

CITY OF NEW ORLEANS

C. Ray Nagin, Mayor

NEIGHBORHOOD1

Donna A. Addkison
Chief Development Officer

SuperNOFA 2007

APPLICATION
for

MINOR REPAIR ACTIVITIES
(CDBG FUNDING)

CITY OF NEW ORLEANS

OFFICE OF THE MAYOR NEIGHBORHOOD1

September 18, 2006

NOFA APPLICATION

GENERAL INSTRUCTIONS

1. **Program Description.** A description of the CDBG Program, as contained in the Notice of Funding Availability (NOFA)-General Information Packet, will assist the applicant with identifying the types of programs best suited for the funds that are being requested. Applicants will be competitively selected for funding under a process using selection criteria that is described therein.
2. **Applying for More than One Project or Activity.** Applicants applying for more than one project or two or more activities contained in the NOFA (Homebuyer, Rental, Minor Repair) must submit individual applications for each.
3. **Submission Requirements.** All applications must be complete in order to be considered for review. Applicants must submit (1) original and three (3) copies of the proposal. **PLEASE STAPLE THE APPLICATION. DO NOT BIND.** Applications will be rated as a whole and not by component parts. **APPLICATIONS SUBMITTED BY FAX OR ELECTRONIC MAIL WILL NOT BE ACCEPTED.**
4. **PLEASE INCLUDE THE PAGE IMMEDIATELY FOLLOWING THIS GENERAL INSTRUCTION SHEET AS THE COVER PAGE FOR YOUR APPLICATION.**
5. **Attachments:** You may attach pages as necessary; please include the exhibit number on all attachments and place them in the document in the proper order.
6. **For Additional Information.** If you have any questions regarding this NOFA application, please contact Neighborhood1, 1340 Poydras Street, Suite 1000, New Orleans, Louisiana 70112, (504) 658-4200.

**NEIGHBORHOOD1
SuperNOFA 2007
HOMEBUYER PROJECTS**

Application Number Assigned by DHND

Applicant Identification and Certification

ORGANIZATION NAME: _____

OFFICIAL MAILING ADDRESS: _____

EMPLOYER IDENTIFICATION NUMBER: _____

PERSON(S) TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION:

<u>Name</u>	<u>Title</u>	<u>Phone/FAX #</u>
_____	_____	_____
_____	_____	_____

FUNDING REQUEST/AMOUNT: \$ _____

TARGET/SERVICE DELIVERY AREA: _____

CERTIFICATION:

To the best of my knowledge and belief, all of the information provided in this application is true and correct:

Typed Name of Authorized Representative

Title

Signature of Authorized Representative

Date Signed

APPLICATION CHECKLIST

MINOR REPAIR PROJECTS

Please utilize this form to insure that you have responded to all of the required information in the SuperNOFA Application

Exhibits

Exhibit 1a	Program/Project Summary [page 4]	_____
Exhibit 1b	Project Description [page 4-5]	_____
Exhibit 1c	Timeline [page 6]	_____
Exhibit 2a	Budget Summary [page 8]	_____
Exhibit 2b	Budget Detail [page 9-12]	_____
Exhibit 2c	Budget Narrative [page 13]	_____
Exhibit 3a	Organizational Capacity and Project Staffing [page-15]	_____
Exhibit 3b	Prior Contract Performance [page 16]	_____
Exhibit 4	Fair Housing Statement [page 17]	_____

EXHIBIT 1a - PROGRAM/PROJECT SUMMARY

Please indicate the following in the table below. Note that general administrative costs are not provided by the HOME Program; only eligible project costs are available.

- The **Total Project Cost** includes all project costs, regardless of funding source, required to develop the project. Indicate the total cost per unit by dividing the Total Development Cost by the number of units to be developed.
- The **Financial Assistance** is the amount of CDBG funds requested herein. This amount must agree with the total amount requested in the Budget Summary, Exhibit 2a. Indicate the financial assistance cost per unit by dividing the Total Financial Assistance by the number of units to be developed.

