

Single Application for Assistance

Web Application Id: **8890914**

Applicant:

Company:

Program Selected: **HOME**

Applicant Information

Applicant Entity Type:	
Applicant Name:	<input type="text"/>
NAICS Code	<input type="text"/>
FEIN/SSN Number	<input type="text" value="XXXXXXXX"/>
DUNS Number:	<input type="text"/>
UEI Number:	<input type="text"/>
CEO:	<input type="text"/>
CEO Title:	<input type="text"/>
SAP Vendor #:	<input type="text" value="XXXXXX"/>
Contact Name:	<input type="text"/>
Contact Title:	<input type="text"/>
Phone:	<input type="text"/> Ext. <input type="text"/>
Fax:	<input type="text"/>
E-mail:	<input type="text"/>
Mailing Address:	
City:	<input type="text"/>
State:	PA
Zip Code:	<input type="text"/>

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Company Information

Company Entity Type:		
Company Name:	<input type="text"/>	
NAICS Code	<input type="text"/>	
FEIN:	<input type="text" value="XXXXXXXX"/>	
DUNS Number:	<input type="text"/>	
UEI Number:	<input type="text"/>	
CEO:	<input type="text"/>	
CEO Title:	<input type="text"/>	
SAP Vendor #:	<input type="text" value="XXXXXX"/>	
Contact Name:	<input type="text"/>	
Contact Title:	<input type="text"/>	
Phone:	<input type="text"/>	Ext. <input type="text"/>
Fax:	<input type="text"/>	
E-mail:	<input type="text"/>	
Mailing Address:		
City:	<input type="text"/>	
State:	PA	
Zip Code:	<input type="text"/>	

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Business Specifics

Current # of Full-time Employees:	
(In PA):	<input type="text"/>
(World Wide:)	<input type="text"/>
Minority Owned:	No
	Select
Woman Owned:	No
Total Sales \$:	<input type="text"/>
Total Export Sales \$:	<input type="text"/>
R&D Investment:	<input type="text"/> (% of Budget)
Employee Training Investment:	<input type="text"/> (% of Budget)

Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type.

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Agri-Processor	<input type="checkbox"/> Agri-Producer	<input type="checkbox"/> Authority	<input type="checkbox"/> Biotechnology / Life Sciences
<input type="checkbox"/> Business Financial Services	<input type="checkbox"/> Call Center	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community Dev. Provider
<input type="checkbox"/> Computer & Clerical Operators	<input type="checkbox"/> Defense Related	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Emergency Responder
<input type="checkbox"/> Environment and Conservation	<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Export Manufacturing	<input type="checkbox"/> Export Service	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Mining	<input type="checkbox"/> Other	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Recycling	<input type="checkbox"/> Regional & National Headquarters
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Retail	<input type="checkbox"/> Social Services Provider	<input type="checkbox"/> Tourism Promotion	<input type="checkbox"/> Warehouse & Terminal

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Project Overview

Project Name:

HOME

Is this project related to another previously submitted project?

No

If yes, indicate previous project name:

Have you contacted anyone at DCED about your project?

No

If yes, indicate who:

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Project Site Locations

Address:	
City:	
State:	PA
Zip Code:	
County:	
Municipality:	
PA House:	
PA Senate:	
Designated Areas:	

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Project Budget

	Funding	Total
Total	\$.00	
	Budget Total:	\$.00

Basis of Cost

Provide the basis for calculating the costs that are identified in the Project Budget.

Budget Narrative

The narrative must specifically address each of the cost items identified in the Project Budget section. If an amount is placed in any of the OTHER categories, you must specify what the money will be used for. **NOTE:** Some programs have specific guidelines regarding the narrative necessary to qualify for that particular resource. Please read the Program Guidelines for details.

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Project Narrative

What do you plan to accomplish with this project?

Identify the problem(s) that need to be resolved.

How do you plan to accomplish it?

