



Choanoke Area Housing Consortium (Bertie, Halifax, Hertford, Martin & Northampton Counties)

Application for Funding

**Deadline: 5 pm
Friday, March 14, 2025**

Applications Accepted Via:

1. Email including all attachments to eraskopf@ucpcog.org.
2. Mail to: Attn: Liz Raskopf
Choanoke Area Housing Consortium
c/o Upper Coastal Plain Council of Governments
P.O. Box 9
Wilson, NC 27894

The Choanoke Area Housing Consortium will host **Office Hours** to answer questions about this application on **Monday, February 24, 2025, from 11 am to 2 pm** on Zoom.

To register, or for additional support with your application, please contact Liz Raskopf, Community Development Manager, Upper Coastal Plain Council of Governments, at eraskopf@ucpcog.org or 252-231-2196.

Application for Funding

Application Components

The application consists of the following sections and requires the following documentation. The final application should be submitted by email as a single PDF or by mail in a single package, including all applicable documentation.

- A.** Applicant Information
- B.** Project Overview
- C.** Project Details
- D.** Performance Measurements
- E.** Project Budget and Pro Forma
- F.** Disclosure of Potential Conflicts of Interest
- G.** Authorization
- H.** Documentation Checklist

Documentation

The following documents may be required as part of your application.

1. IRS Tax Determination Letter [501(c)(3)] (if applicable)
2. NC Charitable Solicitation License (if applicable)
3. Previous two (2) years' operating budget
4. Most recent independent audit (if applicable)
5. Current Bylaws and Articles of Incorporation
6. Current list of Board of Directors, phone numbers, terms, and relevant affiliations
7. Project Timetable
8. List of Beneficiaries
9. General location map (at least ½ mile radius)
10. Site map showing lot boundaries, locations of structures(s), and other site features
11. Photographs of site
12. Relocation Plan (if applicable)
13. Floor Plan(s) (if applicable)
14. Elevation(s) (if applicable)
15. List of Energy Efficiency measures included in the project (if applicable)
16. List of Universal Design features included in the project (if applicable)
17. Project budget
18. Funding commitment letters and/or list of funding applications
19. Pro Forma (if applicable)

If you need additional space, please note in your responses whether additional pages have been attached.

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A. APPLICANT INFORMATION

Organization’s Full Legal Name:	
UEI Number* (Required for Federal Funding):	
Incorporation Date (Month and Year):	
Organization’s Physical Address:	
Organization’s Mailing Address:	
Organization’s Web Address:	
Organization’s Telephone Number:	
Total number of agency staff:	
Executive Director:	
Executive Director’s Email Address:	
Executive Director’s Telephone Number:	
Estimated total agency budget for this fiscal year:	
Agency budget for prior fiscal year:	

*Applicants may apply without a UEI Number but must be registered in Sam.gov to receive payment if awarded funds.

What is your organization’s mission statement?

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Does your agency budget show a surplus or deficit?

If so, please explain.

Is there a significant change in your budget from the previous year?

If so, please explain.

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Please describe your agency's experience and ability to carry out the proposed project, including any of the following that may apply:

- a. Collaborative relationships with other agencies. This could include letters of support from other agencies or evidence of coordination of this application with other organizations to complement and/or support the proposed project.
- b. Involvement of the intended beneficiaries of the project in the planning process.
- c. Past achievements in carrying out similar projects and evidence of successful record of meeting proposed budgets and timetables.
- d. Plans to develop linkages with other programs and projects to coordinate activities so solutions are holistic and comprehensive.
- e. Any other features relating to organizational capacity that you consider relevant, (i.e. property management experience, including accepting Housing Choice Vouchers, etc.).

Documentation for This Section

1. IRS Tax Determination Letter [501(c)(3)] (if applicable)
2. NC Charitable Solicitation License
3. Previous two (2) years' operating budget
4. Most recent independent audit
5. Current By-laws and Articles of Incorporation
6. Current list of Board of Directors, phone numbers, terms, and relevant affiliations

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B. PROJECT OVERVIEW

Project Name:	
Primary Project Contact Person and Title:	
Project Contact Email Address (award announcements will be sent here):	
Project Contact Telephone Number:	
Total Project Cost (including non-HOME funds):	
Amount of HOME Funds Requested:	
Project Location (address, including county):	
Project / Development Site Size (in acres, if applicable):	

<p>Project Description Please provide a description of your project, including what you are planning to produce and how you are planning to carry out the project. Please do not assume that the reader knows anything about the project.</p>
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Project Staff

Please provide the names of all persons and/or consultants, etc., that will be involved with the project. Describe their responsibilities with the project and track record in the successful completion of similar projects in the past.

Project Schedule

What is the expected schedule for the project from start to finish? Provide a brief schedule here and attach a detailed project timetable showing when each work task will be completed (e.g., planning; obtaining financial commitments; design; environmental review; bidding; loan closing; key milestones in construction; final inspection; occupancy; etc.)

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Alignment with Choanoke Area Housing Consortium Priority Needs

Which Priority Needs will your project address? Include a brief description of how your project addresses each applicable need. For any that do not apply, write N/A. Alignment with at least one Priority Need is required for project eligibility.

Priority Need #1 A	
Priority Need #1 B	
Priority Need #2	

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Priority Need #3	
Priority Need #4	
Target Population Who is the target population to be served, what are their needs, and how will their needs be addressed through this project? Attach a list of beneficiaries.	

