Urgent Repair Program 2025-2026 (URP26)

November 6, 2024 Webinar Materials

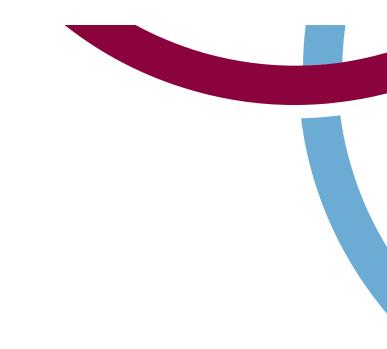
1.	Webinar Slide Deck	2
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Urgent Repair Program (URP26) Application Workshop

GoToWebinar November 6, 2024

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- URP26 NOFA Schedule & Changes
- URP Life Cycle
- Application Guidelines Review
- Application Review
- Application Attachments Review

If you are a homeowner, please contact Gloria Moore at <u>gemoore@nchfa.com</u> or 919-981-2623 to be connected with a partner to assist you with housing repairs.

URP26 NOFA Schedule

- October 21, 2024 Notice of Funding Availability (NOFA) posted
- November 6, 2024 Application Webinar *You are here*
- December 13, 2024 Applications due no later than 5:00 PM
- February 2025 URP26 award recommendations made to the Board



URP26 Changes

- Naming Structure
 - Using the last year of the cycle for the name (URP25 is now URP26)
- Increase in total awards
 - 1 County \$132,000 to \$165,000
 - 2+ Counties \$264,000 to \$330,000
 - Minimum Award \$99,000
- Unit Maximum Changes
 - Hard + Soft Max \$15,000
 - Soft Cost \$300 +10% HC, not to exceed \$1,500
 - Admin 10% Hard + Soft (up to \$1,500)

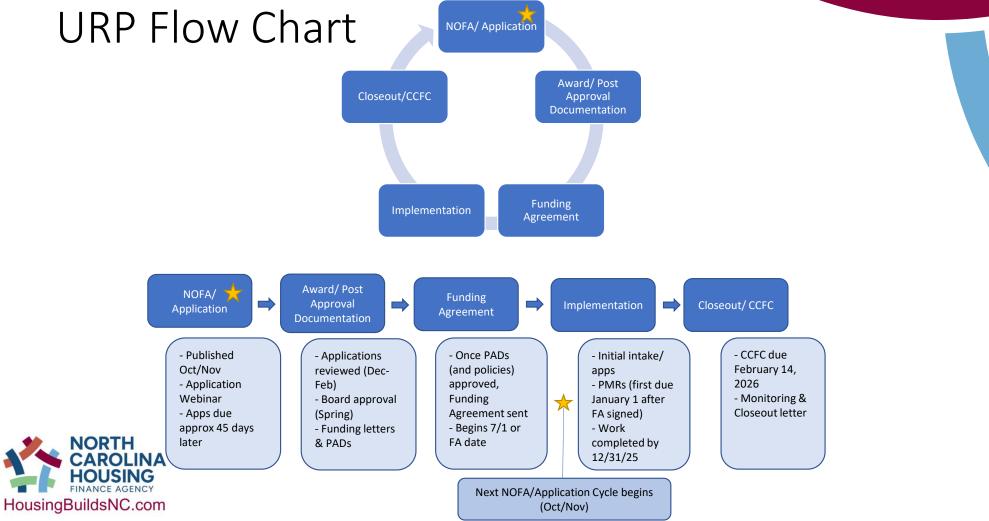


URP26 Changes

- What this means for you
 - Anticipation of reduction in awards from about 49 to 39 projects
 - Overlapping service areas
 - Will be allowed
 - Counties awarded may differ from counties requested in application to better serve entire state
 - More competition
 - If you're serving a county with multiple partners, you might want to collaborate and coordinate efforts
 - Be sure to update resumes and past performance
 - Will be a highly competitive cycle
 - Most of your points come from Pages 5, 6 and resumes for Page 7



URP Flow Chart



Application Guidelines Review

 https://www.nchfa.com/home-ownership-partners/communitypartners/community-programs/urgent-repair-program/forms-andresources

Forms and Resources

Forms and Resources

URP26 Notice of Funds Available URP26 Application URP26 URP26 Application Guidelines



