**PY25 Program Year Request for Proposal**

**EXECUTIVE SUMMARY**

**HOME**:  Homebuyer  Homeowner Rehabilitation

Rental Acquisition  Rental Rehabilitation  Rental New Construction

Single-Family New Construction  CHDO Project  Tenant Based Rental Assistance

Name of Applicant:

Proposed Program/Project Name:

Proposed Program/Project Address:     Tulsa, OK     **-**

Five Year Community Goal Activity Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Priority Need Addressed | Projected Unduplicated Number  of Households to be Served or Housing Units Completed  ***([HOME] / [Non-HOME])*** | Council District(s) Served  (1-9 or All) | No. of Years  Providing Services  for Proposed Program/Project |
|  |  |  |  |

|  |  |
| --- | --- |
| **Overview of Proposed Program/Project** (limit 1500 characters) |  |

**PROPOSED PROGRAM / PROJECT COST AND REQUESTED FUNDING 2025-2026**

|  |  |  |
| --- | --- | --- |
|  | **Dollar Amount** | **% of Total**  **Program/Project Cost** |
| 1. **TOTAL PROGRAM / PROJECT COST** | $ |  |
| 1. TOTAL **COMMITTED** LEVERAGE FUNDING for **PY25**   (*Amount from Grant Certification form- 3*) | $ | %  **(b/a)** |
|  |  |  |
| 1. **REQUESTED CITY OF TULSA HUD FUNDS** | $ | %  **(c/a)** |
|  |  |  |
| 1. REMAINING FUNDING GAP | $  **(a)-(b+c)** | %  **(d/a)** |
|  |  |  |

**Section I: Organization Information**

***Responses in this section are limited to 500 characters***

1. **Contact Information**
   * 1. Organization Name (must match registered name in SAMs/UEID):

Street Address:

City:       State:    Zip Code + 4 (required):      -

Website:

* + 1. Organization Head (person legally authorized to execute a contract for the organization)

Name:       Title:

E-mail:

Primary Phone: (   )    -     Secondary Phone: (   )    -

* + 1. Financial Officer (should NOT be the same as the Program/Project Director)

Name:       Title:

E-mail:

Primary Phone: (   )    -     Secondary Phone: (   )    -

* + 1. Program/Project Director (Primary Contact)

Name:       Title:

E-mail:

Primary Phone: (   )    -     Secondary Phone: (   )    -

1. **Type of Organization**
   * 1. Status

Non-Profit  Other (please specify):

Source of exemption if a non-profit

Section 501 (c) 3  Other (please specify):

Date exemption received:       Date incorporated:

* + 1. Business Identification

Federal Employee Identification (FEI) Number (9 digits):

SAM Unique Entity ID (UEI):

Provide any other names under which the organization has operated within the last 10 years:

The organization is authorized and/or licensed to do business in Oklahoma:

Yes  No

1. **System for Award Management Registration**

Does the organization’s registration in the System for Award Management (SAM) identify any exclusions which prohibit the organization from receiving federal contracts or federally approved subcontracts?

Yes  No

1. **Organizational Background**
   * 1. Total number of years in operation:
     2. Current number of employees in organization (Do not include volunteers):
     3. List the types of services the organization provides:

|  |
| --- |
|  |

* + 1. List the clients/populations the organization serves:

|  |
| --- |
|  |

* + 1. List the purpose/mission of the organization as stated in the by-laws:

|  |
| --- |
|  |

* + 1. Describe the organization’s board of directors or ownership entity. Include how the board members are chosen and if the organization provides any training or orientation:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| # of Board Members | Frequency of Board Meetings  (monthly, quarterly, annually, etc.) | # of Board Members residing within Tulsa city limits |
|  |  |  |

* + 1. Using the table below, list any Federal (including HUD) or State funds received within the past three years.

|  |  |  |
| --- | --- | --- |
| Source of Funds  (ex: CDBG, OK Dept. of Commerce) | Name of Project | # of Years Received |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* + 1. Is the organization currently funded by the Tulsa Area United Way?  Yes  No
    2. Faith-based organization?  Yes – If yes, complete questions below.  No

1. Describe how the organization will not discriminate against, show preferential treatment to, or limit services to any employee, applicant for employment or persons served by the HUD-funded program on the basis of religion or religious beliefs.

|  |
| --- |
|  |

1. Describe how the organization will separate the program from inherently religious activities such as worship, religious instruction, and/or proselytization.

|  |
| --- |
|  |

1. **Financial Information**
   * 1. Provide the organization’s total annual operating budget:
     2. Provide the average amount of cash flow reserves maintained by the organization for the most recent fiscal year:
     3. Identify the individual primarily responsible for the fiscal oversight of grant awards for the organization and their experience with federal funds.

