HAF Home Repair (HAFHR) Application

Program Title – Illinois Homeowner Assistance Fund Home Repair Program

Federal Assistance Number CFDA 21.026

Federal Assistance Title – Homeowner Assistance Fund

Please complete this Jotform Application to request funding under the HAF Home Repair Program (HAFHR).

Applications can be saved and returned later. If an applicant would like to save the application and not yet submit, you must click the "Save and Finish Later" button at the bottom of this page. Applicants will then receive an email with your completed work allowing you to complete an application. You will **not** need to create a Jotform account for this.

An Application Guide can be found <u>here</u>. Applications are due by Monday, July 31, 2023, by 3:00 PM CT.

No hard copies will be accepted.

* are required fields

Please direct all questions to <u>HAFrepair@ihda.org</u>, and they will be answered during the below webinar.

Application Webinar: July 13, 2023, at 10:00 AM, CT

Register here:

https://illinois2.webex.com/weblink/register/rd1de5a6150354f3d2aea4261ce4e256b

Applicant Information ▼

Applicant's Legal Name *

Village of Oak Park

Must match that used for sam.gov and Grantee Portal
Division or Departmental Name, if applicable

Organization Type *

Municipality ⌄

Employer/Taxpayer Identification Number *

36-6006027

(EIN, TIN)
Unique Entity Identifier *

V5P5J4NYG1W4

(UEI)
SAM Cage Code *

4HU05

Assigned through Sam.gov
Business Street Address *

123 Madison Street

Street Address

Street Address Line 2

Oak Park

Illinois

City

State

60302

Postal / Zip Code
Primary Contact Name *

Ahmad

Zayyad

First Name

Last Name
Primary Contact's Title *

Deputy Village Manager

Primary Contact's Email *

azayyad@oak-park.us

example@example.com

Primary Contact's Phone Number *

(708) 358-5774

Please enter a valid phone number.

Secondary Contact Name *

Vanessa

Matheny

First Name

Last Name

Secondary Contact's Title *

Grant Manager

Secondary Contact's Email *

vmatheny@oak-park.us

example@example.com

Secondary Contact's Phone Number *

(708) 358-5416

Please enter a valid phone number.

Are you planning to use a Third Party Administrator? *

No ⌄

🔽

CLIENTELE RACE (indicate the approximate race composition of clients historically served) *

	0-5%	6-15%	16-25%	26-50%	51-75%	76-100%
White or Caucasian	○	○	○	◉	○	○
Black or African American	○	○	○	◉	○	○
American Indian or Alaska Native	◉	○	○	○	○	○
Asian	◉	○	○	○	○	○
Native Hawaiian or Other Pacific Islander	○	◉	○	○	○	○

	0-5%	6-15%	16-25%	26-50%	51-75%	76-100%
Other	○	◉	○	○	○	○

CLIENTELE ETHNICITY (indicate the approximate ethnic composition of clients served) *

	0-5%	6-15%	16-25%	26-50%	51-75%	76-100%
Hispanic or Latino	○	◉	○	○	○	○
Not Hispanic or Latino	○	○	○	○	○	◉

Program Service Area - Cities or Counties

Oak Park, Illinois will be the primary service area which has 14 low to moderate-income census tract areas will be the primary focus. In the last three years, 23 households were ineligible for the single-family rehabilitation program due to being over the 80% AMI criteria. The clients that are screened out of the programs will benefit from this grant opportunity in addition to the other Oak Park residents.

