mind the design must meet the following requirements in order to be eligible for Section 502 financing: 1) RD's Thermal Performance Standards (see Instructions 1924-A, Exhibit D); 2) RD's guidelines regarding affordability, no income-producing facilities and no pool. These instructions will be very helpful when filling out the specifications to ensure that each homeowner gets materials of the quality required by RD and that conform to any state or local building codes.

All specification sheets should be carefully inspected before being submitted to ensure everything indicated in the house plans is reflected in the specifications. An individual family must also check each set to make sure they reflect any changes. When the inspections are performed, the plans and specs submitted in the loan application will be referred to. If any questions arise concerning the construction of the house, the plans and specifications that were submitted to RD will provide the final criteria.

Obtaining house plans and specifications is no different from anything else. The more information you have, the easier the outcome will be. RD must concur with the plans and specs.

TAB 6c - COST ESTIMATES

One of your primary responsibilities is to accurately estimate the cost of each family's home before it is built. These cost estimates must be accurate, as they eventually become a family's 502 mortgage, so avoid making estimates that are unrealistically low. Generally, your cost estimates range from 2% to 3% over the actual cost of the house when it's built, but never under. Handbook 3550, 5.23 states, "The development budget may include an amount for contingencies not to exceed five percent of the construction cost for unusual and unforeseen circumstances beyond the contractor's or borrower's control. If you underestimate the cost of construction you may force the family to seek a second, "subsequent", mortgage loan to pay the increased cost of building their house. If the costs are overestimated, the family might not get all the deserved "sweat equity" in their house, by having an original mortgage amount that is larger than needed. For both reasons it is important that the cost of the homes is assessed accurately. If there is a significant period between the time of actual construction and the time the cost estimates were obtained, you update the figures so that they reflect current market prices. Generally, there are four types of costs: construction materials, subcontracted labor, land, and other variable costs (soft costs).

Construction Materials

To determine the quantity and quality of construction materials required by a house plan, a materials take-off is required. To do a take-off, the Construction Supervisor must sit down with the drawings of a single house plan and carefully record the materials that are called for in the drawings. At the end of a take-off session, you should have a full listing of all the materials (quantity and quality) required for a single house plan.

To get the best price on materials for the families, it is a good idea to get bids on the materials. Before doing this, you must describe the project in detail, including the material to be used and quantity. Outline the time frame in which you anticipate needing certain materials; then set a date for the bidding deadline. After obtaining the material bids visit the center or lumberyard to meet with the salesman. Discuss the delivery format, return policy, service area and inquire about credit accounts for the families. After doing this you should be able to select the place you are going to get your materials.

Some lumber yards, such as Lowe's, Home Depot, etc., may also be able to give discounts for bulk purchases or guarantee a lumber price in advance. These can also be a valuable resource in helping with cost estimates.

Subcontractors

You must next decide which of the construction activities will be subcontracted. Generally, these are the activities that cannot be performed by the families, such as licensed HVAC, electrical work, and plumbing. Use Exhibit B-2 of 1944-I, the family construction tasks must equal at least 65% of construction activities. Keep in mind, only the cost estimates are needed in the application.

To now determine what the subcontractors' charges will be, you must request bids. (This does not have to be formal bidding process, but it does help if you have already established a procedure for choosing a subcontractor.) In the bid request describe the project, the materials and/or work to be done, outline the requirements and the anticipated timeframes, make the plans and specs available to them, and set a date for the bidding deadline. After obtaining bids,

interview the potential subcontractors. Ask for client references, view their past jobs, question them to determine their integrity and timeliness. Also, for client references, view their past jobs, question them to determine their integrity and timeliness. Also inquire about their insurance coverage.

After receiving all the necessary information and making the decision, it is a good idea to include the families during this stage. They will be the ones to sign contracts with the subcontractors, so they need to feel some responsibility in making the decision. Your organization, however, should advise them based on your review.

Plan Certification

The plans, specifications, calculations, and any modifications should be certified by the design professional on Form RD 1924-25, Plan Certification, to ensure that the appropriate codes and standards are met.

Land and Other Variable Costs

In addition to construction materials and subcontracting, you must also decide what other costs will be covered by the 502 loan. Below are listed several general construction costs.

1. Land
2. Fees and overhead: Fees can include such items as building permits, closing costs, accident insurance, surveys, and water and sewer connections. Overhead items are those costs that are not specific to a single site, such as power poles, temporary power, portable toilets, and trash pickup.
3. Appliance and equipment: This should include such items as a range stove, kitchen fan, exhaust fan, etc.
4. Site improvements: Includes grading, fences (where permitted) and driveways.
5. Landscaping includes topsoil, seeding and shrubs.
6. Contingency funds: Despite your best planning, problems and unavoidable delays may occur during the program. You need to prepare for this by including some type of contingency item in the cost estimate.

PLAN CERTIFICATION

| | |
|---|---------|
| (Property Name/Applicants Name and Case Number) | |
| (Property Address) | (City) |
| (County) | (State) |

BUILDING TYPE: Single Family Multi-Family
PLANS: Original Modifications

I, _____ being a _____
(type or print) *(licensed architect, engineer, or authorized building official, etc.)*

in the State of _____, hereby certify that I have reviewed:

the plans and specifications dated _____ prepared by _____
(name of firm or individual)
for the above property

the thermal performance plans, specifications and calculations dated _____
prepared by _____ for the above property
(name of firm or individual)

the seismic design (plans and specifications) dated _____ prepared by _____
_____ for the above property
(name of firm or individual)

modifications listed below, that have been clearly indicated on the drawings and specifications
dated _____ prepared by _____ and certified by _____
(name of firm or individual)
_____ and related to the above property
(name of firm or individual)

MODIFICATIONS

According to the Paperwork Reduction Act 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Based upon this review, to the best of my/our knowledge, information, and belief, these documents comply with the:

_____ and
(name and edition of the applicable development standard)

_____ and
(name and edition of the applicable energy standards/requirements in accordance with RD Instruction 1924-A, Exhibit D)

designated as the applicable Rural Development or Farm Service Agency development standards for this project.

I understand the purpose of this certification is to induce United States Government to finance the construction of the above project and plan. I further understand that false certification constitutes a violation of 18 U.S.C. Section 1001 punishable by fine and/or imprisonment and, in addition, may result in debarment from participating in future government programs.

(Signature)

(Date)

(Type or print name)

(Professional Registration No.)

(Title)

(Expiration Date if applicable)

(Area Code + Telephone Number)

- Proposed Construction Under Construction

DESCRIPTION OF MATERIALS

No. (To be inserted by Agency)

Property address City State
Mortgagor or Sponsor (Name) (Address)
Contractor or Builder (Name) (Address)

INSTRUCTIONS

- 1. For additional information on how this form is to be submitted... 2. Describe all materials and equipment to be used... 3. Work not specifically described or shown will not be considered unless... 4. Include no alternates, "or equal" phrases, or contradictory items... 5. Include signatures required at the end of this form... 6. The construction shall be completed in compliance with the related drawings and specifications...

1. EXCAVATION: Bearing soil, type
2. FOUNDATIONS: Footings: concrete mix; strength psi; Reinforcing
Foundation wall: material; Reinforcing
Interior foundation wall: material; Party foundation wall
Columns: material and sizes; Piers: material and reinforcing
Girders: material and sizes; Sills: material
Basement entrance arcaaway; Window arcaaways
Waterproofing; Footing drains
Termite protection
Basementless space: ground cover; insulation; foundation vents
Special foundations
Additional information

3. CHIMNEYS: Material; Prefabricated (make and size)
Flue lining: material; Heater flue size; Fireplace flue size
Vents (material and size): gas or oil heater; water heater
Additional information:

4. FIREPLACES: Type: solid fuel; gas-burning; circulator (make and size)
Ash dump and clean-out
Fireplace: Facing; lining; hearth; mantel
Additional information:

5. EXTERIOR WALLS: Wood frame: wood grade, and species; Comer bracing. Building paper or felt
sheathing; thickness; width; solid; space; o.c.; diagonal;
Siding; grade; type; size; exposure; fastening
Shingles; grade; type; size; exposure; fastening
Stucco; thickness; Lath; weight lb.
Masonry veneer; Sills; Lintels; Base flashing
Masonry: solid; faced; stuccoed; total wall thickness; facing thickness; facing material
Backup material; thickness; bonding
Door sills; Window sills; Lintels; Base flashing
Interior surfaces: dampproofing; coats of; furring
Additional information:
Exterior painting: material; number of coats
Gable wall construction: same as main walls; other construction

6. FLOOR FRAMING: Joists: wood, grade, and species; other; bridging; anchors
Concrete slab: basement floor; first floor; ground supported; self-supporting; mix; thickness; reinforcing; insulation; membrane
Fill under slab: material; thickness; Additional information:

7. SUBFLOORING: (Describe underflooring for special floors under item 21.)
Material: grade and species; size; type
Laid: first floor; second floor; attic; sq. ft.; diagonal; right angles. Additional information:

8. FINISH FLOORING: (Wood only. Describe other finish flooring under item 21.)
Table with columns: LOCATION, ROOMS, GRADE, SPECIES, THICKNESS, WIDTH, BLDG. PAPER, FINISH

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching, gathering data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

9. PARTITION FRAMING:
 Studs: wood, grade, and species _____ size and spacing _____ Other _____

Additional information: _____

10. CEILING FRAMING:
 Joists: wood, grade, and species _____ Other _____ Bridging _____

Additional information: _____

11. ROOF FRAMING:
 Rafters: wood, grade, and species _____ Roof trusses (see detail): grade and species _____

Additional information: _____

12. ROOFING:
 Sheathing: wood, grade, and species _____ solid spaced _____" o.c.

Roofing _____; grade _____; size _____; type _____

Underlay _____; weight or thickness _____; size _____; fastening _____

Built-up roofing _____; number of plies _____; surface material _____

Flashing: material _____; gage or weight _____ gravel stops; snow guards

Additional information: _____

13. GUTTERS AND DOWNSPOUTS:

Gutters: material _____; gage or weight _____; size _____; shape _____

Downspouts: material _____; gage or weight _____; size _____; shape _____; number _____

Downspouts connected to: Storm sewer; sanitary sewer; dry-well. Splash blocks: material and size _____

Additional information: _____

14. LATH AND PLASTER:

Lath walls, ceilings: material _____; weight or thickness _____ Plaster: coats _____; finish _____

Dry-wall walls, ceilings: material _____; thickness _____; finish _____

Joint treatment _____

15. DECORATING: (Paint, wallpaper, etc.)

| ROOMS | WALL FINISH MATERIAL AND APPLICATION | CEILING FINISH MATERIAL AND APPLICATION |
|---------------|--------------------------------------|---|
| Kitchen _____ | | |
| Bath _____ | | |
| Other _____ | | |

Additional information: _____

16. INTERIOR DOORS AND TRIM:

Doors: type _____; material _____; thickness _____

Door trim: type _____; material _____ Base: type _____; material _____; size _____

Finish: doors _____; trim _____

Other trim (*item, Type and location*) _____

Additional information: _____

17. WINDOWS:

Windows: type _____; make _____; material _____; sash thickness _____

Glass: grade _____ sash weights; balances, type _____; head flashing _____

Trim: type _____; material _____ Paint _____; number coats _____

Weatherstripping: type _____; material _____ Storm sash, number _____

Screens: full; half, type _____; number _____; screen cloth material _____

Basement windows: type _____; material _____; screens, number _____; Storm sash, number _____

Special windows _____

Additional information: _____

18. ENTRANCES AND EXTERIOR DETAIL:

Main entrance door: material _____; width _____; thickness _____ Frame: material _____; thickness _____

Other entrance doors: material _____; width _____; thickness _____ Frame: material _____; thickness _____

Head flashing _____ Weatherstripping: type _____; saddles _____

Screen doors: thickness _____; number _____; screen cloth material _____ Storm doors: thickness _____; number _____

Combination storm and screen doors: thickness _____; number _____; screen cloth material _____

Shutters: hinged; fixed. Railings _____; Attic louvers _____

Exterior millwork: grade and species _____ Paint _____; number coats _____

Additional information: _____

19. CABINETS AND INTERIOR DETAIL:

Kitchen cabinets, wall units: material _____; lineal feet of shelves _____; shelf width _____

Base units: material _____; counter top _____; edging _____

Back and end splash _____ Finish of cabinets _____; number coats _____

Medicine cabinets: make _____; model _____

Other cabinets and built-in furniture _____

Additional information: _____

20. STAIRS:

| STAIR | TREADS | | RISERS | | STRINGS | | HANDRAIL | | BALUSTERS | |
|----------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|-----------|-----------|
| | Material | Thickness | Material | Thickness | Material | Thickness | Material | Thickness | Material | Thickness |
| Basement _____ | | | | | | | | | | |
| Main _____ | | | | | | | | | | |
| Attic _____ | | | | | | | | | | |

Disappearing: make and model number _____

Additional information: _____

21. SPECIAL FLOORS AND WAINSCOT: (Describe carpet as listed in Certified Products Directory.)

| | | Location | Material, Color, Border, Sizes, Gage, Etc. | Threshold Material | Wall Base Material | Underfloor Material |
|----------|--|----------|--|--------------------|--------------------|--------------------------------|
| Floors | | Kitchen | | | | |
| | | Bath | | | | |
| | | | | | | |
| Wainscot | | Location | Material, Color, Border, Sizes, Gage, Etc. | Height | Height Over Tub | Height in Showers (From Floor) |
| | | Bath | | | | |
| | | | | | | |

Bathroom accessories: Recessed; material _____; number _____; Attached; material _____; number _____
 Additional information: _____

22. PLUMBING

| Fixture | Number | Location | Make | Mfr's Fixture Identification No. | Size | Color |
|-----------------|--------|----------|------|----------------------------------|------|-------|
| Sink | | | | | | |
| Lavatory | | | | | | |
| Water closet | | | | | | |
| Bath tub | | | | | | |
| Shower over tub | | | | | | |
| Stall shower | | | | | | |
| Laundry trays | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

A Curtain rod A Door Shower pan: material _____
 Water supply: public; community system; individual (private) system.*
 Sewage disposal public; community system; individual (private) system.*
 * Show and describe individual system in complete detail in separate drawings and specifications according to requirements.
 House drain (inside): cast iron; tile; other _____ House sewer (outside): cast iron; tile; other _____
 Water piping: galvanized steel; copper tubing; other _____ Still cocks, number _____
 Domestic water heater: type _____; make and model _____; heating capacity _____
 _____ gph. 100' rise. Storage tank: material _____; capacity _____ gallons.
 Gas service: utility company; liq. pet. gas; other _____ Gas piping: cooking; house heating.
 Footing drains connected to storm sewer; sanitary sewer; dry well. Sump pump; make and model _____
 _____; capacity _____; discharges into _____

23. HEATING

Hot water. Steam. Vapor. One-pipe system. Two-pipe system.
 Radiators. Convectors. Baseboard radiation. Make and model _____
 Radiant panel: floor; wall; ceiling. Panel coil: material _____
 Circulator. Return pump. Make and model _____; capacity _____ gpm.
 Boiler: make and model _____ Output _____ Btuh.; net rating _____ Btuh.
 Additional information: _____
 Warm air: Gravity. Forced. Type of system _____
 Duct material: supply _____ return _____ Insulation _____; thickness _____ Outside air intake.
 Furnace: make and model _____ Input _____ Btuh.; output _____ Btuh.
 Additional information: _____
 Space heater; floor furnace; wall heater. Input _____ Btuh.; output _____ Btuh.; number units _____
 Make, model _____ Additional information: _____
 Controls: make and types _____
 Additional information: _____
 Fuel: Coal; oil; gas; liq. pet. gas; electric; other _____; storage capacity _____
 Additional information: _____
 Firing equipment furnished separately: Gas burner, conversion type. Stoker: hopper feed bin feed
 Oil burner: pressure atomizing; vaporizing _____
 Make and model _____ Control _____
 Additional information: _____
 Electric heating system: type _____ Input _____ watts; @ _____ volts; output _____ Btuh.
 Additional information: _____
 Ventilating equipment: attic fan, make and model _____, capacity _____ cfm.
 Kitchen exhaust fan, make and model _____
 Other heating, ventilating, or cooling equipment _____

24. ELECTRIC WIRING:

Service: overhead; underground. Panel: fuse box; circuit-breaker, make _____ AMP's _____ No. circuits _____
 Wiring: conduit; armored cable; nonmetallic cable; knob and tube; other _____
 Special outlets: range; water heater; other _____
 Doorbell. Chimes. Push-button locations. _____ Additional information: _____

25. LIGHTING FIXTURES:

Total number of fixtures _____ Total allowance for fixtures, typical installations, \$ _____
 Nontypical installation _____
 Additional information: _____

26. INSULATION:

| Location | Thickness | Material, Type, and Method of Installation | Vapor Barrier |
|----------|-----------|--|---------------|
| Roof | | | |
| Ceiling | | | |
| Wall | | | |
| Floor | | | |

27. **MISCELLANEOUS:** (Describe any main dwelling materials, equipment, or construction items not shown elsewhere; or use to provide additional information where the space provided was inadequate. Always reference by item number to correspond to numbering used on this form.)

HARDWARE: (make, material, and finish.)

SPECIAL EQUIPMENT: (State material or make, model and quantity. Include only equipment and appliances which are acceptable by local law, custom and applicable FHA standards. Do not include items which, by established custom, are supplied by occupant and removed when he vacates premises or chattels prohibited by law from becoming realty.)

PORCHES:

TERRACES:

GARAGES:

WALKS AND DRIVEWAYS:

Driveway: width _____; base material _____; thickness _____; surfacing material _____; thickness _____
 Front walk: width _____; material _____; thickness _____; Service walk: width _____; material _____; thickness _____
 Steps: material _____; treads _____; risers _____; Check walls _____

OTHER ONSITE IMPROVEMENTS:

(Specify all exterior onsite improvements not described elsewhere, including items such as unusual grading, drainage structures, retaining walls, fence, railings, and accessory structures.)

LANDSCAPING, PLANTING, AND FINISH GRADING:

Topsoil _____" thick: front yard; side yards; rear yard to _____ feet behind main building.
 Lawns (seeded, sodded, sprigged): front yard _____; side yards _____; rear yard _____
 Planting: as specified and shown on drawings; as follows:
 _____ Shade trees, deciduous, _____" caliper. _____ Evergreen trees _____, to _____', B & B.
 _____ Low flowering trees, deciduous. _____, to _____' _____ Evergreen shrubs _____ to _____', B & B.
 _____ High-growing shrubs, deciduous. _____, to _____' _____ Vines, 2-years
 _____ Medium-growing shrubs, deciduous, _____, to _____' _____
 _____ Low-growing shrubs, deciduous. _____, to _____' _____

IDENTIFICATION. This exhibit shall be identified by the signature of the builder, or sponsor, and/or the proposed mortgagor if the latter is known at the time of application.

Date _____ Signature _____
 Signature _____

COST ESTIMATE SUMMARY

| STREET ADDRESS | Job No. | |
|--|---------|------------------------------|
| 1. Land | | 0 |
| 2. Closing Costs & Fees | | 0 |
| 3. Site Preparation | | 0 |
| 4. Foundation | | 0 |
| 5. Rough Carpentry & Lumber | | 0 |
| 6. Exterior Doors & Windows | | 0 |
| 7. Exterior Trim & Cornice | | 0 |
| 8. Roofing & Sheet Metal | | 0 |
| 9. Rough Hardware | | 0 |
| 10. Masonry | | 0 |
| 11. Insulation | | 0 |
| 12. Drywall and/or Lath & Plaster | | 0 |
| 13. Interior Trim & Millwork | | 0 |
| 14. Floors | | 0 |
| 15. Miscellaneous Metal | | 0 |
| 16. Mirrors | | 0 |
| 17. Ceramic Tile | | 0 |
| 18. Finish Hardware | | 0 |
| 19. Appliances & Equipment | | 0 |
| 20. Painting & Decoration | | 0 |
| 21. Heating | | 0 |
| 22. Electrical Work | | 0 |
| 23. Plumbing | | 0 |
| 24. Driveway, Walks, Patios, Fences & Site Improvements | | 0 |
| 25. Miscellaneous Labor & Materials | | 0 |
| 26. Landscaping | | 0 |
| | | <u>0</u> |
| | | GRAND |
| | | TOTAL <u><u>0</u></u> |

COST ESTIMATE

| | | | |
|----------|-----------------------------------|-----------------|-------|
| 1 | Land | | _____ |
| | | <i>Total \$</i> | 0 |
| 2 | Closing Costs & Fees | | |
| | Loan Closing | | _____ |
| | Checks | | _____ |
| | Accident Insurance/Liability | | _____ |
| | Survey | | _____ |
| | Building Permit | | _____ |
| | Temporary Power | | _____ |
| | Water Connection | | _____ |
| | Tool Rental | | _____ |
| | | <i>Total \$</i> | 0 |
| 3 | Site Preparation | | |
| | Grading | | _____ |
| | Tree Removal | | _____ |
| | Grubbing | | _____ |
| | Fill & Compaction | | _____ |
| | Demolition | | _____ |
| | | <i>Total \$</i> | 0 |
| 4 | Foundation | | |
| | Materials & Labor for Batter Bds. | | _____ |
| | Materials for Forms | | _____ |
| | Equipment Rental | | _____ |
| | Dirt to Haul in & Compact | | _____ |
| | Washed Gravel | | _____ |
| | Fine Grade for Dirt | | _____ |
| | Fine Grade for Gravel | | _____ |
| | Visqueen or Other W.P. | | _____ |
| | Soil Treatment | | _____ |
| | All Reinforcing Steel | | _____ |
| | All Welded Wire Mesh | | _____ |
| | All Anchor & Bolts | | _____ |
| | Tie Wire | | _____ |
| | Stirrups | | _____ |
| | Bolts & Anchor | | _____ |
| | All Concrete | | _____ |

Cement for Finishing

Total \$ _____
0

5 Rough Carpentry

Pres. Treated Sole Plates _____

Studs _____

Plates-Purlings-Headers _____

Ceiling Joists-Rafters-Trusses _____

Wall Sheathing _____

Roof Deck-Felt to Black-in & Wrap Wind & Doors _____

Ram-Set Gun & Supplies _____

Braces & Blocking _____

30# Felt Flashing _____

Beams _____

Wall Ties _____

Total \$ _____
0

6 Exterior Doors & Windows

All Windows _____

All Exterior Door & Jambs _____

Total \$ _____
0

7 Exterior Trim & Cornice

All 3/4 Fin. for Cornice _____

All Plywood for Soffit or Aluminum Soffit Contract _____

Plywood or other Porch & C Port ceilings _____

All Cornice Moulds _____

Lintel Blocks _____

Beam Casings _____

Special Millwork _____

Shutters _____

Batten Strips _____

Shingle Strips _____

Total \$ _____
0

8 Roofing & Sheetmetal

Asphalt Shingles _____

Built -Up Roofs _____

Valley Metal _____

| | |
|--------------------------------|--------------------|
| Roof Jacks | _____ |
| Vents for Fans-H.W. Htr., Etc. | _____ |
| Eave Flashing | _____ |
| Step Flashing | _____ |
| Gravel Guard | _____ |
| Base Flashing | _____ |
| Chimney Flashing | _____ |
| Crickets | _____ |
| Gable & Roof louvers | _____ |
| Side Wall Flashing | _____ |
| <i>Total \$</i> | <u> 0</u> |

9 Rough Hardware

| | |
|------------------------------|--------------------|
| Flitch Plates | _____ |
| Rough nails | _____ |
| Finish Nails | _____ |
| Plumbing Plates | _____ |
| Lintels (other than masonry) | _____ |
| Beams | _____ |
| <i>Total \$</i> | <u> 0</u> |

10 Masonry

| | |
|-----------------------|--------------------|
| Brick & labor | _____ |
| Mortar Mix | _____ |
| Masonry Sand | _____ |
| Ornamental Title Blk. | _____ |
| Concrete BLK. | _____ |
| Dura-Wall | _____ |
| Mixing Machine | _____ |
| Small Tools | _____ |
| <i>Total \$</i> | <u> 0</u> |

11 Insulation

| | |
|--------------------|--------------------|
| Wall Insulation | _____ |
| Ceiling Insulation | _____ |
| <i>Total \$</i> | <u> 0</u> |

12 Drywall And/or Lath & Plaster

| | |
|------------------|-------|
| Sheetrock & Fin. | _____ |
| Corner Beads | _____ |
| Tape | _____ |

| | |
|----------------------|--------------------|
| Joint System | _____ |
| Sanding | _____ |
| Lath-Plaster & Labor | _____ |
| <i>Total \$</i> | <u> 0</u> |

13 Interior Trim & Millwork

| | |
|--------------------------|--------------------|
| Interior Doors | _____ |
| Window Trim | _____ |
| Door Trim | _____ |
| Cove Moulds | _____ |
| Shoe Moulds | _____ |
| Closet Cleats & Shelves | _____ |
| Linen Cabinets | _____ |
| Paneling | _____ |
| Kitchen Cabinets | _____ |
| Vanities | _____ |
| Wall Cab. Other than Kit | _____ |
| Built- Ins | _____ |
| Special Trim | _____ |
| Mantle | _____ |
| Beams - Beam Casings | _____ |
| Base | _____ |
| Scotia | _____ |
| Special Moulds | _____ |
| Wainscots | _____ |
| <i>Total \$</i> | <u> 0</u> |

14 Floors

| | |
|-----------------|--------------------|
| Vinyl Tile | _____ |
| Tile Cement | _____ |
| <i>Total \$</i> | <u> 0</u> |

15 Miscellaneous Metal

| | |
|---------------------|-------|
| Thresholds | _____ |
| Weather Strip Units | _____ |
| Canopies | _____ |
| Door Grills | _____ |
| Burglar Bars | _____ |
| Metal Med. Cabinets | _____ |

| | | | |
|-----------|---|--|----------|
| | Door Grills | | _____ |
| | Dryer Vents | | _____ |
| | Metal Bath Accessories | | _____ |
| | <i>Total \$</i> | | <u>0</u> |
| 16 | Mirrors | | |
| | Bath Mirrors | | _____ |
| | <i>Total \$</i> | | <u>0</u> |
| 17 | Ceramic Tile | | |
| | All Bath Tile-Walls | | _____ |
| | Tile Windowsills | | _____ |
| | Tile Bath Accessories | | _____ |
| | <i>Total \$</i> | | <u>0</u> |
| 18 | Finish Hardware | | |
| | Exterior Doors & Locks | | _____ |
| | Interior Doors & Locks | | _____ |
| | Door Bumpers | | _____ |
| | Hinges | | _____ |
| | Door Hardware | | _____ |
| | Brackets | | _____ |
| | Closet Rods & Hangers | | _____ |
| | <i>Total \$</i> | | <u>0</u> |
| 19 | Appliance & Equipment | | |
| | Range | | _____ |
| | Vent Hood | | _____ |
| | Kit. Fan | | _____ |
| | Bath Fans | | _____ |
| | Refrigerator | | _____ |
| | Exhaust Fan | | _____ |
| | <i>Total \$</i> | | <u>0</u> |
| 20 | Painting & Decoration | | |
| | Paint | | _____ |
| | Special materials - Pans, Brushes, Etc. | | _____ |
| | <i>Total \$</i> | | <u>0</u> |
| 21 | Heating | | |
| | Subcontract | | _____ |

| | | | |
|-----------|---|--------------------|-----------------|
| | | <i>Total \$</i> | 0 |
| 22 | Electric work | | |
| | Fixtures | | — |
| | Subcontracted Work | | — |
| | | <i>Total \$</i> | <u>0</u> |
| 23 | Plumbing | | |
| | Subcontract | | — |
| | | <i>Total \$</i> | <u>0</u> |
| 24 | Driveways, Walks, Fences & Site Improvements | | |
| | Fences | | — |
| | Forms for Walks, Drives & patios | | — |
| | Conc.. | | — |
| | Cement Finishing | | — |
| | Equipment Rental | | — |
| | Grading | | — |
| | | <i>Total \$</i> | <u>0</u> |
| 25 | Miscellaneous Labor & Material | | |
| | All Items not covered by other Sections | | — |
| | Contingency | | — |
| | | <i>Total \$</i> | <u>0</u> |
| 26 | Landscaping | | |
| | Topsoil | | — |
| | Seeding, Sprigging or Sodding | | — |
| | Shrubs | | — |
| | Mulch | | — |
| | Other Items Pertaining to landscape | | — |
| | | <i>Total \$</i> | <u>0</u> |
| | | Grand Total | |
| | | \$ | <u><u>0</u></u> |

REHAB SCOPE OF WORK/ SPECIFICATIONS EXAMPLE:

1. Replace 20 existing wood sashed windows with Anderson Series 200 Low E Double Hung white vinyl exterior and pre-finished white interior, full TruScene insect screen, no grilles.
2. Remove and replace existing refrigerator and range; install water line for ice maker and install Whirlpool model# WRS321SDHZ 21 cu.ft. side by side stainless steel refrigerator. Replace all existing gas line, install Whirlpool model# WFG550S0HV 5.0 cu.ft. gas range stainless steel
3. Remove all existing flooring through out home, repair or replace where needed deteriorated subfloor. Flash patch where needed and install new SurePly whitewood plywood ¼"x4'x8". Install Saratoga Hickory Coffee 7 mm Thick x 7-2/3 in. Wide x 50-5/8 in. laminate flooring.
4. Remove existing tile surround on tub/shower unit approx. 90 sq. ft. Replace with ½" cement backer board and install Lifeproof Linen Wood 6 in. x 24 in. Glazed Porcelain Floor and Wall Tile. Remove and replace existing 48" vanity and top. Install Glacier Bay Lancaster 49 in. W x 19 in. D Bath Vanity in Pearl Gray with Cultured Marble Vanity Top in White with White Sink with Moen Adler 4 in. Centerset 2-Handle Bathroom Faucet in Chrome.
5. Install Tiger Foam™ E-84 Fast Rise Formula – 600 Board Foot Spray Foam Insulation Kit on perimeter box sills.
6. Remove all wallpaper, prep all walls for primer and paint, prime all interior walls with Benjamin Moore ULTRA SPEC Prep Coat Hi-Build Interior Primer White, paint all walls with 2 coats of Benjamin Moore Ultra Spec 500 Interior Paint Satin Finish.
7. Replace 9'x7' exterior wall section that is deteriorated, install conventional 2"x4" studding. Repair wall board
8. Paint all exterior existing wood trim boards and doors with Benjamin Moore Aura Exterior Paint Semi-Gloss

TAB 7 - STAFFING NEEDS & HIRING SCHEDULE

Staffing Needs and Hiring Schedule

Having a good program, a sound budget, and a committed Board is only part of the equation. Your self-help organization also needs qualified and motivated staff. If you are building a new program, you need to address several personnel issues. These issues include determining staffing needs, developing job descriptions, developing personnel policies, and recruiting the staff.