|  |
| --- |
|  |

* + 1. Describe how the organization’s internal controls adequately safeguard grant funds, personally identifiable information, and ensure the grant funds are used solely for authorized purposes:

|  |
| --- |
|  |

* + 1. List the accounting software or system in use by the organization:

|  |
| --- |
|  |

* + 1. Organizations *expending* more than $750,000 in **total** Federal funds during the last completed fiscal year are required to submit the most recent Single or Program-Specific audit. Organizations not required to conduct a Single Audit, must submit audited financial statements prepared by a CPA that meet GAAP requirements. Indicate which documents the organization is required to attach:

Single Audit  Audited Financial Statements

* + 1. Does organization currently have open findings or audit concerns?  Yes  No

If yes, provide explanation of outstanding issues:

|  |
| --- |
|  |

1. **Policies and Procedures**

Organizations are **required** to have **written** policies and procedures. The following policies and procedures are required attachments with the application. (Refer to Section V – Attachments.).  
**Note:** If any of these policies are over 20 pages, submit the table of contents only.

* + 1. Accounting:
    2. Conflict of Interest:
    3. Procurement:
    4. Record Retention:

1. **Decent Housing Objective**

Select which Decent Housing Objective the program/project will address **(select one)**:

Assisting homeless persons obtain affordable housing

Assisting persons at risk of becoming homeless

Retaining the affordable housing stock

Increasing the availability of affordable permanent housing in standard condition to low- income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability

Increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence

Providing affordable housing that is accessible to job opportunities

1. **3H Task Force Objectives**

Select which 3H Task Force Goal (**Reference Appendix 4**) the program/project will address **(select all that apply)**:

Goal 1: Housing Production & Preservation

Select Corresponding Action (Example- Action 6: Housing Coordinators)

Goal 2: Outreach & Early Intervention

Select Corresponding Action (Example- Action 2: Priority Housing Placement)

Goal 4: Community Standards and Resources

Select Corresponding Action (Example- Action 2: Clean-up Crew Expansion)

**Explain Alignment:**

# Section II: Program / Project Information (13 Points)

***Responses in this section are limited to 1500 characters.***

1. **Type of HOME Program/Project:** **(Select ONE)**

Homebuyer  Homeowner Rehabilitation

Rental Acquisition  Rental Rehabilitation  Rental New Construction

Single-Family New Construction  Tenant Based Rental Assistance

1. **Program/Project Information**
2. Select **one** Five-Year Community goal (\*see page v in the application materials) and then describe how this program/project will meet the goal:

Acquisition & New Construction of Affordable Housing  Housing Rehabilitation

Rental Housing Subsidies  Homelessness Services  Clearance & Demolition

Housing and Services for People With HIV/AIDS  Services for Low Income Populations

Public Infrastructure and Facilities  Small Business Loans  Employment Opportunities

**Explain:**

|  |
| --- |
|  |

* 1. Type of Applicant **(select one)**

Non-Profit  For-Profit  Public Agency  CHDO

* 1. Role of Applicant **(select one)**

Subrecipient  CHDO  Developer

**NOTE:** For all CHDO and Developer activities, the City must evaluate and certify applicant’s capacity before funds can be awarded. This is a SEPARATE application and will be provided upon request to applicable parties.

1. Describe the need for this program/project and the source of the data collected to substantiate the need. **NOTE:** Rental developments **require** a Market Analysis or Market Study. If applicable, provide a brief summary of the conclusions of the Market Analysis or Market Study in the response. (Refer to Section V – Attachments)

|  |
| --- |
|  |

1. Describe the program/project. Include the **exact** services that will be conducted by the organization to deliver the program/project). If any activities and/or services offered by the program/project will be provided by or in conjunction with another organization, identify them here (3000 character limit). ***NOTE:*** *If this program/project is currently funded by the City of Tulsa, provide a similar scope of work as shown in Exhibit A of the current agreement.*

|  |
| --- |
|  |

1. Beneficiaries the program/project will serve:

Number of households at or below 30% AMI

Number of households 31% to 50% AMI

Number of households 51% to 60% AMI

Number of households 61% to 80% AMI

Number of households Seniors (Ages 62 and older)