Be specific and detail areas within cities

Funding Request - Number of Units *

72.46

Maximum $60,000 per unit

Home Repair Funds Requested *

$4347600

Number of units above * $60,000

Administrative of 15% *

$652140

Home Repair Funds Requested * 15%

Total HAFHR Funding Request *

$4999740

Range of $1 Million to $5 Million

Agency Documentation ▼

Upload Most Recent Financial Audit *

Browse Files

Drag and drop files here

2022-single-audit-_report.pdf

🗑

Qualifications ▼

Mandatory Requirements of Grantee

Our organization is not on the Federal Excluded Parties List. *

◉ Correct

Our organization is not on the Illinois Stop Payment list. *

◉ Correct

Our organization has had an independent financial audit conducted in the past 18 months. *

◉ Correct

Our organization has substantial experience in single family home rehabilitation projects. *

◉ Correct

Prequalifications of Grantee

In an effort to streamline the application process, IHDA has created the following list for you to review, answer or affirm. Fully contemplate each item prior to marking your reply. IHDA expects applicants will mark some items as "Do Not Meet" "No" or "Do Not Agree". Answering as such does not constitute an automatic fail. Rather, IHDA will review the answers and contact you when clarification or explanation is required.

Limited to governmental entity or nonprofit organization subject to 26 U.S.C. 501(c)(3) of the tax code. Proof of 501(c)(3) status must be retained for the duration of the grant period. Use of a Third Party Administrator is allowed. *

| Meet ⌄ |

We have registered with the System for Award Management (SAM) and will maintain an active SAM registration throughout the life of the award. *

| Meet ⌄ |

Our organization is in Good Standing with the Illinois Secretary of State. *

| Meet ⌄ |

Certifications of Applicant

Applicant has experience administering programs for income-qualified households, including intake and income verification. *

Yes ⌄

Applicant certifies all households assisted with this grant will be at or below 150 percent of the area median income. *

Yes ⌄

Applicant has experience completing accessibility projects for persons who are disabled or mobility impaired, if applicable. *

Yes ⌄

Applicant has experience in construction management, housing inspections, work write-ups, cost estimating, building permits, code enforcement. *

Yes ⌄

Applicant has familiarity with federal and state fair housing and accessibility laws and regulations. *

Yes ⌄

Applicant will not permit any discrimination on the basis of gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability. *

Yes ⌄

Applicant will maintain records in connection with administration of the Program for five years after the date of termination of the grant agreement. *

Yes ⌄

Applicant will comply with the terms and conditions of the Program. *

Yes ⌄

Applicant will comply with monitoring and evaluation of the Program through the full term of the grant or as further specified in the grant documents. *

Yes ⌄

Applicant will comply with all laws and regulations, including, but not limited to historical preservation, environmental, and lead based paint laws. *

Yes ⌄

Applicant agrees and acknowledges that it is its responsibility to determine which laws and regulations apply. *

Yes ⌄

Neither the applicant nor its affiliates or related entities are delinquent in the payment of any debt to the State of Illinois. *

Yes ⌄

Applicant certifies all insurance and licenses for their organization are current and can be provided, if requested. *

Yes ⌄

Applicant will ensure all insurance and licenses for any contractor will be current and will be able to be provided, if requested. *

Yes ⌄

Applicant will seek to secure two bids for all repair work. *

Yes ⌄

Applicant certifies that all statements herein are true, accurate, and complete. *

Yes ⌄

Responsibilities of Grantee

Participant Selection Plan (PSP) will include marketing and outreach, education, intake and processing, and closing procedures. *

Agree ⌄

Grantee will verify the homeowner certifies to a Covid-19 related financial hardship after January 21, 2020. *

Agree ⌄

Grantee will verify the household income is at or below 150 percent of the area median income unless income by geographic proxy applies. *

Agree ⌄

Grantee will verify that the homeowner owns and occupies the property as their primary residence. *

Agree ⌄

Grantee will verify that the property type is a single family home, condominium, coop or 2-4 unit building with owner occupying one unit. *

Agree ⌄

Grantee will verify that the homeowner is current on their mortgage payment OR does not have a mortgage payment. *

Agree ⌄

Grantee will verify that the homeowner's property taxes are not delinquent nor have they been sold to a tax buyer. *