You are required to describe your proposed hiring schedule, and availability of prospective employees. You are also required to include complete job descriptions and it is recommended to include resumes of the persons selected to fill each position for the grant.

A hiring schedule is required to be included in the application. This schedule should include all the positions that you plan to pay out of the self-help housing grant funds. Indicate which of those positions have already been filled and the anticipated hiring dates of the remaining positions. Indicate whether these individuals will work full/part time or another percentage of time. Additionally, a signed Resolution from the Board of Directors is required that authorizes the Executive Director to hire the necessary staff

Availability of Prospective Employees

To prove to RD that there are potential candidates whom you intend to hire, include the resume. If your organization decides to wait until the grant is approved before interviewing and choosing applicants, include a description of how to find needed staff and a brief report on available personnel in your area.

Note: RD regulations do not allow nepotism in the self-help housing program. If there are individuals that work for a grantee that are related, please disclose the nature of their relationship. According to 1944-I, Exhibit A, (p), there cannot be relatives in the same immediate household working in a line of command with each other.

Traditional Self-Help Staff Positions

A typical small self-help organization traditionally employs the following staff:

- Executive Director or Project Director: This person has the responsibility of running and managing the self-help housing program.
- Group Coordinator/Loan Packager: This staff member is responsible for recruiting the families, screening them for the program, counseling and training them, helping them to fill out the required forms, etc.
- Secretary/Bookkeeper: This person has the important responsibility of record keeping for both the 523 grant funds and the family 502 loan accounts, in addition to other duties.
- Construction Supervisor: This staff person is responsible for coordinating the construction of homes. He/she trains the self-help families in housing construction; helps obtain supply and contractor bids; orders, receives, and inventories building materials; and performs other duties.

In initial staffing, you may want to use the traditional self-help positions. However, each organization has its own unique program goals and objectives. Tailor the tasks and skills of each

position to your program. Make any last-minute changes to job descriptions before advertising for the position.

DEVELOPING JOB DESCRIPTIONS

When you face the task of developing job descriptions, focus on the goals and objectives of the program, then determine the asks and activities required to achieve those goals. Determine the length of time needed to complete each task and the skills required by each task. Then develop a list of staff positions and the tasks to be completed by each position. At that point it is easier to make the decision on whether that position needs to be full time, etc. After conducting a salary survey (if one is needed), set salary ranges for each position. You can develop an organizational chart clarifying the decision-making process.

The following is a list of major self-help tasks. This list can be used as a starting ground to help you decide who will be responsible for each task.

- Overall program oversight
- Supervision and coordination of personnel
- Management of day-to-day operations
- Locate land for the program
- Identify and secure funds for program operations
- Recruitment of families
- Assist with application and closing
- Coordinate and conduct preconstruction meetings
- Counsel families with budget or financial problems
- Recruitment presentations to the local community
- 502 loan accounting
- 523 grant accounting
- Approval and check authorization
- General office and clerical duties
- Preparation of quarterly, monthly and year end state and federal departments
- Maintain administrative records (leave, mileage, time, etc.)
- Obtaining or preparation of construction plans and spec.
- Obtaining and selecting bids
- Preparation of cost estimates
- Coordination of construction supplies and contractors
- Train, supervise, and coordinate the families through construction
- Conducting construction meetings
- Order building inspections
- Liaison with RD Offices

Sample job descriptions follow.

Executive Director / Program Director

The Executive Director is directly responsible to the Board of Directors; but alternatively, a Program Director could be assigned oversight of the program.

Duties and Responsibilities:

- Implements and carries out the program as approved by the Board of Directors.
- Coordinates the staff activities to ensure that all personnel are used in an efficient manner and to establish work and hiring patterns to guarantee the best use of funds.
- Arranges or provides the training necessary for the staff's effective performance.
- Evaluates the work of the staff as outlined by job descriptions and program goals.
- Locates suitable building sites and develops property when and where required in conjunction with the participant and other self-help housing staff members.
- In conjunction with the participants, determines where and how to purchase quality construction materials at the most economical prices.
- In conjunction with the construction staff, determines which areas of construction to subcontract and ensures that the work that is subcontracted is done at the lowest prices.
- Develops a general set of house plans and cost estimates to allow for the construction of an economical and high-quality home that will comply with local building codes and RD minimum property standards.
- Keeps abreast of new developments in cost and timesaving techniques in the construction of self-help housing.
- Is thoroughly knowledgeable about RD's programs and policies and coordinates the staff's activities with RD.
- Keeps abreast of developments in federal, state, and local housing development programs.
- Prepares progress reports for funding sources and/or Board of Directors to assist them in planning or program expansion.
- Marketing?

Qualifications

- Familiarity with all phases of construction of houses, from land acquisition through construction.
- Familiarity with the principles and techniques of group organization and development.
- Administrative ability and experience
- Ability to delegate authority and responsibility
- Understanding of low-income people and their needs.
- Ability to share ideas and explore solutions to problems with other program participants, Board, staff, and members of the community.
- Ability to choose among alternative courses of action and assume responsibility for the operation of the program undertaken.
- Basic understanding of program or program financing.

Construction Supervisor

The Construction Supervisor reports directly to and is usually supervised by the Executive Director/Program Director.

Duties and Responsibilities

- Trains and supervises groups of families in the construction of their homes using the mutual self-help construction method.
- Organizes work crews of families for maximum efficiency of manpower and materials.
- Teaches tool-safety, maintains safe working conditions, and obtains adequate tools for jobs to be performed.
- Prepares house plans, dwelling specifications, and cost estimates; secures subcontractors as required and monitors their work; orders and purchases construction materials.
- Maintains records as required.
- Keeps all aspects of construction in compliance with all applicable regulations, standards, and codes.
- Participates in all building inspections carried out by RD and local building inspectors.

Qualifications

- Experience as a professional builder or equivalent carpentry training.
- Ability to teach building skills to unskilled workers.
- Ability to work with people of varying socioeconomic levels.
- Willingness to work irregular hours as required.
- Housing construction experience in the program area, if available.

Group Coordinator / Loan Packager

The Group Coordinator reports directly to and is typically supervised by the Executive Director/Program Director.

Duties and Responsibilities

- Recruits participants for the Mutual Self-Help Housing Program.
- Helps families prepare 502 Rural Housing loan applications for submission to RD, including loan closing procedures. Typical duties include verifying employment and income and making preliminary determination of eligibility.
- Organizes associations of participant families for the purpose of home construction.
- Holds preconstruction meetings of participant families to provide them with the information about the self-help concept and program and their responsibilities as homeowners.
- Counsels families on barriers to eligibility for participation and suggests steps they can take to remedy their financial situation.
- Acts as the primary liaison between the self-help organization and RD for matters pertaining to loan processing.
- Helps families during the construction phase to (1) encourage maximum family participation, (2) resolve individual family and group related problems, and (3) provide information on labor-saving and record keeping devices.
- Maintains records as required.

Qualifications

- High school diploma or equivalent.
- Ability to plan and deliver training to the participant families
- Ability to organize the families into working groups and encourage group participation / interaction.
- Ability to express ideas clearly and concisely.
- Good writing and verbal skills.
- Ability to work with minimum supervision.
- Ability to work with low-and moderate-income families.
- Willing to work flexible hours.

Secretary / Bookkeeper

The Secretary / Bookkeeper reports directly to and is supervised by the Executive Director.

Duties and Responsibilities

- Types correspondence, memoranda, forms, reports, and other materials as needed.
- Performs general receptionist duties such as answering the telephone and greeting visitors.
- Maintains adequate office supplies and property inventory (office and tool equipment).
- Maintains personnel records (e.g., time and attendance reports, annual leave, and sick leave records) and prepares staff payroll.
- Receives and pays accounts for (1) the self-help organization itself and (2) participating self-help families. Duties include verifying invoices, classifying expenditures, preparing payment vouchers, posting checks to cash disbursements journal, and balancing bank statements.
- Prepares financial reports as needed for the self-help organization and RD.

Qualifications

- High school diploma or equivalent with satisfactory completion of business courses.
- At least one, and preferably two, years of related clerical / bookkeeping experience.
- A minimum typing ability of 50 words per minute.
- Ability to operate various kinds of office equipment

ADDITIONAL INFORMATION FOR JOB DESCRIPTIONS

Executive Director / Program Director

Responsible for administering the entire self-help housing program, including planning, organizing, staffing, and controlling the day-to-day and long-term operations. Other responsibilities include budgeting, program development, public relations, fiscal management, and supervision of staff. Responsible for setting priorities and attaining goal accomplishment as well as review and evaluation.

Group Coordinator /Loan Packager

Responsible for outreach and recruiting low-income families who are interested in the self-help method of constructing each other's homes and assisting them in obtaining housing loans from RD. Process involves advertisement, community meetings, interviewing, verifying debt loads and credit, developing family budgets, determining possible eligibility and assisting families in preparing RD applications. Responsible for conducting meetings of families to explain the program and subjects related to home ownership such as budgets, loan payments, taxes, insurance, maintenance, and upkeep of the property. Assists families in selecting house plans and building lots. Works closely with the group of families during construction to encourage active participation and help in solving related problems.

Construction Supervisor

Responsible for training participating families through demonstration and explanation, in each step through rough and finish carpentry associated with home construction. Assists families in selecting or developing house plans and in the acquisition of suitable building sites. Prepares cost estimates for loan accounts by cost category. Prepares construction specifications, advertises for materials and subcontractors. Prepares contracts for each family. Organizes and supervises on-site construction work of participating families, assigns job tasks, ensures quality of work and timely completion of homes. Schedules delivery of materials, contract work and family labor. Organizes and conducts family group meetings prior to and during construction to provide training to and to outline construction schedules. Assumes complete responsibility for operations at the construction sites. Monitors cost and the time necessary for completion of homes.

Secretary / Bookkeeper

Responsible for maintaining a complete double entry type accounting system. Participates in budgeting, fiscal planning, and cash flow management. Responsible for processing grant and family loan invoices for payment, preparing vouchers and fiscal reports, purchasing equipment and supplies, inventory maintenance, and payroll function. Provides financial supervision to individual families and administers the family construction loan funds during the construction phases. Types letters, memoranda, contracts, forms, minutes, and reports needed for the operation of a self-help program. Performs other miscellaneous duties such as filing and receptionist.

SALARY RANGES AND FRINGE BENEFITS

Salary Survey

Salary surveys can be expensive but are valuable to assure equitable wage levels, to support the budget you are requesting (the largest percentage of the program budget will go toward staff), and to provide reasonable ability for staff recruitment.

To achieve a comparable reading of a salary survey, review the job description, not the individual or the title of a job. The person who is conducting this review should be competent and knowledgeable. In avoiding comparisons of titles, concentrate on duties and responsibilities that a job has. When comparing, recognize the important differences in the positions. For example, a Director who supervises one grant with four employees probably has different skills and areas of expertise than does a Director of an organization that runs several grants and supervises 15 employees. The same could be said for a Bookkeeper of one set of double entry books being compared to a Bookkeeper with several sets of accounting records.

TAB 8 - AUTHORIZED REPRESENTATIVE OF APPLICANT

Give the name, address and official position of your representative(s) authorized to act on behalf of the organization and to work with RD. The representative(s) can be the same representative(s) named in the Resolution. A copy of the resolution authorizing the representative should be included here.

Example:

The following is the authorized representative for Self-Help Housing, Inc. They are authorized to act for us and work with RD.

John Doe, Executive Director
Self-Help Housing, Inc.
123 Main Street
Anytown, Any State 12345
Phone: 123-456-7890

TAB 9 - BUDGET INFORMATION

The following items need to be included for the budget information:

1. Proposed two-year budget breakdown
2. Budget narrative
3. SF424A

In this section you will find a blank and completed Form SF 424-A - Budget Information - Non-Construction Programs followed by the instructions for its completion. Also included is a sample two-year budget, a sample budget narrative, and a Budget worksheet. The Budget Worksheet will assist in developing your two-year budget.

SAMPLE TWO YEAR BUDGET

Projected Two Year Budget

| | <u>12 Months</u> | <u>12 Month</u> | <u>24 Months</u> |
|--|---------------------|---------------------|---------------------|
| <i>Salaries</i> | | | |
| Executive Director | \$29,900.00 | \$31,395.00 | \$61,295.00 |
| Secretary/Bookkeeper | \$22,000.00 | \$23,100.00 | \$45,100.00 |
| Construction Supervisor | \$26,000.00 | \$27,300.00 | \$53,300.00 |
| Group Coordinator | <u>\$20,000.00</u> | <u>\$21,000.00</u> | <u>\$41,000.00</u> |
| <i>Total Salaries</i> | \$97,900.00 | \$102,750.00 | \$200,695.00 |
| <i>Fringes</i> | | | |
| FICA & Medicare | \$7,489.00 | \$7,860.00 | \$15,349.00 |
| Unemployment Comp. | \$1,400.00 | \$1,400.00 | \$2,800.00 |
| Retirement | \$4,000.00 | \$4,000.00 | \$8,000.00 |
| Workers Compensation | \$4,000.00 | \$4,000.00 | \$8,000.00 |
| Health Insurance | <u>\$9,500.00</u> | <u>\$9,500.00</u> | <u>\$19,000.00</u> |
| <i>Total Fringes</i> | \$22,389.00 | \$22,760.00 | \$45,149.00 |
| <i>Non-Personnel</i> | | | |
| Audit | \$3,000.00 | \$3,000.00 | \$6,000.00 |
| Travel | \$4,000.00 | \$4,000.00 | \$10,000.00 |
| Rent | \$4,200.00 | \$4,200.00 | \$8,400.00 |
| Utilities | \$2,500.00 | \$2,500.00 | \$5,000.00 |
| Insurance | \$1,000.00 | \$1,000.00 | \$2,000.00 |
| Office Supplies | \$1,300.00 | \$900.00 | \$2,200.00 |
| Marketing | \$1,000.00 | \$1,000.00 | \$2,000.00 |
| Equipment Purchase | | | |
| Construction | \$1,000.00 | \$500.00 | \$1,500.00 |
| Office | \$1,000.00 | \$756.00 | \$1,755.00 |
| Equipment Lease/Rent | \$2,000.00 | \$2,000.00 | \$4,000.00 |
| Equipment Maintenance | \$1,500.00 | \$1,500.00 | \$3,000.00 |
| Telephone and Postage | <u>\$5,500.00</u> | <u>\$4,800.00</u> | <u>\$10,300.00</u> |
| <i>Total Operations</i> | <u>\$28,000.00</u> | <u>\$26,156.00</u> | <u>\$54,155.00</u> |
| <i>Total Operating Expenses</i> | <u>\$148,289.00</u> | <u>\$151,711.00</u> | <u>\$300,000.00</u> |

SAMPLE BUDGET NARRATIVE

SALARIES:

Salary levels are comparable or less than similar positions in the surrounding service area. Self-Help Housing, Inc. plans to hire staff as outlined in the projected two-year budget. All staff positions will be full-time. The budget included shows funding for an increase of 5% effective the second year of the grant. This may not always be possible.

FRINGES:

FICA is based on a rate of 7.65 %x total salaries
Worker's Comp Insurance is based on 0.25% for clerical employees and at 10.08% for the construction employees.
Unemployment Compensation is based on the present rate of 1.83% for salaries.
Medical/health insurance for the four full time employees is expected to cost a total of \$9,500 per year. We feel the full-time employees should be provided with health care benefits since they have very little long-term job security and no retirement benefits except social security.

TRAVEL:

Our travel mileage reimbursement of .575 per mile for local travel does not exceed the approved government rate. This includes traveling from the agency office to the construction site, to RD, as well as other location as needed. The approximate number of miles used per month is not planned to exceed 500.
The remainder of the line item will provide for our staff to attend some of the regional and area training conferences sponsored by our regional contractor, in addition to other relevant trainings. The amounts included are only estimates as no knowledge is available at this time regarding the number, length, or location of conferences.

RENT:

Rental estimate is based on rates advertised in local newspapers and from discussions with local realtors for the minimum amount of office space needed. A modest office will be sought.

SUPPLIES:

This item will allow for the purchase of miscellaneous office supplies and equipment such as paper, pens, pencils, ledger sheets, staplers, calculators and used desks, chairs, filing cabinets, etc.

EQUIPMENT:

Equipment and tools - Will allow for the purchase of power saws, electric drills, saws, step ladders, wheelbarrows, staple guns, tape measures, etc. to be used by the participating families.
Non-expendable equipment and tools - we have established a cost per item of \$100 or more for non-expendable personal property. This item will allow for the purchase of two typewriters, one table saw, two extension ladders, scaffolding, one miter box saw and other items that may be needed.

SAMPLE BUDGET NARRATIVE

SALARIES:

Salary levels are comparable or less than similar positions in the surrounding service area. Self-Help Housing, Inc. plans to hire staff as outlined in the projected two-year budget. All staff positions will be full-time. The budget included shows funding for an increase of 5% effective the second year of the grant. This may not always be possible.

FRINGES:

FICA is based on a rate of 7.65 %x total salaries

Worker's Comp Insurance is based on 0.25% for clerical employees and at 10.08% for the construction employees.

Unemployment Compensation is based on the present rate of 1.83% for salaries.

Medical/health insurance for the four full time employees is expected to cost a total of \$9,500 per year. We feel the full-time employees should be provided with health care benefits since they have very little long-term job security and no retirement benefits except social security.

TRAVEL:

Our travel mileage reimbursement of .575 per mile for local travel does not exceed the approved government rate. This includes traveling from the agency office to the construction site, to RD, as well as other location as needed. The approximate number of miles used per month is not planned to exceed 500.

The remainder of the line item will provide for our staff to attend some of the regional and area training conferences sponsored by our regional contractor, in addition to other relevant trainings. The amounts included are only estimates as no knowledge is available at this time regarding the number, length, or location of conferences.

RENT:

Rental estimate is based on rates advertised in local newspapers and from discussions with local realtors for the minimum amount of office space needed. A modest office will be sought.

SUPPLIES:

This item will allow for the purchase of miscellaneous office supplies and equipment such as paper, pens, pencils, ledger sheets, staplers, calculators and used desks, chairs, filing cabinets, etc.

EQUIPMENT:

Equipment and tools - Will allow for the purchase of power saws, electric drills, saws, step ladders, wheelbarrows, staple guns, tape measures, etc. to be used by the participating families.

Non-expendable equipment and tools - we have established a cost per item of \$100 or more for non-expendable personal property. This item will allow for the purchase

of two typewriters, one table saw, two extension ladders, scaffolding, one miter box saw and other items that may be needed.

EQUIPMENT MAINTENANCE:

This item will allow for repair of equipment, furniture, and tools.

EQUIPMENT LEASE/RENT:

This item will allow for the lease of a copier for use in the office, as well as periodic rental of construction equipment, i.e., a generator, a heater.

TELEPHONE/POSTAGE:

This will allow for the installation of 4 telephone instruments on two lines and for necessary monthly and toll charges. Calls to many suppliers in this area, RD and the regional contractor are toll calls. This will also include the cost for internet access. The postage will be used for mailing agency and family's checks, reports etc.

INSURANCE:

This will allow for limited general liability insurance, which will include board liability and for coverage on construction and office equipment. Costs are based on discussions with local agents. A Surety bond is also included in this item.

MARKETING:

This line item allows for design, printing, and distribution of marketing materials for recruiting families for the self-help program.

AUDIT: As required, this will allow for a CPA's annual detailed audit of grant accounting records and family loan records. This cost is based on discussions with two local accountants and other grantees in the state.

Budget Worksheet

| | 1st Year | 2nd Year |
|------------------------------|----------|----------|
| A. Personnel Salaries | | |
| Executive / Project Director | _____ | _____ |
| Group Worker / Loan Packager | _____ | _____ |
| Secretary / Bookkeeper | _____ | _____ |
| Construction Supervisor | _____ | _____ |
| Other: _____ | _____ | _____ |
| Other: _____ | _____ | _____ |

Note: Consider a cost of living and / or merit increase for your employees.

| | | |
|---------------------------------|----------|----------|
| TOTAL Personnel per year | \$ _____ | \$ _____ |
|---------------------------------|----------|----------|

TOTAL Personnel _____

| | | |
|---------------------------|-------|-------|
| B. Fringe Benefits | | |
| Worker's Compensation | _____ | _____ |
| FICA / Social Security | _____ | _____ |
| Health Insurance | _____ | _____ |
| Unemployment Insurance | _____ | _____ |
| Other: _____ | _____ | _____ |

| | | |
|---------------------------------------|----------|----------|
| TOTAL Fringe Benefits per year | \$ _____ | \$ _____ |
|---------------------------------------|----------|----------|

TOTAL Fringe Benefits _____

| | | |
|---|-------|-------|
| C. Travel | | |
| Local Travel Reimbursement | _____ | _____ |
| Out of Town Travel | _____ | _____ |
| Costs to attend Annual Self-Help Conference | _____ | _____ |
| Other | _____ | _____ |

Note: Current government mileage rate is \$.575 per mile. (As of 3/21)

| | | |
|------------------------------|----------|----------|
| TOTAL Travel per year | \$ _____ | \$ _____ |
|------------------------------|----------|----------|

TOTAL Travel _____

| | | |
|-------------------------|-------|-------|
| D. Equipment | | |
| Office Equipment | | |
| Desks | _____ | _____ |
| Chairs | _____ | _____ |
| File Cabinets (locking) | _____ | _____ |

| | | |
|-----------------------|-------|-------|
| Bookcases | _____ | _____ |
| Computer / Printer | _____ | _____ |
| Facsimile Machine | _____ | _____ |
| Copy Machine | _____ | _____ |
| Other Office Machines | _____ | _____ |

Note: Purchase of office equipment is permissible when the grantee determines it to be more economical than renting.

Subtotal Office Equipment per year \$_____ \$_____

SUBTOTAL Office Equipment _____

| | | |
|--------------------------|-------|-------|
| Power or Specialty Tools | | |
| Power Saws | _____ | _____ |
| Electric Drills | _____ | _____ |
| Saber Saws | _____ | _____ |
| Ladders | _____ | _____ |
| Scaffolds | _____ | _____ |
| Others | _____ | _____ |

Note: The participating families are expected to provide their own hand tools, such as hammers and hand saws.

Subtotal Tools per year \$_____ \$_____

SUBTOTAL Tools _____

TOTAL Equipment per year \$_____ \$_____

TOTAL Equipment _____

E. Supplies

| | | |
|--------------------------|-------|-------|
| Letterhead and Envelopes | _____ | _____ |
| Pens and Pencils | _____ | _____ |
| Other Office Supplies | _____ | _____ |

TOTAL Supplies per year \$_____ \$_____

TOTAL Supplies _____

F. Contractual

| | 1st Year | 2nd Year |
|------------------------------|----------|----------|
| Auditing and / or Accounting | _____ | _____ |
| Legal Services | _____ | _____ |
| Sponsor Services | _____ | _____ |
| Architectural / Engineering | _____ | _____ |

TOTAL Indirect Costs _____

TOTALS (Per Year) \$ _____ \$ _____

TOTAL (Both Years) \$ _____

The National Rural Self-Help Housing Association is an organization made up of self-help housing grantees across the nation that come together to unify their voice and their cause. There is an annual dues requirement to join the association. This cost is an allowable expense under the Section 523 Self-Help Housing Grant. These fees help to educate Congress for increased funding and improve laws to assist the cause of rural housing. Don't forget to add this expense into your budget.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

| | Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|----|--|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
| | | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. | | | \$ | \$ | \$ | \$ | \$ |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | Totals | | \$ | \$ | \$ | \$ | \$ |

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SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | (1) | (2) | (3) | (4) | |
| a. Personnel | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| b. Fringe Benefits | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Travel | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Equipment | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Supplies | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Contractual | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Construction | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i. Total Direct Charges (sum of 6a-6h) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| j. Indirect Charges | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| k. TOTALS (sum of 6i and 6j) | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 7. Program Income | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |

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| SECTION C - NON-FEDERAL RESOURCES | | | | | |
|---|--------------------------------|-----------------------|-------------------|-------------|-------------|
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e)TOTALS | |
| 8. | | \$ | \$ | \$ | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. TOTAL (sum of lines 8-11) | | \$ | \$ | \$ | |
| SECTION D - FORECASTED CASH NEEDS | | | | | |
| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | \$ | \$ | \$ | \$ | \$ |
| 14. Non-Federal | \$ | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ | \$ | \$ | \$ | \$ |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | |
| (a) Grant Program | FUTURE FUNDING PERIODS (YEARS) | | | | |
| | (b)First | (c) Second | (d) Third | (e) Fourth | |
| 16. | \$ | \$ | \$ | \$ | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. TOTAL (sum of lines 16 - 19) | \$ | \$ | \$ | \$ | |
| SECTION F - OTHER BUDGET INFORMATION | | | | | |
| 21. Direct Charges: | | 22. Indirect Charges: | | | |
| 23. Remarks: | | | | | |

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Instructions for the SF-424A

Public Reporting Burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the later case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a **single** Federal grant program (Federal Domestic Assistance Catalog number) and **not requiring** a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a **single** program **requiring** budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in **Column (a)** and the respective catalog number on each line in Column (b).

For applications pertaining to **multiple** programs where one or more programs **require** a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Budget Categories

In the column headings (a) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f) Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column

(a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

| | Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|----|--|--|-----------------------------|--------------------|-----------------------|--------------------|--------------|
| | | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. | Rural Self-Help Housing Technical Assistance | 10-420 | \$ | \$ | \$300,000 | \$ | \$ 300,000 |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | Totals | | \$ | \$ | \$ | \$ | \$ 300,000 |

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SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|-----|-----|-----|--------------|
| | (1) | (2) | (3) | (4) | |
| a. Personnel | \$ 200,695 | \$ | \$ | \$ | \$200,695 |
| b. Fringe Benefits | 45,149 | | | | 45,149 |
| c. Travel | 10,000 | | | | 10,000 |
| d. Equipment | 10,256 | | | | 10,256 |
| e. Supplies | 2,200 | | | | 2,200 |
| f. Contractual | 6,000 | | | | 6,000 |
| g. Construction | 0 | | | | 0 |
| h. Other | 25,700 | | | | 25,700 |
| i. Total Direct Charges (sum of 6a-6h) | 300,000 | | | | \$300,000 |
| j. Indirect Charges | 0 | | | | \$ |
| k. TOTALS (sum of 6i and 6j) | \$ 300,000 | \$ | \$ | \$ | \$300,000 |
| 7. Program Income | \$ | \$ | \$ | \$ | \$ |

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| SECTION C - NON-FEDERAL RESOURCES | | | | | |
|---|--------------------------------|--------------|-------------------|--------------|--------------|
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e)TOTALS | |
| 8. | | \$ | \$ | \$ | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. TOTAL (sum of lines 8-11) | | \$ | \$ | \$ | |
| SECTION D - FORECASTED CASH NEEDS | | | | | |
| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | \$ | \$ 37,072.25 | \$ 37,072.25 | \$ 37,072.25 | \$ 37,072.25 |
| 14. Non-Federal | \$ | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ | \$ 37,072.25 | \$ 37,072.25 | \$ 37,072.25 | \$ 37,072.25 |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | |
| (a) Grant Program | FUTURE FUNDING PERIODS (YEARS) | | | | |
| | (b)First | (c) Second | (d) Third | (e) Fourth | |
| 16. Rural Self-Help Housing Technical Assistance | \$ 151,711 | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. TOTAL (sum of lines 16 - 19) | \$ 151,711 | | | | |
| SECTION F - OTHER BUDGET INFORMATION | | | | | |
| 21. Direct Charges: \$300,000 | 22. Indirect Charges: | | | | |
| 23. Remarks: | | | | | |

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TAB 10 - DIRECT OR INDIRECT COST POLICY

For a 523 grant, you must submit a direct or indirect cost policy. In addition, you must document your indirect cost rate or the lack thereof. (An indirect cost rate is a mechanism used by the federal government to reimburse indirect costs to organizations receiving federal funding.)