Application Review

<u>https://www.nchfa.com/home-ownership-partners/community-partners/community-programs/urgent-repair-program/forms-and-resources</u>

Forms and Resources

Forms and Resources

URP 2025-2026

URP26 Notice of Funds Available

URP26 Application URP26 URP26 Application Guidelines



Application Attachments Review

(* required for everyone)

- II A 2 Service Area boundary (page 2)
 - Only use if service area is not an entire city or county
- II C Client Relations (page 3)*
 - Required document
- II E Matching Funds
 - Must have documentation for donated labor, materials and local funds
- III B Experience Narrative (page 4)
 - Only use if experience does not conform to tables on pages 5 and 6
- III C Resumes (page 7)*
 - Resume for each person listed on page 7
 - Majority of your points come from resumes and past performance



Reminders

- 2026 Changes
 - New amounts
 - 1 County \$165,000
 - 2+ Counties \$330,000
 - Minimum Request \$99,000
 - No restrictions on allocation for 5 large entitlements (Charlotte, Durham, Greensboro, Raleigh, Winston-Salem)
 - Counties awarded may change from counties requested in order to ensure entire state is served
- Reminders
 - Make sure you have all your attachments
 - All attachments are labeled in top right corner
 - Due December 13, 2024 by 5:00 PM



	Арр	ROLINA HOUSIN Dication fo 2026 Urgent Ro (URP20	r Fundir epair Program	ıg						
I. Program Ap	plicant									
A. Applicant	Organization:									
1. Legal Na	-		SHIELD Ho	ousing						
2. Street Ac	ldress		100 Fury	Way						
3. Mailing A	Address		100 Fury V							
4. City		Asgaro		ZIP	2765					
5. Fax Num		919-555-4567	6. Federal T	Tax ID	56-1234	4567				
7. UEI Nun		678C123MAS4								
8. Website	address		www.shieldhou	ising.com						
B. Chief Adn	ninistrative Official	: (must have organ	izational contra	ct signing au	thority)					
1. Name		k Fury	2. Title	0 0	CÉÓ					
3. Phone Nu		9-123-5678	4. Email	nfury@	shieldhousing	.com				
C. Contracted										
	d Administrator Infe	Simation. (Consultin	g jirm, COG, etc., i	іј аррисавіе)						
2. Mailing										
3. City				ZIP						
4. Fax Num	her									
	berating Officer									
-	-									
	ontact Person: (Who									
1. Name		Coulson	2. Title		using Directo					
3. Phone Nu	mber 91	9-123-5678	4. Email	pcoulson(ashieldhousir	<u>ig.com</u>				
 Public H Local Go 	ity Action Agency. ousing Authority overnment		 Other Publ Regional C 	Council						
	cription of your Org Housing is a nonpro		Ū			vel				
County.	is a nonpro		anon serving iov		inites in widt					
County.										
	Requested: ount of Program fu mber of dwelling ur					00				
	THIS S	ECTION FOR NO	CHFA USE ON							
Date received										

II. Project Design

- **A.** Service Area: In all cases, "service area" is defined as the geographic area or areas in which homeowners are equally eligible to apply for assistance. Recipients may choose to accept applications on a first-come, first-served basis from throughout the service area, while adhering to section 6 (Eligible households) of the Application Guidelines, or to allocate equitable portions of the grant to all eligible localities within the service area. Otherwise homeowners' applications must be rated and prioritized without regard to the applicant's specific locality within the service area.
 - 1. Please define your service area in specific terms: Marvel County

2. Complete the following matrix to define your proposed service area by county, population, number of dwelling units targeted for assistance and amount of Program funds projected to be spent in each county. *If the service area comprises an entire county, or municipalities, use the July 2022 (the most recent) population estimates from the North Carolina State Data Center available at*

https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/county-populationestimates/certified-county-population-estimates

Use the July 2022 population column for county or municipality(ies). Applications for grants exceeding \$165,000 must serve multiple counties in their entirety.

	Population of	Proposed		
County(s) in which service area is located	service area	# of units	Program funds	
a. Marvel	29,153	10	\$165,000	
b.				
с.				
d.				
е.				
f.				
g.				
h.				
i. Totals =	29,153	10	\$165,000	

3. If the service area contains other than an entire city or county, attach a map clearly delineating the proposed service area boundaries, and service area population. Label the map "Exhibit II A 2".