Agree ⌄

Grantee will verify that the homeowner has property insurance. *

Agree ⌄

Grantee will create a budget for the proposed scope of work at an amount not to exceed the per unit maximum of $60,000. The scope of work and budget may exceed $60,000 if the homeowner is able to access funds from another program or source. *

Agree ⌄

Repair work will be limited to vital measures to prevent homeowner displacement and to maintain the habitability of a home, including the reasonable addition of space to alleviate overcrowding (i.e., bedroom, bathroom, or an Accessory Dwelling Unit (ADU)). *

Agree ⌄

Repair work will comply with local code, permitting, and inspection requirements. *

Agree ⌄

Repair work will comply with IHDA Property Standards. *

Agree ⌄

Repair work will include addressing lead based paint for homes built prior to 1978 according to Federal EPA RRP requirements. *

Agree ⌄

If the property is located in a flood plain, additional insurance or permits will be secured, if required. *

Agree ⌄

If the property is located within proximity to a mine, additional insurance or permits will be secured, if required. *

Agree ⌄

Smoke alarms and carbon monoxide detectors will be installed and functioning in all properties as called for by Public Act 094-0741. *

Agree ⌄

Properties will be approved by the State Historical Preservation Office (SHPO) or by a Certified Local Government (CLG) prior to work. *

Agree ⌄

Grantee will seek to layer HAFHR with other home repair or modification programs, when possible. *

Agree ⌄

Grantee agrees to 15 percent to cover administrative costs. *

Agree ⌄

Grantee's disbursement process can be provided, if requested. *

Agree ⌄

Grantee will report the data required to satisfy the Department of the U.S. Treasury and IHDA requirements. *

Agree ⌄

IHDA reserves the right to de-obligate funds from grantees that fail to disburse 25 percent of their award by September 30, 2024. *

Agree ⌄

IHDA reserves the right to de-obligate funds from grantees that fail to disburse 65 percent of their award by September 30, 2025. *

Agree ⌄

IHDA reserves the right to de-obligate funds from grantees that fail to meet performance benchmarks. *

Agree ⌄

Home Repair Experience ▼

How many single family rehabilitations did your organization complete in the following years? *

	0	1-15	16-30	31+
2018	○	◉	○	○
2019	○	◉	○	○
2020	○	◉	○	○
2021	○	◉	○	○
2022	○	◉	○	○
January 1 through June 15, 2023	○	◉	○	○

How many homeowners seeking home repairs are on your   1-15   ⌄

home repairs are on your waitlist? *

Has your organization participated in an IHDA rehabilitation or repair program in the past five years? *

No	⌄

Has your organization participated in a rehabilitation or repair program (other than IHDA) in the past five years? *

Yes	⌄

If yes, indicate the Program and select the appropriate percent of total funding disbursed for each program. (Click Add Row to add additional programs) *

Program Name	Percent of total funding spent	Program End Date	
Cook County Lead Poisoning Pr	76-100%	11-30-2021	

Program Name	Percent of total funding spent	Program End Date	
Cook County Lead Poisoning Pr	0-25%	11-30-2024	

+ Add Row

Team Capacity ⌄

INSTRUCTIONS: Complete the chart indicating who will be responsible, from your organization OR a third party administrator, for the positions listed below. One person may fill more than one role.

	Name	Organization	Years of Direct Experience	List Relevant Degrees, Certifications or Licenses	Summary of relevant experience
Grant Manager	Vanes	Village of (	5+ Years ⌄	Master of Social Worker, Po	14 years in grant an
Intake Specialist	Charlc	Village of (	1-2 Years ⌄	Bachelors of Accounting	Application proces
Construction Specialist	Amm	Village of (	5+ Years ⌄	Master, Construction Mana	I have more than 3
Construction Inspector	Denn	Village of (	3-4 Years ⌄	ICC Certified Mechanical In	Dennis Johnson, Jr