If your agency is a single purpose agency and the only source of funding is 523 grants, an indirect cost policy is not required because all charges will be made directly to the grant. If this is the case, the budget narrative, approved by the board will be the direct cost policy.

In the event your organization is multi-funded and has already negotiated an indirect cost rate, you must submit this documentation with the 523 application. A rate must be negotiated annually with the organizations cognizant agency. The approval letter is all the documentation that is required.

If your organization has never obtained an indirect cost rate and you need one, you may elect to use the 10% de minimus rate; or you will need to contact your cognizant agency. The Department of the Interior works under contract with USDA as their cognizant agency.

Your Regional T & MA Contractor can provide guidance.

TAB 11 - MONTHLY ACTIVITIES SCHEDULE

MONTHLY ACTIVITY SCHEDULE

You need to develop a monthly activity schedule to be included in the application. The schedule should include proposed dates for starting and completion of recruitment, loan processing and construction for each group of families. The activity schedule should cover the full grant period, from the date the self-help agreement will be signed until the end of the grant. There are two management tools you can consider using to help you schedule activities and evaluate your program: The Critical Path Method and the Implementation Schedule. These are recommended tools and not required by RD. You can use different software programs to create these tools, Microsoft Excel, Word, Project, etc. There are also project management software's used to design these documents. Your T & MA Contractor can assist with determining what will work best for your agency.

The Critical Path Method (CPM) is a useful management tool that can aid in scheduling activities and evaluating the self-help program. The CPM provides you with precise planning and scheduling by graphically showing each activity and its relationship to other activities. CPMs render an accurate picture of where the project stands, what remains to be done, and which jobs are critical to finishing on time.

The Implementation Schedule is a chart that breaks down the self-help process into specific steps and schedules these steps. It is both a predictor of progress and a tool to track progression. The schedule is usually a matrix that includes the major self-help steps: recruitment, loan packaging, and construction. It provides dates for completion of each step. Actual progress is then charted against the schedule by filling in the date each step is achieved.

When should the monthly activity schedule be prepared?

A tentative monthly activity schedule is necessary during the time of preparation of the application. It should then be finalized close to time of application submittal and reviewed regularly throughout the grant cycle. While the Monthly Activity Schedule is the only form required for submission of the application, it is recommended to complete a Critical Path prior to grant closing. This will assist in gauging progress and keeping construction on schedule.

What is the purpose of a schedule?

A plan that is not in writing does not really exist; everyone will have their own ideas of what is possible. By setting specific goals, identifying time targets and the person responsible, everyone will know what their responsibilities and how their performance will be measured. A schedule's purpose is to aid in identifying potential problems and opportunities, improve decision-making process, and focus grant activities to results. This is especially important in the self-help program because it has many interdependent actions.

What should be included in the plan?

Schedule development of the self-help project, including long, intermediate, and short-term goals. Long term goals are the goals of the grant - the number of homes, time frame and money. Intermediate goals are for each group of families-recruitment, lot options, preparation of

construction/ loan dockets, preconstruction meetings and finally actual construction. Short-term goals are a matter of defining the action plan for each group of families. It should be specific, identify times, targets, and person(s) responsible as well as identify which staff person is responsible for recruitment of families, site acquisition, construction documents and loan packaging?

In planning the time dimension, it is more realistic to estimate time intervals as a range rather than a precise amount. The objective is to determine the shortest amount of time necessary to complete the project realistically. Fast responses require parallel action. Start with the work breakdown structures and determine what is required to complete each subunit. Next determine what sequence the subunits may be completed, and which ones can be underway at the same time. From this analysis, the four most significant time elements can be determined.

Duration of each step

Earliest time each step may be started

Latest time each step may be started

Latest time each step may be completed

Implementation Stage

To implement the plan, everybody must have a strong commitment to the self-help project. The activity schedule should be monitored often through regularly scheduled staff planning meetings. These meetings will provide feedback, schedule comparison and chance to adjust.

Several samples are included here but other may be available from your T&MA Contractor.

Sample # 1

Monthly Activity Schedule

| Site Name | No. of Families | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---------------------|-----------------|---|---|---|---|---|---|---|---|--------|----|----|----|----|----|----|----|--------|----|----|----|----|----|----|----|
| Group #1 Dover | 7 | ^ | + | + | + | + | + | + | + | + | | | | | | | | | | | | | | | |
| Group #2 Camden | 7 | * | * | * | * | - | - | - | - | ^ + | + | + | + | + | + | + | | | | | | | | | |
| Group #3 Dover 2 | 7 | | | | | | | | * | * | * | * | * | - | - | - | - | ^ + | + | + | + | + | + | + | + |

- Key: ^ = Loan Closing
 + = Construction
 * = Recruitment
 - = Loan Processing

Total number of units planned 21. The grant is scheduled to begin in March of 2021, and last for 24 months.

Sample # 2

Construction Task List

| Task # | Task Title | Who | Description of Activity | Time Frame (days) | |
|--------|--|------------|--|-------------------|---|
| | | | | 1 | 2 |
| 1 | Select paint, roof, shutters, and plumbing colors | FA, CS, GC | Prior to or as soon as loans close, families should select and coordinate all colors for building houses. The CS and GC will have each family sign their selection sheets. | 1 | 2 |
| 2 | Obtain permits, order framing materials and trusses | CS, FA, SC | Obtain building permits for families and order all materials needed for framing and trusses. | | |
| 3 | Clear, fill & grade | CS, SC | CS will schedule excavating. SC to use heavy equipment. | | |
| 4 | Lot Stakeout | CS, FA | CS will assist FA with stakeout of lots to clearly define areas. | | |
| 5 | Prepare asphalt driveway | CS, SC | CS will make arrangements to have the asphalt driveway prepped and completed. | | |
| 6 | Order Outside Toilet, Temporary Electric & Dumpster | CS, SC | CS will make arrangements for port-a-johns, temporary electric and dumpsters | | |
| 7 | Water/Sewer/Gas Tap-in | CS, SC | CS will make arrangements for water/sewer/gas to be dug or tapped-in | | |
| 8 | Order Rental Equipment | CS | CS will order rental equipment for the jobsite | | |
| 9 | Dig footings & tie steel | CS, FA, SC | CS, FA, SC will dig footings & tie steel | | |
| 10 | Pour footings | CS, FA, SC | CS will schedule SC to pour footings | | |
| 11 | Termite Treatment | CS, SC | CS will schedule SC for termite treatment | | |
| 12 | Footing inspection | CS, RD | CS will schedule RD inspection | | |
| 13 | Foundation | CS, SC | CS will schedule SC to complete the foundation walls | | |
| 14 | Order plumbing fixture, roofing, siding, windows & doors | CS | CS will order plumbing fixture, roofing, siding, windows & doors | | |
| 15 | Subflooring | CS, FA, SC | CS will schedule SC to install subflooring | | |
| 16 | Framing exterior and interior walls, place trusses | CS, FA, SC | CS will schedule SC for framing exterior & interior walls, set the trusses | | |

| | | | | | |
|----|---|------------|---|--|--|
| 17 | Roof sheathing and shingles | CS, SC | CS will schedule SC for sheathing and shingling the roofs | | |
| 18 | Order insulation, drywall, interior trim, paint, cabinets, counter tops, fixture & hardware | CS | CS will order insulation, drywall, interior trim, paint, cabinets, counter tops, fixture & hardware | | |
| 19 | HVAC prep & rough-in | CS, SC | CS will schedule SC for HVAC rough-in | | |
| 20 | Plumbing rough-in | CS, SC | CS will schedule SC for plumbing rough-in | | |
| 21 | Electric rough-in | CS, SC | CS will schedule SC for electric rough-in | | |
| 22 | Rough-In inspection | CS, RD | CS will schedule RD for rough-in inspection | | |
| 23 | Order windows & exterior doors | CS | CS will order windows and exterior doors | | |
| 24 | Garage floor slab | CS, SC | CS will schedule SC to complete the garage foundation | | |
| 25 | Wall insulation | CS, SC | CS will supervise the SC in the installation of wall insulation | | |
| 26 | Drywall & Finish | CS, SC | CS will supervise the SC in the hanging & finishing of drywall | | |
| 27 | Install windows & exterior doors | CS, FA | CS will supervise FA installing windows & doors | | |
| 28 | Exterior siding | CS, FA | CS will supervise FA in siding exterior of homes | | |
| 29 | Exterior masonry | CS, SC | CS will schedule SC to complete the brickwork | | |
| 30 | Ceiling insulation | CS, SC | CS will schedule SC for ceiling insulation | | |
| 31 | Install tubs & enclosures | CS, SC | CS will schedule SC for installation of tubs & enclosures | | |
| 33 | Interior trim & doors | CS, FA | CS will supervise FA in the installation of interior trim & doors | | |
| 34 | Interior Prime & Paint | CS, FA | CS will supervise FA in the priming and painting of the interiors | | |
| 35 | Install cabinets & counters | CS, SC | CS will schedule SC for installation of cabinets & counter tops | | |
| 36 | Finish HVAC | CS, FA, SC | CS will schedule SC to complete HVAC. | | |
| 37 | Finish electric | CS, FA, SC | CS will schedule SC to complete electric. | | |

| | | | | | |
|----|---------------------------------|------------|---|--|--|
| 38 | Finish plumbing | CS, FA, SC | CS will schedule SC to complete plumbing. | | |
| 39 | Finish hardware | CS, FA, SC | CS will supervise FA with installation of finish hardware, closet shelves, etc. | | |
| 40 | Rough clean | CS, FA | CS will supervise FA with the rough clean of each house. | | |
| 41 | Floor coverings | CS, FA, SC | CS will schedule SC for installation of floor coverings. FA will assist with labor. | | |
| 42 | Install shutters & garage doors | CS, FA, SC | CS will supervise FA and SC installing shutters and garage door | | |
| 43 | Install appliances | CS, FA | CS will supervise FA with the installation of appliances | | |
| 44 | Finish front & rear porches | CS, FA | CS will supervise FA in building the front and rear porches | | |
| 45 | Finish clean & touch-up | CS, FA | CS will supervise the FA with final cleaning and house touch-ups. | | |
| 46 | Grading, paving, landscaping | CS, FA, SC | CS will supervise FA to complete grading, paving driveways and sidewalks and landscaping. | | |
| 47 | Final Inspection | CS, RD | CS will schedule RD to complete final inspection with FA present. | | |

CS = Construction Supervisor

FA = Families

SC - Sub-contractor

| Construction Task Schedule | | | | | | |
|----------------------------|---|------------|---------------------|-------------------|-------------------|-----------------|
| Task # | Task Title | Time Frame | Proposed Start Date | Actual Start Date | Proposed End Date | Actual End Date |
| 1 | Select paint, roof, shutters and plumbing colors | 1-2 days | 1/7/13 | | 1/8/13 | |
| 2 | Obtain permits, order framing materials and trusses | 1-2 days | 1/7/13 | | 1/8/13 | |
| 3 | Clear, fill & grade | 2-4 days | 1/7/13 | | 1/11/13 | |
| 4 | Lot Stakeout | 2-4 days | 1/7/13 | | 1/11/13 | |
| 5 | Order Outside Toilet & Temporary Electric | 2-4 days | 1/7/13 | | 1/11/13 | |
| 6 | Well dug or Tap-in completed | 5-7 days | 1/7/13 | | 1/14/13 | |
| 7 | Dig footings & tie steel | 7-14 days | 1/14/13 | | 1/28/13 | |
| 8 | Pour footings | 7-14 days | 1/16/13 | | 1/30/13 | |
| 9 | Termite Treatment & Rough Plumbing | 5-10 days | 1/20/13 | | 1/30/13 | |
| 10 | Footing inspection | 2-4 days | 2/1/13 | | 2/5/13 | |
| 11 | Order plumbing fixture, roofing, siding, windows & doors | 2-4 days | 2/5/13 | | 2/9/13 | |
| 12 | Subflooring | 5-10 days | 2/8/13 | | 2/18/13 | |
| 13 | Framing exterior and interior walls, place trusses & roofing | 30-45 days | 2/19/13 | | 4/5/13 | |
| 14 | HVAC prep & rough-in | 7-10 days | 3/1/13 | | 3/11/13 | |
| 15 | Plumbing rough-in | 7-10 days | 3/1/13 | | 3/11/13 | |
| 16 | Electric rough-in | 7-10 days | 3/1/13 | | 3/11/13 | |
| 17 | Rough-In inspection | 1-2 days | 3/12/13 | | 3/13/13 | |
| 18 | Order insulation, drywall, interior trim, paint, cabinets, counter tops, fixture & hardware | 1-2 days | 3/12/13 | | 3/13/13 | |
| 19 | Wall insulation | 5-10 days | 3/14/13 | | 3/24/13 | |
| 20 | Drywall & Finish | 15-30 days | 3/24/13 | | 4/24/13 | |
| 21 | Install windows & exterior doors | 7-10 days | 4/24/13 | | 5/4/13 | |
| 22 | Ceiling insulation | 10-15 days | 5/1/13 | | 5/16/13 | |
| 23 | Install tubs & enclosures | 3-7 days | 5/1/13 | | 5/8/13 | |
| 24 | Exterior siding | 20-40 days | 5/9/13 | | 6/18/13 | |
| 25 | Interior trim & doors | 10-15 days | 6/1/13 | | 6/16/13 | |
| 26 | Interior Prime & Paint | 7-14 days | 6/16/13 | | 6/30/13 | |
| 27 | Install cabinets & counters | 5-7 days | 6/25/13 | | 7/2/13 | |
| 28 | Finish plumbing | 5-7 days | 7/2/13 | | 7/9/13 | |
| 29 | Finish electric | 5-7 days | 7/2/13 | | 7/9/13 | |
| 30 | Finish HVAC | 5-7 days | 7/2/13 | | 7/9/13 | |
| 31 | Finish hardware | 5-7 days | 7/2/13 | | 7/9/13 | |
| 32 | Rough clean | 1-2 days | 7/10/13 | | 7/12/13 | |
| 33 | Floor coverings | 5-10 days | 7/12/13 | | 7/22/13 | |
| 34 | Install appliances | 1-2 days | 7/20/13 | | 7/22/13 | |
| 35 | Finish clean & touch-up | 2-4 days | 7/21/13 | | 7/25/13 | |
| 36 | Grading, paving, landscaping | 5-8 days | 7/25/13 | | 8/2/13 | |
| 37 | Final Inspection | 2-4 days | 8/3/13 | | 8/7/13 | |

Family Task - Sub-contractor - Rural Development -

TAB 12 - PERSONNEL POLICIES AND PROCEDURES

A copy of your current personnel policy (or new policy if you are a new organization) is required to be included with your application. These procedures must be in compliance with federal, state, and local laws that affect the workplace.

Personnel forms also need to be included in your application. This would include such items as time sheets, travel advance requests, mileage forms, and leave requests, among others. Sample forms can be found in the Project Director and Financial Management Guides if needed.

Examples of items to address include but may not be limited to:

- Exempt and Non-Exempt Staff
- HATCH Act
- Drug Free Workplace
- Davis/Bacon if appropriate
- Definitions and understanding of policies
- DOL wage and hourly policies

TAB 13 - AUTHORIZING RESOLUTION

Provide a copy of the resolution adopted by the Board of Directors or other Governing Body, if a public body, and authorizing the appropriate official(s) to execute Exhibit A, the “Self-Help Technical Assistance Grant Agreement” and Form RD 400-4, “Assurance Agreement”, as well as other documents related to the operation of the grant.

Sample Resolution

Self-Help Housing, Inc.

BOARD OF DIRECTOR'S RESOLUTION

BE IT RESOLVED on this Day of _____ 20__ the Board of Directors of _____ (Agency's Name) _____ hereby authorized the submission of a Self-Help Technical Assistance Grant application for (Amount) to USDA/Rural Development. The Board further authorizes the submission of a Mutual Self-Help application to build houses over a two-year period.

The Board further authorizes that ___(Name & Title) and ___(Name & Title) be the designated signatories for the execution of Exhibit A (Grant Agreement) of this subpart (1944-I §1944.411) and Form RD 400-4 "Assurance Agreement" and all related transactions and documents.

The Board further recognizes the ___(Name & Title)_____ to be the official contact person for the Mutual Self-Help Program. The above resolution was passed by a majority of those present and voting in accordance with the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of the meeting of the Board of Directors held on the _____ Day of _____ 20__.

In WITNESS WHEREOF, I have subscribed my name this _____ Day of _____, 20__.

Name & Title

Date

Board Secretary

Date

TAB 14 - ASSURANCE AGREEMENT

Complete the Form 400-4 Assurance Agreement, [RD0400-0004_970300V01.pdf \(usda.gov\)](https://www.usda.gov/programs/rd0400-0004_970300V01.pdf). By completing this form, your organization is committing itself to carry out the provisions of Title VI of the Civil Rights Act of 1964. The Act stipulates that in the operation of your program, you may not discriminate based on race, color, or national origin. It also provides that if the Government needs to, it may have access to all your records and accounts.

A blank form is included. Insert the name of recipient in both designated locations and the complete address of the agency. Have the authorized signatory sign and date and include their title. This form must be attested. This is typically done by the Board Secretary.

TAB 15 - FIDELITY BOND

Provide evidence of adequate fidelity bond coverage. RD considers adequate coverage enough to protect the maximum amount of money a grantee will have on hand at any one time.

The policy should cover all employees that have access to funds. All staff or directors who have the authority to make purchases, execute contractor or sign checks for the organization should be covered by this insurance. Coverage may be provided either for all individual positions or persons, or through blanket coverage providing protection for all appropriate employees.

Additionally, you may want to review 2CFR Part 200 which deals with “Bonding and Insurance.” to see how it applies to you. You may then want to review it with a lawyer and accountant. Complete form RD 440-24 “Position Fidelity Schedule Bond Declarations” to demonstrate compliance with 2 CFR Part 200 in this regard.

TAB 16 - EVIDENCE OF INTEREST-BEARING CHECKING ACCOUNT AND A STATEMENT OF INTEREST PAYMENT

As part of this application, you must establish an interest-bearing check account on which two or more bonded employees will sign checks. Include a signed statement that any interest earned in excess of \$500 annually will be submitted to RD quarterly. Reference RD Instruction 1944-I §1944.411(g) for a waiver to this item.

TAB 17 – GROUP/PARTICIPATION AGREEMENT, INCLUDING EXHIBIT B-2 OF 1944-I

As part of this application for the first group, a copy of your agency's Group Agreement is required. This agreement needs to include, Exhibit B-2 of 1944-I. This document will also be required for all subsequent groups. Group Agreements are documents signed by each self-help participant agreeing to participate fully in the program and follow all the policies and guidelines set out by your organization and RD. You must develop a membership agreement for your own organization. Keep in mind that it may differ from group to group to reflect different circumstances.

For the Rehab Application, you are required to include how hours will be tracked and how the cost savings to the family will be calculated. In this instance, the 1944-I, Exhibit B-2 is not applicable.

Each member of the group must read the document, have any questions answered and sign it. There is typically one agreement for each group. All members of the group will sign the agreement. This agreement must be included in each loan docket. The group members must see the membership agreement as binding; that is, the rules and policies set forth will be enforced.

The membership agreement might cover such items as who qualifies as a member in the group, group officers and committees, voting rights, policies of the self-help organization, tasks the families are expected to perform, grievance policies, and time commitment (i.e., How many hours are required each week? Do the hours stay the same for the entire project? Does this include only construction? Does this include only meetings?).

The enforcement of the family agreement is key to the success of each group. For this reason, the self-help staff must make sure that small problems do not lead to large ones.

A sample agreement for new construction and rehab are included. Electronic versions can be obtained from your T & MA Contractor. There is also a sample agreement included in the Group Coordinator Handbook.

BUILDING GROUP MEMBERSHIP AND LABOR AGREEMENT – NEW CONSTRUCTION BUILDING GROUP

This agreement is entered into on the _____ day of _____, 20____, between the members of building group _____, commonly known as _____
(group #) (Name of Building Group)

and hereinafter referred to as the “BUILDING GROUP MEMBERS” and

(Name of Self-Help Grant Recipient)

hereinafter referred to as “SELF-HELP GRANT RECIPIENT.” The principal location of building group _____ is _____
(group #) (Address, City/Town/County, State)

The SELF-HELP GRANT RECIPIENT is an eligible entity, which provides technical assistance and management services for building group members under the mutual Self-Help Housing Program.

The SELF-HELP GRANT RECIPIENT is not acting as a "contractor" on behalf of BUILDING GROUP MEMBERS, but as a RD grant manager and technical advisor. BUILDING GROUP MEMBERS, as homeowners and builders, are acting as their own general contractor. The BUILDING GROUP MEMBERS agree to hold the SELF-HELP GRANT RECIPIENT harmless for any purchases, even though such purchases may have been made by the SELF-HELP GRANT RECIPIENT on behalf of the BUILDING GROUP MEMBERS.

The purpose of the Agreement is to foster the smooth accomplishment of the BUILDING GROUP MEMBERS’ goal of construction of houses. The BUILDING GROUP MEMBERS understand and agree with each other and with the SELF-HELP GRANT RECIPIENT that this Agreement will control the progress of the project. Violation of any portion of this Agreement may result in implementation of Section VII of this Agreement. **RD is not a party to this agreement.**

I. COMMITMENT

The SELF-HELP GRANT RECIPIENT agrees to provide technical assistance to the undersigned BUILDING GROUP MEMBERS as follows:

A. Pre-Construction Services

1. Locate and obtain control of suitable RD building sites.
2. Recruit and determine preliminary eligibility of potential group members.
3. Prepare all loan application documents for submission to RD and work with RD on behalf of the applicants.
4. Assist the officers of the group in the fulfillment of their functions.
5. Arrange and present a series of informational meetings covering homeownership and related subjects. This series is normally referred to as the "Pre-Construction" meetings.

B. Construction Services

1. Provide house plans, which have been developed or acquired by SELF-HELP GRANT RECIPIENT and approved by RD.
2. Direct, control, and implement construction on all the members' houses.
3. Teach tasks to the members as necessary to build the houses according to the plans and specifications, within the allowed budgets.
4. To initiate contracts in the name of the members for materials and services to be purchased in accordance with the plans and specifications.
5. Provide bookkeeping services to maintain individual group member accounts, and to pay bills on behalf of group members from these accounts.
6. Lease power tools and special equipment as required on the job. (See Section VIII).
7. Present to the building group for approval, bids from outside contractors and suppliers to provide the materials and contracted work necessary to build the homes according to plans and specifications. The selection of a supplier or contractor should be made only based on quality, experience, completeness of bid, price, and past performance. (See Section VIII).

II. GROUP MEMBER COMMITMENT

The undersigned BUILDING GROUP MEMBERS agree to the following:

- A. To build their own homes in the SELF-HELP GRANT RECIPIENT'S construction program, using RD and/or alternative financing.
- B. To use their labor to the extent required and to pay for all materials and contracted labor and services used in the construction of their home, according to the directions of the SELF-HELP GRANT RECIPIENT, including costs associated with lot development and costs shared with other participants.
- C. To purchase materials and contracted labor on a group basis whereby the building group utilized the same suppliers and contractors.
- D. To use their best efforts to meet construction goals and objectives established by the group and the SELF-HELP GRANT RECIPIENT in performance of this agreement.
- E. To work always in a safe manner, and to follow the Construction Supervisor's instructions in this regard.
- F. To work on any house in their group and at any job as required by the Construction Supervisor.
- G. To cooperate with other group members and the SELF-HELP GRANT RECIPIENT in the performance of the requirements as set forth in this agreement, and to conduct themselves at all times in a manner that will not disrupt or interrupt other group members in their performance of assigned tasks. It is agreed the Construction Supervisor has the authority to require removal from the job site of any individual whom the supervisor deems to be a disruptive influence to work requirements.
- H. To follow the plans, budgets, blueprints, specifications and instructions of the SELF-HELP GRANT RECIPIENT and RD in construction of their houses. (Change orders will only be allowed in accordance with Section XI following.)
- I. To allow the SELF-HELP GRANT RECIPIENT to solicit bids and not to negotiate with or direct the work, or otherwise interfere with subcontractors and suppliers, unless authorized to do so by the Construction Supervisor.

- J. To provide the SELF-HELP GRANT RECIPIENT written schedules of the hours they are available to work and to work the hours as assigned by the Construction Supervisor.
- K. To review requests for payment as submitted by the SELF-HELP GRANT RECIPIENT and to sign checks for payment, acknowledging that if legitimate bills are not paid, property is subject to liens in accordance with state law. (See Section III, A.10. following.)
- L. Not to move into the house that will become theirs or move personal property into that house until all the homes in the group are finalized by RD and/or other appropriate officials.
- M. To purchase (Builder's Risk) Homeowners Insurance as required by RD, to be in force beginning with the date of loan closing. (See Section XIII following)
- N. To attend all scheduled meetings as directed by the SELF-HELP GRANT RECIPIENT. (See Section V.D.4. following.)
- O. To work as directed by the Construction Supervisor.
- P. To attend all pre-construction training meetings offered by the SELF-HELP GRANT RECIPIENT.
- Q. To close their loan account within (30) days of final inspection by RD, unless otherwise extended by RD.
- R. To meet all other requirements as set forth in this agreement.

III. CONSTRUCTION RESPONSIBILITIES

A. Labor Exchange Commitment

The building group members agree to exchange work labor in a cooperative manner, and to work jointly on all members' houses.

1. Each household will be required to put in a minimum of _____ productive hours per week, or as many as necessary, as directed by the Construction Supervisor, to

complete construction of the homes on schedule. Equal time will be allowed for labor performed by members regardless of the approved type of work involved. It is further agreed that only the work hours of person's _____ years and older may count towards the _____ hours. We require that any delinquent hours be made up the week following their accrual unless prior arrangements have been made with the Construction Supervisor.

Accumulation of hours – Families who accumulate more than the _____ hours required per week, may accumulate limited hours in a "family reserve." The accumulated hours may not exceed _____ hours per week above and beyond the _____ required hours. Families are only allowed to draw hours from the "family reserve" if they first clear it with the Construction Supervisor. The decision will be made based on the nature of the request and the progress of the project. Additionally, families may donate any excess hours to other participating families with the approval of the construction supervisor.

2. Labor hours that count towards the minimum _____ hours per week requirement per household is labor that contributes to the construction of houses in the group. Labor hours do not include lunch breaks, coffee breaks, travel time, childcare for your own family, time away from the job site not on construction business, or time spent involved in non-productive conversation with others. One hour of credit per household will be allowed for each of the following: selection of finish flooring and counter tops, lighting fixtures, and landscaping. Work from non-group members must be scheduled by the Construction Supervisor prior to performance of the work. Any vacation or time off from construction must be pre-approved by the group and the Construction Supervisor. No previously earned labor hours in excess of the _____ hours per week requirement can be used towards current _____ hours weekly requirements, without prior approval of the BUILDING GROUP MEMBERS and the SELF-HELP GRANT RECIPIENT.

3. Volunteer hours – Volunteers who perform work at the site, will work as scheduled by the Construction Supervisor. Volunteers will work on all houses in the group.
4. Labor that must be performed by building group members is listed as "Homeowner Labor" on the following chart, amounting to at least 65% of the total work tasks. Group members must perform a majority of the work for each task listed, to receive the percentage credit shown.