Number of Special Needs households

Specify Type of Special Needs Population

TOTAL Households

1. Identify the location(s) of the program/project (street address):

|  |
| --- |
|  |

**NOTE:** Include the legal description of the property, if applicable. Refer to Section V – Attachments

1. Is there a waiting list for the program/project?  Yes  No

If yes, describe how the waitlist is managed and how clients are prioritized, etc.:

|  |
| --- |
|  |

1. If the program/project is a new venture for the organization, describe experience and success the organization has with similar programs/projects:

|  |
| --- |
|  |

1. If this is an existing program/project for the organization, describe the work that has been completed to-date and outcomes. Describe what funds have been used in earlier phases and what the funds were used for. If the activities were part of a larger program/project, please describe the larger program/project:

|  |
| --- |
|  |

1. How does this program/project align with your organization’s mission and purpose?

|  |
| --- |
|  |

1. SUBRECIPIENTS ONLY: Complete the table below for all staff members involved with the program/project and staff providing management and oversight.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name** | **Title** | **Years of experience with program** | **Program Role** | **% of time dedicated to program** |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |

1. **Performance Measures:** Provide the SMART (Specific, measurable, attainable, relevant and time-bound) goal(s) for the proposed program/project. See Appendix 3 – *Goals, Objectives, Performance Measures, and Outcomes Worksheet* for help and examples
   1. **Short Term Goals (Goals for the Program Year from July 1 to June 30)**

|  |  |
| --- | --- |
| Provide the **unduplicated** number to be served (households or housing units produced) | |
|
|
| **HOUSEHOLDS** | **HOUSING UNITS** |
|  |  |

* + - 1. Provide information below on the short term goal(s) or objective of the program/project and how the participants will benefit (outcomes) during the program year. (Narrative response in relation to the number of households or units produced listed above.)

|  |
| --- |
|  |

1. Explain what processes the organization has in place to ensure compliance with the HOME requirements (property standards, unit occupancy, on-going beneficiary eligibility (rental properties), loan requirements, etc.)?

|  |
| --- |
|  |

1. **Long Term Goals (Goals beyond the Program Year)**
   * + 1. What lasting outcomes will the program/project have on participants and how will the Tulsa community benefit?

|  |
| --- |
|  |

2. What follow-up tracking will the organization provide to document outcomes are met and/or sustained beyond the Program Year?

|  |
| --- |
|  |

1. **Collaboration:** Collaborating before applications are submitted is strongly encouraged. Attach any existing Memorandums of Understanding (MOUs) the organization has with other agencies. If there are no existing MOUs between the organization and agencies it is collaborating with, such MOUs will need to be entered into and provided before disbursement of grant funds.
2. Identify other agencies in Tulsa (including non-profit and government) that provide services similar to the proposed project/service. How do the programs differ? How do they overlap?

|  |
| --- |
|  |

1. Is there collaboration with other agencies?  Yes  No

If yes, describe any coordination the organization currently has or will have with other agencies to reduce or eliminate duplication of services in delivering the proposed service:

|  |
| --- |
|  |

SPECIFIC PROJECT INFORMATION

***Responses in this section are limited to 1500 characters unless noted otherwise.***

**NOTICE:** Completion of the environmental review process is mandatory before taking physical action on a site, or making a commitment or expenditure of HUD OR non-HUD funds for property acquisition, rehabilitation, conversion, lease, repair, or construction activities. Subrecipients, contractors, owners or developers may not commit or expend funds on projects until the City of Tulsa has completed the environmental review process. **ANY OPTIONS TO PURCHASE PROPERTY SHOULD BE CONTINGENT UPON A HUD ENVIRONMENTAL REVIEW COMPLETED BY THE CITY OF TULSA**

If the proposed project involves occupied rental housing or requires relocation or moving of occupants from an acquired structure or a structure that will be rehabilitated, the organization agrees to comply with all requirements as described in (1) The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended, enacted as Public Law 91-646 and (2) all requirements of 24 CFR Part 92.353 Displacement, Relocation and Acquisition, and (3) HUD Handbook 1378 Uniform Relocation Assistance, including **proper notices AS OF THE DAY THIS APPLICATION IS SUBMITTED TO THE CITY OF TULSA to tenants** to ensure no tenant displacement and/or relocation occurs.

**Description of Project:** Provide clear descriptions for the information listed below. If the organization is awarded a grant, this information will be used to issue the contract.