Narrative Responses ⌄

Describe the need and demand you see for this program and how your organization will meet that need with this funding. Reference housing studies, data, evidence of community support, etc. *

Oak Park is a vibrant community known for its rich history, diverse culture, and commitment to social equity. However, like many urban areas across the country, Oak Park is facing a pressing housing crisis that threatens the well-being of its residents. As an entitlement community, our Community Development Block Grants primarily benefit our low-and moderate-income clients ranging in income from 30-80% area median income. The need for a program to support individuals between 81-150% AMI can be described in a few ways like rising housing costs over the past decade making it increasingly unaffordable for many residents which has led to a surge in housing insecurity and forced some families to relocate. Lack of affordable housing options increases the demand for affordable rentals and homeownership opportunities far outweigh the available supply. Furthermore, the housing crisis disproportionately affects vulnerable populations, such as low-income families, seniors, and individuals with disabilities. These groups face housing instability, homelessness, and increased social and health challenges without intervention. The Village of Oak Park prioritizes Affordable Housing in the community which can be demonstrated through new housing developments, the creation of the Housing Trust Fund, and efforts to increase fair housing initiatives. In 2010, the Village of Oak Park participated in the Homes for a Changing Region housing study and a new study is underway to be completed in 2023.

Maximum 300 Words 223/300
Describe how your organization will leverage the HAFHR funds and name the other sources of funding. *

If awarded the HAFHR grant opportunity, the Village of Oak Park would leverage funds to support other costs, if applicable, through the other grant and loan programs that are available to our residents.

Grants include:

Energy efficiency – Provides up to $10,000 in financial assistance to eligible Oak Park residents seeking to reduce their home's consumption of energy, and owners of apartment buildings of up to 7 units.
Lead Water Reduction - 1978 or older properties wit LMI households cover the cost from the curb to the household water meter.
Cook County Lead Paint - households with a youth 6 years or under and pregnant women qualify for a to receive a grant.
Sewer Back-Up Protection Grant Program provides financial assistance to homeowners to install systems to protect their homes from sewer backup during a heavy rain event by installing either an overhead sewer system or a backflow prevention valve system.

Loans included:

Single-Family Rehabilitation - Oak Parkers with qualifying incomes reside in single-family houses which are designed to improve the Village's housing stock. Loans are intended to bring structures into

Maximum 300 Words 234/300
Briefly describe each step of your organization's housing rehabilitation process (I.e., intake, scope of work, inspections, oversight, disbursement, etc). *

The Village receives an application, staff records the date it is received and the income verification process will commence. Staff verify the applicant's income via their financial documents, and a credit report and title search are performed. Applications must have attachments to be considered complete, signed Grant Agreement; Request for Reimbursement; Building Permits, Permit Number(s) or Application(s), or written certification of when the work was performed and a complete listing of all contractors that performed work on the property; Invoice from Contractor and proof of payment. Staff will verify the status of all tax and Village obligations for the owner/property.

Once qualified, the Village's inspector goes to the property to determine the scope of work, and at this time a test for lead paint hazards is performed. The scope of work includes any maintenance/safety violations, any lead paint hazards found, and any eligible repairs the homeowner wants to do within the budget. Once complete the project is put out to bid to the Village's contractor pool. Each project must get at least 3 bids. The homeowner selects the bid, the project is sent to the Housing Committee and to the Village Board. Staff meets with the homeowner and the selected contractor to sign paperwork and develop a timeline. Contractors must obtain permits and request Village inspections for all work at the property. The work being billed must pass a final inspection in order for final grant funds to be paid.

Maximum 300 Words 300/300

Financial and Management ▼

Financial and Regulatory Reporting

The below questions in this section relate to your organization's compliance with the requirements of 2 CFR Part 200 based on the current policies, procedures, and practices. All HAFHR grantees will be required to comply with 2 CFR Part 200 because HAFHR if funded by the American Rescue Plan Act of 2021.