CONSTRUCTION LABOR DIVISION – SELF-HELP HOUSING

| | Subcontract | Homeowner |
|--------------------------------------|--------------------|------------------|
| | Labor | Labor |
| 1. Excavation | | |
| 2. Footings, Foundations, Columns | | |
| 3. Floor Slab or Framing | | |
| 4. Subflooring | | |
| 5. Wall Framing, Sheathing | | |
| 6. Roof & Ceiling Framing, Sheathing | | |
| 7. Roofing | | |
| 8. Siding, Exterior Trim, Porches | | |
| 9. Windows and Exterior Doors | | |
| 10. Plumbing Rough-In | | |
| 11. Sewage Disposal | | |
| 12. Heating Rough-In | | |
| 13. Electrical Rough-In | | |
| 14. Insulation | | |
| 15. Dry Wall | | |
| 16. Basement or Porch Floor, Steps | | |
| 17. Heating Finish | | |
| 18. Flooring | | |
| 19. Interior Carpentry, Trim, Doors | | |
| 20. Cabinets and Countertops | | |
| 21. Interior Painting | | |
| 22. Exterior Painting | | |
| 23. Plumbing Finish | | |
| 24. Electrical Finish | | |
| 25. Finish Hardware | | |
| 26. Gutters and Downspouts | | |
| 27. Grading, Paving, Landscaping | | |
| Totals | | |

*Contact Regional Contractor for additional information

5. If a household becomes _____ hours behind during any three-week period or for the total minimum number of hours required at that period of construction, without approval of the Construction Supervisor, no additional materials will be ordered for their house. At this time, the member is required to meet with the Construction Manager and the Group Coordinator for approval of a written plan submitted by the member to bring labor hours current. When labor hours are brought current, the SELF-HELP GRANT RECIPIENT will again be authorized to purchase materials for their house.

If a household becomes _____ hours behind the total minimum number of labor hours, all work and associated activities on their house will stop. At this time the member is required to meet with the SELF-HELP GRANT RECIPIENT'S Housing Program Director and the Group Coordinator, with a written plan to bring labor hours current. Work may again start on their house when the household is no more than _____ hours delinquent, although no additional material is to be ordered for their house. When labor hours are brought current, the SELF-HELP GRANT RECIPIENT will be authorized again to purchase material.

If a household becomes _____ hours behind the required number of labor hours, expulsion from the group may occur, in accordance with Section VII of this agreement.

6. The Construction Supervisor will decide what work is to be completed by the members each day. The members agree to perform the work assignments made by the supervisor. Any member who performs work not assigned by the supervisor may not receive credit for labor hours, at the discretion of the Construction Supervisor. The Construction Supervisor may ask a member who refuses to perform an assigned task to leave the job site. Continued refusal may result in implementation of Section VII of this agreement. A member may not work alone unless the task can safely be done alone, and he/she has the consent of the Construction Supervisor.

Any work by a member devoted exclusively toward that member's own house will not be credited toward the weekly work requirement unless such work has been assigned or approved by the Construction Supervisor. (Mutual self-help of an organized work team is stressed, not individual home building.)

7. If the household becomes verifiably disabled after construction starts, the group agrees to continue to help the family construct its house, subject to the following provisions:
 - a. Disability claims must be verified in writing by a licensed M.D., stating specifically those construction tasks the claimant cannot perform. Tasks not prohibited in writing by the M.D. will be expected to be performed by the claimant, as assigned by the Construction Supervisor. Such tasks may not have been required prior to the claimed disability, and time worked on these tasks may or may not be included as contributing in their entirety to the required minimum hours to be worked each week by each member household subject to the discretion of the Construction Supervisor.
 - b. The household claiming to be incapacitated must provide the Construction Supervisor a written plan stating the name and the hours to be worked by those individuals who contribute the required make-up hours, to assure the household maintains its required work responsibility. All individuals thus named must sign an agreement to work the specified hours. The plan must be approved by a majority vote of the group members. The substitute labor must also be approved by the SELF-HELP GRANT RECIPIENT and the RD State Director.
8. Action to be taken by the group following death of a head-of-household or spouse is to be determined by majority agreement at a meeting of the group and is to include plans for completion of the group member's house. The plan is subject to approval by the SELF-HELP GRANT RECIPIENT prior to enactment.

9. Each household will complete a "Weekly Work Availability" form in which each household will plan their weekly minimum 20-hour work schedule at the construction site. Completed schedules will be given to the Construction Supervisor one week or more in advance and all schedules will be posted at the construction site. The Construction Supervisor shall specify which of these available hours are necessary hours to be devoted to the construction program. The intent of this is to have a well-organized flow of work utilizing the best-varied abilities of the group members to assure proper job, contractor, and material supplier scheduling. Group members will record their work hours and tasks daily at the job site, under the supervision of the Construction Supervisor and timekeeper, who will maintain records of such hours and jobs. Any conflict over work schedules or hours worked will be resolved by the Construction Supervisor.
10. Each member agrees individually, and all members agree collectively as a group, to abide by the purchase order system for ordering materials. The only persons authorized to order materials shall be designated by the SELF-HELP GRANT RECIPIENT.
11. If a household becomes _____ days delinquent in approving construction invoices, all work on the house will stop. No additional materials will be ordered until outstanding invoices are paid, and the SELF-HELP GRANT RECIPIENT has assurance that delinquencies will not reoccur.
12. Each member agrees individually, and all members agree collectively as a group, to work on each other's houses together as a work team, as assigned by the Construction Supervisor. Group members may perform extra work in addition to that required by the Construction Supervisor, and will receive credit for this work, so long as it is for the benefit of the entire group and is assigned by the Construction Supervisor.
13. If for any reason, families are not able to perform the required _____ hours of work, because of snow, storm, tornado, flood, or any other "acts of God,"

penalties listed in Section III, part A, number 4 will not be automatically enforced. Rather the families will work with the Construction Supervisor to find a solution that is mutually acceptable.

IV. ELECTION OF OFFICERS

To function as a group, the following procedures will be followed:

- A. Officers shall be elected by the group for the life of the project and their duties shall include the following:
 - 1. Group Coordinator – Shall chair all group meetings, and act as the main representative of the group.
 - 2. Assistant Group Coordinator – Shall act for the Group Coordinator in his/her absence.
 - 3. Timekeeper – Shall keep a record of all group members' timesheets and shall be responsible for submitting timesheets to the SELF-HELP GRANT RECIPIENT'S office on a weekly basis.

An additional and very important responsibility would be that of "material checker," to accept and check all supplies delivered to the group. This may be an elected position, or the duty of each member present.

- B. Officers may be recalled or replaced by a majority vote of the households.

V. GENERAL RULES OF THE GROUP

- A. In consideration of safety issues, children under the age of 16 shall not be allowed on the construction site without prior approval of the Construction Supervisor for each individual occurrence.
- B. Each member agrees that no member of the group may hire or pay anyone to do their work for them.
- C. Hours shall be recorded by the timekeeper after approval of the Construction Supervisor. Any conflict over number of hours worked will be resolved by the Construction Supervisor and/or Group Coordinator.

- D. The building group shall have a group meeting at least once every _____, as called by the Construction Supervisor, the majority of the group members, or the Group Coordinator. At least one the SELF-HELP GRANT RECIPIENT’S staff member will attend each meeting, and this may be the Construction Supervisor. Time spent at the group meeting will count towards the required labor hours only if required by the SELF-HELP GRANT RECIPIENT. Group membership meetings may also be called by the Program Director. Notice of any meetings shall be given to one of each household at least _____ hours in advance.
1. One vote per house in construction is allowed and each household shall cast one vote. The head-of-household or co-applicant may cast the vote.
 2. A quorum consists of at least one vote per household at meetings in which half or more of the households are represented. When a quorum is present, the majority vote shall carry all motions, except as stated differently in the Agreement.
 3. Each household has the responsibility of having at least one voting member of the household attending each group meeting, and any member household that misses more than two meetings may be subject to disciplinary action by the group, up to and including termination of the households voting rights.
 4. The meeting location shall be assumed to be the job building site and all relevant conditions of this agreement shall apply at these meetings.
- E. No one will be allowed on the building site while under the influence of alcohol or illegal drugs, nor will the drinking of alcoholic beverages or the use of illegal drugs at the job site be tolerated. Any incident involving alcohol or illegal drugs on the job is cause for automatic expulsion of the family by the Program Director and termination of this agreement.
- F. Each member agrees that they will be responsible for all materials, supplies, and other items purchased for their house regardless of the location of such materials, supplies or other items. Any theft, loss, breakage, or damage is the responsibility of the member and replacement or repair will be made from their loan funds.

- G. The group members and families shall pay for all materials and contracted work purchased for benefit of their homes, including extra materials or overruns. The Construction Supervisor will allocate all materials, equipment, purchases, and contracted work between the households and this allocation shall be binding on each household.

VI. GRIEVANCE PROCEDURE

- A. Any claim, dispute or question raised by any group member or BUILDING GROUP MEMBERS shall be first brought to the attention of the Group Coordinator, discussed in a group meeting, and settled then.
- B. If no resolution can be accomplished through the group meeting, the following grievance procedure shall be followed.
 - 1. Before Construction
The grievance should be brought to the attention of the Group Coordinator assigned to the group. If no resolution can be made, the Program Director must receive the grievance in writing. If a resolution is again not reached, then the written grievance shall be referred to the SELF-HELP GRANT RECIPIENT'S Executive Director. If a resolution is again not reached, then the written grievance shall be referred to the SELF-HELP GRANT RECIPIENT'S Board of Directors for final resolution.
 - 2. During Construction
The grievance should be brought to the attention of the Construction Supervisor. If a resolution does not follow, then the grievance shall be referred to the SELF-HELP GRANT RECIPIENT'S Program Director. If a resolution is not reached again, then the written grievance shall be referred to the SELF-HELP GRANT RECIPIENT'S Executive Director. If a resolution is again not reached, then the written grievance shall be referred to the SELF-HELP GRANT RECIPIENT'S Board of Directors for the final resolution.
- C. If a claim is brought prior to completion of construction and occupancy of the residence by the group member(s), the foregoing shall be conditions precedent to

arbitration. In any event, any claim, dispute, or question arising between the SELF-HELP GRANT RECIPIENT and the parties shall be subject to arbitration at the choice of any party. In the event either party elect's arbitration, it shall serve a notice on the other party or parties, stating their grievance and desire to arbitrate, and the parties shall proceed in accordance with state law. A decision of the arbitrator shall be a condition precedent to the right of any other legal action. The cost of the arbitrator shall be born equally by all parties to the dispute.

D. The SELF-HELP GRANT RECIPIENT has agreed to provide technical assistance to the group members in construction of their housing. The SELF-HELP GRANT RECIPIENT does not charge group members for this service, and in return the group members agree that the SELF-HELP GRANT RECIPIENT shall have no liability for acts and omissions done in good faith. The SELF-HELP GRANT RECIPIENT shall have no liability of consequential or delay damages resulting from any act, omission, breach of contract, or negligence.

VII. TERMINATION PROCEDURE

Violations of the terms of this agreement will result in all expenditures for materials/labor being immediately halted until a satisfactory resolution is reached. If a satisfactory resolution cannot be reached or the same problem continues, expulsion from the group will be determined by the Grantee. Expulsion results in the loss of any rights under the terms of this agreement and the loss of building privileges under the SELF-HELP GRANT RECIPIENT'S self-help program. After expulsion, the member's rights concerning their house will be determined by RD. In the event a group member, family or group members fail to meet the requirements of this agreement, the remedies afforded the BUILDING GROUP MEMBERS and RD in this agreement are cumulative, and in addition to any other remedies afforded by law or otherwise.

VIII. CONTRACTS AND OBLIGATIONS

The group members and spouses are jointly and severally bound by the contracts they enter and agree to the terms thereof. The group members may not elect to exclude themselves from such contracts but are irrevocably committed to them.

IX. SUPERVISION OF ACCOUNTS AND PAYMENT OBLIGATIONS

The undersigned families and group members agree to place their RD loan proceeds and other funds into a designated bank account which is managed by the (SELF-HELP GRANT RECIPIENT) . (Borrower Name) is authorized to approve of all labor, materials, contracts, sub-contracts, liens, expenses, taxes, and other costs incurred for building their house. Only (SELF-HELP GRANT RECIPIENT) may request draws on the group member's RD loan account and prepare checks for payment of all costs and charges attributable to construction of the family's home. These payments are to be authorized by the designated family members and RD with supporting documentation provided by (SELF-HELP GRANT RECIPIENT) . The group members and families agree to execute and deliver to (SELF-HELP GRANT RECIPIENT) any other document necessary to implement this agreement.

X. LEVY OF DUES

The group may agree by a majority vote to levy dues upon its members. Further, the group has sole custody and responsibility for any money, which it may earn or collect from its members for purposes of the group. These funds may be disbursed in any manner as determined by a majority vote of the group. The SELF-HELP GRANT RECIPIENT will not be accountable in any way for these funds.

XI. SUCCESSORS AND ASSIGNEES, JOINT AND SEVERAL LIABILITIES

The parties bind themselves, their spouses, heirs, successors, assignees, partners, and representatives to this agreement. The undersigned group members agree that this agreement is jointly and severally binding upon them, and that any liabilities and obligation, rights and duties created hereunder shall be joint and several to each signatory.

The undersigned families and group members agree to build according to blueprints and specifications provided by SELF-HELP GRANT RECIPIENT and approved by RD. No change will be made in these plans without prior approval of RD. Change order approval by family or group members requesting the same hereby holds harmless its agents, employees and officers for any liability resulting there from.

XII. INSURANCE

Each group member or family agrees to purchase Builders Risk Insurance as required by RD and other lending institutions to be in force from the date of loan closing. This policy shall include sufficient individual liability coverage in an amount not less than _____. However, the SELF-HELP GRANT RECIPIENT may require a higher amount if it determines that this is necessary. The SELF-HELP GRANT RECIPIENT shall be given proof (binder) of insurance.

XII. ACCEPTANCE OF HOUSING/RELEASE

At the time of completion of the family or group member's home, the head-of-household must inspect the home and at that time make any claim against SELF-HELP GRANT RECIPIENT or waive the right to do so by signing the Release and Hold Harmless Agreement attached to this agreement. (Addendum #3) SELF-HELP GRANT RECIPIENT will not approve the closing of an account prior to receiving the release. A family or group member may not occupy their home prior to inspection and accepting the home, and delivering the executed Release and Hold Harmless Agreement to SELF-

HELP GRANT RECIPIENT. It is agreed that any claims against SELF-HELP GRANT RECIPIENT will be made at this time or will be forever barred.

XIV. TERMINATION OF AGREEMENT

This agreement shall be terminated with regard to each member and SELF-HELP GRANT RECIPIENT by the following conditions:

- A. After all families' houses have been completed, received final inspection and approval by RD, all bills and credits have been settled, and the supervised bank accounts are closed.
- B. By signing below, I agree to all conditions of this Membership and Labor Agreement. I also declare that no statements, representatives, or any express or implied warranties of any nature whatsoever have been made to me by the SELF-HELP GRANT RECIPIENT. I further acknowledge that the SELF-HELP GRANT RECIPIENT agrees only to provide technical assistance and construction supervision set forth in this agreement, and shall have no liability for any damage, error, or construction defect. If damage, or defect must be remedied, the group members agree to repair the same using their own "self-help" and/or subcontractor labor, and to pay for materials and/or labor as required. I also acknowledge receipt of a copy of said Agreement for my personal files.

GROUP MEMBERS

Date _____ Borrower _____

Date _____ Co-Borrower _____

By signing below, _____ agrees to all conditions of this
(SELF-HELP GRANT RECIPIENT)

Building Group Membership and Labor Agreement. _____ also
(SELF-HELP GRANT RECIPIENT)

declares that no statements, representations or any express or implied warranties of any nature whatsoever have been made to this building group.

Date _____
Construction Supervisor

Date _____
Program Director

RELEASE AND HOLD HARMLESS AGREEMENT

I have inspected or had an opportunity to inspect my house and property, legally described as

Lot _____, _____.
(Address, City/Town/County, State)

I hereby release _____, its agents and
(SELF-HELP GRANT RECIPIENT)

employees, of any claim or liability with respect to the construction of said residence, whether known, or arising in the future.

I agree to indemnify and hold _____
(SELF-HELP GRANT RECIPIENT)

and its agents and employees harmless for any claim made against them by a third party with respect to construction of said residence.

Dated this _____ day of _____ 20_____.

By: _____

By: _____

The above information was explained to us and I/we understand and accept these conditions.

NAME

DATE

Participation Agreement Acquisition/Rehab/Purchase/Repair

Homeownership Program Participation and Labor Agreement

This agreement is entered into on the day of _____, 2020, between the Purchase/ Repair Participant, (Name), hereinafter referred to as the "P/R Participant" and **Grantee name** hereinafter referred to as "**Grantee Initials**". The P/R Participant's home address is _____ and is located in _____ County.

Grantee name is an eligible entity, which provides technical assistance and management services for the P/R Participant under the Self-Help Purchase/ Repair Program. **Grantee name** is not acting as a "contractor" on behalf of the P/R PARTICIPANT, but as a RD grant manager and technical advisor. The P/R PARTICIPANT, as a homeowner, is acting as their own general contractor. The P/R PARTICIPANT agrees to hold **Grantee name** harmless for any purchases, even though such purchases may have been made by THDC on behalf of the P/R PARTICIPANT.

The purpose of the Agreement is to foster the smooth accomplishment of the P/R PARTICIPANT's goal of the purchase and repair of their home. The P/R PARTICIPANT understands and agrees with THDC that this Agreement will control the progress of the project. Violation of any portion of this Agreement may result in implementation of Section VII of this Agreement. **RD is not a party to this agreement.**

I. COMMITMENT

Grantee name agrees to provide technical assistance to the undersigned P/R PARTICIPANT as follows:

A. Pre-Construction Services

1. Recruit and determine preliminary eligibility of potential participants.
2. Prepare all loan application documents for submission to RD and work with RD on behalf of the applicants.

3. Arrange and present informational meetings covering homeownership and related subjects. The "Loan Application Meeting" is held after the participant is pre-qualified to purchase a home. The "Pre-Purchase Meeting" is held after the participant receives their Certificate of Eligibility from RD. The "Pre-Repair Meeting" is held very soon after closing on their home.

B. Construction Services

1. Provide all necessary repair paperwork to RD and other lender if there are additional funding sources being used.
2. Direct, control, and implement repairs on the participant's house.
3. Teach tasks to the participants as necessary to repair the house according to the plans and specifications, within the allowed budgets.
4. To initiate contracts in the name of the participant for materials and services to be purchased in accordance with the plans and specifications.
5. Provide bookkeeping services to maintain the participant's accounts, and to pay bills on behalf of the participant from this account.
6. Lease power tools and special equipment as required on the job. (See Section VIII).
7. Present to the P/R PARTICIPANT for approval, bids from outside contractors and suppliers to provide the materials and contracted work necessary to repair the home according to plans and specifications. The selection of a supplier or contractor should be made only on the basis of quality, experience, completeness of bid, price, and past performance. (See Section VIII).

II. P/R PARTICIPANT COMMITMENT

The undersigned P/R PARTICIPANT agrees to the following:

- A. To work to repair their own home in **Grantee name** Purchase/Repair Program, using RD and/or alternative

financing.

- B. To use their labor to the extent required and to pay for all materials and contracted labor and services used in the repair of their home, according to the directions of **Grantee name**.
- C. To use their best efforts to meet repair completion goals and objectives established by **Grantee name** in performance of this agreement.
- D. To work always in a safe manner, and to follow the Construction Supervisor's instructions in this regard.
- E. To work at any job as required by the Construction Supervisor.
- F. To cooperate with **Grantee name** in the performance of the requirements as set forth in this agreement, and to conduct themselves at all times in a manner that will not disrupt or interrupt their performance of assigned tasks.
- G. To follow the plans, budgets, blueprints, specifications and instructions of **Grantee name** and RD in the repair of their home. Change orders will only be allowed if **Grantee name** and RD approve them.
- H. To allow **Grantee name** to solicit bids.
- I. To provide **Grantee name** written schedules of the hours they are available to work and to work the hours as assigned by the Construction Supervisor.
- J. To review requests for payment as submitted by **Grantee name** and to be available at least once a week during **Grantee name**'s business hours to sign and approve invoices either in person or electronically, acknowledging that if legitimate bills are not paid, property is subject to liens in accordance with state law. (See Section III, A. 10. following.)
- K. Not to move into the house that will become theirs or move personal property into that house until approved to do so by **Grantee name** and RD and/or other appropriate officials.
- L. To purchase Homeowners Insurance as required by RD, to be in force beginning with the date of loan closing. (See Section XIII following)
- M. To attend all scheduled meetings as directed by **Grantee name**. (See Section

V.D.4. following.)

- N. To work as directed by the Construction Supervisor and to keep a written log of time spent on each repair.
- O. To attend all meetings offered by **Grantee name**.
- P. To meet all other requirements as set forth in this agreement.

III. REPAIR RESPONSIBILITIES

A. Labor Exchange Commitment

The P/R Participant agrees to provide work labor in a cooperative manner.

1. I agree to contribute at a minimum 10 hours of labor per \$1,000 of repair costs which are not completed by a sub-contracted on my home and at least 10 hours per week until the required repairs are completed.
2. Once I fail to keep up with my committed hours, as established by the Construction Supervisor, I will be issued a written warning by **Grantee name** and must provide a schedule to make up these delinquent hours.
3. If I become delinquent 15 hours without notification to **Grantee name**, a second written warning will be issued, and a meeting will be set up with **Grantee name** staff.
4. **Grantee name** may terminate its agreement to work with me if I fail to put in the required hours and tasks.
5. I further understand that failure to meet the above obligations can result in cessation of work on my home or even the loss of my 502 RD loan. If this agreement gets terminated, I will be required to refund the remaining money on my 502 RD loan.
6. If at any time the Termination Procedure is initiated, all invoices for material and labor will be paid up to date. Termination results in the loss of any rights under the terms of this agreement and the loss of building privileges under **Grantee name** Self-Help Purchase/Repair Program. After termination, RD will determine the member's rights concerning their mortgage.

7. The participant will complete a "Weekly Work Availability" form in which they will plan their weekly minimum hour work schedule at the home. Completed schedules will be given to the Construction Supervisor one week or more in advance and all schedules will be posted at the home. The Construction Supervisor shall specify which of the available hours are required to meet the repair goals for the week. The intent is to have a well-organized flow of work utilizing the best-varied abilities of the participant to assure proper job, contractor, and material supplier scheduling. Participant will record their work hours and tasks daily at the home site, under the supervision of the Construction Supervisor, who will maintain records of such hours and jobs. Any conflict over work schedules or hours worked will be resolved by the Construction Supervisor.
8. Each participant agrees to abide by the purchase order system for ordering materials. The only persons authorized to order materials shall be designated by **Grantee name**.
9. If a household becomes 30 days delinquent in approving repair invoices, all work on the house will stop. No additional materials will be ordered until outstanding invoices are paid, and **Grantee name** has assurance that delinquencies will not reoccur.

IV. GENERAL RULES

- A. In consideration of safety issues, children under the age of 16 shall not be allowed to participate in the repairs without prior approval of the Construction Supervisor for each individual occurrence.
- B. Each participant agrees that they may not hire or pay anyone to do their work for them.
- C. Hours shall be recorded by the participant with approval of the Construction Supervisor. Any conflict over number of hours worked will be resolved by the Construction Supervisor.
- D. Each participant agrees that they will be responsible for all materials,

supplies, and other items purchased for their house regardless of the location of such materials, supplies or other items. Any theft, loss, breakage, or damage is the responsibility of the participant and replacement or repair will be made from their loan funds if the budget allows, otherwise the participant will have to pay out of pocket.

- E. The participant shall pay for all materials and contracted work purchased for benefit of their home, including extra materials or overruns.

V. GRIEVANCE PROCEDURE

- A. Any claim, dispute or question raised by any P/R PARTICIPANT shall be first brought to the attention of the Construction Supervisor.
- B. If no resolution can be accomplished through the Construction Supervisor, the following grievance procedure shall be followed.
 - 1. Before and During Construction

The grievance should be brought to the attention of the President of **Grantee name** in writing. If a resolution is again not reached, then the written grievance shall be referred to **Grantee name**'s Board of Directors for final resolution.

- C. If a claim is brought prior to completion of repairs of the residence by the participant, the foregoing shall be conditions precedent to arbitration. In any event, any claim, dispute, or question arising between **Grantee name** and the participant shall be subject to arbitration at the choice of any party. In the event either party elects arbitration, it shall serve a notice on the other party or parties, stating their grievance and desire to arbitrate, and the parties shall proceed in accordance with state law. A decision of the arbitrator shall be a condition precedent to the right of any other legal action. The cost of the arbitrator shall be born equally by all parties to the dispute.
- D. **Grantee name** has agreed to provide technical assistance to the participant in repair of their home. **Grantee name** does not charge the participant for this service, and in return the participant agrees that

Grantee name shall have no liability for acts and omissions done in good faith. **Grantee name** shall have no liability of consequential or delay damages resulting from any act, omission, breach of contract, or negligence.

VI. TERMINATION PROCEDURE

Violations of the terms of this agreement will result in all expenditures for materials/labor being immediately halted until a satisfactory resolution is reached. If a satisfactory resolution cannot be reached or the same problem continues, the member's rights concerning their house will be determined by RD. In the event a participant fails to meet the requirements of this agreement, the remedies afforded the P/R PARTICIPANT and RD in this agreement are cumulative, and in addition to any other remedies afforded by law or otherwise.

VII. CONTRACTS AND OBLIGATIONS

The participants are bound by the contracts they enter into, and agree, to the terms thereof. They may not elect to exclude themselves from such contracts but are irrevocably committed to them.

VIII. REPAIR ACCOUNTS AND PAYMENT OBLIGATIONS

The undersigned participant agrees to have their RD loan proceeds for repairs deposited into a bank account which is managed by **Grantee's staff person named**. The participant is authorized to approve of all labor, materials, contracts, sub-contracts, liens, expenses, taxes, and other costs incurred for the repair of their home. Only **Grantee name** may prepare checks for payment of all costs and charges attributable to the repair of the participant's home. After all the budgeted repairs are completed, participant agrees to have **Grantee name** disburse the remaining balance per USDA's rules: Only out of pocket expenses at settlement can be returned to the participant. Any amount over that goes back to USDA-RD to apply to the participant's mortgage.

IX. INSURANCE

Each participant agrees to purchase Homeowners Insurance as required by RD to be in force from the date of loan closing. This policy shall include sufficient individual liability coverage and **Grantee name** shall be given proof (binder) of insurance.

X. ACCEPTANCE OF HOUSING/RELEASE

At the time of completion of the participant's home repairs they must inspect the home and at that time make any claim against **Grantee name** or waive the right to do so by signing the Release and Hold Harmless Agreement. **Grantee name** will not approve the closing of an account prior to receiving the release. It is agreed that any claims against **Grantee name** will be made at this time or will be forever barred.

XI. TERMINATION OF AGREEMENT

This agreement shall be terminated with regard to the participant and **Grantee name** by the following conditions:

- A. After the repairs have been completed, received final inspection and approval by RD, all bills and credits have been settled, and the supervised bank accounts are closed.
- B. By signing below, I agree to all conditions of this Membership and Labor Agreement. I also declare that no statements, representatives, or any express or implied warranties of any nature whatsoever have been made to me by **Grantee name**. I further acknowledge that **Grantee name** agrees only to provide technical assistance and construction supervision set forth in this agreement, and shall have no liability for any damage, error, or construction defect. In the event that damage, or defect must be remedied, the participant agrees to repair the same using their own "self-help" and/or subcontractor labor, and to pay for materials and/or labor as required. I also acknowledge receipt of a copy of said Agreement for my personal files.

Date _____ Participant _____

Date _____ Coparticipant _____

By signing below, **Grantee name** agrees to all conditions of this P/R Participation and Labor Agreement. **Grantee name** also declares that no statements, representations or any express or implied warranties of any nature whatsoever have been made to this participant.

Date _____
Construction Supervisor

Date _____
(President/ Executive Director/ Program Manager)

OWNER OCCUPIED REHABILITATION ASSISTANCE AGREEMENT

This Agreement is entered into for the purposes of supplying to the homeowner certain benefits and assistance in the rehabilitation of the homeowner's premises.

Parties: The parties to this Agreement are _____, herein after referred to as "Owner", and _____, a _____ non-profit corporation, herein after referred to as _____.

Owner: Owner is a qualified low or very low-income homeowner and entitled to assistance in the rehabilitation of their home.

Project: Owner's home is located at _____ and is described as a ___ bedroom, ___ bathroom home of approximately _____ square feet herein after referred to as "Project".

Owner's Obligations: Owner agrees and understands that this is a governmental program which will supply materials, technical assistance, supervision in the obtaining of permits, adhering to regulations, and supplying voluntary support in the rehabilitation project.