Include expected outcomes that are measurable, obtainable, clear and understandable, and valid. Examples of measurable outcomes include jobs created or retained, people trained, land or building acquired, housing units renovated or built, etc.

How do you plan to use the funds?

Should include specific use of funds and reflect the budget provided with the application.

Projected Schedule and Key Milestones and Dates

A detailed schedule of activities, including key milestones and dates, must accompany this application if applicable to the project.

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Program Addenda

1. Is this application for:

1A. Please download, save a copy, fill out and upload completed CHDO Certification Application.

Download 2020 DCED CHDO Certification Application.pdf

Uploaded Documents

2. Please upload pre-application email with your DCED HOME Grant Manager.

Uploaded Documents

3. Please upload your Resolution of HOME Program Applicant here. Use of the DCED-provided template is required.

Download ResolutionSample-HOME_2021.pdf

Uploaded Documents

4. Please download, save a copy, fill out and upload: Assurances & Special Conditions.

Download AssurancesSpecialConditions-HOME-175_2020F.pdf

Uploaded Documents

5. Please download, save a copy, fill out and upload: Citizen Participation Report (and any additional documents: proof of publication, sign-in sheet, hearing minutes, etc.)

Download CitizenParticipation-HOME-188_2021F.pdf

Uploaded Documents

6. Please download the Limited English Proficiency Guidance document, along with the Language Access Plan Certification documents.

Download LimitedEnglishProficiency-HOME-018_2021F.pdf

Download LanguageAccessPlanCert-HOME-020_2020F.pdf

7. By checking this box, you certify that you have downloaded the Limited English Proficiency Guidance and the Language Access Plan Certification documents.

Yes

8. Please upload Language Access Plan Certification, and Language Access Plan, if required.

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Uploaded Documents

9. Name of Grant Administrator:

10. Name of Architect/Engineer: (if not applicable, type N/A in field)

11. Name of Developer: (if not applicable, type N/A in field)

12. DCED has implemented an electronic contracting procedure for awarded funds using an e-signature process. Please provide the name, title, and email address of two authorized individuals who will execute a contract, *if awarded*. Staff will verify the accuracy of information prior to contracting, as necessary.

1. Name:

Title:

Email:

2. Name:

Title:

Email:

13. In order to demonstrate compliance with HOME federal requirements the following documents must be available for inspection at the request of DCED or HUD at any time during the life of the grant and must be available for physical inspection during monitoring:

Code of Conduct and Conflict of Interest

Drug Free Workplace Policy

Excessive Force Policy

Anti-displacement Plan

Four Factor Analysis

MB/WBE Plan

Section 3

Fair Housing Analysis

Fair Housing Annual Action

504 Plan

504 Plan Annual Review

By checking this box, I acknowledge that the documents listed are available for physical inspection and monitoring.

Yes

14. Type of Activity being requested:

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15. Please download the Supplement form that corresponds with your 2021 Activity Type

a) HOME - Existing Owner-Occupied Housing (EOOH)

Download Supplement_ExistingOwner-OccupiedHousingRehabilitation_2021.pdf

b) HOME - Funded First-Time Homebuyers

Download Supplement_FirstTimeHomebuyersAssistance_2021.pdf

c) HOME - Single Family Affordable Housing (New Construction)

Download Supplement_SingleFamilyAffordableHousingNewConstruction_2021.pdf

d) HOME - Funded Rental Housing

Download Supplement_RentalHousing_2021.pdf

By checking this box, you certify that you have downloaded and understand the HOME Supplement document for your activity type.