Please describe your financial and programmatic reporting review and approval process, and specifically detail how it complies with 2 CFR 200.328, 329, & 330. *

Completed Application; Two (2) copies of the Grant Agreement signed by the homeowner; Request for Reimbursement; Copies of Building Permits, Permit Number(s) or Permit Application(s) or written certification of when the work was performed and a complete listing of all contractors that performed work on the property; Invoice from Contractor and proof of payment; VOP staff will verify that all application materials are complete and, if applicable, that household income is appropriate. VOP staff will verify the status of all tax and Village obligations for the owner/property.

Our independent auditors will conduct the Single Audit, which is required for Federal Grants expended over $750,000 per year. The Single Audit ensures that we have controls in place. Examples of these controls are General Ledger with approval levels in BS&A, fully executed agreements and signed resolutions, as well as the supporting documentation, performance results, and metrics reported by agencies.

Maximum 300 Words 147/300

Are the annual financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) or on a basis acceptable by the regulatory agency? *

Principles (GAAP) or on a basis acceptable by the regulatory agency?

Yes ⌄

Does your organization have written policies and procedures to ensure program performance measures and deliverables align with the program spending plan? *

Always ⌄

Has your organization taken steps to ensure the individuals that prepare, review and approve reports possess the financial and/or programmatic knowledge, skills and abilities? *

Yes ⌄

For non-profit organizations, indicate your organization's annual financial impact (monies granted or loaned to clients). *

Please Select ⌄

Audit

Have there been any changes in key organizational personnel since the last audit, such as Executive Director, Grant Manager? *

No ⌄

Has your organization had an independent financial audit conducted in the past eighteen months? *

Yes ⌄

What type of an independent financial audit has your organization had conducted? *

Single Audit/Program specific Audit in accorda ⌄

Did the audit disclose findings considered to be significant deficiencies or material weaknesses? *

No ⌄

Quality of Management System

Describe your organization's accounting system. *

Automated, written inhouse or by consulting f ⌄

Does the accounting system require users to have separate sign in/log on credentials for access and approval? *

Yes ⌄

Have there been any new accounting systems implemented during the last fiscal year? *

| No | ⌄ |

Does the accounting system or policies and procedures separate the receipt and expenditure of grant funds at the grant level? *

| Tracked in the accounting system | ⌄ |

Does the accounting system or policies and procedures include a formal chart of accounts that provides the ability to record transactions by the categories of the approved budget? *

| No | ⌄ |

How often are the general ledger accounts reconciled? *

| Monthly | ⌄ |

Does the organization require monthly bank reconciliations? *

| Yes | ⌄ |

Readiness to Proceed ▼

The below questions relate to your organization's compliance with the requirements of 2 CFR Part 200 based on the current policies, procedures, and practices. All HAFHR grantees will be required to comply with 2 CFR Part 200 because HAFHR if funded by the American Rescue Plan Act of 2021.

Does your organization have written policies and procedures for allocating costs that support compliance with cost principles? *

| Yes | ⌄ |

Are costs recorded consistent with regulations and written policies and procedures to address uniformity to both grant awards and other activities of the organization?Does your organization have written policies and procedures for allocating costs? *

| Yes | ⌄ |

Does your organization maintain adequate documentation to support all costs charged to the grant awards? *

| Yes | ⌄ |

Does your organization have a governing body (Board of Directors, Board of Trustees, City Council, County Board, Leadership, etc.) *

| Yes | ⌄ |

Is financial information, including budget to actual expenditure reports, provided to leadership or the governing body? *

| Always | ⌄ |

Is the governing body engaged in audit function activities, such as selection of an audit firm, audit firm's presentation of results, or follow up on corrective action or audit findings? *

| Please Select | ⌄ |

Does your organization make purchases of equipment of $5,000 or more with grant funding? *

| Yes | ⌄ |

Does your organization have written policies and procedures that meet applicable laws/regulations for equipment purchases greater than $5,000? *