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Income Eligibility

Please indicate the income of the beneficiaries (in number of households) to be served through the proposed project. Please use the Area Median Income for each county that you intend to serve with this proposed project. If your proposed project will serve multiple counties, please complete a row for each county served. If not serving a county, write N/A. Only projects that serve low-to-moderate income households are eligible to apply.

County	Beneficiary Information (Number of Households)				
	Total	30% AMI	31-50% AMI	51-80% AMI	>80% AMI
Bertie					
Halifax					
Hertford					
Martin					
Northampton					

Required Documentation for this Section

7. Project Timetable
8. List of Beneficiaries

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Proposed Rent/Sale Prices

What are the proposed rents (including utility costs) or sale prices for completed units?

Marketing to Income-Eligible Renters/Buyers

Describe your agency's process for marketing to ensure an adequate pool of income-eligible renters or buyers:

Affirmative Marketing Plan

Describe your affirmative marketing plan to attract minorities, female heads of household, and the disabled to rent or purchase your units/properties:

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Supportive Services

What supportive services, if any, will be provided through this project? If not applicable, write N/A.

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Specific Populations

Describe any specific targeting of the following vulnerable populations either through services provided, locations, design features, etc. If not applicable, write N/A.

Low Income Seniors	
Persons with Disabilities	
Veterans	
Individuals or families experiencing homelessness	
Housing Choice Voucher holders	
Victims of domestic violence	

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Additional Project Details

If the questions below are not applicable, please write N/A. If the questions are applicable but the requested information is not currently available, please state when the necessary information will become available.

Property Acquisition

Has your agency acquired real property to carry out the project, or is property acquisition planned? If planned, when is acquisition expected to occur? What steps have been taken toward acquisition to date?

Relocation

Is the property currently occupied? If so, attach a description of your plan to relocate any current residents and/or programs and activities that take place in the current facility.

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Construction Detail	Number
How many units will be newly constructed?	
What is the square footage of each unit?	
What is the number of bedrooms in each unit?	
What is the number of bathrooms in each unit?	
How many units will be rehabilitated?	
What is the square footage of each unit?	
What is the number of bedrooms in each unit?	
What is the number of bathrooms in each unit?	

Documentation for this Section:

9. General location map (at least ½ mile radius)
10. Site map showing lot boundaries, locations of structures(s), and other site features
11. Photographs of site

Please attach the following if applicable:

12. Relocation Plan
13. Floor Plan(s)
14. Elevation(s)
15. List of Energy Efficiency measures included in the project
16. List of Universal Design features included in the project

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D. PROJECT BUDGET

Project Budget Please identify the category that applies to your project and attach information/documentation as requested. Mark only one option.	
	HOME is the sole funding source for this project. Attach a detailed project budget showing planned uses of funds.
	HOME funding will be combined with additional sources of funding. Attach a detailed project budget showing planned uses of funds. Also attach funding commitment letters where available or a list of funding applications to other sources with date submitted and anticipated date of decision.
Pro Forma (for rental property only) If you are developing a property for rent, please attach a 10-year pro forma showing estimated income, expenses, net operating income, debt service, and cash flow. Include the cost per dwelling unit (or per square foot for new construction) in attachment or describe below:	

Documentation for this section

- 17. Project budget
- 18. Funding commitment letters and/or list of funding applications.
- 19. Pro Forma (if applicable)

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E. PERFORMANCE MEASURES

Please complete the following chart with information about the project's goals.

Goal	Measurement
Ex: Provide rental housing to low- to moderate-income households.	Ex: By 2026, build ten rental units that are affordable to low- to moderate- income households.

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F. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Mark Yes or No to each question.	Yes	No
1. Are any of the Board Members or employees of your agency, members of their immediate families, or their business associates employees of/or closely related to employees of the Municipalities or Counties within in the Consortium?		
2. Are any of the Board Members or employees of your agency, members of their immediate families, or their business associates members of/or closely related to members of the governing bodies of the Municipalities or Counties within the Consortium?		
3. Are any of the Board Members or employees of your agency, members of their immediate families, or their business associate potential beneficiaries of the project/program for which funds are requested?		
4. Are any of the Board Members or employees of your agency, members of their immediate families, or their business associates paid providers of goods or services to the program or having other financial interest in the program?		
<p>If you have answered YES to any of the preceding questions, please explain below. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.</p>		

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The following should be completed by at least one individual with oversight authority over the applicant organization. If one signer is on staff, the other must be from the governing board or board of directors.

G. AUTHORIZATION

To the best of my knowledge, all information and data in this application are true and current. The document has been duly authorized by the governing board of the applicant.

Name

Title

Signature

Date

Name

Title

Signature

Date

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H. Documentation Checklist

Please indicate all documents that are included before submitting as part of your final application.

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9.	General location map (at least ½ mile radius)	
10.	Site map showing lot boundaries, locations of structures(s), and other site features	
11.	Photographs of site	
12.	Relocation Plan (if applicable)	
13.	Floor Plan(s) (if applicable)	
14.	Elevation(s) (if applicable)	
15.	List of Energy Efficiency measures included in the project (if applicable)	
16.	List of Universal Design features included in the project (if applicable)	
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