



**Jefferson Parish Department of Community
Development**

Subrecipient Application for HOME-ARP

Housing Development Funds

Deadline for submittal: Friday, January 12, 2024, via email
JPCDPrograms@jeffparish.net by the End of the Day -
11:59:59pm

Final (as of 10/23/2023)

1221 Elmwood Park Blvd., Suite 605

Jefferson, LA 70123

(504) 736-6262

[Jefferson Parish Department of Community Development](#)



SUMMARY PAGE

NAME OF ORGANIZATION _____

CONTACT EMAIL/PHONE _____

BUDGET AMOUNT REQUESTED \$ _____

MATCHING FUNDS \$ AMOUNT AND SOURCE \$ _____

PAST EXPERIENCE WITH FEDERAL GRANTS YES/NO? _____. IF YES GRANT? _____

CON PLAN/ACTION PLAN GOAL PRIORITY? _____

PROJECT NARRATIVE (IN 100 WORDS OR LESS) PLEASE SUMMARIZE THE PROPOSAL HERE:



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BEFORE YOU BEGIN

Before you complete the Subrecipient Application, please review the following:

1. Eligibility for Applying

An application that is eligible for consideration, must meet the following,

- Applicant organization is an eligible applicant. The applicant is registered with sam.gov and provides a unique entity identifier (UEI).
- Applicant organization is seeking funds to acquire, construct and/ or rehabilitate rental housing that primarily benefit individuals and families that meet one of the requirements of qualifying populations as defined by HOME-ARP guidelines. The project will result in HOME-ARP rental housing, of which not less than 70% of units are targeted to qualifying populations and not more than 30% are targeted to low-income households.
- The project must be ready for and able to use funds on a reimbursement basis.
- If an organization has been awarded funds from JPDCD in the last two years, the applicant must show that a minimum of one payment request for the awarded funds has been processed and approved.

2. Read and understand the Subrecipient Application Guidelines.

All applicants must read through the program guidelines for application requirements, program definitions, eligibility, submission process, funding regulations, and expectations.

Organizations who apply must meet the above eligibilities and agree to the Subrecipient Application Guidelines to prepare the application. Applications submitted by organizations that do not meet these requirements will not be considered. Please consider applying in the future.

CERTIFICATION OF GUIDELINES

By signing here, the applicant indicates agreement with the eligibility requirements and the guidelines for the application. This page is to be included with the application's submission.

I have read the Subrecipient Application Guidelines and understand the requirements of HOME-ARP should my organization be awarded based on the proposal prepared and submitted to JPDCD.

Name _____ Initials _____

Organization _____ Date _____



2024 SUBRECIPIENT APPLICATION

1 PROJECT/ORGANIZATION INFORMATION

Project Name/Total Budget Applied For: _____

1.1 APPLICANT CONTACT INFORMATION:

Organization: _____

Name of Organization's Executive Director/President: _____

Executive Director/President's Email: _____

| | | |
|-----------------------|--|---|
| Type of Organization: | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Faith Based Organization |
| | <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Private Developer |

Organization Physical Address: _____

Organization Mailing Address (if different from physical address): _____

UEI # _____ (required)

Does your organization expend \$750,000 or more a year in federal funds? Yes No

Application Contact Person: _____

Application Contact Person's Title: _____

Telephone: _____

Application Contact Person's Email: _____

Executive Director/President Signature: _____



2 PROPOSED PROJECT OR PROGRAM

2.1 PROJECT/PROGRAM INFORMATION

Please indicate if the activity proposed: Project (one-time) Program (ongoing service)

Project/Program Title: _____

Community in Which Project/Program is Located: _____

Project/Program Address: _____

Census Tract(s) (CT) and CT Block Group(s) of Project or program (LMI maps can be found on the JPDCD website at: <https://www.jeffparish.net/departments/community-development/community-development-planning-program>):

Estimated duration of the project: _____

Is the project kick-off ready? (Check one): Yes No

Estimated start date: _____

For more information, Section 3.0 of the Subrecipient Application Guidelines provides details on eligible activities and project types.

