

Developer Application – Housing Funding Requests

Request for Proposal/Qualifications: **HOME Investment Partnership Fund – Tenant Based Rental Assistance (TBRA)**

Due date: **Open until funds exhausted**

Developer Name: Non-profit Response Here

Project Name: Non-profit Response Here

**Instructions:** This document establishes a uniform approach for developers when responding to city funding opportunities for affordable housing. To ensure a smooth and efficient evaluation process, kindly adhere to the following guidelines:

**Response Format:** Provide your answers in short paragraphs, bulleted lists, or concise sentences. For any graphic, photo, or illustration needed, refer to it as Attachment X - Description.pdf and include it in your submission.

**Completeness of Response**: Fully respond to each question. If a question does not pertain to your development request, please state how the question is not applicable. I.E. “As this is a homeownership project, no property management will take place”.

**Do Not Refer to External Text:** Please avoid referencing external text documents in your response. Provide all relevant text in this document and attach photos, graphics, or renderings to your submission in pdf format.

**Formatting:** Maintain the original formatting and page breaks in your submission. This structure helps staff evaluate your response with greater accuracy. Ensure developer answers are in blue highlight.

Following these instructions can help streamline the evaluation process for your affordable housing funding opportunity proposal.

## Applicant Information

1. Legal Name of Business: Non-profit response here.
2. Director or President: Non-profit response here.
3. Type of Organization: Non-profit response here.
4. Incorporation Date: Non-profit response here.
5. Federal Tax ID: Non-profit response here.
6. Estimated Current Fiscal Year Budget: Non-profit response here.
7. Current number of staff: Non-profit response here.
8. What is your Company/organization’s mission statement? Non-profit response here
9. Total HOME funding requested. Non-profit response here

Non-profit response here.

1. Describe Applicant’s expertise in delivering TBRA programs to include:
   1. Non-profit company overview,
   2. Staff experience and property management
   3. Experience with similar programs
   4. If the Non-profit has not received TBRA funding from the city in the last five years, provide at least three references that can speak directly to the applicant’s TBRA experience. Provide as Attachment 1 – non-profit References.pdf

Non-profit response here.

10. Are any principals, partners, employees, or others related to this transaction also employees of, or closely related to a) employees of the City of Charlotte, HUD or other relationship that may be a conflict of interest?

b) members of, or closely related to Members of, the Charlotte City Council?

c) beneficiaries of the program for which funds are requested, either as clients or as paid providers of goods or services?

If any are yes, provide a detailed explanation below. If all are no, respond no.

Non-profit response here.

## Project Information

1. Provide description of your agency and describe your agency’s rental assistance program.

Non-profit response here.

1. How long has your agency provided rental assistance?

Non-profit response here.

1. If HOME funding is allocated for only one year, share the strategies to sustain your TBRA program. Indicate plans for obtaining funds outside of HOME funding for rental assistance activities.

Non-profit response here.

1. How will your agencies leverage funds awarded to provided additional services within your organization. Include type of services that will be provided and source of funding. (Note: Match and leverage of funds is not a contract requirement

Non-profit response here

1. If City-funding is denied, describe the impact on agency or program

Non-profit response here.

1. The goal of City funding for rental assistance is to provide vulnerable households housing while they transition to self-sufficiency or long-term supportive housing option. For each population you plan to serve discuss your agency’s long-term housing strategy including how you plan to transition each population group to a permanent housing solution.

Non-profit response here.

1. The Rental Assistance program requires each unit to be subject to a HQS inspection prior to lease and payment approval. How does your agency plan to meet this requirement?

Non-profit response here.

1. If you were unable to use all allocated funding rewarded in FY2024 (July 2023-June 2024) provide an explanation and any strategies used to utilize funding.

Non-profit response here.

1. Describe the process your agency has in place to ensure that all staff understand and will meet HOME TBRA contract requirements for required reporting and invoice submittal.

Non-profit response here.

Information provided in this proposal requesting Tenant Based Rental Assistance is true and accurate to the best of my knowledge. I acknowledge that if funding is awarded to my agency HUD HOME funding rules and regulations are applicable to the use of this funding.

Click or tap here to enter text.

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Executive Director or Designee Signature

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Date

**Previous Experience**

1. List previous city funding received. Add rows as needed.

|  |  |  |
| --- | --- | --- |
| Development/ Project Name | Funding Amount | Development/ Program/Project Status |
| Sample Project | $1,000,000 | Financing Closed, Under Construction |
|  |  |  |
|  |  |  |

**Execution of Proposal**

The person executing the Proposal, on behalf of the Company, being duly sworn, solemnly swears (or affirms) that neither he, nor any official, agent or employee of the Company has entered into any agreement, participated in any collusion, or otherwise taken any action which is in restraint of full and open competition in connection with any proposal or contract, that the Company has not been convicted of violating North Carolina General Statute 133-24 within the last three years, and that the Company intends to do the work with its own bona fide employees or subcontractors and is not proposing for the benefit of another company.

Submission of a response to this RFP constitutes certification that the Company and all proposed team members are not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Project by any State or Federal department or agency. Submission is also agreement that the City will be notified of any change in this status.