As a qualified recipient of this program, Owner agrees to perform that portion of the work as outlined on the attached list of activities and schedule and if incapacitated obtain substitute assistance as approved by _____.

_____ 's Participation: _____ will provide technical assistance, advice, supervision, and voluntary or contract services to assist in the completion of the project.

Insurance and Indemnity. Owner will be responsible for obtaining and maintaining homeowner's liability insurance during the period of construction. Owner will indemnify and hold _____ harmless against and from all claims arising from Owner's activities and

parties related thereto or hired thereby arising out of the Project.

Waiver: Owner agrees to waive all claims against___for any damage to person, property, or other person or property during the course of construction arising out of the construction.

Licenses: Owner will be responsible for all permits and licenses for the Project including licenses of contractors hired by Owner for the purposes of fulfilling Owner's obligations under this Agreement.

Work and Material Schedules: Attached hereto and made a part hereof are the following schedules:

- 1) Itemization of the work to be performed on the Project by the Owner; and
- 2) Material and supplies necessary for the completion of the Project.

Status: _____ is not a contractor or builder and does not provide contracting or building services. _____ makes no warranties with regard to the Project, the material used, or labor performed. _____ is to assist in the _____. _____ makes no warranties to repairs.

Grievance Procedure:

- A. Any claim, dispute or question raised by any PARTICIPANT shall be first brought to the attention of the Construction Supervisor.
- B. If no resolution can be accomplished through the Construction Supervisor, the following grievance procedure shall be followed.
 1. Before and During Construction

The grievance should be brought to the attention of the Program Manager of _____ in writing. If a resolution is again not reached, then the written grievance shall be referred the Executive Director of _____. If

a resolution is again not reached, then the written grievance shall be referred to _____'s Board of Directors for final resolution.

C. If a claim is brought prior to completion of repairs of the residence by the participant," the foregoing shall be conditions precedent to arbitration. In any event, any claim, dispute, or question arising between _____ and the participant

shall be subject to arbitration at the choice of any party. In the event either party elect's arbitration, it shall serve a notice on the other party or parties, stating their grievance and desire to arbitrate, and the parties shall proceed in accordance with state law. A decision of the arbitrator shall be a condition precedent to the right of any other legal action. The cost of the arbitrator shall be born equally by all parties to the dispute.

D. _____ has agreed to provide technical assistance to the participant in repair of their home. _____ does not charge the participant for this service, and in return the participant agrees that _____ shall have no liability for acts and omissions done in good faith. _____ shall have no liability of consequential or delay or damages resulting from any act, omission, breach of contract, or negligence.

E. Termination:

Violations of the terms of this agreement will result in all expenditures for materials/labor being immediately halted until a satisfactory resolution is reached. If a satisfactory resolution cannot be reached or the same problem continues, expulsion from the program will be determined by _____. Expulsion

results in the loss of any rights under the terms of this agreement and the loss of building privileges under _____ Self-Help program. After expulsion, the member's rights concerning their house will be determined by RD. In the event a participant fails to meet the requirements of this agreement, the remedies afforded the PARTICIPANT and RD in this agreement are cumulative, and in addition to any other remedies afforded by law or otherwise.

Assignment: Neither party may assign their interest in this Agreement without the consent of the other.

Governing Law: This Agreement shall be governed by the laws of any city, county, and the state of _____, or other governmental authority.

Complete Agreement: This Agreement and all other agreements, exhibits, and schedules referred to in this Agreement constitute the final, complete, and exclusive statement of the terms of the agreement between the parties pertaining to the subject matter of this Agreement and supersede all prior and contemporaneous understandings or agreements of the parties. No party has been induced to enter into this Agreement by, nor is any party relying on, any representation or warranty outside those expressly set forth in this Agreement.

Time of Essence: Time is of the essence in respect to all provisions of this Agreement that specify a time for performance; provided, however, that the foregoing shall not be construed to limit or deprive a party of the benefits of any grace or use period allowed in this Agreement.

Dated: _____

"Owner"

TAB 18 - REQUEST FOR OBLIGATION OF FUNDS

Complete the sections titled Borrower Name, State Name and County Name as well as block 7, and 25. If you are a renewing grantee that knows your assigned state and county code you may list it in block 1 along with your tax identification number which is the borrower ID. The authorized signatory will need to sign and date the signature block. A sample form is included.

REQUEST FOR OBLIGATION OF FUNDS

| INSTRUCTIONS-TYPE IN CAPITALIZED ELITE TYPE IN SPACES MARKED () | | | |
|--|--|---|---|
| Complete Items 1 through 29 and applicable Items 30 through 34. See FMI. | | | |
| 1. CASE NUMBER ST CO BORROWER ID | | LOAN NUMBER | FISCAL YEAR |
| 2. BORROWER NAME | | 3. NUMBER NAME FIELDS (1, 2, or 3 from Item 2) | |
| | | 4. STATE NAME | |
| | | 5. COUNTY NAME | |
| GENERAL BORROWER/LOAN INFORMATION | | | |
| 6. RACE/ETHNIC CLASSIFICATION | 7. TYPE OF APPLICANT | | 8. COLLATERAL CODE |
| 1 - WHITE 2 - BLACK 3 - ASIAN 4 - HISPANIC 5 - API | 5 - ORG OF FARMERS 7 - NONPROFIT-SECULAR 8 - NONPROFIT-FAITH BASED 9 - INDIAN TRIBE 10 - PUBLIC COLLEGE/UNIVERSITY 11 - OTHER | | 1 - REAL ESTATE SECURED 2 - REAL ESTATE AND CHATTEL 3 - NOTE ONLY OR CHATTEL ONLY 4 - MACHINERY ONLY 5 - LIVESTOCK ONLY 6 - CROPS ONLY 7 - SECURED BY BONDS 8 - RLF ACCT |
| 9. EMPLOYEE RELATIONSHIP CODE | 10. SEX CODE | 11. MARITAL STATUS | 12. VETERAN CODE |
| 1 - EMPLOYEE 2 - MEMBER OF FAMILY 3 - CLOSE RELATIVE 4 - ASSOC. | 3 - FAMILY UNIT 4 - ORGAN, MALE OWNED 5 - ORGAN FEMALE OWNED 6 - PUBLIC BODY | 1 - MARRIED 2 - SEPARATED 3 - UNMARRIED (INCLUDES WIDOWED/DIVORCED) | 1 - YES 2 - NO |
| 13. CREDIT REPORT | 14. DIRECT PAYMENT | 15. TYPE OF PAYMENT | 16. FEE INSPECTION |
| 1 - YES 2 - NO | (See FMI) | 1 - MONTHLY 2 - ANNUALLY 3 - SEM-ANNUALLY 4 - QUARTERLY | 1 - YES 2 - NO |
| 17. COMMUNITY SIZE | 18. USE OF FUNDS CODE | | |
| 1 - 10,000 OR LESS (FOR SFH AND HPG ONLY) 2 - OVER 10,000 | (See FMI) | | |
| COMPLETE FOR OBLIGATION OF FUNDS | | | |
| 19. TYPE OF ASSISTANCE | 20. PURPOSE CODE | 21. SOURCE OF FUNDS | 22. TYPE OF ACTION |
| (See FMI) | | | 1 - OBLIGATION ONLY 2 - OBLIGATION/CHECK REQUEST 3 - CORRECTION OF OBLIGATION |
| 23. TYPE OF SUBMISSION | 24. AMOUNT OF LOAN | | 25. AMOUNT OF GRANT |
| 1 - INITIAL 2 - SUBSEQUENT | | | |
| 26. AMOUNT OF IMMEDIATE ADVANCE | 27. DATE OF APPROVAL | 28. INTEREST RATE | 29. REPAYMENT TERMS |
| | MO DAY YR | % | |
| COMPLETE FOR COMMUNITY PROGRAM AND CERTAIN MULTIPLE-FAMILY HOUSING LOANS | | | |
| 30. PROFIT TYPE | | | |
| 2 - LIMITED PROFIT 1 - FULL PROFIT 3 - NONPROFIT | | | |
| COMPLETE FOR EM LOANS ONLY | | COMPLETE FOR CREDIT SALE-ASSUMPTION | |
| 31. DISASTER DESIGNATION NUMBER | 32. TYPE OF SALE | | |
| (See FMI) | 1 - CREDIT SALE ONLY 2 - ASSUMPTION ONLY 3 - CREDIT SALE WITH SUBSEQUENT LOAN 4 - ASSUMPTION WITH SUBSEQUENT LOAN | | |
| FINANCE OFFICE USE ONLY | | COMPLETE FOR FP LOANS ONLY | |
| 33. OBLIGATION DATE | 34. BEGINNING FARMER/RANCHER | | |
| MO DA YR | (See FMI) | | |

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

Position 2

ORIGINAL - Borrower's Case Folder COPY 1 - Finance Office COPY 2 - Applicant/Lender COPY 3 - State Office

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0061 and 0570-0062. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the 15-working-day loan closing requirement may be exceeded for the purposes of the applicant's legal representative completing title work and completing loan closing.

35. COMMENTS AND REQUIREMENTS OF CERTIFYING OFFICIAL

[Redacted area for comments and requirements]

36. I HEREBY CERTIFY that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in or near my community for loans for similar purposes and periods of time. I agree to use the sum specified herein, subject to and in accordance with regulations applicable to the type of assistance indicated above, and request payment of such sum. I agree to report to USDA any material adverse changes, financial or otherwise, that occur prior to loan closing. I certify that no part of the sum specified herein has been received. I have reviewed the loan approval requirements and comments associated with this loan request and agree to comply with these provisions.

(For FP loans at eligible terms only) If this loan is approved, I elect the interest rate to be charged on my loan to be the lower of the interest rate in effect at the time of loan approval or loan closing. If I check "NO", the interest rate charged on my loan will be the rate specified in Item 28 of this form. YES NO

WARNING: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Date [Redacted], 20 [Redacted] [Redacted Signature Line] (Signature of Applicant)

Date [Redacted], 20 [Redacted] [Redacted Signature Line] (Signature of Co-Applicant)

37. I HEREBY CERTIFY that all of the committee and administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

[Redacted Signature Line] (Signature of Approving Official)

Typed or Printed Name: [Redacted]

Date Approved: [Redacted] Title: [Redacted]

38. TO THE APPLICANT: As of this date [Redacted], this is notice that your application for financial assistance from the USDA has been approved, as indicated above, subject to the availability of funds and other conditions required by the USDA. If you have any questions contact the appropriate USDA Servicing Office.

TAB 19 - SELF-HELP TECHNICAL ASSISTANCE GRANT AGREEMENT

To prepare Exhibit A of 1944-I, fill in the following blanks:

- The name of the “Grantee”
- The authorizing state statute
- The specific area to be served
- Number of years

Do not include the amount of the grant or the dates of the grant. Have your authorized representative sign it and enter his/her title. This form is very important, read it. It is crucial that you know and understand the terms of this agreement. Your organization will need to abide by it for the entire grant period.

A copy of the Grant Agreement follows.

SELF-HELP TECHNICAL ASSISTANCE GRANT AGREEMENT

THIS GRANT AGREEMENT dated _____, 20____, is between _____ ("Grantee") a nonprofit corporation, organized and operating under _____ (Authorizing State Statute) and the United States of America acting through Rural Development, Department of Agriculture.

In consideration of financial assistance in the amount of \$_____ (called "Grant Funds") to be made available by Rural Development to Grantee under Section 523 (b) (1)(A) of the Housing Act of 1949 to be used in _____ (specify areas to be served) for the purpose of providing a program of technical and supervisory assistance which will aid low-income families in carrying out mutual self-help housing efforts. Grantee will provide such a program in accordance with the terms of this Agreement and Rural Development regulations.

Definitions:

"Date of Completion" means the date when all work under a grant is completed or the date in the TA Grant Agreement, or any supplement or amendment thereto, on which Federal assistance ends.

"Disallowed costs" are those charges to a grant which the Rural Development determines cannot be authorized.

"Grant Closeout" is the process by which the grant operation is concluded at the expiration of the grant period or following a decision to terminate the grant.

"Termination" of a grant means the cancellation of Federal assistance, in whole or in part, under a grant at any time prior to the date of completion.

Terms of agreement:

- (a) This Agreement shall terminate _____ years from this date unless extended or sooner terminated under paragraphs (e) and (f) of this Agreement.

- (b) Grantee shall carry out the self-help housing activity described in the application docket which is attached to and made a part of this Agreement. Grantee will be bound by the conditions set forth in the docket, 7 CFR Part 1944, Subpart I, and the further conditions set forth in this Agreement. If any of the conditions in the docket are inconsistent with those in the Agreement or Subpart I of Part 1944, the latter will govern. A waiver of any condition must be in writing and must be signed by an authorized representative of Rural Development.

- (c) Grantee shall use grant funds only for the purposes and activities specified in Rural Development regulations and in the application, docket approved by Rural Development including the approved budget. Any uses not provided for in the approved budget must be approved in writing by Rural Development in advance.

- (d) If Grantee is a private nonprofit corporation, expenses charged for travel or per diem will not exceed the rates paid Rural Development employees for similar expenses. If Grantee is a public body, the rates will be those that are allowable under the customary practice in the government of which Grantee is a part; if none are customary, the Rural Development rates will be the maximum allowed.

- (e) Grant closeout and termination procedures will be as follows:
 - (1) Promptly after the date of completion or a decision to terminate a grant, grant closeout actions are to be taken to allow the orderly discontinuation of Grantee activity.
 - (i) Grantee shall immediately refund to Rural Development any uncommitted balance of grant funds.
 - (ii) Grantee will furnish to Rural Development within 90 days after the date of completion of the grant a "Financial Status Report", Form SF-269A. All financial, performance, and other reports required as a condition of the grant will also be completed.
 - (iii) Grantee shall account for any property acquired with technical assistance (TA) grant funds, or otherwise received from Rural Development.
 - (iv) After the grant closeout, Rural Development retains the right to recover any disallowed costs which may be discovered as a result of any audit. RD Instruction 1944-I Exhibit A Paragraph (e)

(2) When there is reasonable evidence that Grantee has failed to comply with the terms of this Agreement, the State Director may determine Grantee as "high risk". A "high risk" Grantee will be supervised to the extent necessary to protect the Government's interest and to help Grantee overcome the deficiencies.

(3) Grant termination will be based on the following:

(i) Termination for cause. This grant may be terminated in whole, or in part, 90 days after a Grantee has been classified as "high risk" if the State Director determines that Grantee has failed to correct previous deficiencies and is unlikely to correct such items if additional time is allowed. The reasons for termination may include, but are not limited to, such problems as:

(A) Actual TA costs significantly exceeding the amount stipulated in the proposal.

(B) The number of homes being built is significantly less than proposed construction or is not on schedule.

(C) The cost of housing not being appropriate for the self-help program.

(D) Failure of Grantee to only use grant funds for authorized purposes.

(E) Failure of Grantee to submit adequate and timely reports of its operation.

(F) Failure of Grantee to require families to work together in groups by the mutual self-help method in the case of new construction.

(G) Serious or repetitive violation of any of the provisions of any laws administered by Rural Development or any regulation issued under those laws.

(H) Violation of any nondiscrimination or equal opportunity requirement administered by Rural Development in connection with any Rural Development programs.

(I) Failure to establish an accounting system acceptable to Rural Development. (11-15-90) SPECIAL PN RD Instruction 1944-I Exhibit A Page 4

(J) Failure to serve very low-income families.

(K) Failure to recruit families from substandard housing.

(ii) Termination for convenience. Rural Development or Grantee may terminate the grant in whole, or in part, when both parties agree that the continuation of the project would not produce beneficial results commensurate with the further expenditure of funds. The two parties shall agree upon the termination conditions, including the effective date and, in case of partial termination, the portion to be terminated.

(4) To terminate a grant for cause, Rural Development shall promptly notify Grantee in writing of the determination and the reasons for and the effective date of the whole or partial termination. Grantee will be advised of its appeal rights under 7 CFR Part 1900, Subpart B.

(f) An extension of this grant agreement may be approved by Rural Development provided in its opinion, the extension is justified and there is a likelihood that the grantee can accomplish the goals set out and approved in the application docket during the period of the extension.

(g) Grant funds may not be used to pay obligations incurred before the date of this Agreement. Grantee will not obligate grant funds after the grant termination or completion date.

(h) As requested and in the manner specified by Rural Development, the grantee must make quarterly reports, Exhibit C of this subpart (on 1/15, 4/15, 7/15 and 10/15 of each year), and a financial status report at the end of the grant period, and permit on-site inspections of program progress by Rural Development representatives. Rural Development may require progress reports more frequently if it deems necessary. Grantee must also comply with the audit requirements found in 1944.422 of Subpart I of 7 CFR Part 1944, if applicable. Grantee will maintain records and accounts, including property, personnel and financial records, to assure a proper

accounting of all grant funds. These records will be made available to Rural Development for auditing purposes and will be retained by grantee for three years after the termination or completion of this grant.

(i) Acquisition and disposal of personal, equipment and supplies should comply with Subpart R of 7 CFR Part 3015 and Subpart C of 7 CFR Part 3016. RD Instruction 1944-I Exhibit A Page 5

(j) Results of the program assisted by grant funds may be published by Grantee without prior review by Rural Development, provided that such publications acknowledge the support provided by funds pursuant to the provisions of Title V of the Housing Act of 1949, 42 U.S.C. 1471, et seq., and that five copies of each such publication are furnished to the local representative of Rural Development.

(k) Grantee certifies that no person or organization has been employed or retained to solicit or secure this grant for a commission, percentage, brokerage, or contingent fee.

(l) Grantee shall comply with all civil rights laws and the Rural Development regulations implementing these laws.

(m) In all hiring or employment made possible by or resulting from this grant, Grantee: (1) will not discriminate against any employee or applicant for employment because of race, religion, color, sex, marital status, national origin, age, or mental or physical handicap, and (2) will take affirmative action to insure that applicants are employed, and that employees are treated during employment without regard to their race, religion, color, sex, marital status, national origin, or mental or physical handicap. This requirement shall apply to, but not be limited to, the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In the event Grantee signs a contract which would be covered by any Executive Order, law, or regulation prohibiting discrimination, Grantee shall include in the contract the "Equal Employment Clause" as specified by Rural Development.

(n) It is understood and agreed by Grantee that any assistance granted under this Agreement will be administered subject to the limitations of Title V of the Housing Act of 1949 as amended, 42 USC 1471 et seq., and related regulations, and that rights granted to Rural Development in this Agreement or elsewhere may be exercised by it in its sole discretion to carry out the purposes of the assistance, and protect Rural Development's financial interest.

(o) Grantee will maintain a code or standards of conduct which will govern the performance of its officers, employees, or agents. Grantee's officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from suppliers, contractors, or others doing business with the grantee. To the extent permissible by State or local law, rules, or regulations such standards will provide for penalties, sanctions, or other disciplinary actions to be taken for violations of such standards.

(p) Grantee shall not hire or permit to be hired any person in a staff position or as a participant if that person or a member of that person's immediate household is employed in an administrative capacity by the organization, unless waived by the State Director. (For the purpose of this section, the term "household" means all persons sharing the same dwelling, whether related or not).

(q) Grantee's board members or employees shall not directly or indirectly participate, for financial gain, in any transactions involving the organization or the participating families. This includes activities such as selling real estate, building material, supplies, and services.

(r) Grantee will retain all financial records, supporting documents, statistical records, and other records pertinent to this agreement for 3 years, and affirms that it is fully aware of the provisions of the Administrative Remedies for False Claims and Statements Act, 31 USC 3801, et seq.

By _____
(Signature)

By _____
(Signature)

(Title)

(Title)

GRANTEE

RURAL DEVELOPMENT

TAB 20 - CERTIFICATION REGARDING DRUG-FREE WORKPLACE

Included in this section is a Certification Regarding Drug-Free Workplace, as well as, the instructions for completion. Make sure you read the form (AD 1049) and it is signed and dated by the authorized representative. A sample form is included.



**Certification Regarding Drug-Free Workplace Requirements (Grants)
Alternative I – For Grantees Other Than Individuals**

AD-1049

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing §§ 5151-5160 of the Drug-Free Workplace Act of 1998 (Pub. L. 100-690, Title V, Subtitle D: 41 U.S.C. § 8101 et seq.), and 2 C.F.R. Parts 182 and 421. The regulations were amended and published on June 15, 2009, in 74 Fed. Reg. 28150-28154 and on December 8, 2011, in 76 Fed. Reg. 76610-76611. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

(Read instructions on page three before completing certification.)

- A. The grantee certifies that it will or will continue to provide a drug-free workplace by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 2. Establishing an ongoing drug-free awareness program to inform employees about –
 - a. The dangers of drug abuse in the workplace;
 - b. The grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace.
 3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph A.1.
 4. Notifying the employee in the statement required by paragraph A.1 that, as a condition of employment under grant, the employee will –
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph A.4.b from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph A.4.b, with respect to any employee who is so convicted –
 - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or, local health, law enforcement, or other appropriate agency;

| | |
|---|---------------------------------|
| 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A.1 through A.6. | |
| B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: | |
| PLACE OF PERFORMANCE <i>(Street Address, City, County, State, Zip Code)</i> | |
| Check <input type="checkbox"/> if there are workplaces on file that are not identified here. | |
| ORGANIZATION NAME | PR/AWARD NUMBER OR PROJECT NAME |
| NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S) | |
| SIGNATURE(S) | DATE |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint \(https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer\)](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

Instructions for Certification

- (1) By signing and submitting this form, the grantee is providing the certification set out on pages one and two in accordance with these instructions.
- (2) The certification set out on pages one and two is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- (3) Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- (4) Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
- (5) If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s). If it previously identified the workplaces in question, see paragraph (3) above.
- (6) Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:
 - "Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act, 21 U.S.C. § 812, and as further defined by 21 C.F.R. §§ 1308.11-1308.15.
 - "Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.
 - "Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance.
 - "Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) all "direct charge" employees (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement, consultants or independent contractors not on the grantee's payroll, or employees of subrecipients or subcontractors in covered workplaces).

TAB 21 - CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Included in this section is a Certification Regarding Debarment, Suspension, and other Responsibility Matters, as well as, the instructions for completion. Make sure you read the form (AD1047 or 1048) and it is signed and dated by the authorized signatory.



**Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. § 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud privacy, and other statutes may be applicable to the information provided.

(Read Instructions On Page Two Before Completing Certification)

- A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and
 4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

| | |
|---|---|
| ORGANIZATION NAME <div style="border: 1px solid red; height: 20px; width: 100%; background-color: #e0e0e0;"></div> | PR/AWARD NUMBER OR PROJECT NAME <div style="border: 1px solid red; height: 20px; width: 100%; background-color: #e0e0e0;"></div> |
| NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S) | |
| Prefix: <input style="width: 150px;" type="text"/> | First Name: <input style="width: 250px;" type="text"/> |
| Middle Name: <input style="width: 280px;" type="text"/> | |
| Last Name: <input style="width: 550px;" type="text"/> | |
| Suffix: <input style="width: 150px;" type="text"/> | |
| Title: <input style="width: 350px;" type="text"/> | |
| SIGNATURE(S) <div style="border: 1px solid red; height: 30px; width: 100%; background-color: #e0e0e0;"></div> | DATE <div style="border: 1px solid red; height: 30px; width: 100%; background-color: #e0e0e0;"></div> |

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Instructions for Certification

- (1) By signing and submitting this form, the prospective primary participant is providing the certification set out on page 1 in accordance with these instructions.
- (2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out on this form. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- (3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- (4) The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (5) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 C.F.R. Parts 180 and 417. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- (6) The prospective primary participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- (7) The prospective primary participant further agrees by submitting this form that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- (8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
- (9) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (10) Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

TAB 22 - CERTIFICATION REGARDING LOBBYING

Included in this section is a Certification Regarding Lobbying, as well as, the instructions for completion. Make sure you read the form and it is signed and dated by the authorized signatory.

CERTIFICATION FOR CONTRACTS, GRANTS AND LOANS

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 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 or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.

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 or loan, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including contracts, subcontracts, and subgrants under grants and loans) 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, 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.

(name) (date)

(title)

oOo

TAB 23 - STATEMENT OF COMPLIANCE WITH 2 CFR 200, 400 & 415, IF A NON-PROFIT ORGANIZATION OR, 2 CFR 200, 400 & 416 IF A STATE OR LOCAL GOVERNMENT

Include a statement indicating your agency will comply with 2 CFR 200, 400 & 415, if a non-profit organization or, 2 CFR 200, 400 & 416 if a state or local government. This is typically written on your company's letterhead.

The organization's authorized representative must sign and date it.

TAB 24 - ASSURANCES - NON-CONSTRUCTION PROGRAMS

Completed the Assurances-Non-Construction Program - SF424B. This will demonstrate to RD the organization's commitment to having an accounting system which is certifiable by a certified public accountant as stated in the Grant Agreement. Please sign and date the form after carefully reading it. A sample form is included.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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Prescribed by OMB Circular A-102

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

| | |
|---|---|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Completed on submission to Grants.gov | TITLE  |
| APPLICANT ORGANIZATION  | DATE SUBMITTED Completed on submission to Grants.gov |

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TAB 25 - RURAL DEVELOPMENT MANAGER'S RECOMMENDATION

To be completed by RD.

TAB 26 – T & MA CONTRACTOR’S REVIEW AND RECOMMENDATION

To be completed by your T & MA Contractor.

TAB 27 – NATIONAL OFFICE REVIEW

To be completed by the National Office.

TAB 28 – NARRATIVE STATEMENT

The Narrative Statement needs to include the following items:

- (a) Amount of request
 - (b) Areas to be served
 - (c) Number of houses proposed
 - (d) Housing conditions of low-income housing families
 - (e) Need for Self-Help Housing
 - (f) Evidence of community support
-
- (a) Amount of request
 - This amount should reflect the amount of 523 Funds your agency is proposing to request.
 - (b) Area to be served
 - Is the proposed area eligible according to RD specifications?
 - What is the area like?
 - Include maps, population information, and housing statistics.
 - Describe the potential location. Is there:
 - Growth in the area?
 - High occurrence of substandard housing?
 - Is the general composition of the families in the area geared toward the need for affordable home ownership?
 - Demonstrated knowledge and familiarity with area and the people?
 - (c) Number of houses proposed
 - State the number of houses proposed to be built.
 - (d) Housing Conditions of low-income families
 - Indicate the housing conditions in the area your agency plans to build (examples: overcrowding, substandard housing, lack of affordable housing, etc.).
 - (e) Need for the program
 - Why do families need self-help housing?
 - The need is based on the following:
 - Housing conditions
 - Cost of new housing
 - Vacancy rate
 - Income level of target population
 - Property conditions
 - Family size and ownership patterns
 - Cost of rental units
 - Public housing and housing assistance in area

- (f) Evidence of Community Support
- Include letters of support from members of the community.
 - Examples of potential sources:
 - Local businesses and other nonprofits
 - Banks
 - Churches
 - Community service agencies
 - Health department
 - Sheriff's department
 - Representatives of the county your agency plans to build in
 - County commissioners/supervisors
 - Legislatures representing your proposed service area
 - School board officials
 - Representatives of the community your agency plans to build in
 - Mayor
 - Police department
 - Why is community support necessary?
 - Additional funding source could be found
 - Political support
 - Creates positive self-help image
 - Steps to obtain community support
 - Brochure or fact sheet
 - Formal and informal talks with community leaders
 - Know benefits and drawbacks of self-help housing
 - Develop relationship with media
 - Be prepared for meetings
 - Prepare a presentation
 - What is self-help?
 - Present program as unique service
 - Ask for referrals of potential homeowners
 - Make certain that correct impression is given
 - Provide information about home ownership counseling that will be provided
 - Stress that families build homes

For purposes of the Rehab Application, the following items must also be included:

1. Rehab Policies and Procedures
2. Minimum/Maximum rehab cost per home.
3. Relocation Policy, if any.

TAB 29 - CURRENT FINANCIAL STATEMENT

A financial statement is required to be presented by the agency. The agency's most recent audit is the recommended to be included here. However, when submitting a financial statement, it needs to be structured including these items:

- (a) Specific nature of assets and liabilities
- (b) Prepared by accountant
- (c) No more than 12 months old
- (d) Must be dated and signed

If using a sponsor, the same financial information is required for that agency. The agency's most recent audit will also serve the purpose of the item.

TAB 30 - OUTREACH PLAN FOR VERY-LOW INCOME

This section must include information referenced in 1944-I, §1944.410(a)(5).

(a) Complete an outreach plan on your proposed strategy for reaching and recruiting low and very low-income families

- RD requires that a minimum of 40% of the applicants be very-low income. Meeting the goal that 40% of the families are very-low income is used as a performance objective in RD Instruction 1944-I, Exhibit O, 2.