Yes

16. Please download, save a copy, fill out and upload Compliance Checklist:

a) HOME - Existing Owner-Occupied Housing (EOOH)

Download ComplianceCheck-EOOH-HOME-021_2020F.pdf

Uploaded Documents

b) HOME - Funded First-Time Homebuyers

Download ComplianceCheck-FTHB-HOME-021_2020F.pdf

Uploaded Documents

c) HOME - Single Family Affordable Housing (New Construction)

Download ComplianceCheck-NC-HOME-021_2020F.pdf

Uploaded Documents

d) HOME - Funded Rental Housing

Download ComplianceCheck-Rental-HOME-021_2020F.pdf

Uploaded Documents

17. Please upload the following documents:

i. Community Needs/Trends

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Program Addenda

Uploaded Documents

ii. Demographics

Uploaded Documents

iii. Upload Activity Description

Uploaded Documents

iv. Upload Program Design & Housing Rehabilitation Guidelines

Uploaded Documents

v. Local Underwriting Policy

REQUIRED only if Type of Activity is

a) **HOME - Funded First-Time Homebuyers**

b) **HOME - Single Family Affordable Housing (New Construction) and providing down payment assistance**

Uploaded Documents

vi. Homebuyer Counseling & Certification

Uploaded Documents

vii. Rehabilitation Standards

Uploaded Documents

viii. Site Location Map

Uploaded Documents

ix. Site Photographs

Uploaded Documents

x. Upload Type of Units

Uploaded Documents

18. Please upload Program Administration — Management Plan/Local Staff Capacity

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Uploaded Documents

19. Please Upload Copies of Executed Agreements/Contracts with Other Entities

Uploaded Documents

**20. Please download, save a copy, fill out and upload: Certification of Capacity.
Download CertificationCapacity-HOME-193_2020F.pdf**

Uploaded Documents

21. Scope of Work

Uploaded Documents

22. Upload Project Completion Timetable

Uploaded Documents

23. Upload Site Control

Uploaded Documents

24. Environmental Review—Tier I & Tier II

If a HOME grant is awarded, the award of the grant is conditioned upon the submittal and subsequent DCED approval of a Tier I and Tier II Environmental Review. By checking this box, I certify that I am prepared to perform environmental review responsibilities in accordance with 24 CFR Part 58.

 Yes**25. Upload FEMA Map**

Uploaded Documents

26. Upload Funding/Financing/Letters of Credit

Uploaded Documents

27. Upload Local Underwriting Standards (Subsidy Layering & Underwriting Certification)

Uploaded Documents

28. Upload Anti-Displacement Plan

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Uploaded Documents

29. Upload Uniform Relocation Requirements

Uploaded Documents

30. Upload Neighborhood Market Analysis

Uploaded Documents

31. Upload Marketing Plan

Uploaded Documents

32. Upload Sales Plan

Uploaded Documents

33. Upload 3 Years of Audited Financials in the case of particularly largefiles, including a link to a public webpage where the financial documentsare posted in lieu of uploading a full PDF is acceptable. Documents mustbe signed and dated by auditors.

Uploaded Documents

34. Upload Pro Forma

REQUIRED only if Type of Activity is

a) HOME - Rental Housing (1-9 Units)

b) HOME - Single Family Affordable Housing (New Construction)

c) HOME - Funded First-Time Homebuyers

Uploaded Documents

35. Upload Appraisals

REQUIRED only if Type of Activity is

a) HOME - Rental Housing (1-9 Units)

b) HOME - Single Family Affordable Housing (New Construction)

c) HOME - Funded First-Time Homebuyers

Uploaded Documents

36. Upload Schematic Plans

Uploaded Documents

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37. Upload Accessible Units

Uploaded Documents

38. Upload Utility Information

Uploaded Documents

39. Upload Property/Rental Housing Management Plan

Uploaded Documents

40. Please download, save a copy, fill out and upload HOME Match Financing Plan

Download [HOMEMatchFinancingPlan-Rental-HOME-183_2020F.pdf](#)

Uploaded Documents

41. Please download, save a copy, and fill out the HOME Program Budget form. Upload the HOME Program Budget form and the required written Budget Narrative.

Download [ProgramBudgetNarrative-HOME-189_2021F.pdf](#)

Uploaded Documents

42. If additional funding was included in the budget, evidence of that funding should be uploaded here. Please upload other secured funding.

Uploaded Documents