NC General Statute 133-32 and City Policy prohibit any gift from anyone with a contract with the City, or from any person seeking to do business with the City. By execution of this Proposal, you attest, for your organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

The information contained in this Proposal, including its forms and other documents, delivered or to be delivered to the City, is true, accurate, and complete. This Proposal includes all information necessary to ensure that the statements therein do not in whole or in part mislead the City as to any material facts.

**Type of Company:**

|  |  |
| --- | --- |
| **(check 1 box)** | 🞎 **Sole Proprietor** 🞎 **Partnership**  🞎 **Joint Venture** |
|  | 🞎 **Corporation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(identify the State of incorporation)* |
|  | *(if joint venture, complete this “Proposal Submission” sheet for each joint venture company and identify the “Name of Joint Venture” on each sheet)*  NAME OF JOINT VENTURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
|  | City of Charlotte Vendor Number: |  |

**ACKNOWLEDGEMENT OF ADDENDA:**

The undersigned acknowledges receipt of the following addenda:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No: |  | Date: |  | No: |  | Date: |  | No: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Legal Name: |  | | |
| Mailing Address: |  | | |
| City/State/Zip: |  | | |
| Phone: |  | Email: |  |
|  |  |  |  |

|  |
| --- |
| **Signature of Authorized Representative (or Designee)** |

|  |
| --- |
| **(Print Name)** |

|  |  |  |
| --- | --- | --- |
| **(Title)** | | |
| **Date** |

***Proposal is valid for one-hundred-eighty (180) days from the Proposal due date***

**COMMERCIAL NON-DISCRIMINATION CERTIFICATION**

|  |  |
| --- | --- |
| **COMPANY NAME:** |  |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2025 TBRA** |

|  |  |
| --- | --- |
| **RFP NUMBER*:*** |  |

The undersigned Company hereby certifies and agrees that the following information is correct:

1. In preparing its bid/proposal, the Company has considered all bids/proposals submitted from qualified, potential subcontractors and suppliers and has not engaged in discrimination as defined in Section 2 below.
2. For purposes of this section, *discrimination* means discrimination in the solicitation, selection, or treatment of any subcontractor, vendor, supplier or commercial customer on the basis of race, ethnicity, gender, age, religion, national origin, disability or other unlawful form of discrimination. Without limiting the foregoing, *discrimination* also includes retaliating against any person or other entity for reporting any incident of discrimination.
3. Without limiting any other remedies that the City may have for a false certification, it is understood and agreed that, if this certification is false, such false certification will constitute grounds for the City to reject the bid/proposal submitted with this certification and terminate any contract awarded based on such bid/proposal. It shall also constitute a violation of the City’s Commercial Non-Discrimination Ordinance and shall subject the Company to any remedies allowed thereunder, including possible disqualification from participating in City contracts for up to two years.
4. As a condition of contracting with the City, the Company agrees to promptly provide to the City all information and documentation that may be requested by the City from time to time regarding the solicitation and selection of subcontractors and suppliers. Failure to maintain or failure to provide such information shall constitute grounds for the City to reject the bid/proposal and to terminate any contract awarded on such bid/proposal. It shall also constitute a violation of the City’s Commercial Non-Discrimination Ordinance and shall subject the Company to any remedies that are allowed thereunder.
5. As part of its bid/proposal, the Company shall provide to the City a list of all instances within the past ten years where a complaint was filed or pending against the Company in a legal or administrative proceeding alleging that the Company discriminated against its subcontractor, vendors, suppliers, or commercial customers, and a description of the status or resolution of that complaint, including any remedial action taken.
6. As a condition of submitting a bid/proposal to the City, the Company agrees to comply with the City’s Commercial Non-Discrimination Policy as described in Section 2, Article V of the Charlotte City Code, and consents to be bound by the award of any arbitration conducted thereunder.

|  |
| --- |
| **Signature of Authorized Representative (or Designee)** |

|  |
| --- |
| **(Print Name)** |

|  |
| --- |
| **(Title)** |

|  |
| --- |
| **(Date)** |

**STAFFING**

|  |  |
| --- | --- |
| **COMPANY NAME:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2025 HOME TBRA** |

List the full names of all **employees** whom you intend to assign to this program. Describe their specific role/responsibility and availability. Add additional pages as necessary.

| **Employee Name & Title** | **Project Role** | **Availability** | **Education / Experience** |
| --- | --- | --- | --- |
| John Smith, Counselor | Program eligibility client services & counseling | Full time staff assigned 50% to this program | MSW |
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If requesting City-funds for the HOME TBRA program within your agency, provide from total

operation the expense and revenue budget information for the specified program including all

funding sources. For purposes of this application, the budget information provided should coincide with the City’s fiscal year FY2025, July 1, 2024 through June 30, 2025.