**I. Homeowner Rehabilitation:**

A. Project Scope of Work – Provide a summary of the project from start to finish. Include an outline of each phase of the project and a timeline. **NOTE:** If this project is currently funded, provide a similar scope of work as shown in Exhibit A of the Written Agreement. (3000 character limit)

|  |
| --- |
|  |

B. Describe how eligible applicants will be screened and selected:

|  |
| --- |
|  |

C. Describe what standards will be used to determine if a home will be reconstructed or rehabilitated. Reconstruction is recommended when the cost to rehabilitate exceeds 75% of the after- rehabilitation value, and a suitable dwelling can be constructed in compliance with all requirements of the HOME Program.

|  |
| --- |
|  |

D. The value of the property, after rehabilitation, must not exceed ninety-five percent (95%) of the area median purchase price of a unit, as determined by the local HUD office. Provide a statement that the after-rehabilitation value will not exceed the limit and explain how that will be determined. **NOTE:** Current value for the City of Tulsa is $200,000 (2023 HUD Homeownership Value Limits).

|  |
| --- |
|  |

E. The type of HOME assistance provided to homeowners (zero interest, forgivable loans) will follow City of Tulsa program guidelines. Describe your experience in loan underwriting and servicing:

|  |
| --- |
|  |

**NOTE:** All rehabilitation projects must conform to the City of Tulsa’s Rehabilitation Standards and Specifications. Upon completion of rehabilitation, housing must meet the City of Tulsa’s Local Property Maintenance Codes and International Property Maintenance Codes (International Property Maintenance Codes). In addition, the project must meet all of the HOME property standards as contained in the 2013 HOME Final Rule, which are effective as of January 2015.

**For attachments for this type of project, refer to Section V – Attachments**

**II. Acquisition – First-Time Homebuyer (Homebuyer Assistance)**

A. Project Scope of Work – Provide a summary of the project from start to finish. Include an outline of each phase of the project and a timeline. **NOTE:** If this project is currently funded, provide a similar scope of work as shown in Exhibit A of the Written Agreement. (3000 character limit)

|  |
| --- |
|  |

B. Describe how eligible applicants will be screened and selected:

|  |
| --- |
|  |

C. **Homebuyer Education:** Explain the process for implementing Homebuyer Education classes and Homebuyer Counseling and who will provide these classes. Will you provide both pre and post purchase counseling? **Note:** The organization providing Homebuyer Education and Counseling must be a HUD Certified Housing Counseling Agency. Describe how you will meet that requirement.

|  |
| --- |
|  |

1. The value of the property must not exceed ninety-five percent (95%) of the area median purchase price of a unit, as determined by the local HUD office. Provide a statement that the purchase price will not exceed the limit and explain how that will be monitored before assistance is approved.

**NOTE:** Current values for the City of Tulsa are $180,000 for existing housing and $251,000 for new construction. (2023 HUD Homeownership Value Limits)

|  |
| --- |
|  |

E. The type of HOME assistance provided to homeowners (zero interest, forgivable loans) will follow City of Tulsa program policies. Describe your experience in loan underwriting and servicing:

|  |
| --- |
|  |

**For attachments for this type of project, refer to Section V – Attachments**

**III. Single-Family New Construction**

**GENERAL INFORMATION**

**NOTE:** Underwriting Information and Project Projections must be completed and submitted with ALL Single-Family New Construction projects. (See Section V – Attachments)

A. Please describe the readiness to proceed concerning whether or not land use issues have been resolved, what pre-development activities have been completed, and if architectural plans have been completed. All projects will be subjected to a HUD Environmental Review and certain projects, such as new construction, must also undergo a Phase I Environmental Assessment before any part of the project can begin.

|  |
| --- |
|  |

B. Project Scope of Work – Provide a summary of the project from start to finish. Include an outline of each phase of the project and a timeline. (3000 character limit)

|  |
| --- |
|  |

C. Describe any plans to implement energy/water conservation fixtures/appliances or other construction standards including Energy Star, LEED, or PHUIS in your project. If not, provide a rationale as to why these measures will not be used.

|  |
| --- |
|  |

D. Describe process to identify and qualify eligible homebuyers to ensure completed housing units will be sold within 6 months of completion.

|  |
| --- |
|  |

1. Funding Sources (check all that apply):

HOME  LIHTC  AHP  Construction Loan  Other (identify)

Submission Date of LIHTC Application:       Award Date:

Submission Date of AHP Application:       Award Date:

Submission of Other Funding:       Award Date:

1. Project Type (check one):

Family  Elderly  Mixed Use  Other (identify)

Construction Type (check all that apply):

One Story  Multi-Story  Garden  Townhouse  Other (identify)

**NOTE:** All New Construction projects must include a Site and Neighborhood Standards Review addressing each of the required elements in Title 24 Section 983.6. These will be reviewed and approved by GA prior to final funding allocations.

1. Proposed Number of Assisted Units:

HOME-Assisted Units

Other Restricted Units

Market Units

**TOTAL Units**

Number of units which will be ADA accessible for persons with Physical Disabilities?

Number of units which will be ADA accessible for persons with Sensory Disabilities?

