

SECTION 523 PRE-APPLICATION GUIDE

FLORIDA NON-PROFIT HOUSING, INC.



AUGUST 2015

INTRODUCTION

The Potential/New Grantee applicant submits the preapplication containing the following applicable items to the office designated to receive the preapplication in an original and at least one copy.

- Upon receipt of the preapplication in the Rural Development Office designated to receive the preapplication, the office manager will immediately forward the copy of the pre-application to the Technical and Management Assistance Contractor, who will complete their review within 15 calendar days and submit their review findings to the State Directors with a copy to the office designated to receive the preapplication.
- Once the designated office submits the copy of the preapplication to the Technical and Management Assistance Contractor, the review process within Rural Development will continue in accordance with Items 15 - 24.

This guide has been designed to assist in the development of the preapplication. All items required by Rural Development have been addressed. Samples of blank forms, sample completed forms and other pertinent information to hopefully ease the process have been included.

Pre-Application Checklist

Item No.	Description of Document	Form/Instruction No.	Tab Position	Date Received/ Comments
1	Application for Federal Assistance (For Non-Construction) <i>See Attached Exhibit <u>Link:</u> http://www.rd.usda.gov/files/UTP_SF424_2016.pdf</i>	1944.410(a) SF 424	1	
2	Intergovernmental Review Submittal	1944.409	1	
3	Previous Experience <i>Cite your previous experience and capacity to carry out the Grant Agreement.</i>	1944.I(a)(1)	2	
4	Organizational Papers (a) Reference to State Law <i>State Statute number and title is usually found in your Articles of Incorporation.</i> (b) Certified Copy of Articles of Incorporation and Bylaws or other evidence of corporate existence (c) Certificate of incorporation for other than public bodies (d) Evidence of Good Standing from the State (e) Names and Addresses of Board of Directors, Officers and Members. (Plus principal business of any member that is an organization) (f) Copy of 501(c) (3) if nonprofit	1944.410(a)(2) 1944.404(d)(1-4)	2	
5	Authorized Representative of Applicant	1944.410(e)(6)	2	
6	Information about Sponsor (If Applicable) (a) Name and Address (b) Experience and Ability (c) Written Agreement to assist.	1944.404(b)(2)	2	
7	Current Financial Statements for Applicant and any Sponsor No more than 12 months old, dated and certified by Board Office.	1944.410(a)(3)	2	

8	<p>Narrative Statement (a) Amount of Request (b) Areas Served <i>Include a letter from Rural Development (RD) showing the proposed area(s) eligibility.</i> (c) Number of houses proposed (d) Housing conditions of low-income families (e) Need for self-help housing <i>Include why families need self-help assistance</i> (f) Evidence of Community Support (g) List of low-income person(s) waiting to build self-help houses. <i>Recommend at least two times the number of houses proposed.</i></p>	1944.410(a)(4)	2	
9	<p>Outreach Plan for very low-income Outline a plan of how the organization proposes to reach very low-income families.</p>	1944.410(a)(5)	2	
10	<p>Budget Information (Non-Construction Programs)</p>	Form SF-424A & Budget Narrative 1944.410(a)(6)	3	
11	<p>Determination of TA Grant Amount Show formula used to calculate TA cost. Insert a letter from your Rural Development Local Office giving the current (less than 12 months old) equivalent value of comparable contractor-built 502 home. Include total square feet and total living area. The letter should include the actual or projected cost of an acceptable site and site development.</p>	1944.407	3	
12	<p>Preliminary Land Survey Availability of lots and their projected cost (talk to your local RD office for some parameters, example: requirements, typical costs).</p>	1944.410(a)(7)	4	
13	<p>Other Applicant Activities if multi-funded: (a) List of other activities you are engaged in and expect to continue, as well as, funding sources, amounts, and duration. (b) Statement of other Funding (c) Existing cost allocation plan or existing indirect cost rate.</p>	1944.410(a)(8)	4	