II. Project Design (continued)

B. Beneficiary Targeting:

Do not submit your proposed project assistance policy with this application for funding. If your project is selected for funding, you will be requested to submit your assistance policy with the post approval documentation.

C. Client Relations: (Must Include)

Linking special needs households to services beyond housing is viewed as an integral part of the Urgent Repair Program. Explain in detail the system which will be used to screen and refer households for other needed services (list services) and describe the roles of those involved in the process. Be sure to explain the screening/referral roles of any URP project staff in detail. Please limit the narrative to one 8-1/2" x 11" attachment (min 11 font) labeled II. C in the upper right hand corner. Attachments should be attached in the order that they were requested, at the back of the application.

D. Proposed procurement and construction: Indicate which of the following will be used to effect your URP-funded work.

	Yes	No
1. Private-sector construction contractors	X	
2. Competitive sealed bids	X	
3. Competitive negotiation.		X
4. Telephone bid solicitation.	X	
5. Non-competitive negotiation.		X
6. Work crews employed by the applicant organization.	X	
7. Weatherization contractor procured under WAP guidelines		X

E. Other resources to be used with URP funds for Hard Costs only:

	Yes	No	Value/Amt.
1. Weatherization Assistance Program (WAP) funds		X	
2. Heating Appliance Repair & Replacement Program (HARRP) funds		X	
3. Independent Living Center funds		X	
4. Council on Aging funds		X	
5. USDA-Rural Development Section 504 loans		X	
6. Volunteer labor*		X	\$12,000
7. Donated materials*		X	As available
8. Matching local funds*	X		\$5,000
9.			

*Attach documentation of matching contributions listed on lines 6, 7 and/or 8, above. Label as Exhibit II.E. Matching contributions on those lines must be used for eligible URP Hard Costs only. Other resources may be used for program support, but those contributions will provide no competitive advantage in URP application rankings.

II. Project Design (continued)

F. Project Schedule:

Assuming a maximum of 18 months from funding agreement until close-out and a hypothetical starting date of July 1, 2025, please indicate below your projected project progress, in terms of dwelling units repaired or modified with Program assistance during each calendar quarter. (Note: All Program funds must be obligated within 18 months. Recipient will have an additional forty-five (45) days to complete all units and submit closeout documentation). Please complete a proposed schedule for your project.

Quarter U	Unit Completion	s Quarter U	Jnit Completions
1. 7/1/25 - 9/30/25	0	4. 4/1/26 - 6/30/26	3
2. 10/1/25 -12/31/25	0	5. 7/1/26 - 9/30/26	2
3. 1/1/26 - 3/31/26	5	6. 10/1/26 - 12/31/26	0
		Total =	10

III. Applicant Capacity

A. Rehabilitation/Repair Program Experience and Status:

For each home repair, urgent repair or comprehensive housing rehabilitation grant received by the applicant since July 1, 2019, provide the information indicated below. If more than six separate grants were received during this 5-year period, copy page 6 and attach as page 6 A. Funding sources to list here include Community Development Block Grant ("CDBG"), HOME Investment Partnership Program ("HOME") allocations from a local government or consortium, Single-Family Rehabilitation Program (SFR) grants, USDA-Rural Development Housing Preservation Grant Program ("HPG") funds, Weatherization Assistance Program ("WAP") funds, Urgent Repair Program grants, minor home repair project, local emergency repair programs, etc. You may assign names to your own unnamed programs to list them. *Please list the oldest grant first.*

B. We prefer that the following tables be used to record the applicants rehab/repair experience and current status of funding related to units which may be targeted for rehabilitation. However, for some applicants it may be more appropriate to provide a narrative which speaks to the capacity of the applicant to carry out comprehensive rehabilitation of owner-occupied units. If so, please limit the narrative to one 8-1/2" x 11" attachment (min 11 font) labeled III. B in the upper right hand corner. Attachments should be attached in the order that they were requested, at the back of the application. The narrative should detail the applicants housing rehabilitation experience including the number of units comprehensively rehabilitated in the past five years, (broken out by year), the average amount of funding per unit (including volunteer labor, materials and donated materials) and any other information relevant to documenting the applicants capacity to affectively perform comprehensive housing rehabilitation.