* 1. **Projected Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Expenses** | **Projected Budget** | | **Budget Request from City** |
| Salaries | Click or tap here to enter text. | | Click or tap here to enter text. |
| Merit | Click or tap here to enter text. | | Click or tap here to enter text. |
| Benefits | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Total Personnel Expenses** | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Operating Expenses** | **Projected Budget** | **Budget Request from City** | |
| Communications (e.g. publishing, marketing) | Click or tap here to enter text. | Click or tap here to enter text. | |
| Travel & Training | Click or tap here to enter text. | Click or tap here to enter text. | |
| Facilities (e.g. rent, utilities) | Click or tap here to enter text. | Click or tap here to enter text. | |
| Technology | Click or tap here to enter text. | Click or tap here to enter text. | |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Total Operating Expenses** | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Total Expenses *(Personnel & Operating)*** | Click or tap here to enter text. | Click or tap here to enter text. | |

* 1. **Projected Revenues**

Please include all revenues, excluding revenues received from the City of Charlotte specifically to this project, in the fields below.

|  |  |
| --- | --- |
| **Revenues** | **Projected Budget** |
| Government Grants & Funding | Click or tap here to enter text. |
| Foundation Grants & Funding | Click or tap here to enter text. |
| Donor Contributions | Click or tap here to enter text. |
| Service Fees | Click or tap here to enter text. |
| Other Revenue | Click or tap here to enter text. |
| **Total Revenues** | Click or tap here to enter text. |

# Budget Worksheet

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Number of Households to be Served** | **Cost per Household** | **Total Amount Requested** |
| *Example: TBRA Financial Assistance* | *$10,000* | *100* | *$100.00* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total TBRA Requested | | | Click or tap here to enter text. |

Information provided in this proposal requesting Tenant Based Rental Assistance is true and accurate to the best of my knowledge. I acknowledge that if funding is awarded to my agency HUD HOME funding rules and regulations are applicable to the use of this funding.

Click or tap here to enter text.

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Executive Director or Designee Signature

Click or tap here to enter text.

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Date

The City of Charlotte is seeking qualified non-profit agencies to administer Tenant Based Rental Assistance (TBRA) programs in partnership with and existing program or programs that will provide financial assistance for monthly rental costs.

## Overview

The proposed TBRA funding will allow flexibility in many program design areas. The HOME Investment Partnership Program guidelines permit for participating jurisdictions to establish local preferences for special-needs groups within its broad, community-wide programs. For this funding, the City has established the following preferences:

1. Homeless and participating in coordinated assessment
2. Self-Sufficiency Program
3. Low Income Households

The TBRA program will follow all HOME regulations such as tenant occupancy and income requirements, unit and payment standards, and administrative performance. The City of Charlotte will also examine program performance indicators, such as program participation levels, outreach efforts, sustainability of persons transitioning off the program, and other performance indicators that will be incorporated into all contracts.

The intent of this RFP is to identify agencies that can best administer a TBRA programs to end and prevent homeless and return households to self-sufficiency. The proposing agency must be agreeable to run the program as designed and outlined by this RFP and agree to comply with all HOME regulations and City contract requirements.

## Important HOME TBRA Requirements

### **Eligible Units**

Assisted households may identify the housing unit of their choice. Eligible properties may be publicly or privately owned and must meet Minimum Housing Code, as determined by the City of Charlotte and pass a Housing Quality Standards inspection (HQS) prior to occupancy and annually thereafter. TBRA may be used in HOME-assisted units, but the property does not have to be a HOME-assisted unit. The unit must be within the City of Charlotte.

### **Rents**

Units must have reasonable rents, based on rents that are charged for comparable unassisted units in the jurisdiction. The City has established a rent standard and agencies can pay an assisted household no more than the difference between 30 percent of the household’s income and the rent standard.

The City of Charlotte uses the Section 8 Rent Certificate model for calculating client rental payments. All agencies are required to calculate rental payments using HUD’s CPD rental calculator. Tenants pay 30 percent of their monthly adjusted income toward rent. The TBRA assistance then makes up the gap between the tenant’s payment and the actual rent plus utilities for the tenant’s unit.

Example: Family of four with adjusted gross income of $24,821.  
30% of Income: = 0.3 x $24,821 = $7446.30  
Monthly Tenant Rent = $7,446.30 / 12 = $620.52 (maximum tenant payment)  
Subtract Utility Allowance = $620.52 - $187 = $433.52 (max rent tenant pays)

In this example, the tenant will pay $433.52, and the remaining rent is paid by agency. This assumes no utilities are included and the tenant is renting a three-bedroom apartment built during or after 2006.

## **Other Key Requirements**

The US Department of Housing and Urban Development requires HOME funded TBRA projects meet the following requirements:

* The agency must select families based on written tenant selection policy and criteria;
* Property owners must use leases that contain certain provisions to protect tenant’s and other participants’ rights. The City must approve the lease used;
* Length of TBRA assistance must be for at least one year and may not exceed two years.
* The City is required will monitor its each agency’s program on an ongoing basis to ensure compliance with HOME Program requirements. At a minimum, monitoring will include:
  + Verifications that the agency receiving TBRA funds is conducting initial and annual inspections to determine that the unit continues to meet property standards,
  + Verification of tenant income to ensure assisted households are low income, and
  + Review of rental payments to determine that the rents remain reasonable