14	Pre-development Assistance Request If you're requesting pre-development funds (up to \$10,000): <i>(1) Submit a brief narrative identifying the need, amount of funds requested, and a projected time period.</i> <i>(2) Submit a detailed budget and budget narrative showing how you propose to use the Pre-Development funds.</i> Link: http://www.rd.usda.gov/files/sf424a.pdf	1944.410(a)(9)	4	
15	HUD Fair Housing Marketing Plan See attached Exhibit. Link: http://www.rd.usda.gov/files/IL_935-2a-HUD.pdf	HUD Form 935.2B 1944.410(a)(10)	5	
16	Civil Rights Impact Analysis Certification	Form RD 2006-38 RD Inst. 2006-P & 2006.754(b)	RD	
17	Compliance Review (Pre-Award)	Form RD 400-8 RD Inst. 1901-E, 1901.204(a) and 1901.204(c)(3)	RD	
18	Self-Help Technical Assistance Grant Predevelopment Agreement Link: http://fnph.org/images/RD_Instruction_1944_-_Exhibit_D.pdf	1944.410(d) Exhibit D	5	
19	Authorizing Resolution	1944.411(d)	5	
20	Rural Development Manager or Area Manager Recommendation	See further instructions below	RD	
<p>The applicant submits the pre-application containing the above items to the office designated to receive the pre-application in an original and at least one (1) copy. Within 30 days of receipt of the pre-application, the designated official will review for completeness, accuracy and conformance to program policy and regulations. The designated official will then make their recommendation and forward a copy of the pre-application to the Technical and Management Assistance (T&MA) Contractor. For their review. The T&MA Contractor will complete their review within 15 calendar days and submit their findings along with the pre-application to the State Director with a copy of their findings to the designated office. The State Director will then complete the review and submit his/her recommendations along with the necessary documents to the National Office for funding, if a pre-development grant is requested.</p>				
21	T&MA Contractor's Review and Recommendation	Required under National Office Contract with T&MA Contractor	FNPH	
22	OGC Review (if necessary)	1944.410(b)(2)	RD	
23	Review Action and Letter of Conditions	1944.410(c)	RD	
24	Request for Obligation of Funds (pre-development assistance)	Form RD 1940-1 1944.413(a)(1)	5	

SELF-HELP HOUSING TA GRANT PRE-APPLICATION
REVIEW CHECKLIST

1. **Standard Form 424 - “Application for Federal Assistance”**

_____ Complete _____ Incomplete

2. **Intergovernmental Review Submittal**

_____ Complete _____ Incomplete

3. **Previous Experience**

_____ Included	_____ Not Included	Narrative of Previous Experience
_____ Included	_____ Not Included	Previous & Current Programs
_____ Included	_____ Not Included	Current Capabilities
_____ Included	_____ Not Included	Housing Experience
_____ Included	_____ Not Included	Construction Experience
_____ Included	_____ Not Included	Management & Administration
_____ Included	_____ Not Included	Staff/Board Experience
_____ Included	_____ Not Included	Objective of Organization

4. **Organizational Papers**

_____ Included	_____ Not Included	Reference to State Law
_____ Included	_____ Not Included	Certified Copy of Articles of Incorporation
_____ Included	_____ Not Included	Certified Copy of By-Laws
_____ Included	_____ Not Included	Evidence of Good

Standing

_____ Included _____ Not Included

Names and Addresses of Board of Directors, Officers and Members

_____ Included _____ Not Included

Copy of 501(c)(3) if nonprofit

5. **AUTHORIZED REPRESENTATIVE**

6. **INFORMATION ABOUT SPONSOR**

_____ Included _____ Not Included

Name and Address

_____ Included _____ Not Included

Experience and Ability

_____ Included _____ Not Included

Written Agreement to Assist

7. **CURRENT FINANCIAL STATEMENTS**

8. **NARRATIVE STATEMENT**

_____ Included _____ Not Included

Amount of Request

_____ Included _____ Not Included

Areas to Be Served

_____ Included _____ Not Included

Number of Houses Proposed

_____ Included _____ Not Included

Housing Conditions of Low-Income Families

_____ Included _____ Not Included

Need for Self-Help Housing

_____ Included _____ Not Included

Evidence of Community Support

_____ Included _____ Not Included

List of Low- Income Person(s) Willing to Build Self-Help Housing

9. **OUTREACH PLAN FOR VERY-LOW INCOME**

10. **BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS**

_____	Included	_____	Not Included	SF424A
_____	Included	_____	Not Included	Proposed two year budget breakdown
_____	Included	_____	Not Included	Budget narrative