1. Unit Mix:

# Bedrooms / # Bathrooms Number of Units

      Bedrooms       Bathrooms

      Bedrooms       Bathrooms

      Bedrooms       Bathrooms

I. Zoning:

1. Is site zoned correctly for the proposed activity?  Yes  No

Attach zoning verification. ***REQUIRED:*** Property must be zoned correctly at the time of application for all proposed new construction and rehabilitation projects.

2. Is the proposed site located in a FEMA or City of Tulsa flood plain?  Yes  No

Attach a flood map with the location identified. Flood maps may be obtained by contacting the **Customer Care Center** - Dial 311 or Outside Tulsa call 918-596-2100;  
Email: Tulsa311@cityoftulsa.org OR Online at <https://tulsa311.com/site/wss/home>  
OR  
**Flood Control** at <https://www.cityoftulsa.org/government/departments/engineering-services/flood-control/floodplain-map-atlas/>

***NOTE:***  *Projects located in a flood plain may be subject to special requirements and may be prohibited.*

J. Does the project require land use approvals such as Site Review, Annexation, Minor Land Partition, Demolition, or Conditional Use permits?  Yes  No

If yes, give detailed explanation and attach appropriate documentation:

|  |
| --- |
|  |

**ACQUISITION INFORMATION**

Applicants can have no financial or legal commitment to purchase a property. Applicants may have an **OPTION to purchase** a property pending grant approval, an approved HUD Environmental Review and an executed written agreement with the City of Tulsa.

* 1. Does the organization have an option to purchase agreement on the property?  Yes  No

If yes, include with Attachments.

B. If organization has an option to purchase a property, has an appraisal or comparative market analysis from a knowledgeable real estate professional been completed?  Yes  No

If YES, include a copy of appraisal with Attachments. Date appraisal was completed:

***NOTE:*** *For a property acquisition, a current appraisal (no older than 3 months) or a comparative market analysis from a knowledgeable real estate professional must be completed prior to receiving funds.)*

If NO, what is the source of the acquisition cost estimate?

|  |
| --- |
|  |

C. What is the current condition of the property? Attach photographs.

|  |
| --- |
|  |

**CONSTRUCTION INFORMATION**

1. Describe the familiarity and/or experience with oversight of construction projects. If there is no general knowledge of the construction process, describe how this will be remedied:

|  |
| --- |
|  |

1. Describe the familiarity and/or experience with Davis-Bacon prevailing wage requirements (Labor Standards Provisions) and Section 3 compliance:

|  |
| --- |
|  |

1. Provide information that demonstrates the proposed activity is economically feasible and that it can be implemented in a cost-effective manner.

|  |
| --- |
|  |

1. How was the cost of the project determined?

|  |
| --- |
|  |

Include with the Attachments a copy of the cost estimate for the project provided by a Professional Engineer (PE) licensed in the State of Oklahoma and authorized to sign and seal plans, drawings and costs that will be submitted to a public authority for approval.

1. Include with Attachments a project timeline with firm, fixed start and end dates for each task. Include in the timeline the following dates:
2. Date the project will commence (must be within 12 months of grant award)
3. Date all HOME funds will be expended (must be within 4 years of grant award)
4. Date of completion of each housing unit (meaning project work is completed and sale of house has occurred)

F. Site Control: Date Acquired:

Provide documentation of site control. Attach a copy of the property deed, and the executed contract of sale.

|  |
| --- |
|  |

G. Current Mortgage? Yes  No Remaining Principal Balance:

Provide details of financing structure on the property:

|  |
| --- |
|  |

**For attachments for Single-Family New Construction project, refer to Section V – Attachments**

**IV. Multi-Family Rental**

**GENERAL INFORMATION**

**NOTE:** The HOME Underwriting Spreadsheet must be completed and submitted with ALL Multi-Family Rental projects. (See Section V – Attachments)

A. Please describe the readiness to proceed concerning whether or not land use issues have been resolved, what pre-development activities have been completed, and if architectural plans have been completed. All projects will be subjected to a HUD Environmental Review and certain projects, such as new construction, must also undergo a Phase I Environmental Assessment before any part of the project can begin.

|  |
| --- |
|  |

B. Project Scope of Work – Provide a summary of the project from start to finish. Include an outline of each phase of the project and a timeline. (3000 character limit)

|  |
| --- |
|  |

C. Describe any plans to implement energy/water conservation fixtures/appliances or other construction standards including Energy Star, LEED, or PHUIS in your project. If not, provide a rationale as to why these measures will not be used.

|  |
| --- |
|  |

D. Describe ownership structure at project completion:

**NOTE:** Attach all documents relating to ownership entity if different than applicant.

|  |
| --- |
|  |

1. Funding Sources (check all that apply):

HOME  LIHTC  AHP  Construction Loan  Other (identify)

Submission Date of LIHTC Application:       Award Date:

Submission Date of AHP Application:       Award Date:

Submission of Other Funding:       Award Date:

1. Project Type (check one):

Family  Elderly  Mixed Use  Other (identify)

Construction Type (check all that apply):

One Story  Multi-Story  Garden  Townhouse  Other (identify)

**NOTE:** All New Construction projects must include a Site and Neighborhood Standards Review addressing each of the required elements in Title 24 Section 983.6. These will be reviewed and approved by GA prior to final funding allocations.