Proposed Activity	Fund Source	No. of Units	Total Project Cost		Financial Assistance	
			Total	Per/Unit	Total	Per/Unit
Minor Repair Projects	CDBG					

EXHIBIT 1b: PROJECT DESCRIPTION

Provide below, a narrative description of the project, addressing, at a minimum, the following issues:

1. Describe how the project will be conducted and the timeline for completing it.
2. Discuss what population the project will serve.
3. Indicate whether the project will address the needs of households with disabilities.
4. Explain how you will maintain cost reasonableness in order to maximize the number of households assisted.
5. Describe the program application process.
6. Explain how you will leverage the federal funds sought hereunder with other funding sources and indicate the leverage ratio.

EXHIBIT 1b: PROJECT DESCRIPTION
(Continued)

EXHIBIT 2 - BUDGET

Instructions

Your proposal must include a line item budget and budget narrative that explains and justifies how each line item will be expended. The budget should be reasonable and consistent with the proposed level of service delivery. In the narrative section include and identify in-kind contributions and fund raising activities to support program activities. The following items are included for your use in preparing the Budget section of your application:

- Budget forms
- List of line items
- Narrative forms

FORM INSTRUCTIONS:

When preparing the Budget forms, complete all sub-totals and totals.

The budget form consists of four pages, one page each for the following categories:

Budget Page 1:	Budget Summary
Budget Page 2:	1000 - Personal Services
Budget Page 3:	2000 - Contractual Services
Budget Page 4:	3000 - Supplies and Materials
Budget Page 5:	4000 - Equipment

All line item requests must be placed in these general categories. Please use the Line Item List to determine the correct budget category.

In the Acct. No. column list the line item number and name, i.e., "1010-Salaries". DO NOT put "1010" alone. Please fill in the amount requested in the column marked **(1) Amount Per Latest Approved Budget**.

NARRATIVE:

Each budget submitted must include Narrative comments. In each section complete the required information and make any additional comments.

1. Salaries--List the name, title, percent of time, and annual salary for **each** employee to be funded by the proposed project in this section.
2. Contractual Services--List a description of all Professional services, i.e., contracts.
3. Supplies & Materials--Describe supplies that are directly related to your proposed program, i.e., food, paper, paint, lumber, etc.
4. Equipment & Property--Describe any equipment you wish to purchase and its use.
5. General Comments--Include descriptions of funding matches, as well as any in-kind services, facilities, and/or personnel that may be available to your organization. This could include rent, utilities and the like. Please explain fully these leveraging factors.

The Expenditure Sheet indicates Miscellaneous/Other Line Item(s). If your organization elects to use these items, you must clearly identify what miscellaneous/other is and how it will be utilized.

EXHIBIT 2a - BUDGET SUMMARY

(First of one single spaced page)

NEIGHBORHOOD1 BUDGET LINE ITEM DETAIL			
BUDGET:		YEAR:	
ORGANIZATION NAME:			
PROJECT NAME AND NUMBER:	DEPARTMENT: <i>Neighborhood1</i>	PROGRAM: <i>CDBG</i>	OPTION CODE
ACCT. NO.	LINE ITEM	REQUESTED BUDGET	FOR DHND USE ONLY
1000	PERSONAL SERVICES		
2000	CONTRACTUAL SERVICES		
3000	SUPPLIES AND MATERIALS		
4000	EQUIPMENT		
	MATCH/OTHER		
	TOTAL	\$	

EXHIBIT 2b - BUDGET DETAIL

(First of four single spaced pages)

NEIGHBORHOOD1 LINE ITEM DETAIL PPB3			
BUDGET:		YEAR:	
ORGANIZATION NAME:			
PROJECT NAME AND NUMBER:	DEPARTMENT <i>Neighborhood1</i>	PROGRAM: <i>CDBG</i>	OPTION CODE:
ACCT. NO	LINE ITEM	REQUESTED UNIT BUDGET	FOR DHND USE ONLY
	PERSONAL SERVICES		
	TOTAL	\$	\$