III. Applicant Capacity (continued)

A. Rehabilitation/Repair Program Experience and Status: (continued)

1. Program name (use standard abbreviations as shown above)	
a. Funding cycle (2019, 2020, etc.)	
b. Date of award or project commencement date	
c. Grant/Funding Agreement number	
d. Project close-out date or deadline	
e. Total grant allocation amount	
f. Matching funds/local contribution	
g. Program rehabilitation/repair budget (hard costs only)	
h. Number of dwelling units targeted for rehabilitation/repairs	
i. Number of dwelling units completed to date	
j. Number of rehabilitation/repair jobs under contract at present	. 0
k. Average hard cost per unit completed (all sources)	\$10,000
1. Current status of grantClosed-outClosed.	or Active
2 Decommence (use standard alternisticus as shares at area)	IIDD
2. Program name (use standard abbreviations as shown above)	
a. Funding cycle (2019, 2020, etc.)	
b. Date of award or project commencement date	-
c. Grant/Funding Agreement number	
d. Project close-out date or deadline	
e. Total grant allocation amount	· · · · ·
f. Matching funds/local contribution	
g. Program rehabilitation/repair budget (hard costs only)	
h. Number of dwelling units targeted for rehabilitation/repairs	-
i. Number of dwelling units completed to date	
j. Number of rehabilitation/repair jobs under contract at present	-
k. Average hard cost per unit completed (all sources)	\$12,000
1. Current status of grantClosed-out. X	or Active
3. Program name (use standard abbreviations as shown above)	. URP
a. Funding cycle (2019, 2020, etc.).	
b. Date of award or project commencement date	
c. Grant/Funding Agreement number	
 d. Project close-out date or deadline	
e. Total grant allocation amount	
f. Matching funds/local contribution	
h. Number of dwelling units targeted for rehabilitation/repairs	
i. Number of dwelling units completed to date	
j. Number of rehabilitation/repair jobs under contract at present	
k. Average hard cost per unit completed (all sources)	
I. Current status of grantClosed-out	or Active X

I. Applicant Capacity <i>(continued)</i>			
F F-			
A. Re	ehabilitation/Repair Program Experience and Status: (continued)		
4.	Program name (use standard abbreviations as shown above)		
	a. Funding cycle (2019, 2020, etc.)		
	b. Date of award or project commencement date		
	c. Grant/Funding Agreement number		
	d. Project close-out date or deadline		
	e. Total grant allocation amount		
	f. Matching funds/local contribution		
	g. Program rehabilitation/repair budget (hard costs only)		
	h. Number of dwelling units targeted for rehabilitation/repairs		
	i. Number of dwelling units completed to date		
	j. Number of rehabilitation/repair jobs under contract at present		
	k. Average hard cost per unit completed (all sources)		
	1. Current status of grantClosed-out.	or Active	
_			
5.	Program name (use standard abbreviations as shown above)		
	a. Funding cycle (2019, 2020, etc.)		
	b. Date of award or project commencement date		
	c. Grant/Funding Agreement number		
	d. Project close-out date or deadline		
	e. Total grant allocation amount		
	f. Matching funds/local contribution		
	g. Program rehabilitation/repair budget (hard costs only)		
	h. Number of dwelling units targeted for rehabilitation/repairs		
	i. Number of dwelling units completed to date		
	j. Number of rehabilitation/repair jobs under contract at present		
	k. Average hard cost per unit completed (all sources)		
	I. Current status of grantClosed-out.	or Active	
6.	Program name (use standard abbreviations as shown above)		
	a. Funding cycle (2019, 2020, etc.)		
	b. Date of award or project commencement date		
	c. Grant/Funding Agreement number		
	d. Project close-out date or deadline		
	e. Total grant allocation amount		
	f. Matching funds/local contribution		
	g. Program rehabilitation/repair budget (hard costs only)		
	h. Number of dwelling units targeted for rehabilitation/repairs		
	 Number of dwelling units completed to date		
	j. Number of rehabilitation/repair jobs under contract at present		
	k. Average hard cost per unit completed (all sources)		
	1. Current status of grant	or Active	