(b) Develop a recruitment plan

• Step one

1. Know your target market

- Where do they work, go to church, live?
- What radio stations do they listen to?
- What papers do they read?
- What stores and laundry facilities do they go to?
- Do they mail bills or pay directly?
- What clubs do they belong to or what activities do they or their kids engage in?

2. Soliciting information

- Ask at initial public meetings
- Ask social service agencies
- Talk to ministers
- Conduct a survey

• Step two

1. Investigate

2. Contact these organizations, employers, churches, etc.

3. Tell them about the self-help housing program

4. Find out what cost-free methods for getting information into the target areas are available and what other methods will cost

• Step three

Analyzing the information

• Step four

1. Develop plan

2. Make decisions

- Where to and how to market
- When to market
- How often to market / advertise

(c) Implementation - Funding will affect these decisions

- How does the plan get implemented
- Who does each task - Staffing
- When does it get done - Time
 - Seasonal implications
- Free may not always be best

- (d) After the plan is finished, ask, “Am I getting my message to the most potential families and am I getting it to them in the most economical way?”
- (e) Recruitment methods
- No one method is superior to another
 - Find the method best suited to getting your message to families you want to recruit
 - Newspapers
 - Radio
 - TV
 - Flyers, posters, handouts
 - Direct mailings
 - Community meetings
 - Trade shows, human service fairs, mall exhibits
 - Organizations, colleges, trade schools, head start, and Migrant education centers
 - Churches
 - Local governments
 - Local employers
- (f) Develop a message to include the following:
- Benefits of self-help housing
 - Product
 - Price
 - Equity
 - Benefits for participants
 -
 - Pride
 - Providing good homes
 - Self-improvement
 - Security
 - Sense of accomplishment
 - Affordability
 - Creating interest
 - Attention
 - Advantages
 - Prove
 - Persuade
 - Ask for action

TAB 31 - HUD FAIR HOUSING MARKETING PLAN

In this section you will find a blank HUD Form 935.2 - Affirmative Fair Housing Marketing Plan (AFHMP) followed by the instructions for its completion.

This plan needs to describe how your agency will try to locate and recruit the families “LEAST LIKELY” to apply for the program.

Item 6(b) is often completed incorrectly. The following is a sample of the statement to complete it.

Sample – Item 6(b) - All staff will participate in special training sessions, workshops, conference conducted by US-HUD, RD, and other agencies as the training becomes available.

RD approves the AFHMP, signs, and returns to the grantee to be displayed wherever application for the program will be taken. RD will be checking that a current and approved AFHMP is posted while completing the Compliance Review.

4c. Marketing Program: Community Contacts. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below which are located in the housing market area. If more space is needed, attach an additional sheet. Notify HUD-Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

| Name of Group/Organization | Group Identification | Approximate Date (mm/dd/yyyy) | Person Contacted (or to be Contacted) |
|----------------------------|----------------------|--|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Address & Phone Number | Method of Contact | Indicate the specific function the Group/Organization will undertake in implementing the marketing program | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---------------------------|--|
| <p>5. Reserved</p> | <p>6. Experience and Staff Instructions (See instructions)</p> <p>6a. Staff has affirmative marketing experience. <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.</p> |
|---------------------------|--|

7. Additional Considerations Attach additional sheets as needed.

8. Compliance with AFHM Plan Regulations: By signing this form, the applicant agrees to ensure compliance with HUD's Affirmative Fair Housing Marketing Regulations (24 CFR 200.620).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Company

| For HUD-Office of Housing Use Only | For HUD-Office of Fair Housing and Equal Opportunity Use Only |
|--|---|
| Approved _____ Disapproved _____ (Check One) | |
| Signature & Date (mm/dd/yyyy) | Signature & Date (mm/dd/yyyy) |
| Name (type or print) | Name (type or print) |
| Title | Title |

Previous editions are obsolete

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ref. Handbook 8025.1

form HUD-935.2B (7/2008)

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

In General: The Affirmative Fair Housing Marketing (AFHM) Plan is used to ensure that Federal Housing Administration (FHA)-insured single family housing developers are taking necessary steps to eliminate discriminatory practices and to overcome the effects of past discrimination involving Federally insured housing. No application for any housing development insured under the Department of Housing and Urban Development's (HUD) housing programs, shall be funded without a HUD-approved AFHM Plan (See the "Applicability" section in the instructions below.) Single family housing developers complete the AFHM Plan only during the application process and the AFHM Plan is in effect until after initial occupancy. The responses are required to obtain or retain benefits under the Fair Housing Act, Section 808(e)(5) & (6) and 24 CFR Part 200, Subpart M. The form contains no questions of a confidential nature.

Applicability: Single family developers should answer the following two questions to determine if they need to complete an AFHM Plan or if they should complete block 11 on Form HUD-92541, Builder's Certification of Plans, Specifications, & Site. (See HUD Mortgagee Letter 1995-18 dated April 28, 1995 and 2001-09 dated April 2, 2001 for further instructions).

Question 1. (Check if applicable)

- a. Did you sell five (5) or more houses in the last twelve (12) months with HUD mortgage insurance?
- b. Do you intend to sell five (5) or more houses within the next twelve (12) months with HUD mortgage insurance?

If you did **not** check 1a or 1b, you do **not** have to complete an AFHM Plan. You should complete block 11 on the HUD-92541.

If you checked 1a and/or 1b, you must go to Question 2.

Question 2. (Check if applicable)

- a. I am a signatory in good standing to a Voluntary Affirmative Marketing Agreement (VAMA).
- b. I have an AFHM Plan that HUD approved.
- c. I have contracted with a company that has an AFHM Plan or who is a signatory to a VAMA to market my houses.
- d. I certify that I will comply with the following: (a) Carry out an affirmative marketing program to attract all minority and majority groups to the housing for initial sale. Such a program shall typically involve publicizing to minority persons the availability of housing opportunities regardless of race, color, religion, sex, disability, familial status or national origin, through the type of media customarily utilized by the applicants; (b) Maintain a nondiscriminatory hiring policy in recruiting from both minority and majority groups; (c) Instruct all employees and agents in writing and orally of the policy of nondiscrimination and fair housing; (d) Conspicuously display the Fair Housing Poster in all Sales Offices, include the Equal Housing Opportunity logo, slogan and statement in all printed material used in connection with sales, and post in a prominent position at the project site a sign that displays the Equal Opportunity logo, slogan or statement, as listed in 24 CFR 200.620 and appendix to subpart M to part 200. I understand that I am obliged to develop and maintain records on these activities, and make them available to HUD upon request.

If you checked "a, b, c, or d" in Question 2, you do **not** have to complete an AFHM Plan. You should complete block 11 on the HUD-92541.

If you did **not** check “a, b, c or d” in Question 2, you must complete an AFHM Plan.

Each applicant is required to carry out an affirmative program to attract prospective buyers of all minority and non-minority groups in the housing market area regardless of their race, color, religion, sex, national origin, disability or familial status (24 CFR 200.620). Racial groups include White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. Other groups in the housing market area who may be subject to housing discrimination include, but are not limited to, Hispanic or Latino, persons with disabilities, families with children, or persons of different religious affiliations. The applicant shall describe in the AFHM Plan the proposed activities to be carried out during advance marketing, where applicable, and the initial sales period. The affirmative marketing program also should ensure that any group(s) of persons ordinarily **not** likely to apply for this housing without special outreach (See Part 3), know about the housing, feel welcome to apply and have the opportunity to buy.

INSTRUCTIONS

Send completed form to: your local HUD Office
Attention: Director, Office of Housing

Part 1-Applicant and Project Identification.

Blocks 1a thru 1f-Self-Explanatory. Block 1g-the applicant should specify the approximate date for starting the marketing activities and the anticipated date of initial occupancy. Block 1h-the applicant should indicate the housing market area, in which the housing will be located. Block 1i - the applicant may obtain census tract location information from local planning agencies, public libraries and other sources of census data. Block 1j the applicant should complete only if a Sales Agent (the agent can not be the applicant) is implementing the AFHM Plan.

Part 2-Type of Affirmative Marketing Area:

The AFHM Plan should indicate the approximate racial composition of the housing market area in which the housing will be located by checking one of the three choices. Single family scattered site builder should submit an AFHM Plan that reflects the approximate racial composition of each housing market area in which the housing will be located. For example, if a builder plans to construct units in both minority and non-minority housing market areas, a separate AFHM Plan shall be submitted for each housing market area.

Part 3-Direction of Marketing Activity. Indicate which group(s) the applicant believes are least likely to apply for this housing without special outreach. Consider factors such as price or rental of

housing, sponsorship of housing, racial/ethnic characteristics of housing market area in which housing will be located, disability, familial status, or religious affiliation of eligible population, public transportation routes, etc.

Part 4-Marketing Program. The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in Part 3 of this AFHM Plan present in the housing marketing area that are least likely to apply. The applicant shall state: the type of media to be used, the names of newspaper/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in the AFHM Plan (e.g., White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, persons with disabilities, families with children, and religious affiliation), and the size or duration of newspaper advertising or length and frequency of broadcast advertising. Community contacts include individuals or organizations that are well known in the housing market area or the locality that can influence persons within groups considered least likely to apply. Such contacts may include, but need not be limited to: neighborhood, minority and women’s organizations, grass roots faith-based or other community based organizations, labor unions, employers, public and private agencies, disability advocates, schools and individuals who are connected with these organizations and/or are well-known in the community. Applicants should notify their local HUD–Office of Housing of any changes to the list in Part 4c of this AFHM Plan.

Part 5-Reserved

Part 6-Experience and Staff Instructions.

- 6a. The applicant should indicate whether he/she has had previous experience in marketing housing to group(s) identified as least likely to apply for the housing.

- 6b. Describe the instructions and training provided or to be provided to sales staff. This guidance to staff must include information regarding Federal, State and local fair housing laws and this AFHM Plan.

Copies of any written materials should be submitted with the AFHM Plan, if such materials are available.

Part 7-Additional Considerations. In this section describe other efforts not previously mentioned which are planned to attract persons least likely to apply for the housing.

Part 8-Compliance with AFHM Plan Regulation.

By signing, the applicant assumes full responsibility for implementing the AFHM Plan. HUD may monitor the implementation of this AFHM Plan at any time and request modification in its format or content, where deemed necessary.

Notice of Intent to Begin Marketing. No later than 90 days prior to the initiation of sales marketing activities, the applicant with an approved AFHM Plan shall submit notice of intent to begin marketing. The notification is required by the Affirmative Fair Housing Marketing Plan Compliance Regulations (24 CFR Part 108.15). It is submitted either orally or in writing to the Office of Housing in the appropriate HUD Office servicing the locality in which the proposed housing will be located.

OMB approval of the Affirmative Fair Housing Plan includes approval of this notification procedure as part of the AFHM Plan. The burden hours for such notification are included in the total designated for this AFHM Plan form.

Affirmative Fair Housing Marketing (AFHM) Plan - Single Family Housing

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0013
(exp. 1/31/2021)

| | | | | |
|--|------------------------|------------|---|----|
| 1a. Applicant's Name, Address (including City, State & Zip code) & Phone Number Self-Help Housing, Inc. 123 Main Street Anytown, FL 12345 123-456-7890 | 1c. Development Number | 2 | 1d. Number of Units | 12 |
| | 1e. Price Range | | 1f. Type of Housing | |
| | From \$ | 145,000.00 | <input checked="" type="checkbox"/> Development | |
| | To \$ | 175,000.00 | <input type="checkbox"/> Scattered Site | |
| 1g. Approximate Starting Dates (mm/dd/yyyy) | | | | |
| Advertising | | 03/01/2021 | | |
| Occupancy | | 01/02/2022 | | |

| | | | |
|---|---|------------------|----|
| 1b. Development's Name, Location (including City, State and Zip code) 456 Main Street Anytown, FL 12345 | 1h. Housing Market Area | 1i. Census Tract | 3a |
| | 1j. Sales Agent's Name & Address (including City, State and Zip Code) not applicable | | |

| | |
|--|---|
| 2. Type of Affirmative Marketing Area (check all that apply) | 3. Direction of Marketing Activity (Indicate which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts) |
| <input type="checkbox"/> White (non-minority) Area <input type="checkbox"/> Minority Area <input checked="" type="checkbox"/> Mixed Area (with <u>45</u> % minority residents) | <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Families with Children <input type="checkbox"/> Other _____ Specify _____ (e.g. specific ethnic group, religion, etc.) |

4a. Marketing Program: Commercial Media (Check the type of media to be used to advertise the availability of this housing)

Newspapers/Publications Radio TV Billboards Other (specify)

| Name of Newspaper, Radio or TV Station | Group Identification of Readers/Audience | Size/Duration of Advertising |
|--|---|------------------------------|
| Morning Newspaper | 30% hispanic/2% disabled/10% of population | duration of grant |
| Hometown Journal | 55% hispanic/10% disabled/18% of population | duration of grant |
| WABC - Spanish Radio | 85% hispanic/6% disabled/25% of population | duration of grant |
| | | |
| | | |

4b. Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster

(1) Will brochures, letters, or handouts be used to advertise? Yes No If "Yes", attach a copy or submit when available.

(2) For developmentsite sign, indicate sign size 8 x 4; Logo type size 6 x 3. Attach a photograph of sign or submit when available.

(3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the Sales Office Real Estate Office Model Unit Other (specify) Self-Help Housing Office

4c. Marketing Program: Community Contacts. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below which are located in the housing market area. If more space is needed, attach an additional sheet. Notify HUD-Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

| Name of Group/Organization | Group Identification | Approximate Date (mm/dd/yyyy) | Person Contacted (or to be Contacted) |
|--|--------------------------|-------------------------------|--|
| Hispanic Coalition | Hispanic/Dis | 03/01/2021 | Juan Perez |
| County Housing Authority | Hispanic/Dis | 03/01/2021 | Kelly Jones |
| Job Services | Hispanic/Dis | 03/01/2021 | Vanessa Carter |
| | | | |
| Address & Phone Number | Method of Contact | | Indicate the specific function the Group/Organization will undertake in implementing the marketing program |
| 601 Main Street; Anytown, FL 123-456-6547 | Telephone and email | | community contact, distribute information |
| 430 Maple Street; Anytown, FL 123-456-9183 | Visits, email, telephone | | Referrals |
| 155 Oak Street; Anytown, FL 123-456-4762 | Visits, email, telephone | | Referrals, distribute information |
| | | | |

5. Reserved

6. Experience and Staff Instructions (See instructions)

6a. Staff has affirmative marketing experience.
 No Yes

6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

7. Additional Considerations Attach additional sheets as needed.

8. Compliance with AFHM Plan Regulations: By signing this form, the applicant agrees to ensure compliance with HUD's Affirmative Fair Housing Marketing Regulations (24 CFR 200.620).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)
John Smith

Title & Name of Company
Executive Director of Self-Help Housing, Inc.

| For HUD-Office of Housing Use Only | For HUD-Office of Fair Housing and Equal Opportunity Use Only |
|--|---|
| Approved _____ Disapproved _____ (Check One) | |
| Signature & Date (mm/dd/yyyy) | Signature & Date (mm/dd/yyyy) |
| Name (type or print) | Name (type or print) |
| Title | Title |
| | |

Previous editions are obsolete

Page 2 of 5

ref. Handbook 8025.1

form HUD-935.2B (7/2008)

TAB 32 - DETERMINATION OF TA GRANT AMOUNT

The amount of the TA grant depends on the experience and capability of the applicant and must be justified based on the number of families to be assisted. You will need to request an Equivalent Value letter indicating the Equivalent Value of a Modest House from your state or local RD office. The letter should cite the average cost of land, site development, total square footage and living square footage. You will include the letter with your determination of TA grant amount. A sample is included.

As outlined in the 1944-I, there are five methods to calculate the TA grant amount. The maximum grant amounts for any grant period will be limited to one of the following methods:

A) An average TA cost equivalent per unit of no more than 15 percent of the cost of equivalent value of modest homes built in the area. NOTE: Equivalent value can be provided by the Local RD Office. You need to request a letter from RD to include the average total square footage, number of bedrooms and bathrooms, the site and cost of lands and the development costs.

Sample:

$$\text{TA Grant Amount} \div \text{Number of Houses Proposed} = \text{TA Cost per House} \\ \$300,000 \div 15 = \$ 20,000$$

$$\text{TA Cost per House} \div \text{Equivalent Value} = \text{TA Percentage} \\ \$20,000 \div \$150,000 = 13.33\%$$

(B) An average TA cost per equivalent unit that does not exceed the difference between the equivalent value of modest homes in the area and the average mortgage of the participating families minus \$1,000.

Sample:

$$\text{Equivalent Value} - \text{Average Self-Help Mortgage} - \$1,000 = \text{TA Cost per House.} \\ \$150,000 - \$120,000 - \$1,000 = \$29,000$$

$$\text{TA Cost per House} \times \text{Number of Houses Proposed} = \text{TA Grant Amount} \\ \$29,000 \times 15 = \$435,000$$

(C) A TA per equivalent unit that does not exceed an amount established by the State Director. The State Director may authorize a greater TA cost than method (A) and (B) of this section when needed to accomplish a particular objective, such as requiring the grantee to serve very low-income families, remote areas, or similar situations.

Several Additional sample calculations are shown below.

Requested Grant Amount:

(#DIV/0!

x

0)

Determination of TA Grant Amount



Equivalent Value (EV) of modest built in area
(See letter from SH Loan Specialist)



of homes built under the grant proposal



Requested TA cost per house



Maximum Allowed TA cost per house (15% of EV)



Actual percentage of Equivalent Value



Average Mortgage of families

Calculation A:

| | |
|--------------------------------|--------------|
| Grant Amount: | \$0.00 |
| No. of homes built | 0 |
| Requested TA amount | #DIV/0! |
| EV modest home built in area | \$333,000.00 |
| Percentage of Equivalent Value | #DIV/0! |

Calculation B:

| | | |
|------------------------------|----|--------------|
| EV modest home built in area | | \$333,000.00 |
| Average Mortgage of Families | \$ | - |
| | | -\$1,000.00 |
| | | <hr/> |
| | | \$332,000.00 |

| | | |
|------------------------------|--|--------------|
| EV modest home built in area | | \$333,000.00 |
| 15% of EV | | *15% |
| Maximum allowed TA cost | | <hr/> |
| | | \$49,950.00 |

Determining TA Grant Amount of Self-Help Rehabilitation

In the self-help regulations, RD has made it a goal of the rehab program to have the TA cost be less than or equal to the average cost savings of the homes. When considering a self-help rehab program, an organization needs to determine what the likely cost savings may be and take that into consideration when calculating a requested amount. The methods of determining cost savings follow.

-RD Instruction 1944-I § 1944.407

The amount of the TA grant depends on the experience and capability of the applicant and must be justified based on the number of families to be assisted. As a guide, the maximum grant amounts for any grant period will be limited to (d) A negotiated amount for repair and rehabilitation type proposals. At a minimum, applicants applying for repair and rehabilitation grants must include information on the proximity of the houses in a project, the typical needed repairs, and the cost savings between self-help and contractor rehabilitation and repair. This amount should be reviewed as an average grant cost savings to the family which is greater than or equal to the TA per equivalent unit cost.

Projected Average Cost Savings for Families

Program participants should realize an adequate cost savings, as defined in RD Instruction 1944-I from the family labor participation in order for a project to be undertaken by grantee. As with the “Sweat Equity” in the mutual self-help program which varies greatly from project to project, from area to area, and from grantee to grantee, it is anticipated that the cost savings received in rehab projects will see similar variances. Cost savings is ideally realized through the amount the participant will be contributing but may be calculated utilizing an approved method such as the ones described below.

Grantees have three options for calculating cost savings described in *RD Instruction 1944-I Exhibit K-2- Contractor Cost Savings, Appraised Value and Hourly Rate of Labor Contribution*. Below are examples of each method.

1.) Contractor Cost Savings: This method should be considered first and requires comparing a contractor bid or cost estimating software amount for work to be completed by the participating family.

The grantee will need to create a Scope of Work for all the repairs needed to complete the project. Calculate what each task would cost if the repairs were contracted out. Once the repairs have an estimated budget deduct materials, equipment, and any sub-contracted repairs. The remaining repairs would be considered the Scope of Work the family will be required to complete. Those tasks will be the cost savings the family will receive for their labor contribution.

Example Job Summary:

Remove and install 6 new Double Hung Low E windows wrap exterior trim with coil stock. Remove and install new panel steel front door w/ adjustable threshold and rear 9 lite steel door w/ adjustable threshold both bored for deadbolt. Remove 1500 sq. ft. of existing aluminum siding and replace with D 4 vinyl siding. Remove 800 sq. ft. of carpeting/padding repair sub floors and replace with laminate flooring.

Windows: Material (\$1,557.50) + Labor (\$1,665.00) = \$3,222.50

Doors/ Locksets Material (\$1,633.50) + Labor (\$939.00) = \$2,572.50

Siding: Material (\$4,810.00) + Labor (\$6,615.00) = \$11,425.00

Flooring: Material (\$1,559.00) + Labor (\$5,747.50) = \$7,306.50

Total Project Costs if Contracted: \$24,526.50

Minus Material: \$9,560.00

Family Cost Savings based labor contribution: \$14,966.50

2.) Appraised Value: This method takes the purchase price of home and compare the as improved appraised value to determine an equity model similar to that used in self-help new construction.

Example Appraised Value Comparison:

As- Improved Value After Repairs \$125,000.00

Purchase Price (loan amount) \$114,500.00

Family Cost Savings \$10,500.00

3.) Hourly Rate of Labor Contribution: This method would include establishing a typical hourly rate for the job task and multiplying it by the hours family contributed. The “National Construction Cost Estimator”, “Homewyse.com” or other comparable software may be used to compute and establish cost savings.

Example of Hourly Rate Summary:

Remove/dispose and Install 6 DH vinyl windows:

Rate \$80.99 x 14.8 hours = \$1,198.65

Remove and Install 2 entry doors w/ locksets:

Rate \$122.02 x 7.6 hours = \$927.35

Remove and Install 1500 sq. ft. vinyl siding:

Rate demo \$59.99 x 20.4 hours = \$1,223.80

Rate installation \$66.35 x 83.8 hours = \$5,560.13

Remove old flooring/ Install 800 sq. ft. laminate flooring:

Rate removal \$23.90 x 8.3 hours = \$198.37

Rate installation \$56.02 x 46.4 hours = \$2,599.33

Family Cost Savings based on hourly contribution \$11,707.63 18

TAB 33 - INTERGOVERNMENTAL REVIEW SUBMITTAL

The self-help program is subject to the provision of Executive Order 12372 which requires intergovernmental consultation with State and local officials. Under Subpart J of Part 1940 (available in any RD Agency office), new applicants for the self-help program must submit their Statement of Activities to the State single point of contact prior to submitting their pre-application to the RD. The name of the point of contact is available from the RD State Office or your Regional Contractor.

Intergovernmental Review (SPOC List)

In 2018 the Federal Government outlaid approximately \$700 billion in grants to State and local governments. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on State and local processes for the coordination and review of proposed Federal financial assistance and direct Federal development. The Order allows each State to designate an entity to perform this function. Below is the official list of those entities. For those States that have a home page for their designated entity, a direct link has been provided below by clicking on the State name.

States that are not listed on this page have chosen not to participate in the intergovernmental review process, and therefore do not have a SPOC. If you are located within a State that does not have a SPOC, you may send application materials directly to a Federal awarding agency.

Contact information for Federal agencies that award grants can be found in Appendix IV of the Catalog of Federal Domestic Assistance.

***** SPOC List as of April 20, 2020 *****

| | |
|---|---|
| <p>ARIZONA Matthew Hanson, GPC Statewide Grant Administrator ADOA, Office of Grants and Federal Resources 100 N. 15th Avenue, 4th Floor Phoenix, AZ 85007 Telephone (602) 542-7567 Fax: None Matthew.Hanson@azdoa.gov</p> | <p>ARKANSAS Gwen Ervin-McLarty Program Manager Office of Intergovernmental Services Department of Finance and Administration 1515 W. 7th St., Room 412 Little Rock, Arkansas 72203 Telephone (501) 682-5252 Fax (501) 682-5206 Gwen.ervin-McLarty@dfa.arkansas.gov</p> |
| <p>CALIFORNIA Grants Coordination State Clearinghouse Office of Planning and Research P.O. Box 3044, Room 222 Sacramento, California 95812-3044 Telephone (916) 445-0613 Fax (916) 323-3018 state.clearinghouse@opr.ca.gov</p> | <p>DELAWARE Allison Kowalchick Budget Development, Planning and Administration Office of Management and Budget 122 Martin Luther King Jr. Blvd, South Dover, DE 19901 Telephone 302-672-5125 Allison.Kowalchick@state.de.us</p> |
| <p>DISTRICT OF COLUMBIA Pat Henry Office of Partnerships and Grant Services 441 4th Street, NW (Judiciary Square) Suite 707 North Washington, DC 20001 Telephone (202) 727-8900 Fax None http://opgs.dc.gov</p> | <p>FLORIDA Chris Stahl Florida State Clearinghouse Florida Dept. of Environmental Protection 3800 Commonwealth Blvd. Mail Station 47 Tallahassee, Florida 32399-2400 Telephone (850) 717-9076 Chris.Stahl@dep.state.fl.us Submissions: State.Clearinghouse@dep.state.fl.us</p> |
| <p>IOWA Debra Scrowther Iowa Department of Management State Capitol Building Room G12 1007 E Grand Avenue Des Moines, Iowa 50319 Telephone (515) 281-8834 Fax (515) 281-7076 Debra.Scrowther@iowa.gov</p> | <p>KENTUCKY Lee Nalley The Governor's Office for Local Development 1024 Capital Center Drive, Suite 340 Frankfort, Kentucky 40601 Telephone (502) 573-2382 Ext. 274 Fax (502) 573-1519 Lee.Nalley@ky.gov</p> |

| | |
|---|---|
| <p>LOUISIANA Terry Thomas Louisiana SPOC for EPA Grant Office of Management and Finance LA Department of Environmental Quality Baton Rouge, LA 70821-4303 Telephone: (410) 767-4490 Phone (225) 219-3840 Fax (410) 767-4480 Fax (225) 219-3846 mdp.clearinghouse@maryland.gov Terry.Thomas@la.gov</p> | <p>MARYLAND Jason Dubow, Manager Maryland Department of Planning Resource Conservation & Management 301 West Preston Street, Suite 1101 P.O. Box 4303 Baltimore, Maryland 21201-2305</p> |
| <p>MISSOURI Sara VanderFeltz Federal Assistance Clearinghouse Office of Administration Commissioner's Office Capitol Building, Room 125 Jefferson City, Missouri 65102 Telephone (573) 751-0337 Fax (573) 751-1212 sara.vanderfeltz@oa.mo.gov http://planning.maryland.gov/OurWork/GrantResources.shtml</p> | <p>NEVADA Office of Grant Procurement, Coordination and Management Single Point of Contact 406 East 2nd Street, First Floor Carson City, Nevada 89701 Telephone (775) 684-5676 Fax (775) 684-0260 grants@admin.nv.gov</p> |
| <p>NEW HAMPSHIRE Wendy Gilman New Hampshire Office of Energy and Planning Attn: Intergovernmental Review Process Wendy Gilman 107 Pleasant Street, Johnson Hall Concord, New Hampshire 03301 Telephone (603) 271-0596 wendy.gilman@osi.nh.gov</p> | <p>SOUTH CAROLINA Bonny L. Anderson Grants Services Coordinator Executive Budget Office 1205 Pendleton Street Edgar A. Brown Building, Suite 529 Columbia, South Carolina 29201 Telephone (803) 734-0435 Fax (803) 734-0645 Bonny.Anderson@admin.sc.gov</p> |
| <p>UTAH Ken Matthews Utah State Clearinghouse Governor's Office of Planning and Budget Utah State Capitol Complex Suite E210, PO Box 142210 Salt Lake City, Utah 84114-2210 Telephone (801) 538-1149 Fax (801) 538-1547 stategrants@utah.gov</p> | <p>WEST VIRGINIA Susan K. Foster Grant Management Specialist West Virginia Development Office Building 3, Suite 700 Capitol Complex Charleston, WV 25305 Telephone (304) 957-2032 Susan.K.Foster@wv.gov</p> |

| | |
|--|---|
| <p> PUERTO RICO Jose I. Marrero Rosado Puerto Rico Planning Board Federal Proposals Review Office P.O. Box 9023228 San Juan, Puerto Rico 00902-3228 Telephone (787) 725-9420 Fax (787) 725-7066 Jmarrero@ogp.pr.gov CC: Alexandria.ortiz@ogp.pr.gov </p> | <p> AMERICAN SAMOA Mr. Jerome Ierome Administrator, Office of Grants Oversight and Accountability Coordinator, ASG High Risk Task Force Office of the Governor American Samoa Government (ASG) A.P. Lutali Executive Office Building American Samoa, 96799 Telephone: (684) 633-4116 Fax: (684) 633-2269 jerome.ierome@go.as.gov </p> |
| <p> VIRGIN ISLANDS Julio Rhymer, Acting Director Office of Management and Budget No. 5041 Norre Gade Emancipation Garden Station, 2nd Floor St Thomas, Virgin Islands 00802 Telephone (340) 774-0750 Fax None Julio.rhymer@omb.vi.gov </p> | |

Changes to this list can be made only after OMB is notified by a State's officially designated representative. E-mail messages can be sent to Hai_Tran@omb.eop.gov. If you prefer, you may send correspondence to the following postal address:

Attn: Grants Management
 Office of Management and Budget
 New Executive Office Building, Suite 6025
 725 17th Street, NW
 Washington, DC 20503

Please note: Inquiries about obtaining a Federal grant should not be sent to the OMB e-mail or postal address shown above. The best source for this information is the Catalog of Federal Domestic Assistance or CFDA (<http://www.cfda.gov>) and the Grants.gov website (<http://www.grants.gov>).