1. Proposed Number of Assisted Units:

Low HOME Units

High HOME Units

Other Restricted Units

Market Rate Units

**TOTAL Units**

Number of units which will be ADA accessible for persons with Physical Disabilities?

Number of units which will be ADA accessible for persons with Sensory Disabilities?

1. Proposed Units will be designated as:  Fixed  Floating
2. Unit Mix:

Bedroom Size Number of Units

0 Bedroom

1 Bedroom

2 Bedroom

3 Bedroom

4 Bedroom

1. Is this a previous/current Tax Credit property?  Yes  No Explain:

|  |
| --- |
|  |

K. Is the rental property currently occupied?  Yes  No

Does the project require temporary/permanent relocation or moving occupants?  Yes  No

If yes to either question above, attach: 1) copy of the URA General Information Notice with date distributed to occupants, 2) Relocation Plan including a timeline and budget for relocation activities, and 3) detailed tenant income audit that identifies all existing tenants and household size.

L. Will any occupiable\*, affordable permanent housing units be converted?  Yes  No

If yes, how many?

\*Occupiable means a residential dwelling that is substandard, but suitable for rehabilitation.

**NOTE:** All rehabilitation projects must conform to the City of Tulsa’s Rehabilitation Standards and Specifications. Upon completion of rehabilitation, housing must meet the City of Tulsa’s Local Property Maintenance Codes and International Property Maintenance Codes (International Property Maintenance Codes). In addition, the project must meet all of the HOME property standards as contained in the 2013 HOME Final Rule, which are effective as of January 2015.

M. Zoning:

1. Is site zoned correctly for the proposed activity?  Yes  No

Attach zoning verification. ***REQUIRED:*** Property must be zoned correctly at the time of application for all proposed new construction and rehabilitation projects.

2. Is the proposed site located in a FEMA or City of Tulsa flood plain?  Yes  No

Attach a flood map with the location identified. Flood maps may be obtained by contacting the **Customer Care Center** - Dial 311 or Outside Tulsa call 918-596-2100;  
Email: Tulsa311@cityoftulsa.org OR Online at <https://tulsa311.com/site/wss/home>  
OR  
**Flood Control** at https://www.cityoftulsa.org/government/departments/engineering-services/flood-control/floodplain-map-atlas/

***NOTE:***  *Projects located in a flood plain may be subject to special requirements and may be prohibited.*

N. Does the project require land use approvals such as Site Review, Annexation, Minor Land Partition, Demolition, or Conditional Use permits?  Yes  No

If yes, give detailed explanation and attach appropriate documentation:

|  |
| --- |
|  |

**ACQUISITION INFORMATION**

Applicants can have no financial or legal commitment to purchase a property. Applicants may have an **OPTION to purchase** a property pending grant approval, an approved HUD Environmental Review and an executed written agreement with the City of Tulsa.

1. Does the organization have an option to purchase agreement on the property?  Yes  No

If yes, include with Attachments.

B. If organization has an option to purchase a property, has an appraisal or comparative market analysis from a knowledgeable real estate professional been completed?  Yes  No

If YES, include a copy of appraisal with Attachments. Date appraisal was completed:

***NOTE:*** *For a property acquisition, a current appraisal (no older than 3 months) or a comparative market analysis from a knowledgeable real estate professional must be completed prior to receiving funds.)*

If NO, what is the source of the acquisition cost estimate?

|  |
| --- |
|  |

C. What is the current condition of the property and what is the expected life of the property? Attach: 1) photographs (interior and exterior); and 2) most recent property inspection report and/or capital needs assessment (less than 1 year old).

|  |
| --- |
|  |

**IMPORTANT: If the acquired property will require rehabilitation at a later date, fill out the next section even if the current grant application does not include rehabilitation.**

**CONSTRUCTION / REHABILITATION INFORMATION**

1. Describe the familiarity and/or experience with oversight of construction/rehabilitation projects. If there is no general knowledge of the construction process, describe how this will be remedied:

|  |
| --- |
|  |

1. Describe the familiarity and/or experience with Davis-Bacon prevailing wage requirements (Labor Standards Provisions) and Section 3 compliance:

|  |
| --- |
|  |

1. Provide information that demonstrates the proposed activity is economically feasible and that it can be implemented in a cost-effective manner, including a comparison of rehabilitation costs versus new construction.

|  |
| --- |
|  |

1. How was the cost of the project determined?

|  |
| --- |
|  |

Include with the Attachments a copy of the cost estimate for the project provided by a Professional Engineer (PE) licensed in the State of Oklahoma and authorized to sign and seal plans, drawings and costs that will be submitted to a public authority for approval.