| Yes | ⌄ |

How often does your organization take a physical inventory of property (real or personal property) acquired with grant funds and reconcile that inventory with property records? *

| At least every two years | ⌄ |

Is a control system in place to ensure adequate safeguards to prevent loss, damage, theft or unauthorized use of property? *

| Yes | ⌄ |

Does your organization have written policies and procedures for proper authorization of property disposals? *

| Yes | ⌄ |

Does your organization have written policies and procedures for the procurement of goods and services with grant funds? *

| Yes | ⌄ |

Does your organization have written policies and procedures that forbid employees from participating in the selection, award or administration of a contract supported by a grant award if there is a real or apparent conflict of interest? *

| Yes | ⌄ |

Does your organization have written policies and procedures that forbid contractors who develop or draft specifications, requirements, statements of work (scope of services) or request for proposals from competing for such procurements? *

| Yes | ⌄ |

Does your organization have written policies and procedures that document subrecipient and contractor determinations? *

Yes ⌄

In those determinations, has your organization identified any subrecipients? *

No ⌄

Does your organization have written policies and procedures for assessing subrecipient risk and monitoring program implementation? *

Yes ⌄

Does the accounting system or related written policies and procedures identify expenses in excess of available budget? *

Yes ⌄

Are adequate controls in place to ensure necessary budget revisions receive prior approval from the grantor, when applicable? *

Yes ⌄

Does your organization have written policies and procedures for allocating personnel time and effort by funding source? *

Yes ⌄

Does your organization have written policies and procedures to ensure that all salaries and wages charged to grants accurately reflect work performed? *

Yes ⌄

Does your organization have written policies and procedures to ensure accurate tracking of grant deliverables and performance measures? *

Yes ⌄

Does your organization have written policies and procedures to ensure that programmatic activities are allowable per the grant agreement and state and federal regulations? *

Yes ⌄

Are the terms of the executed agreement and budget shared with the program staff? *

Yes ⌄

Does your organization have written policies and procedures for determining participant eligibility? *

Yes ⌄

Does your organization have written policies and procedures for maintaining intake documentation for each participant eligiblity determination? *

Yes ⌄

How does your organization or General Contractor(s) prepare cost estimates for construction projects? *

Spreadsheet ⌄

Standard Certifications ▼

By signing this application, I certify that the statements contained in the list of certifications 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 18, Section 1001).

1.Applicant certifies that all statements herein are true, accurate, and complete;

2.Applicant is an eligible recipient of the Program based on requirements per the application;

3.Applicant is authorized to do business and in good standing in the State of Illinois;

4.Agency offices and services provided will be accessible to people with disabilities;

5.Applicant will not permit any discrimination based on gender, race, religion, national origin, ancestry, creed,pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability inconnection with its participation in the Program;

6.Applicant will ensure expenditures of funding are for eligible uses under the Program;

7.Applicant will maintain records in connection with administration of the Program for five years after the date oftermination of the Funding Agreement;

8.Applicant will comply with the terms and conditions of the Program and additional local, state, and federal laws,rules and regulations; including without limitation, compliance with the Illinois Grant Accountability andTransparency Act;

9.Applicant will comply with monitoring and evaluation of the Program in accordance with the Funding Agreement;and

10.Neither the applicant, nor its affiliates or related entities are delinquent in the payment of any debt to the State ofIllinois (or if delinquent, has entered into a deferred payment plan to pay any debt).

On behalf of ___Applicant Name___ *, I certify that the information contained herein accurately reflects my organization's commitment and ability to participate fully in the HAF Home Repair Program.

Name *

First Name   Last Name

Title *

Date *

MM/DD/YYYY	🗓

Date

Your Email address is used to affirm the authenticity of the signature. If you have an Adobe Document Cloud account, you can use the email you signed up with.

Email Address *

myname@example.com

Sign with Adobe Sign

Save & Continue Later   Submit