Applicant Capacity (continued) III. C. Staff Qualifications and Experience: (Must Include All Resumes) Identify key personnel below according to their roles in implementing the URP project. Attach a current resume for each individual listed. Label resumes as "Exhibit III C". It is especially important that the resumes of technical staff - those responsible for the urgent repair management, work write-ups, etc. - list all relevant training workshops and seminars along with technical credentials such as building inspector certifications, contractor licenses, lead paint certification, etc. **Project Role** Name/Position Title 1. URP project administration. Name Phil Coulson Title Housing Director Email pcoulson@shieldhousing.com Phone 919-123-5678 x 201 2. Financial management. Name Tony Stark Title Finance Officer 919-123-5678 x 202 tstark@shieldhousing.com Phone Email 3. Construction oversight..... Name Thor Odinson Title Housing Rehabilitation Manager 919-123-5678 x 203 todinson@shieldhousing.com Phone Email Name 4. Work write-ups/cost estimates. Thor Odinson Title Housing Rehabilitation Manager Phone 919-123-5678 x 203 Email todinson@shieldhousing.com Name Steve Rogers 5. Interim inspections of work. . . . Title Housing Rehabilitation Specialist Phone 919-123-5678 x 204 Email srogers@shieldhousing.com Name 6. Final inspections of work. . . . Steve Rogers Title Housing Rehabilitation Specialist 919-123-5678 x 204 Email srogers@shieldhousing.com Phone 7. Applicant intake/eligibility..... Name Pepper Potts **Client Specialist** Title Phone 919-123-5678 x 100 Email ppotts@shieldhousing.com 8. Client counseling/referrals.... Name Pepper Potts Title **Client Specialist** Phone 919-123-5678 x 100 Email ppotts@shieldhousing.com 9. Legal services, recording, etc. . . Natasha Romanoff Name Title Attorney 919-123-5678 x 105 Phone Email nromanoff@shieldhousing.com

Applicants proposing to act as general contractor and use member-employed work crews and/or volunteers to facilitate the related rehabilitation work must demonstrate satisfactory capacity to fulfill this role. To do this applicants must, in part, have capable construction supervisory personnel on the job site. If applicable, please identify key construction supervisory personnel below according to their roles. Attach a current resume, including a list of all relevant training, workshops, seminars, and technical credentials, for each individual listed below.

10. Construc	tion Supervisor	Name	Thor Odinson		
		Title	Housing Rehabilitation Manager		
Phone	919-123-5678 x 203	Email	todinson@shieldhousing.com		
11. Job Site Volunteer Foreman					
		Title	Foreman		
Phone	919-123-5678 x 205	Email	bbanner@shieldhousing.com		
		7			

IV. Certifications

Mail or deliver to:

The applicant hereby certifies that:

- **A.** The information in this application is complete and accurate and the applicant possesses the legal authority to apply for and receive the Program funds and the person signing the application has the proper authority to do so; and,
- **B.** The applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source; and,
- **C.** The applicant understands that the North Carolina Housing Finance Agency will not be responsible for any costs incurred by the applicant in developing and submitting this application, and that all applications submitted become the property of the Agency; and,
- **D.** The applicant is under no administrative restrictions from federal, state or local sources to receive funding; and,
- **E.** The applicant, if funded, will comply with the applicable provisions of General Statute 143-6.1 related to conflicts of interest.

Attest (signature)	Chief Administrative Official (Signature)
Phil Coulson	Nick Fury
Typed Name	Typed Name
Housing Director	CEO
Title	Title
December 12, 2024	December 12, 2024
Date	Date

Applications must be received at NCHFA by <u>5:00 pm, December 13, 2024</u>, or *postmarked* by that date. Please note that NO EXCEPTIONS will be made.

Attn: Gloria Moore, Administrative Assistant, Home OwnershipNorth Carolina Housing Finance Agency3508 Bush StreetRaleigh, NC 27609-7509

Submit one original signature version or one electronically submitted copy by email. You must submit the application fee of \$75.00 with your application. Make checks payable to the N.C. Housing Finance Agency. For electronic submittal, questions, and check or mailing instructions, please contact Gloria Moore at URPapplications@nchfa.com.