11. **DETERMINATION OF TA GRANT AMOUNT**

_____	Included	_____	Not Included	Rural Development letter giving the projected cost of a modest home, lot and site development in the area
_____	Included	_____	Not Included	Formula used to calculate TA cost

12. **PRELIMINARY LAND SURVEY**

13. **OTHER APPLICANT ACTIVITIES**

_____	Included	_____	Not Included	List of activities you are engaged in and expect to continue, as well as funding sources, amounts and duration.
_____	Included	_____	Not Included	Statement of Funding
_____	Included	_____	Not Included	Indirect Cost Agreement /Cost Allocation Plan or existing Indirect Cost Rate

14. **PRE-DEVELOPMENT ASSISTANCE REQUEST**

_____	Included	_____	Not Included	Brief narrative identifying the need, amount of funds requested, and a projected time period.
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_____ Included _____ Not Included Detailed budget and
budget narrative

15. **HUD - FAIR HOUSING MARKETING PLAN**
16. **SELF-HELP TECHNICAL ASSISTANCE GRANT PRE-DEVELOPMENT AGREEMENT**
17. **AUTHORIZING RESOLUTION**
18. **REQUEST FOR OBLIGATION OF FUNDS**

TAB 1

**Item 1. Application for Federal Assistance
(Non-Construction)**

**Item 2. Intergovernmental Review
Submittal**

APPLICATION FOR FEDERAL ASSISTANCE - SF-424

The information in this section can be referenced in 1944-I, §1944.410(a).

In this section you will find a blank Form SF 424 - Application for Federal Assistance followed by the instructions for its completion. Also included is a completed Form SF 424 to be used as a guide.

Obtaining a DUNS Number

A Guide for Federal Grant and cooperative Agreement Applicants

The Federal government requires that all applicants for Federal grants and cooperative agreements, with the exception of individuals other than sole proprietors, have a DUNS number. (See policy at: <http://www.omb.gov/grants/grants.docs>) The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

Data Universal Number System (DUNS) Number

The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

The DUNS number is site-specific. Therefore, each distinct physical location of an entity (such as branches, divisions, and headquarters) may be assigned a DUNS number.

Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major division/department/agency that applies for a grant may be sufficient.

In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

Obtaining a DUNS Number

You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.

If you already have a DUNS number. If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.

If you are not sure if you have a DUNS number. Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

If you know you do not have a DUNS number. Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

Managing Your DUNS Number

D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/divisions have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.

D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/divisions have DUNS numbers for Federal purposes.

As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be de-listed from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely Free for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

To Obtain Your DUNS Number

Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at:

1-866-705-5711

The number is staffed from 8 a.m. to 6 p.m. (Local time of the caller when calling from within the continental United States). Calls placed to the above number outside of those hours will receive a recorded message requesting the caller to call back between the operating hours.

The process to request number takes about 5-10 minutes.

A DUNS number will be assigned at the conclusion of the call.

You will need to provide the following information:

Legal Name

Headquarters name and address for your organization.

Doing business as (DBA) or other name by which your organization is commonly known or recognized.

Physical Address, City, State and Zip Code

Mailing Address (if separate from Headquarters and/or physical address)

Telephone Number

Contact Name and Title

Number of Employees at your physical location

Intergovernmental Review Submittal

This section must include information referenced in 1944-I, §1944.409.

Executive Order 12372.

The self-help program is subject to the provision of Executive Order 12372 which requires intergovernmental consultation with State and local officials. Under Subpart J of Part 1940 (available in any RD Agency office), new applicants for the self-help program must submit their Statement of Activities to the State single point of contact prior to submitting their pre-application to the RD. The name of the point of contact is available from the RD State Office or your Regional Contractor.