EXHIBIT 2b - BUDGET DETAIL

(Second of four single spaced pages)

NEIGHBORHOOD1 LINE ITEM DETAIL PPB3			
BUDGET:		YEAR:	
ORGANIZATION NAME:			
PROJECT NAME AND NUMBER:	DEPARTMENT <i>Neighborhood1</i>	PROGRAM: <i>CDBG</i>	OPTION CODE:
ACCT. NO	LINE ITEM	REQUESTED UNIT BUDGET	FOR DHND USE ONLY
	CONTRACTUAL SERVICES		
	TOTAL	\$	\$

EXHIBIT 2b - BUDGET DETAIL

(Third of four single spaced pages)

NEIGHBORHOOD1 LINE ITEM DETAIL PPB3			
BUDGET:		YEAR:	
ORGANIZATION NAME:			
PROJECT NAME AND NUMBER:	DEPARTMENT <i>Neighborhood1</i>	PROGRAM: <i>CDBG</i>	OPTION CODE:
ACCT. NO.	LINE ITEM	REQUESTED UNIT BUDGET	FOR DHND USE ONLY
	SUPPLIES AND MATERIAL		
	TOTAL	\$	\$

EXHIBIT 2b - BUDGET DETAIL

(Fourth of four single spaced pages)

NEIGHBORHOOD1 LINE ITEM DETAIL PPB3			
BUDGET:		YEAR:	
ORGANIZATION NAME:			
PROJECT NAME AND NUMBER:	DEPARTMENT <i>Neighborhood1</i>	PROGRAM: <i>CDBG</i>	OPTION CODE:
ACCT. NO	LINE ITEM	REQUESTED UNIT BUDGET	FOR DHND USE ONLY
	EQUIPMENT AND PROPERTY		
	TOTAL	\$	\$

EXHIBIT 2c - BUDGET NARRATIVE

(First of one single spaced pages)

SALARIES:

CONTRACTUAL SERVICES:

SUPPLIES & MATERIALS:

EQUIPMENT & PROPERTY:

**CLASSIFICATION OF EXPENDITURE AND LINE ITEM NUMBERS
[DO NOT SUBMIT THIS PAGE WITH APPLICATION]**

PERSONAL SERVICES (1000)

1010 Salaries
1011 Sick Leave
1020 Overtime
1021 Part-Time Payroll
1110 Employees Retirement Plan
1200 Social Security Taxes (FICA)
1300 Group Hospital Insurance
1400 Workers Comp. Insurance
1600 Terminal Leave
1710 Auto Allowance
1720 Uniform Allowance
1730 Chauffeurs Licenses
1740 Tool Allowance
1760 Pay Increment
1790 Life Insurance
1800 Unemployment Comp. (SUTA)

CONTRACTUAL SERVICES (2000)

2010 Advertising
2020 Cleaning and Waste Removal
2040 Convention & Travel Expenses
2041 Convention & Travel Reimbursement
2050 Dues and Subscriptions
2060 Education
2090 Fees, Taxes, and Assessment
2091 Photograph Expense
2092 Conveyance Certificates
2093 Mortgage Certificates
2094 Recordation Wens Expense
2095 Demolition Expense
2110 Ins-Liability & Property Damage
2112 Stop Loss Policy
2113 Physical Dam Auto
2114 Gen Liability Claims Reserve
2115 Auto Claims Reserve
2120 Ins-Surety Bonds
2130 Postage Freight Express
2140 Printing and Binding
2150 Professional Services
2160 Rents & Leases-Land Bldg
2170 Rents & Leases Other Prop
2180 Motor Vehicle Rep General
2181 Motor Vehicle Rep PM Inspection
2182 Motor Vehicle Rep-Component
2185 Repairs and Maintenance
2190 Telephone - Local
2210 Telephone - Long Distance
2240 Utilities