SHIELD Housing

Client Relations

During the intake process for URP26, our Client Specialist, Pepper Potts, will conduct client applications and determine eligibility. During intake, Ms. Potts will describe other services that we offer through our own agency and in conjunction with other local agencies as referrals. Ms. Potts will ask each applicant what services they might need or be interested in. We will offer brochures, descriptions, and contact information to each applicant. If the applicant desires, Ms. Potts, will record the services requested in the applicant's file and follow up with the applicant in approximately one month for Client Counseling and additional referrals.

We offer X, Y, and Z as provided by our own agency.

We offer referrals to A, B, and C local agencies.

December 5, 2024

Nick Fury

Nick Fury Chief Executive Officer Letterhead

December 5, 2024

We plan to provide the following matching funding from our own agency (SHIELD Housing) for the URP26 program as follows:

Donated Materials	As available
Volunteer Labor (600 hrs @ \$20/hr)	\$12,000
Total	\$12,000

Sincerely,

Níck Fury

Nick Fury Chief Executive Officer Marvel County 101 County Lane Asgard, NC 27654

Dear Sir or Madam,

Marvel County is proud to partner with SHIELD Housing for the Urgent Repair Program 2026 cycle. SHIELD Housing does outstanding work for our citizens and the County is providing up to \$5,000 in matching funds for the grant.

Sincerely,

Odin Borson

County Manager

[SAMPLE]

Name Address, City, State Zip Contact Info

- # years of experience •
- Accomplishments
- Areas of Expertise

Education

College or Technical School | Location Degree, Area(s) of Study

College of Technical School | Location Degree, Area(s) of Study

(If not college, it is appropriate to list high school education)

Professional Experience

Organization Name | Location

Position Title

- Include skills and tasks •
- Areas of responsibility
- Focus on responsibilities included with position/responsibility you're listed for on Staff Qualifications table •
- Include types of programs/funding worked with (URP, ESFR, CDBG, HOME, weatherization, etc) •

Organization Name | Location (repeat as needed)

Position Title

- Include skills and tasks •
- Areas of responsibility •
- Focus on responsibilities included with position/responsibility you're listed for on Staff Qualifications table
- Include types of programs/funding worked with (URP, ESFR, CDBG, HOME, weatherization, etc) •

Certification, Professional Training, and Recognition

- Home Inspector, Building Code Inspector (include type and levels), General Contractor License, • etc. Be sure to include license numbers
- Include trainings taken in last 5 years, with date taken •
- Appropriate trainings include OSHA, first aid/safety, Lead RRP/renovator/abatement, Asbestos, • PHRANC or BPI trainings, etc.

Professional Affiliations

Professional affiliations like PHRANC, NCCDA, etc •

III. C

Grad Year

Grad Year

Started - Present

Started - Ended

- Since this is an unsecured loan, do applicants still need to have a person identified in #9 (legal services, recording, etc.) of the Applicant Capacity form?
 - Answer: Yes. It does not have to be an attorney, but the person needs to be able to explain the loan and its terms to the homeowner.
- Is Exhibit II A2 map still needed if serving a city or a county?
 - Answer: No. If serving a city or county, the map is not needed
- If a county has a population less than 5,000, can they still apply?
 - Answer: Yes, counties are eligible to apply even if their population is less than 5,000.
 Municipalities must be greater than 5,000 to apply.
- If an applicant has grants from other funders that were specific to home repairs, does this need to be added?
 - Answer: Yes. Please try to format that information into the tables on page 5 and 6 as much as possible. If the information cannot be formatted to the tables, then use of the narrative (Exhibit III B) would be appropriate.
- What are some examples of soft costs?
 - Answer: Soft costs are work that is tied to the unit that is not construction. Some examples are inspecting a unit, the pre-construction meeting, contract and promissory note preparation.
- Since the program application asks about previous experience, what do you expect from a new partner in order to be eligible for funds?
 - Answer: We expect a new partner to have staff that is knowledgeable about singlefamily rehabilitation and is able to inspect a house, complete a scope of work, and inspect the work completed.
- The application guidelines mention award of points to counties impacted by natural disasters, is there a percentage of the funding identified to go to the West?
 - Answer: At this time, a specific percentage has not been identified to go to the West.
- Do projects require any type of environmental review?
 - Answer: No. URP uses NC Housing Trust Fund, which does not require environmental review.

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