TAB 34 – CIVIL RIGHTS IMPACT ANALYSIS

To be completed by RD.

TAB 35 – COMPLIANCE REVIEW (PRE-AWARD)

Certain RD offices may request that the grantee complete Section I, Statistical Information. It is recommended to contact your RD office to obtain further details about the completion of this form.

Demographic information for applicants and families on wait lists should be provided to RD regularly.

Included is a sample RD Form 400-8.

Close

Save

Submit

1

USDA
Form RD 400-8
(Rev. 06-10)

Position 5

FORM APPROVED
OMB No. 0575-0018
OMB No. 0570-0062

| | | |
|---|---|---|
| DATE OF REVIEW | COMPLIANCE REVIEW (Nondiscrimination by Recipients of Financial Assistance through U. S. Department of Agriculture) | STATE |
| SOURCE OF FUNDS <input type="checkbox"/> Direct <input type="checkbox"/> Insured | | COUNTY |
| | | CASE NUMBER |
| | | DATE LOAN OR GRANT CLOSED |
| TYPE OF ASSISTANCE | | |
| <input type="checkbox"/> Housing Preservation Grant | <input type="checkbox"/> Water and Waste Disposal Loan or Grant | <input type="checkbox"/> RRH and LH Organization |
| <input type="checkbox"/> RBEG | <input type="checkbox"/> Grazing Association | <input type="checkbox"/> Intermediary Relending Program |
| <input type="checkbox"/> RBOG | <input type="checkbox"/> EO Cooperative | <input type="checkbox"/> Rural Housing Site Loans |
| <input type="checkbox"/> B&I Loans | <input type="checkbox"/> Community Facilities | <input type="checkbox"/> Cooperative Service |
| | <input type="checkbox"/> RMAP | <input type="checkbox"/> Other |

NAME OF BORROWER ORGANIZATION OR ASSOCIATION

ADDRESS OF BORROWER

I. STATISTICAL INFORMATION

(For the purpose of this report, the term "PARTICIPANTS" will be used to describe "USER," "MEMBERS," OCCUPANTS," "SITE PURCHASER" OR Potential Users for pre-loan closing compliance reviews, as applicable.)

A(1).

| ETHNICITY | POPULATION | | PARTICIPANTS | | | |
|------------------------|------------|------|--------------|---|-------------|---|
| | No. | % | THIS REVIEW | | LAST REVIEW | |
| | No. | % | No. | % | No. | % |
| Hispanic or Latino | | | | | | |
| Not Hispanic or Latino | | | | | | |
| TOTAL | | 100% | | | | |
| MALE | | | | | | |
| FEMALE | | | | | | |

According to the paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0018 and 0570-0062. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Close

Save

Submit

Close

Save

Submit

A(2).

POPULATION

PARTICIPANTS

THIS REVIEW LAST REVIEW

| RACE | POPULATION | | PARTICIPANTS | | PARTICIPANTS | |
|---|-------------------|-------------|---------------------|-------------|---------------------|-------------|
| | No. | % | No. | % | No. | % |
| American Indian/ Alaskan Native | | | | | | |
| Asian | | | | | | |
| Black or African American | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | |
| White | | | | | | |
| TOTAL | | 100% | | 100% | | 100% |
| Male | | | | | | |
| Female | | | | | | |

A (3).

EMPLOYEES

**BOARD OF
DIRECTORS**

MALE FEMALE

MALE FEMALE

| ETHNICITY | EMPLOYEES | | EMPLOYEES | | BOARD OF DIRECTORS | | BOARD OF DIRECTORS | |
|---------------------------|------------------|---|------------------|---|---------------------------|---|---------------------------|---|
| | No. | % | No. | % | No. | % | No. | % |
| Hispanic or Latino | | | | | | | | |
| Not Hispanic or Latino | | | | | | | | |
| TOTAL | | | | | | | | |

Close

Save

Submit

Close

Save

Submit

3

A (3). cont.

EMPLOYEES

MALE FEMALE

| RACE | No. | | % | | No. | | % | |
|---|-----|--|---|--|-----|--|---|--|
| | | | | | | | | |
| American Indian Alaskan Native | | | | | | | | |
| Asian | | | | | | | | |
| Black or African American | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | | | |
| White | | | | | | | | |
| TOTAL | | | | | | | | |

**BOARD OF
DIRECTORS**

MALE FEMALE

| RACE | No. | | % | | No. | | % | |
|---|-----|--|---|--|-----|--|---|--|
| | | | | | | | | |
| American Indian Alaskan Native | | | | | | | | |
| Asian | | | | | | | | |
| Black or African American | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | | | |
| White | | | | | | | | |
| TOTAL | | | | | | | | |

II. APPLICATION INFORMATION (Project, Facility, Complex or Lender)

B(1).

Number of
Applications Received

This Review

Last Review

Number of
Applications ApprovedNumber of
Applications RejectedNo. of
Applications Withdrawn

| ETHNICITY | No. | | % | | No. | | % | | No. | | % | |
|---------------------------|--------|--|---|--|-----|--|---|--|-----|--|---|--|
| | | | | | | | | | | | | |
| Hispanic or Latino | | | | | | | | | | | | |
| Not Hispanic or Latino | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |
| TOTAL | Male | | | | | | | | | | | |
| | Female | | | | | | | | | | | |
| | | | | | | | | | | | | |

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B (1.) cont.

4

Number of Applications Received

Number of Applications Approved **Number of Applications Rejected** **Number of Applications Withdrawn**

This Review **Last Review**

| RACE | This Review | | Last Review | | Number of Applications Approved | | Number of Applications Rejected | | Number of Applications Withdrawn | |
|---|-------------|---|-------------|---|---------------------------------|---|---------------------------------|---|----------------------------------|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| American Indian/ Alaskan Native | | | | | | | | | | |
| Asian | | | | | | | | | | |
| Black or African American | | | | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | | | | | |
| White | | | | | | | | | | |
| TOTAL | | | | | | | | | | |
| TOTAL | Male | | | | | | | | | |
| | Female | | | | | | | | | |
| | | | | | | | | | | |

A. Are racial and gender of the participants and the number of employees in proportion to the population percentages?
 YES NO

B. Number of participants as of last review: _____ Date of last review: _____

C. Are all interested individuals permitted to file an application (written or otherwise) for participation?..... YES NO
 If "NO" explain why not: _____

D. Does or will recipient of financial assistance maintain adequate records on the receipt and disposition of applications, including a list of applicants wishing to become participants?..... YES NO

If "NO" what action is being taken to establish adequate records: _____

If "YES" number of applicants wishing to become participants on list _____

Number on list from minority group _____

The list of the applicants will include ethnicity, race, and gender of potential applicants.

E. Number of applications received from prospective participants since last review: Total _____

If zero skip to III.

From minority group applicants _____

F. Number of applications which have been withdrawn since last review: Total _____

Number of applications which have been rejected since last review: Total _____

From minority group applicants _____

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5

G. Number of applications now pending on which no action has been taken: Total..... _____
 From minority group applicants..... _____

III. LOCATION OF THE FACILITY

A. Does the location of the facility or complex have the effect of denying access to any person on the basis of race, color, national origin, age, sex, or disability? YES NO

B. Describe the racial makeup of the area surrounding the facility (if area is not the same as population).

IV. USE OF SERVICES AND FACILITIES

A. Are all participants required to pay the same fees, assessments, and charges per unit for the use of the facilities?..... YES NO

If "NO", explain: _____

B. Explain how charges for services, i.e., rent, connection, and user fees are assessed.

C. Is the use of the services or the facilities restricted in any manner because of race, color, or national origin?..... YES NO
 If "YES", explain: _____

D. Is there evidence that individuals, in a protected class, are provided different services, charged different or higher rate amounts than others? YES NO
 If "YES", explain: _____

E. List the methods used by the recipient to inform the community of the availability of services or benefits of the facility. (newspaper, radio, tv, etc.).

F. Do these methods reach the minority group population equally with the rest of the community?..... YES NO

G. Are appropriate Equal Opportunity posters conspicuously displayed? (And Justice For All and the Fair Housing poster) YES NO

H. Do written materials, i.e., ads, pamphlets, brochures, handbooks and manuals, have a nondiscrimination statement, Fair Housing, and/or accessibility logo or Equal Opportunity statement? YES NO

I. Describe the efforts of the recipient to attract minorities, females, and persons with disabilities to serve on the advisory board, board of directors, or similar boards.

J. Indicate whether the facility is being properly maintained and whether services are provided on a timely basis.

Close

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Close

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Submit

K. Describe any restrictions that may exist on the use of the facility, i.e., no playgrounds for children; restrictions on use by minorities, segregated or prohibited by age or disability of tenant or other participants.

L. If participation is restricted by age of beneficiary, please indicate any Federal statute, or state or local ordinance which may permit such restrictions.

M. How does this facility compare-with other similar facilities in the area serving low income beneficiaries which are privately or federally financed by other agencies.

Answer N for RRH and LH only:

N. Does the organization's Operating Rules provide for standard reasons for eviction? YES NO

If "YES," specify: _____

Are these reasons stipulated in the Lease Agreements? YES NO

If not, how are they made known to participants? _____

**V. ACCESSIBILITY REQUIREMENTS (DISABILITY)
(For All Programs Funded By Rural Development)**

A. Does the facility or project have an accessible route through common use areas? YES NO

B. Has a self-evaluation for Section 504 of the Rehabilitation Act been conducted and a transition plan developed for all structural barriers? YES NO

C. Does this facility or project have a Telecommunication Device for the Deaf (TDD) or participate in a relay service? YES NO

If not, is this part of the self-evaluation and transition plan? YES NO

D. Describe reasonable accommodations made by the recipient for making the program accessible to individuals with disabilities.

VI. ACCESSIBILITY REQUIREMENTS FOR RURAL RENTAL HOUSING

A. Does the complex meet the 5% accessibility requirement of 504 of the Rehabilitation Act of 1973 for facilities built after June 1982? YES NO

B. Are the units occupied by persons with disabilities in need of the special design features? YES NO

C. If not, indicate what outreach has been conducted utilizing appropriate organizations and advertising to reach the individuals in need of such units.

Close

Save

Submit

**VII. ACCESSIBILITY REQUIREMENTS FOR COMMUNITY FACILITIES
(Health Care Facilities)**

- A. List methods used by health care providers to communicate with the hearing impaired in the emergency room.
- B. List methods used to communicate waivers and consent to treatment requirements to persons with disabilities, including those with impaired sensory or speaking skills.
- C. Are there restrictions in delivery of services for the treatment of alcohol, drug addiction or other related illnesses?
(Aids, Hepatitis) YES NO

**VIII. COMPLEXES AND FACILITIES THAT PROVIDE HOUSING
(Nursing Homes, Retirement Group, Rural Rental)**

- A. Does the facility have an approved Affirmative Fair Housing Marketing Plan? YES NO
- B. Is there a copy of the most recently approved plan being used and conspicuously posted? YES NO
- C. Is management meeting the objectives of the plan? YES NO
- If not, is there an updated plan in place? _____

IX. PROGRAMS THAT CREATE EMPLOYMENT

- A. Is there evidence that individuals in a protected class are required to meet different employment selection criteria than non-minorities? YES NO
- B. Is there evidence that individuals of a protected class are being terminated in a disproportionate rate than non-minority employees? YES NO
- C. Do recipients that employ fifteen or more persons have a designated person to coordinate its efforts to comply with Section 504 of the Rehabilitation Act of 1973? YES NO
- D. Has the recipient provided reasonable accommodations to the known physical or mental impairment of employees with disabilities? YES NO

X. CONTACTS WITH INDIVIDUALS AFFILIATED WITH THE FACILITY OR COMPLEX

- A. List contacts made with a diverse selection of tenants, users, patients, employees, and others affiliated with the facility or complex. List by name, race, sex, and disability (if provided).
- B. Summarize comments made by the person(s) contacted.

XI. COMMUNITY CONTACTS

A. List contacts made with community leaders and organizations representing minorities, females, families with children, and individuals with disabilities. Include the date and the method of contact.

B. Summarize comments made by person(s) contacted.

XII. PAST ASSISTANCE FROM RD OR OTHER FEDERAL AGENCY

A. List past loans or other federal financial assistance from other agencies.

B. Does the recipient have a pending application with RD or another Federal agency? YES NO

XIII. CIVIL RIGHTS COMPLIANCE HISTORY

Provide a history of the following:

A. Compliance Review. Has this recipient had a finding of non-compliance by RD or another federal agency? YES NO

B. Discrimination Complaints. Has a complaint of prohibited discrimination been filed against this recipient in the past three (3) years? YES NO

C. Law Suit. Has a law suit based on prohibited discrimination been filed against this recipient in the past three (3) years? If so, describe and attach copies of the law suit. YES NO

D. Did the recipient take appropriate corrective or remedial action to achieve compliance with civil laws or to resolve any discrimination complaint cases or law suits? YES NO

E. Identify the resources and or contacts used in verifying the recipient's past civil rights compliance history.

XIV. CONCLUSIONS

A. Did your review of the records maintained by the association or organization disclose any evidence of discrimination on the grounds of race, color, national origin, sex, age, or disability in the services or use of the facility? YES NO
If "YES," describe in detail such discrimination:

B. Did your contacts with community leaders, including minority leaders, disclose any evidence of discrimination as to race, color, national origin, sex, age, or disability in the services or use of the facility? YES NO

C. Did your observation of this borrower's operations or proposed operations indicate any discrimination on the grounds of race, color, national origin, sex, age, or disability in the services or use of the facility? YES NO
If "YES," describe in detail such discrimination:

D. Comments for other observations or conclusions:

Based upon my observation of this borrower's operation or proposed operation and the attitude of the Governing Body and Officials it is my opinion that the Recipient _____ Is _____ Is Not complying with the requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and Title IX of the Education Amendments Act of 1972.

DATE

COMPLIANCE REVIEW OFFICER

XV. RECIPIENT IS IN NON-COMPLIANCE (Complete only if there is a finding of non-compliance)

A. Sent recipient notice of non-compliance on this date _____.

B. Date of compliance meeting _____.

C. Target date for recipient to voluntarily comply _____.

D. Recipient has complied with all requirements and made all necessary corrective action by this date _____.

E. Describe all meetings with recipient to achieve compliance.

F. Recipient has refused to voluntarily comply by this date _____.

G. Comments:

TAB 36 – OGC REVIEW (IF NECESSARY)

RD's Office of General Counsel may need to review the organizations eligibility to receive a grant. Typically, only necessary for new grantees or if a grantee changes its organizational structure.

TAB 37 – PREVIOUS EXPERIENCE

Before giving an organization any funds to operate a Self-Help Housing Program, RD requires that organizations have the financial, legal, and administrative capacity to carry out the responsibilities of the Grant Agreement.

Include things such as:

- Summaries of previous and current programs funded by RD. Include dates, budget totals and results, if applicable.
- Summaries of previous and current non-RD programs. Include dates, budget totals and results, if applicable. Be sure to state the funding source if it is not well known.
- A description of current capabilities: management, administration, staffing, licensing, or certifications.
- Experience or capability of relevant staff and/or board members.
- Objectives of the organization – one must be production of affordable housing.

TAB 38 – ORGANIZATIONAL PAPERS

Organizational documents for the agency need to be included as follows:

(a) Reference to State Law

- A copy of the provisions of the state law under which the agency is organized, or an accurate reference to the provision(s) organized under.

(b) Certified copies of Articles of Incorporation and Bylaws, or other evidence of corporate existence

- A certified copy (signed and with the corporate seal) of your Articles of Incorporation (or other documentary evidence of corporate existence). One of the purposes must be the production of affordable housing.
- A certified copy (signed and with the corporate seal) of your By-Laws is required.

(c) Certificate of incorporation for other than public bodies

(d) Evidence of Good Standing from the State

(e) Names and addresses of Board of Directors, officers, and members (plus principal business of any member that is an organization)

- The Board of Directors must consist of not less than five. For smaller organizations (i.e. less than 5 staff members) a board of 3 is authorized.

(f) Copy of 501(c)(3), if non-Profit or other documentation if not a non-profit

| | |
|---------------------------|---|
| LIST OF APPENDICES | |
| Appendix 1 | |
| | Self-Help Housing TA Grant Application Review Checklist |
| Appendix 2 | |
| | Self-Help Housing TA Rehab Application Review Checklist |
| Appendix 3 | |
| | List and links to key regulations |
| Appendix 4 | |
| | Links to 523 Application Forms |

APPENDIX 1

Self-Help Housing Technical Assistance Grant APPLICATION REVIEW CHECKLIST

(1) a. Application for Federal Assistance (for Non-Construction)

Instruction No. 1944.410(e) Standard Form 424 Version 02

_____ Complete _____ Incomplete

Date of Application _____

Yes / No Is the legal name entered on the application the same as it appears on the Articles of Incorporation? If no, then enter legal name _____

Yes / No Is the DUNS Number indicated?

Yes / No Is the description of the program adequate, including number of homes planned, self-help method, very low- and low-income participants, area, and the time period for the program?

Yes / No Do the totals on the SF-424 agree with the totals on the SF-424A, Budget Information – Non-Construction Program?

Yes / No Includes Intergovernmental Review Response, if appropriate?
1944.409 Box 19, SF 424 Version 02

(2) Waiting list of participants

Instruction No. 1944.410 (e)(1)

_____ Complete _____ Incomplete

Yes / No Includes a waiting list providing evidence that there are low-income families willing to contribute labor. 3:1 ratio recommended

Yes / No Does the waiting list appear to be adequate to recruit for future participants in the program? If not, why? _____

Yes / No Includes Names and Addresses

Yes / No Includes Number in Households

Yes / No Includes total annual household income

Yes / No Indicates that families are interested in Self-Help Method

(3) Proof of eligibility for the participants in the first group

Instruction No. 1944.410 (e)(2)

_____ Complete _____ Incomplete

Yes / No Includes Determination of RD Eligibility Letters, Private Bank Loan Letters or Letters of Financial Assistance indicating that the first group of participants has been qualified for loans?

Yes / No If other mortgage funds are to be used, has source of other mortgage funds been adequately identified?

Yes / No Does the approved loan amount meet projected package cost?
If not, is there a narrative explaining the difference?

_____ Average Package Cost

_____ First Building Group Size

_____ Number of Eligibility Letters

Yes / No Does the size of first group correspond to monthly activity schedule?

(4) Lot options for first group

Instruction No. 1944.410 (e)(3)

_____ Complete _____ Incomplete

Yes / No Is there a current signed option for each applicant and accepted by the seller?

Yes / No Does the costs of the lots to the families appear to be affordable?

Yes / No Includes evidence that lots are optioned by first group of Families?

Number of lots: _____ Number in first group: _____

Yes / No Do applicant names correspond with names on eligibility letters?

Yes / No Do sellers names correspond to members on the Board of Directors or staff?

Yes / No Narrative adequately explaining land availability, infrastructure and, if needed, site development issues?

Yes / No Includes maps and/or site plans?

(5) Evidence of lot availability for remaining groups

Instruction No. 1944.410(e)(3)

_____ Complete _____ Incomplete

Yes / No Includes the availability of lots for the remaining total number of proposed houses to be built during grant period.

Type of documentation provided: _____

Number of lots needed to complete grant: _____

Number of lots provided: _____

Yes / No Includes the projected cost of sites (indicates water/sewer information).

Yes / No Includes maps of the proposed area.

Yes / No Narrative adequately explains land availability, infrastructure and, if needed site development/scattered site issues?

(6) House plans, specifications, and detailed cost estimates

Instruction No. 1944.410 (e)(4)

_____ Complete _____ Incomplete

Yes / No Are the house plans modest in size and features?

_____ Indicate square footage of proposed homes.

Yes / No If the square footage is over T&MA Contractor's Best Practice recommendation of 1350 sq. ft. is there a reason for this overage?

Yes / No Are the specifications on Description of Materials, RD 1924-02?

Yes / No Are the specifications complete and follow RD 1924-A guidelines?

Yes / No Includes detailed cost estimates for each house plan to be built?

Yes / No Includes detailed cost estimates for each participant's house plan to be built in first group?

Yes / No Does each cost estimate total properly?

Yes / No Does the cost estimate follow the format recommended by T&MA Contractor and include all categories?

Yes / No Does each category total cost appear to be reasonable? Price range analysis?

Yes / No Is there a contingency line item? Percentage: _____ (%)

Yes / No Includes House Plans for each style to be built?

Yes / No Includes House Plans for each participant's house to be built in the first group?

Yes / No Are all elevations, views, and mechanicals noted on each plan? (Should list all views)

_____ foundation plan _____ floor plan _____ cross section _____ front elevation

_____ rear elevation _____ left side elevation _____ right side elevation _____ electrical plans

_____ plumbing plans _____ mechanical plans

Yes / No Is there appropriate use of space?

(7) Staffing needs and hiring schedule

Instruction No. 1944.410 (e)(5)

_____ Complete _____ Incomplete

Yes / No Signed statement from Board of Directors stating that applicant has or can hire [or contract directly or indirectly] qualified people to carry out its responsibilities in administering the grant.

Yes / No Includes a staffing plan, indicating hours charged to Self-Help?

Yes / No Includes Job Descriptions for each position to be paid with grant funds?

Yes / No Are Job Descriptions consistent in style and content (includes qualification for position, list of duties and responsibilities, supervisor)?

Yes / No Are all major SH functions included in the job descriptions?

Yes / No Includes Hiring Schedule showing positions already employed and positions to be hired and when?

Yes / No Includes availability of Prospective Employees? Does statement appear to be based on something, i.e. advertising and number of responses?

Yes / No Includes Resume(s) of Existing Staff

Yes / No Is there any evidence of nepotism or conflict of interest?

Yes / No Is the proposed staff experienced in the positions they will be filling?

(8) Authorized representative of applicant

Instruction No. 1944.410 (e)(6)

_____ Complete _____ Incomplete

Yes / No Is there an authorized representative of the applicant?

Yes / No Is this the same person as listed on the SF 424?

_____ Name of representative

_____ Address

_____ Official Position

(9) Budget Information – Non-construction programs

Instruction No. 1944.410 (e)(7) SF-424A & Budget Narrative

_____ Complete _____ Incomplete

Yes / No Includes a detail budget for two years or grant term?

Yes / No Does it detail salaries for each position?

Yes / No Are salaries reasonable for position and area? If not, has reasoning been documented?

Yes / No Budget totals correctly?

Yes / No Includes a budget narrative?

Yes / No Are expenses adequately explained in the narrative?

Yes/ No Do the narrative and detailed budget correlate with each other?

Yes / No Is SF 424A completed correctly?

Yes / No Are line item expenses within normal ranges?

Fringe Benefits _____ % (25% - 30% of Total Salary)

Travel Expense _____ % (5% - 10% of Total Salary)

Equipment _____ % (2% - 5% of Total Salary)

Supplies _____ % (1% - 3% of Total Salary)

Contractual _____ % (3% - 5% of Total Salary)

Other Misc. Expenses _____ % 15% - 20% of Total Salary)

Yes / No Are funds included for National Self-Help Association and for attending regional and national conferences?

Yes / No Includes the Equivalent Value of Modest House (EVMH) provided by RD?

Yes / No Is EVMH the same as area loan limit? If yes, has RD provided proper justification? _____

Yes / No Includes Method by which they are figuring the TA Cost?
\$_____ TA cost per house

(10) Indirect or direct cost policy and proposed indirect cost procedures
Instruction No. 1944.410 (e)(8)

_____ Complete _____ Incomplete

Yes / No Are the direct cost policy and proposed indirect cost procedures adequate and meet requirements?

Yes / No / N/A Includes Letter of Approval and Direct Cost Allocation Plan?

Yes / No / N/A Includes Letter of Approval and Indirect Cost Rate proposal?

Cognizant Agency: _____

Yes / No Does approved proposed indirect cost rate correspond to rate charged on SF 424A?

(11) Monthly activities schedule
Instruction No. 1944.410 (e)(10)

_____ Complete _____ Incomplete

Yes / No Does the plan indicate the actual month of activity (i.e. Jan/Feb/Mar etc.)?

Yes / No Does the plan show actual start and completion dates for recruitment, loan processing and construction for each group of participants?

Yes / No Does the plan indicate the number of groups and number of families in each group?

Yes / No Does the construction time for each group correlate to the number of houses in group? Is there consistency? If not, is there a reason for inconsistency explained?

Yes / No Does the information on this plan correspond to other information in file (i.e. start and end date on SF 424, number in first group of families etc.)?

Yes / No Is the monthly activity schedule realistic and attainable? (Look at the time of year groups are breaking ground, and pooling dates)

(12) Personnel practices and procedures

Instruction No. 1944.410 (e)(9)

_____ Complete _____ Incomplete

Yes / No Includes Personnel Procedures and Practices? (1944.410(e)(9))

Yes / No Do the Personnel Policies include the following?

| | |
|---------------------------------------|---------------------------------------|
| Equal Employment Opportunity _____ | Affirmative Action Policies _____ |
| Americans with Disabilities Act _____ | Nondiscrimination Policy _____ |
| Sexual Harassment Policy _____ | Employment Classification _____ |
| Hiring Policies _____ | Definition of workday/work week _____ |
| Compensation Policies _____ | Benefits _____ |
| Grievance Procedure _____ | Travel Policy _____ |
| Code of Conduct _____ | Alcohol & Drug Abuse _____ |

Yes / No Includes Personnel Forms? (1944.412)

(13) Authorizing Resolution

Instruction No. 1944.411(d)

Yes / No Includes a copy of the resolution adopted by (the Board of Directors or other Governing Body if public body) authorizing Appropriate the appropriate official to execute the Self-Help Technical Assistance Grant Agreement and Form RD 400-4 Assurance Agreement.

(14) Assurance Agreement

Instruction No. 1944.411 (d)

Yes / No Completed Assurance Agreement, USDA/RD Form 400-4

(15) Fidelity Bond Coverage

Instruction No. 1944.411 (e)

Yes / No Includes “Position Fidelity Schedule Bond Declarations” RD Form 440-24

Yes / No Is coverage adequate to protect the maximum amount of money, form, and all sources the organization will have on hand at any one time?

Yes / No Does the policy cover all employees that have access to funds?

Coverage is: Individual person _____ “Blanket Coverage” _____

(16) Evidence of Interest-Bearing Checking Account and a Statement of Interest Repayment Instruction No. 1944.411 (g)

Yes / No Evidence of Interest-Bearing Checking Account with 2 or more bonded signatures who will sign checks.

Yes / No Statement on repayment of interest:
Nonprofit - \$500 cap; Government entity - \$100 cap

(17) Membership Agreement

Instruction No. 1944.411(h)

Yes / No Includes Membership Agreement between organization and Self-Help participants Membership Agreement which will be signed by grantee and self-help participants.

Yes / No Is membership agreement our suggested agreement? If no explain differences _____

Yes / No Membership Agreement clearly shows work that is expected from participants and are task appropriate? (Exhibit B-2)

Yes / No Are any percentages split between participants and subcontractors?

Yes / No Participants are required to contribute a minimum of 30 hours per week. If fewer hours are required has a satisfactory explanation been provided? _____

Yes / No Are participant minimum labor requirements for continued grantee TA within T&MA Contractor's recommended guidelines?

Yes / No Does the type of construction correspond to plans?

(18) Request for Obligation of Funds

Instruction 1944.412

Yes / No Request for Obligation of Funds, RD 1940-1

Yes / No Complete?

(19) Self-Help Technical Assistance Grant Agreement

Instruction 1944.412

Yes / No Self-Help Technical Assistance Grant Agreement, Exhibit A of 1944-I

Yes / No Accurately completed and signed?