2600 Miscellaneous
2800 Indirect Cost

SUPPLIES AND MATERIALS (3000)

3010 Books and Pamphlets
3020 Building Supplies
3030 Clothing
3040 Education Supplies
3050 Electrical Supplies
3060 Electronic Supplies
3070 Engineering Supplies
3080 Parts-Not Motor Vehicle
3110 Food Supplies
3120 Fuel-Not Motor Vehicle
3130 General Plant Supplies
3140 Hand Tools and Instrument
3150 Horticulture & Farm Supplies
3160 Household Supplies
3170 Identification Plates and Badges
3180 Janitor & Cleaning Supplies
3190 Medical Supplies
3210 Motor Vehicle-Gasoline
3211 Motor Vehicle-Diesel
3212 Motor Vehicle-Hydraulic Oil
3213 Motor Vehicle-Lubricants
3214 Motor Vehicle-Fluids
3215 Motor Vehicle-Other
3220 Motor Vehicle-Parts
3240 Photographic Supplies
3250 Office Supplies
3260 Safety Supplies
3271 Vehicle Supplies-Battery
3272 Vehicle Supplies-Tires
3273 Vehicle Supplies-Welding
3274 Lawn Equipment Parts
3299 Miscellaneous Supplies

EQUIPMENT & PROPERTY (4000)

4352 Building & Power Plant Equipment
4354 Cleaning & Laundry Equipment
4356 Communications Equipment
4358 Construction Equipment
4362 Educational & Recreation Equipment
4376 Motor Vehicle
4378 Office Furniture & Equipment
4382 Refrig. & Air Cond. Equipment
4390 Miscellaneous

EXHIBIT 3a: ORGANIZATIONAL CAPACITY & PROJECT STAFFING

STAFFING:

Describe how you will staff the project. Indicate the project development functions to be performed by each staff member. Include any contracted persons and describe the functional relationships between all persons who will be involved in the conduct or development of the project. **Attach an organizational chart after this page.**

EXHIBIT 3b: PRIOR CONTRACT PERFORMANCE

Please complete the following table in order to indicate the past performance of your organization or that of an affiliated organization, in carrying out housing projects or activities under contract to the City of New Orleans. For current contracts, the indicated performance should be through August 31, 2006. If the performance is that of an affiliated organization, identify the organization and explain the affiliation.

Contract Number	Project Type ¹	Contract Amount	Units	Funds Expended	Units Completed
TOTALS					

¹ Project types are: OOR - Owner-Occupied Rehabilitation; RR - Rental; HB - Homebuyer; MR - Minor Repair or Emergency Repair.

Narrative:

EXHIBIT 4 - FAIR HOUSING STATEMENT

In accordance with the fair housing laws, housing programs funded or assisted with federal funds such as under the Community Development Block Grant (CDBG) program, and the Home Investment Partnership Program (HOME), must be administered in a manner that will affirmatively further fair housing. Further, the City of New Orleans, as a CDBG and HOME grantee, must certify that it will affirmatively further fair housing. In order for the City to certify that it will affirmatively further fair housing, it must analyze and eliminate housing discrimination, promote fair housing choices, provide opportunities for racially and ethnically inclusive patterns of housing occupancy, promote housing that is accessible to and usable by persons with disabilities, and foster compliance with the nondiscrimination provisions of the Fair Housing Act, U.S. Department of HUD, Office of Fair Housing and Equal Opportunity, Fair Housing Planning Guide.

It is imperative, therefore, that potential sub-recipients of the above funds include a fair housing impact statement addressing not only how you will refrain from housing discrimination, but also how you will ensure that your housing and community and economic development programs are accessible to persons with disabilities and do not contribute to or intensify segregated housing patterns. For example, if you intend to target a particular neighborhood to rehabilitate blighted housing, you must address how your program is going to affect segregated housing patterns in that and the surrounding areas.

Fair Housing Statement: (if necessary, attach your statement on a separate sheet of paper)