1. Include with Attachments a project timeline with firm, fixed start and end dates for each task (You may use the sample *“Construction/Rehabilitation Timeline for Grant Activity Form”* that follows or use your own format) Include in the timeline the following dates:
2. Date the project will commence (must be within 12 months of grant award)
3. Date all HOME funds will be expended (must be within 4 years of grant award)
4. Date of project completion (meaning project work is completed and beneficiaries are occupying the housing unit)

I. For rehabilitation projects, what is the current condition of the property and what is the expected life of the property? Attach: 1) photographs (interior and exterior); and 2) property inspection report and/or capital needs assessment no older than 6 months. The property inspection report must specifically address the life expectancy of the following major systems: 1) plumbing, 2) electrical, 3) HVAC, 4) cladding and weatherproofing (windows, doors, siding, guttering), 5) roofing, and 6) structural support.

|  |
| --- |
|  |

J. Tell what considerations have been given to the remaining economic life of the property and potential cost increases such as unanticipated repair, maintenance, and operating costs.

|  |
| --- |
|  |

K. Site Control: Date Acquired:

Provide documentation of site control. Attach a copy of the property deed, and the executed contract of sale.

|  |
| --- |
|  |

L. Year property was built:

If pre-1978, will it be occupied by children under the age of six?  Yes  No

M. Current Mortgage? Yes  No Remaining Principal Balance:

Provide details of financing structure on the property:

|  |
| --- |
|  |

Attach a summary that includes a listing of all of the loan agreements, liens, and regulatory agreements that are in place, amounts, loan terms, and maturity/release date. If the project is funded, copies of all of these documents will be required.

N. Attach photographs of site to be improved.

**NOTE:**  All rehabilitation projects must conform to the City of Tulsa’s Rehabilitation Standards and Specifications. Upon completion of rehabilitation, housing must meet the City of Tulsa’s Local Property Maintenance Codes (International Property Maintenance Codes) with no major structural defects in the housing. In addition, the project must meet all of the HOME property standards as contained in the 2013 HOME Final Rule, which are effective as of January 2015.

**For attachments for Rental project, refer to Section V – Attachments**

**V. Tenant Based Rental Assistance (TBRA):**

A. Project Summary – Provide a summary of the project (3000 character limit). Describe how the project is consistent with the Consolidated Plan.

|  |
| --- |
|  |

B. Describe how eligible applicants will be screened and selected. Please describe if any \*preferences will be implemented and how:

|  |
| --- |
|  |

\*Preferences cannot be administered in a manner that limits the opportunities of persons on any basis prohibited by laws listed under 24 CFR 5.105(a).

1. **SUBRECIPIENT PROJECTS ONLY:** Provide the projected number of beneficiaries served and the estimated amount of HOME funds to be expended each quarter in the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 1** | **Year 2** | **Year 2** | **TOTAL** |
|  | **July - Dec** | **Jan-June** | **July-Dec** | **Jan - June** |
| **Number of Beneficiaries** |  |  |  |  |  |
| **HOME Expenditures** |  |  |  |  |  |

D. Select the Proposed TBRA Activities, how many households could be served and the estimated cost per unit. Provide a brief summary of how you arrived at the Average cost per unit.

|  |  |  |  |
| --- | --- | --- | --- |
| **TBRA Proposed Activities** | **Total Proposed Households** | **Units** | **Average Cost Per Unit** |
| Rental Subsidies | Rental Subsidy |  | $ |
| Security Deposits | Security Deposit Subsidy |  | $ |
| Utility Deposits:  (May include Electricity, Water, Gas, and Trash) | \*Utility Deposit Subsidy |  | $ |
|  | Household Inspections |  | $ |
| **Total Program HOME costs** | |  | **$** |

***\*Utility Deposit cannot be used as a stand-alone activity. Must be utilized with rental subsidy, security deposit subsidy, or both.***

Summary for Average Cost Per Unit (cite sources):

|  |
| --- |
|  |

E. Will this program have portability of assistance (Does this program intend to house participants outside the City of Tulsa)?  Yes  No

If yes, explain:

|  |
| --- |
|  |

1. Will you require applicants to participate in a self-sufficiency program as a condition of selection for assistance?  Yes  No