2.2 BASIC PROJECT DESCRIPTION

Attach a **one-page, typed**, description of the program or project and the purpose for use of funds requested in this application. Address each of the following listed below for the program/project that funding is needed for. Project descriptions cannot be changed or amended once submitted, except due to extenuating circumstances. **Please refer to section 4.2 of the guidelines for definitions.**

1. Information on the need or problem to be addressed
2. Description of the area/population to be served by your project or program
3. How many individuals will be assisted by your program and/or activity, describe the area of the parish which will benefit from your activity.
4. Describe the anticipated outcomes
5. Provide a plan of action (timeline, outcomes, and scope of work) to accomplish the proposed project or program
6. Provide a connection to the current approved consolidated plan based on the activity selected.

2.3 PROJECT/PROGRAM DETAILS

| Item | Answer |
|--|--------|
| Documentation that the proposed service is new or is a significant increase in the existing rental housing market. | |



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| | |
|--|--|
| Estimated number of households to be served during project: | |
| Qualifying Populations to be served (e.g homeless or at-risk, DV, Veterans): | |
| Calculate the percent of anticipated Jefferson residents and any non-Jefferson residents to be served. | |
| Type of housing rehab (provide brief description): | |
| Years of organization's experience in housing improvement programs: | |
| Does the organization have credentials to test or remediate Lead-Based Paint? (Yes/No): | |
| The anticipated number of low/mod income persons or households to be served: | |

2.4 PROJECT/PROGRAM DETAILS – LEVERAGED FUNDS/ MATCHING FUNDS

All applicants must complete the following table. The parish encourages applicants to seek funding and in-kind contributions from private and public sources to match parish funding. Other things being equal, applications with greater matching sources will receive favorable consideration.

| Item | Answer |
|--|--------|
| Type of Leveraged Funds (e.g., match, in-kind, staff time, building, equipment, etc.): | |
| Source of Matching Funds (e.g., state, local, federal, corporate, public donations, etc.): | |
| Amount/ Percentage of Matching Funds. | |
| Does the organization have experience with matching/ leveraging funding (Yes/No)? | |



3 ORGANIZATION/AGENCY DETAILS

3.1 ORGANIZATION BACKGROUND /CAPACITY

Address each of the following questions below for the organization to demonstrate capacity and ability to execute successful programs/projects. Use additional pages if necessary. **Please refer to section 4.2 of the guidelines for definitions.**

Please provide a brief description of the objectives or mission statement of the organization or agency and relevant experience. How long has the organization been in existence?

Please provide the services currently provided by the organization. Please provide a brief description of projects/programs successfully undertaken within the last 5 years.

Of the above projects, were any funded by JPDCD (indicate which projects and years funded)? Also, please indicate whether or not your organization has experience in implementing CDBG, ESG, HOME or other federal or state grant funding. Please also indicate if your organization received a monitoring report and/ or audit that indicated deficiencies on any grant.

List any membership, umbrella, and or other professional organizations that your organization and/or employees belong to:

Please list any other agencies with which you coordinate services:

3.2 ADDITIONAL DOCUMENTATION

Please attach the following documents (as applicable) to your application and list the location of each within the application (page number, tab, appendix, etc.).

| | | |
|--|--|--|
| | Organizational Chart <i>with names, positions, and salaries of management and staff</i> | |
| | Resumes of key personnel <i>Limit to 1/2 page per individual</i> | |



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| | |
|--|--|
| Program Budget <i>completed with the provided template</i> | |
| Last report to IRS (990 for non-profits) | |
| Copies of required licenses or certifications required from state, federal, or local agencies | |
| Articles of Incorporation and By-Laws | |
| Non-profit determination (tax exempt letter from IRS, if applicable) | |
| Authorization to Request Funds (resolution from the board, if necessary) | |
| Proof of processed/approved invoice (<i>Applicants with prior year funding only</i>) Copies of submitted payment request/check received/bank statement showing deposits. | |
| Letters of Recommendation and Support (as applicable) | |
| Non-Conviction Affidavit | |
| Non-Collusion Affidavit | |
| Conflict of Interest and Lobbying Certification | |
| Project Specific Documents (List): | |