(20) Certification Regarding Drug-Free Workplace

Instruction No. 1940-M, 1940.606(b)(2)

Yes / No Certification Regarding Drug-Free Workplace, Form AD 1049

Yes / No Accurately completed and signed?

(21) Certification Regarding Debarments, Suspension, and other Responsibility Matters

Instruction No. 1940-M, 1940.606(b)(1)

Yes / No Certification Regarding Debarments, Suspension, and other Responsibility Matters, Form AD 1047.

Yes / No Accurately completed and signed?

(22) Certification Regarding Lobbying

Instruction No. 1940-Q and 1940.810

Yes / No Certification Regarding Lobbying, Exhibit A-1 of RD 1940-Q

Yes / No Accurately completed and signed?

(23) Statement of Compliance

Instruction No. 1944.411 (c)

Yes / No / N/A Statement of Compliance w/ 2 CFR 200 Part 400 & 415, if Nonprofit (Signed & sealed)

Yes / No / N/A Statement of Compliance w/ 2 CFR 200 Part 400 & 416, if government entity (Signed & sealed)

(24) Assurances – Non-Construction Programs

Instruction No. 1944.411(f)

Yes / No Assurance – Non-Construction Programs, SF 424B agreeing to establish a recordkeeping system that a certified public accountant will certify as meeting the requirements of the Grant Agreement.

Yes / No Accurately completed and signed?

(25) Rural Development Manager's Recommendation

Instruction No. 1944.410(b)

Yes / No Is there a space held for this section?

(26) T&MA Contactor's Review and Recommendation

Required Under National Office Contract with T&MA Contractor

Yes / No Is there a space held for this section?

(27) National Office Review

Instruction No. 1944.415 (a)

Yes / No Is there a space held for this section?

(28) Narrative Statement

Instruction No. 1944.410(a)(4))

_____ Complete _____ Incomplete

Yes / No Include dollar amount of grant request.

Yes / No Include area to be served.

Yes / No Include number of self-help units to be built.

Yes / No Include housing conditions of low-income families in the area and reasons why families need self- help assistance. Estimated cost of self-help housing monthly payments, versus the average cost of affordable housing and a conventional loan.

Yes / No Include evidence of community support (specific letters of town support if land has been targeted), officials, individuals, and community organizations.

Yes / No Indicate a need in the area for housing of the type and cost to be provided by the self-help program. Census data of county(s) that will be targeted.

(29) Current Financial Statement or Audit

Yes / No Date of the financial statement _____
(Not more than 12 months) Audits preferred or a Balance Sheet showing specific nature of Assets and Liabilities, with information on the repayment schedule and status of any debt owed by the applicant.

Yes / No Are there any audit findings?

Yes / No Has there been an increase/decrease in assets?

Yes / No Liabilities appropriate/minimal?

Yes / No Dated and Signed by authorized representative of organization?

(30) Outreach Plan for very low-income

Instruction No. 1944.410(a)(5)

_____ Complete _____ Incomplete

Yes / No Does the plan provide for regular consistent efforts using a wide variety of methods to reach very low-income families?

(31) HUD Affirmative Fair Housing Marketing Plan (AFHMP)

Instructions No. 1944-410(a)(10)

Yes / No HUD Fair Housing Marketing Plan, HUD Form 935.2B, (expiration date).

Yes / No Is it completed properly?

Yes / No Has market least likely to apply been addressed in marketing outreach?

Yes / No Has plan adequately addressed how staff is trained in Fair housing laws and the AFHMP?

(32) Determination of TA Grant Amount

Instruction No. 1944.407

Yes / No Includes the Equivalent Value of Modest House (EVMH) provided by RD?

Yes / No Is EVMH the same as area loan limit? If yes, has RD provided proper justification? _____

Yes / No Includes Method by which they are figuring the TA Cost?
\$ _____ TA cost per house

(33) Intergovernmental Review Submittal

Instruction 1944.409

Yes/No Included

(34) Civil Rights Impact Analysis Certification

RD Form 2006-38 2006-P, Instruction 2006.754(b)

Yes/No Included

Yes/No Complete

(35) Compliance Review (pre-award)

RD Form 400-8 RD Instruction 1901-E, §1901.204(a) & §1901.204(c)(3)

(36) OGC Review (if necessary)

Instruction No. 1944.410(b)(2)

Yes/No Section held for this section?

(37) Previous Experience

Instruction 1944.410(a)(1)

_____ Complete _____ Incomplete

1. Experience of organization's staff.

_____ Clearly Demonstrated

2. Experience of organization's board of directors (if needed for TA grant):

_____ Clearly Demonstrated

3. Objectives of Organization:

_____ Consistent w/ self-help _____ Inconsistent w/ self-help

4. Other housing/social services the organization is involved with:

_____ Included _____ Not Included _____ N/A

5. Sponsorship letter or agreement (if appropriate):

_____ Included _____ Not Included _____ N/A

6. How long has the organization been in existence? _____

7. How long has the organization been in housing? _____

(38) Organizational Papers

Instruction 1944.410 (a)(2) & 1944.404(d) (1-4)

_____ Complete _____ Incomplete

Yes / No Copy of an accurate reference to the specific provisions of state law which the organization was organized.

Yes / No Articles of Incorporation and Bylaws (signed by authorized agency representative, dated, and sealed by corporate seal if available).

Yes / No Certificate/Stamp of Incorporation.

Yes / No Tax exemption certificate of 501(c)(3) status, 1944-I, section 1944.404(d)(2).

Yes / No Evidence of Good Standing from the State, if in existence for more than one year.

Yes / No Names and Addresses of Directors, Officers, Members.

Yes / No Are there more than 5 members of the Board? 1944-I, section 1944.404(d)(4).

Yes / No Are there 10 Board meetings? (recommended)

Yes / No Does the mission statement include “production of affordable housing”?

Yes / No / N/A Name, Address, Principle Business of Member Organizations (if applicable).

Yes / No / N/A If about to organize, copies of proposed organizational documents attached.
Demonstrate compliance with 1944-I, section 1944.404(d).

Overall Application:

Yes / No Is the file tabbed/segments marked?

Yes / No Does it contain a table of contents?

APPENDIX 2

Self-Help Housing Technical Assistance Grant PR or REHAB APPLICATION REVIEW CHECKLIST

(1) a. Application for Federal Assistance (for Non-Construction)

Instruction No. 1944.410(e) S t a n d a r d Form 424 Version 02

_____ Complete _____ Incomplete

Date of Application _____

Yes / No Is the legal name entered on the application the same as it appears on the Articles of Incorporation? If no, then enter legal name

Yes / No Is the DUNS Number indicated?

Yes / No Is the description of the program adequate, including number of homes planned, self- help method, very low- and low-income participants, area, and the time period for the program?

Yes / No Do the totals on the SF-424 agree with the totals on the SF-424A, Budget Information – Non-Construction Program?

Yes / No Includes Intergovernmental Review Response, if appropriate?
1944.409 Box 19, SF 424 Version 02

(2) Waiting list of participants

Instruction No. 1944.410 (e)(1)

_____ Complete _____ Incomplete

Yes / No Includes a waiting list providing evidence that there are low-income families willing to contribute labor. 3:1 ratio recommended

Yes / No Does the waiting list appear to be adequate to recruit for future participants in the program? If not, why? _____

Yes / No Includes Names and Addresses

Yes / No Includes Number in Households

Yes / No Includes total annual household income

Yes / No Indicates that families are interested in Self-Help Method

Yes / No If identified, include property address, anticipated loan amount and sources of funding.

(3) Proof of eligibility for 10% of participants

Instruction No. 1944.410 (e)(2)

_____ Complete _____ Incomplete

Yes / No Includes Determination of RD Eligibility Letters, Private Bank Loan Letters or Letters of Financial Assistance indicating that 10% of participants has been qualified for loans?

Yes / No If other mortgage funds are to be used, has source of other mortgage funds been adequately identified?

Yes / No Does the approved loan amount meet projected package cost?
If not, is there a narrative explaining the difference?

_____ Average Package Cost

_____ Number of Eligibility Letters

Yes / No Does the number mentioned here correspond to monthly activity schedule?

(4) Lot options for first group

Instruction No. 1944.410 (e)(3)

N/A

(5) Evidence of lot availability for remaining groups

Instruction No. 1944.410(e)(3)

_____ Complete _____ Incomplete

Yes / No Includes a listing of identified potential homes for sale in service area greater than number of proposed houses proposed in grant period.

Type of documentation provided: _____

Number of homes needed to complete grant: _____

Number of homes provided: _____

Yes / No Includes the projected cost of homes

Yes / No Includes maps of the proposed area.

Yes / No Narrative adequately explains area homes that need repairs

(6) House plans, specifications, and detailed cost estimates

Instruction No. 1944.410 (e)(4)

_____ Complete _____ Incomplete

Yes / No Are the proposed homes under 2000 sq. ft.?

Are they proposing purchase repair _____ or owner-occupied rehab _____?

Yes / No Includes an example of the type of project that they will undertake (scope of work, estimate)?

Yes / No Includes a description for how the home inspection will be done?

Yes / No Includes a description for how the work order will be determined?

Yes / No Includes a description for how the cost estimating will be done?

Yes / No Includes a description for how the subcontractors will be selected?

(7) Staffing needs and hiring schedule

Instruction No. 1944.410 (e)(5)

_____ Complete _____ Incomplete

Yes / No Signed statement from Board of Directors stating that applicant has or can hire [or contract directly or indirectly] qualified people to carry out its responsibilities in administering the grant.

Yes / No Includes a staffing plan indicating hour charged to Self-Help?

Yes / No Includes Job Descriptions for each position to be paid with grant funds?

Yes / No Are Job Descriptions consistent in style and content (includes qualification for position, list of duties and responsibilities, supervisor)?

Yes / No Are all major SH functions included in the job descriptions?

Yes / No Includes Hiring Schedule showing positions already employed and positions to be hired and when?

Yes / No Includes availability of Prospective Employees? Does statement appear to be based on something, i.e. advertising and number of responses?

Yes / No Includes Resume(s) of Existing Staff

Yes / No Is there any evidence of nepotism or conflict of interest?

Yes / No Is the proposed staff experienced in the positions they will be filling?

(8) Authorized representative of applicant

Instruction No. 1944.410 (e)(6)

_____ Complete _____ Incomplete

Yes / No Is there an authorized representative of the applicant?

Yes / No Is this the same person as listed on the SF 424?

_____ Name of representative

_____ Address

_____ Official Position

(9) Budget Information – Non-construction programs

Instruction No. 1944.410 (e)(7) SF-424A & Budget Narrative

_____ Complete _____ Incomplete

Yes / No Includes a detail budget for two years or grant term?

Yes / No Does it detail salaries for each position?

Yes / No Are salaries reasonable for position and area? If not, has reasoning been documented?

Yes / No Budget totals correctly?

Yes / No Includes a budget narrative?

Yes / No Are expenses adequately explained in the narrative?

Yes / No Do the narrative and detailed budget correlate with each other?

Yes / No Is SF 424A completed correctly?

Yes / No Are line item expenses within normal ranges?
 Fringe Benefits _____ % (25% - 30% of Total Salary)
 Travel Expense _____ % (5% - 10% of Total Salary)
 Equipment _____ % (2% - 5% of Total Salary)
 Supplies _____ % (1% - 3% of Total Salary)
 Contractual _____ % (3% - 5% of Total Salary)
 Other Misc. Expenses _____ % 15% - 20% of Total Salary)

Yes / No Are funds included for National Self-Help Association and for attending regional and national conferences?

Yes / No Includes the Equivalent Value of Modest House provided by RD?

Yes / No Is EVMH the same as area loan limit? If yes, has RD provided proper justification?

Yes / No Includes Method by which they are figuring the TA Cost?
 \$ _____ TA cost per house

(10) Indirect or direct cost policy and proposed indirect cost procedures
 Instruction No. 1944.410 (e)(8)

_____ Complete _____ Incomplete

Yes / No Are the direct cost policy and proposed indirect cost procedures adequate and meet requirements?

Yes / No / N/A Includes Letter of Approval and Direct Cost Allocation Plan?

Yes / No / N/A Includes Letter of Approval and Indirect Cost Rate proposal?
 Cognizant Agency: _____

Yes / No Does approved proposed indirect cost rate correspond to rate charged on SF 424A?

(11) Monthly activities schedule
 Instruction No. 1944.410 (e)(10)

_____ Complete _____ Incomplete

Yes / No Does the plan indicate the actual month of activity (i.e. Jan/Feb/Mar etc.)?

Yes / No Does the plan show actual start and completion dates for recruitment, loan

processing and construction for each participant?

Yes / No Does the plan indicate the number of families in the grant?

Yes / No Does the construction time for each house seem reasonable?
Is there consistency? If not, is the reason for inconsistency explained?

Yes / No Does the information on this plan correspond to other information in file (i.e. start and end date on SF 424, number of families etc.)?

Yes / No Is the monthly activity schedule realistic and attainable? (Look at the time of year loans are expected to close, and pooling dates)

(12) Personnel practices and procedures

Instruction No. 1944.410 (e)(9)

_____ Complete _____ Incomplete

Yes / No Includes Personnel Procedures and Practices? (1944.410(e)(9))

Yes / No The reviewing specialist has read Personnel Policies?

Yes / No Do the Personnel Policies include the following?

| | |
|---------------------------------------|---------------------------------------|
| Equal Employment Opportunity _____ | Affirmative Action Policies _____ |
| Americans with Disabilities Act _____ | Nondiscrimination Policy _____ |
| Sexual Harassment Policy _____ | Employment Classification _____ |
| Hiring Policies _____ | Definition of workday/work week _____ |
| Compensation Policies _____ | Benefits _____ |
| Grievance Procedure _____ | Travel policy _____ |
| Code of Conduct _____ | Alcohol & Drug Abuse _____ |

Yes / No Includes Personnel Forms? (1944.412)

Yes / No Are forms appropriate for agency?

(13) Authorizing Resolution

Instruction No. 1944.411(d)

Yes / No Includes a copy of the resolution adopted by (the Board of Directors or other Governing Body if public body) authorizing Appropriate the appropriate official to execute the Self-Help Technical Assistance Grant Agreement and Form RD 400-4 Assurance Agreement.

(14) Assurance Agreement

Instruction No. 1944.411 (d)

Yes / No Completed Assurance Agreement, USDA/RD Form 400-4

(15) Fidelity Bond Coverage

Instruction No. 1944.411 (e)

Yes / No Includes “Position Fidelity Schedule Bond Declarations” RD Form 440-24

Yes / No Is coverage adequate to protect the maximum amount of money, form, and all sources the organization will have on hand at any one time?

Yes / No Does the policy cover all employees that have access to funds?

Coverage is: Individual person _____ “Blanket Coverage” _____

(16) Evidence of Interest-Bearing Checking Account and a Statement of Interest Repayment

Instruction No. 1944.411 (g)

Yes / No Evidence of Interest-Bearing Checking Account with 2 or more bonded signatures who will sign checks.

Yes / No Statement on repayment of interest
Nonprofit - \$500 cap; Government entity - \$100 cap

(17) Membership Agreement

Instruction No. 1944.411(h)

Yes / No Includes Membership Agreement between organization and Self-Help participants Membership Agreement which will be signed by grantee and self-help participants.

Yes / No Does the agreement describe how the labor hours will be tracked?

Yes / No Membership agreement describes how cost savings to the family is being calculated?

Yes / No Are participants are required to contribute a minimum number of hours per week?

Yes / No Are participant minimum labor requirements for continued grantee TA within T&MA Contractor’s recommended guidelines?

Yes / No Reviewer has read Membership Agreement?

(18) Request for Obligation of Funds

Instruction 1944.412

Yes / No Request for Obligation of Funds, RD 1940-1

Yes / No Complete?

(19) Self-Help Technical Assistance Grant Agreement

Instruction 1944.412

Yes / No Self-Help Technical Assistance Grant Agreement, Exhibit A of 1944-I

Yes / No Accurately completed and signed?

(20) Certification Regarding Drug-Free Workplace

Instruction No. 1940-M, 1940.606(b)(2)

Yes / No Certification Regarding Drug-Free Workplace, Form AD 1049

Yes / No Accurately completed and signed?

(21) Certification Regarding Debarments, Suspension, and other Responsibility Matters

Instruction No. 1940-M, 1940.606(b)(1)

Yes / No Certification Regarding Debarments, Suspension, and other Responsibility Matters, Form AD 1047.

Yes / No Accurately completed and signed?

(22) Certification Regarding Lobbying

Instruction No. 1940-Q and 1940.810

Yes / No Certification Regarding Lobbying, Exhibit A-1 of RD 1940-Q

Yes / No Accurately completed and signed?

(23) Statement of Compliance

Instruction No. 1944.411 (c)

Yes / No / N/A Statement of Compliance w/ 2 CFR 200 Part 400 & 415, if Nonprofit (Signed & sealed)

Yes / No / N/A Statement of Compliance w/ 2 CFR 200 Part 400 & 416, if government entity (Signed & sealed)

(24) Assurances – Non-Construction Programs

Instruction No. 1944.411(f)

Yes / No Assurance – Non-Construction Programs, SF 424B agreeing to establish a recordkeeping system that a certified public accountant will certify as meeting the requirements of the Grant Agreement.

(25) Rural Development Manager’s Recommendation

Instruction No. 1944.410(b)

Yes / No Is there a space held for this section?

(26) T&MA Contactor’s Review and Recommendation

Required Under National Office Contract with T&MA Contractor

Yes / No Is there a space held for this section?

(27) National Office Review

Instruction No. 1944.415 (a)

Yes / No Is there a space held for this section?

(28) Narrative Statement

Instruction No. 1944.410(a)(4))

_____ Complete _____ Incomplete

Yes / No Includes dollar amount of grant request.

Yes / No Includes area to be served.

Yes / No Includes number of self-help units to be repaired.

Yes / No Includes housing conditions of low-income families in the area and reasons why families need self- help assistance. Estimated cost of self-help housing monthly payments, versus the average cost of affordable housing and a conventional loan.

Yes / No Includes evidence of community support (specific letters of town support if land has been targeted), officials, individuals, and community organizations.

Yes / No Indicate a need in the area for housing of the type and cost to be provided by the self-help program. Census data of county(s) that will be targeted.

Yes / No Includes rehab policies and procedures? Are they complete and follow

guidelines?

Yes / No Includes a minimum and maximum planned amount of rehab work per home?

Yes / No Does it include a relocation policy, if needed for owner occupied rehab?

(29) Current Financial Statement or Audit

Yes / No Date of the financial statement _____
(Not more than 12 months) Audits preferred or a Balance Sheet showing specific nature of Assets and Liabilities, with information on the repayment schedule and status of any debt owed by the applicant.

Yes / No Are there any audit findings?

Yes / No Has there been an increase/decrease in assets?

Yes / No Liabilities appropriate/minimal?

Yes / No Dated and Signed by authorized representative of organization

(30) Outreach Plan for very low-income

Instruction No. 1944.410(a)(5)

_____ Complete _____ Incomplete

Yes / No Does the plan provide for regular consistent efforts using a wide variety of methods to reach very low-income families?

(31) HUD Fair Housing Marketing Plan

Instructions No. 1944-410(a)(10)

Yes / No HUD Fair Housing Marketing Plan, HUD Form 935.2B, (expiration date)

Yes / No Is it completed properly?

Yes / No Has market least likely to apply been addressed in marketing outreach?

Yes / No Has plan adequately addressed how staff is trained in Fair housing laws and the AFHMP?

(32) Determination of TA Grant Amount

Instruction No. 1944.407

Yes / No Includes the Equivalent Value of Modest House provided by RD?

Yes / No Is EVMH the same as area loan limit? If yes, has RD provided proper justification?

Yes / No Includes Method by which they are figuring the TA Cost?

Yes / No Does it include the projected average cost savings for the families?

\$ _____ TA cost per house

(33) Intergovernmental Review Submittal

Instruction 1944.409

Yes/No Included

(34) Civil Rights Impact Analysis Certification

RD Form 2006-38 2006-P, Instruction 2006.754(b) Yes/No

Included

Yes/No Complete

(35) Compliance Review (Pre-award)

RD Form 400-8 RD Instruction 1901-E, §1901.204(a) & §1901.204(c)(3)

Yes/No Section held for this section?

(36) OGC Review (if necessary)

Instruction No. 1944.410(b)(2)

Yes/No Section held for this section?

(37) Previous Experience

Instruction No. 1944.410(a)(1)

_____ Complete _____ Incomplete

1. Experience of organization's staff.

_____ Clearly Demonstrated

2. Experience of organization's board of directors (if needed for TA grant):

_____ Clearly Demonstrated

3. Objectives of Organization:

_____ Consistent w/ self-help _____ Inconsistent w/ self-help

4. Other housing/social services the organization is involved with:
_____ Included _____ Not Included _____ N/A

5. Sponsorship letter or agreement (if appropriate):
_____ Included _____ Not Included _____ N/A

6. How long has the organization been in existence? _____

7. How long has the organization been in housing? _____

(38) Organizational Documents

Instruction No. 1944.410(a)(2), 1944.404(d) (1-4)

_____ Complete _____ Incomplete

Yes / No Copy of an accurate reference to the specific provisions of state law which the organization was organized.

Yes / No Articles of Incorporation (signed by authorized agency representative, dated, and sealed by corporate seal if available)

Yes / No Does the mission statement include “production of affordable housing”

Yes / No Bylaws (signed, dated, and sealed)

Yes / No Are there more than 5 members of the Board? 1944-I, section 1944.404(d)(4)

Yes / No Are there 10 Board meetings (recommended)?

Yes / No Names and Addresses of Members, Directors, Officers (5 minimum)

Yes / No Tax exemption certificate of 501(c)(3) status 1944-I, section 1944.404(d)(2)

Yes / No Certificate/Stamp of Incorporation

Yes / No Evidence of Good Standing from the State if in existence for more than one year.

Yes / No / N/A Name, Address, Principle Business of Member Organizations (if applicable)

Yes / No / N/A If about to organize, copies of proposed organizational documents attached. Demonstrate compliance with 1944-I, section 1944.404(d)

Overall Application:

Yes / No Is the file tabbed/segments marked?

Yes / No Does it contain a table of contents?

APPENDIX 3

LIST AND LINKS TO KEY REGULATIONS AND ADMINISTRATIVE NOTICES

Main website for regulations, ANs, forms, Handbooks, and Unnumbered letters:
<https://www.rd.usda.gov/publications/regulations-guidelines>

Instructions

Mutual Self-help Housing Instructions 1944.I: <https://www.rd.usda.gov/files/1944i.pdf>

Direct Single Family Housing Loans and Grants (502 and 504 Programs):
<https://www.rd.usda.gov/files/3550appendix01.pdf>

Planning and Performing Construction and Other Development 1924-A:
<https://www.rd.usda.gov/files/1924a.pdf>

Planning and Performing Site Development Work: <https://www.rd.usda.gov/files/1924c.pdf>

Environmental Guidelines 1970 a-o <https://www.rd.usda.gov/files/1970o.pdf>

Rural Development Fact Sheets

502 Direct Loan Program Fact Sheet: <https://www.rd.usda.gov/files/fact-sheet/RD-FactSheet-RHS-SFH502Direct.pdf>

504 Loan and Grant Fact Sheet: <http://www.rd.usda.gov/files/fact-sheet/RD-FactSheet-RHS-SFH504.pdf>

Handbooks

HB-1-3550 Direct and Single-Family Housing Loans and Grants
<https://www.rd.usda.gov/publications/regulations-guidelines/handbooks#hb13550>

Direct Loan and Grant Income Limits (In HB-1-3550 Handbook):
<https://www.rd.usda.gov/files/RD-DirectLimitMap.pdf>

APPENDIX 4

SELF-HELP APPLICATION FORMS AND LINKS

Most of this information comes from RD Instruction 1944-I, Exhibit G which provides the instructions and required forms for the application process. Only a partial list of the application components is listed below since these are the only sections with forms. Links often expire so if you find a nonworking link, please advise your T&MA contractor.

| Checklist Location | Name and Number | Link and Instructions |
|--------------------|---|--|
| Tab (1) | Form SF-424- Application for Federal Assistance for Non-Construction Programs Including Intergovernmental Review Response | <p>http://apply07.grants.gov/apply/FormLinks?family=15</p> <p>This link takes you to a listing of several federal forms. Scroll down to:</p> <p>Government Wide: Application for Federal Assistance (SF-424)</p> <p>(If you get an unable to navigate message, please refresh the page.)</p> <p>Open file to make it fillable then save. Completed by the applicant.</p> |
| Tab (6) | House plans, specifications, and detailed cost estimates | <p>http://forms.sc.egov.usda.gov/efcommon/eFileServices/eForms/RD1924-2.PDF</p> <p>Completed by the applicant.</p> |
| Tab (9) | Form SF-424A Budget Information (non-construction) | <p>http://apply07.grants.gov/apply/FormLinks?family=15</p> <p>This link takes you to a listing of several federal forms. Scroll down to:</p> <p>Government Wide: Budget Information for Non-Construction Programs (SF-424A)</p> <p>(If you get an unable to navigate message, please refresh the page.)</p> <p>Open file to make it fillable then save. Completed by the applicant.</p> |
| Tab (14) | Form RD 400-4 Assurance Agreement | <p>http://forms.sc.egov.usda.gov/efcommon/eFileServices/eForms/RD400-4.PDF</p> <p>Completed by the applicant.</p> |
| Tab (17) | Group Agreement including Exhibit B-2 Labor Tasks | <p>http://www.rurdev.usda.gov/SupportDocuments/1944i.pdf</p> <p>Page 42 – Group agreement template available from RCAC. Must include Labor tasks such as those listed in Exhibit B-2. Completed by the applicant.</p> |
| Tab (18) | Form RD 1940-1 Request for Obligation of Funds | <p>http://forms.sc.egov.usda.gov/efcommon/eFileServices/eForms/RD1940-1.PDF</p> <p>Completed by RD with the cooperation of the grantee. Save a tab space.</p> |
| Tab (19) | RD Instruction 1944-I Exhibit A Self-Help TA Grant Agreement | <p>http://www.rurdev.usda.gov/SupportDocuments/1944i.pdf</p> <p>Page 30 – Completed by both Rural Development and the grantee after grant approved and obligated at closing. Starts the 24-hour clock and compliance with this agreement is an evaluation criterion.</p> |

| | | |
|----------|---|---|
| Tab (20) | Form AD-1049 Certification Regarding Drug-Free Workplace | https://www.rd.usda.gov/files/vtnhRBDG2019AD1049.pdf |
| Tab (21) | Form AD-1047 Certification Regarding Debarments, Suspension, and other Responsibility Matters | https://www.rd.usda.gov/files/vtnhRBDG2019AD1047.pdf |
| Tab (22) | RD Instruction 1940-Q Exhibit A-1 Certification Regarding Lobbying | Check RCAC's website at: https://www.rcac.org/housing/mutual-self-help-housing/self-help-housing-resources/ |
| Tab (23) | Statement of Compliance with 2 CFR 200 Part 400 & 416 if a State or Local government; or Part 400 & 415 if a non-profit | https://www.gpo.gov/fdsys/pkg/CFR-2016-title2-vol1/pdf/CFR-2016-title2-vol1-sec200-400.pdf https://www.gpo.gov/fdsys/pkg/CFR-2016-title2-vol1/pdf/CFR-2016-title2-vol1-sec200-416.pdf https://www.gpo.gov/fdsys/pkg/CFR-2016-title2-vol1/pdf/CFR-2016-title2-vol1-sec200-415.pdf |
| Tab (24) | Form SF -424B Assurances – Non-Construction Programs | http://apply07.grants.gov/apply/FormLinks?family=15 This link takes you to a listing of several federal forms. Scroll down to: Government Wide: Assurances for Non-Construction Programs (SF-424B) (If you get an unable to navigate message, please refresh the page.) Open file to make it fillable then save. Completed by the applicant. |
| Tab (31) | HUD Form 935.2A Fair Housing Marketing Plan | https://www.hud.gov/sites/dfiles/OCHCO/documents/935-2A.pdf Completed by the applicant per each location where self-help activities will take place. |
| Tab (34) | Form RD 2006-38 2006-P, §2006.754(b) | http://www.rcac.org/wp-content/uploads/2015/03/RD2006-0038_civil-rights-impact.pdf Completed by RD. Will need information from the organization. |
| Tab (35) | Compliance Review Form RD 400-8 RD Inst. 1901-E, §1901.204(a) & § 1901.204 (c)(3) | http://www.rcac.org/wp-content/uploads/2015/03/RD0400-0008_compliance-review.pdf Completed by RD. Will need information from the organization. |