If yes, explain:

|  |
| --- |
|  |

1. Identify the location(s) where this program/project will be conducted:

|  |
| --- |
|  |

H. Number of households currently on your waiting list or in need for rental housing subsidy (Section 8):

|  |
| --- |
|  |

1. Who will be carrying out the Housing Quality Standard Inspections?

|  |
| --- |
|  |

1. What will the term of rental assistance be in the contract with participants (May not exceed 24 months per 24 CFR 92.209)?

|  |
| --- |
|  |

1. Describe the familiarity and/or experience with Tenant Based Rental Assistance. If there is no general knowledge of TBRA, describe how this will be remedied:

|  |
| --- |
|  |

**For attachments for this type of project, refer to Section V – Attachments**

# Section III: HOME Project Financial Information (11 Points)

***Narrative responses in this section are limited to 1500 characters.***

***NOTE:***  *The City of Tulsa encourages diversification of program funding sources. It is strongly recommended that applicants seek private sector and/or foundation funds to supplement HOME funds. Programs/projects that are wholly dependent on HOME funds will be considered high risk.*

**Program / Project Funding Rationale**

1. How did the organization arrive at the total cost of the program/project? (The total cost of Construction/Rehabilitation projects must be verified by a Professional Engineer:

|  |
| --- |
|  |

1. **DEVELOPMENT PROJECTS ONLY:** Based on the total cost of the project, what percentage, if any, will be charged for the Developer Fee:

|  |
| --- |
|  |

1. Describe the economic feasibility of the program/project. Did the organization perform a price analysis detailing alternative service providers and vendors when planning the budget?

|  |
| --- |
|  |

1. Describe what expenditures the HOME funds will be used for:

|  |
| --- |
|  |

1. If the **Executive Summary** shows a **“Remaining Funding Gap”**, what other funds is the organization seeking to cover that gap?

|  |
| --- |
|  |

1. **SUBRECIPIENT PROJECTS ONLY:** Provide the projected number of beneficiaries served and the estimated amount of HOME funds to be expended each quarter in the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** | **TOTAL** |
|  | **July - Sept** | **Oct - Dec** | **Jan - Mar** | **Apr - June** |
| **Number of Beneficiaries** |  |  |  |  |  |
| **HOME Expenditures** |  |  |  |  |  |

1. Will the proposed program/project affect the organization’s budget (i.e. additional personnel, increased office space, increased maintenance, etc.):  Yes  No

If yes, describe how the organization’s budget will be affected:

|  |
| --- |
|  |

1. How will the organization cover program/project costs until reimbursed by the grant?

|  |
| --- |
|  |

1. Is the proposed program/project contingent on receipt of other funding? If yes, provide an explanation including funding type and timing of other funding:

|  |
| --- |
|  |

1. Describe how the program/project will be sustained past the grant cycle or after the project is completed.

|  |
| --- |
|  |

1. The amount presented for committed funding Grant Certification Form – 3 is $     .  
   Complete the table below to determine the percentage of committed leveraged funds to the total program/project cost.

|  |  |
| --- | --- |
| **Percentage of Leveraged Funds Committed to**  **Total Program / Project Cost** | |
| **Committed Funding**  (*Amount from Grant Certification Form - 3)* | $ |
| **Total Program/Project Cost**  *(Amount presented in Executive Summary)* | $ |
| **Percentage of Committed Funding specific to support the Program/Project**  *(Committed Funding / Total Project Cost)* | % |

**TO COMPLETE SECTION III OF THE APPLICATION:**

1. Applicants must submit the attached Excel spreadsheet(s) titled “**2025 HOME RFP Section III Budget Tables**” according to the appropriate type of program/project; and
2. For each budget line item to be funded by the grant, provide the name of the item and a description of what services and/or supplies will be budgeted under the item.
3. **Subrecipient Activities:** Complete*“Table 1 HOME SUBRECIPIENT”*
4. **CHDO/Developer Activities:**  Complete*“Table 2 HOME CHDO/DEVELOPER”*
5. **TBRA Activities:** Complete *“Table3 TBRA Programs”*

5. **All Single-Family New Construction Projects** will also need to provide u*nderwriting information*

**NOTE:** Information about this is NOT included in the RFP application but will be provided electronically.

6. **All Rental Projects** will also need to complete the *HOME Underwriting Spreadsheet*.

**NOTE:** This form is NOT included in the RFP application but will be provided electronically.

**After completing the required financial spreadsheets, print a copy.**

**Ensure the appropriate persons sign each form.**

**Submit with the application and attach after this page.**

***NOTE:*** *Additional financial information or clarifications may be required.*