Intergovernmental Review (SPOC)

<http://www.whitehouse.gov/omb/grants/spoc.html>

Executive Order 12372, “Intergovernmental Review of Federal Programs,” was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on State and local processes for the coordination and review of proposed Federal financial assistance and direct Federal development. The Order allows each State to designate an entity to perform this function. For those States that have a web page for their designated entity, a direct link and contact information has been provided:

<p>FLORIDA Lauren P. Milligan Florida State Clearinghouse Florida Dept. of Environmental Protection 3900 Commonwealth Boulevard Mail Station 47 Tallahassee, Florida 32399-3000 Telephone: (850) 245-2161 Fax: (850) 245-2190 Lauren.Milligan@dep.state.fl.us</p>	<p>GEORGIA Barbara Jackson Georgia State Clearinghouse 270 Washington Street, SW, 8th Floor Atlanta, Georgia 30334 Telephone: (404) 656-3855 Fax: (404) 656-7916 gach@mail.opb.state.ga.us</p>
<p>PUERTO RICO Ing. David Rodriguez / Luz H. Olmeda Puerto Rico Planning Board Federal Proposals Review Office P.O. Box 41119 San Juan, Puerto Rico 00940-1119 Telephone: (787) 723-6190 Fax: (787) 722-6783 Olmeda-L@ip.gobierno.pr</p>	<p>SOUTH CAROLINA Jean Ricard Office of State Budget 1201 Main Street, Suite 870 Columbia, South Carolina 29201 Telephone: (803) 734-1314 Fax: (803) 734-0645 Jricard@budget.sc.gov</p>
<p>VIRGIN ISLANDS Debra Gottlieb (Acting Director) Office of Management and Budget #41 Norre Gade Emancipation Garden Station, Second Floor Saint Thomas, Virgin Islands 00802 Telephone: (340) 774-0750 Fax: (340) 776-0069 dbgottlieb@omb.gov.vi</p>	<p>States not listed have chosen not to participate in the Intergovernmental review process, and therefore do not have a Single Point of Contact (SPOC). If you are located within a State that does not have a SPOC (Alabama, North Carolina and Tennessee). You should contact your Local, Area, or State Rural Development Office for further instructions.</p>

Updated January 2011

TAB 2

Item 3. Previous Experience

Item 4. Organizational Papers

Item 5. Authorized Representative

Item 6. Information About Sponsor

Item 7. Current Financial Statements for Applicant

Item 8. Narrative Statement

Item 9. Outreach Plan for Very Low Income

PREVIOUS EXPERIENCE

The regulations for the Section 523 Mutual Self-Help Program (1944-I) require that any entity applying for this program have the capacity to operate the program. This is defined as:

Have the financial, legal administrative, and actual capacity to assume and carry out the responsibilities imposed by the Agreement. To meet the requirement of actual capacity it must either:

- Have necessary background and experience with proven ability to perform responsibly in the field of mutual self-help or other business management or administrative ventures which indicate an ability to perform responsibly in the field of mutual self-help; or
- Be sponsored by an organization with background experience, and ability, which agrees in writing to help the applicant to carry out its responsibilities.

To clearly show your capacity to carry out this program, the following items should be discussed in detail in this section:

- Narrative of previous experience and capacity to carry out agreement
- Previous and current programs:
 - RD and non-RD (formerly FmHA) funded
 - Dates, budget totals, and results
- Current capabilities
- Housing experience
- Construction experience
- Management and administration
- Experience of staff and/or board
- Objectives of organization

ORGANIZATIONAL PAPERS

This section must include information addressing the following. The information can be referenced in 1944-I, §1944.410(a)(2).

- (a) Reference to State law on a separate sheet of paper.
 - A copy of or an accurate reference to the specific provisions of State law under which the applicant is organized
- (b) Certified copy Articles of Incorporation
- (c) Bylaws - Certified by a Board Officer.
- (d) Evidence of Good Standing or Certificate of Existence.
 - If the agency has been existence one (1) year or more include Evidence of Good Standing from the state
- (e) Names and addresses of officers, directors, and members
- (f) Certificate of Incorporation
- (g) 501 (c)(3) Tax Exempt Certification

NOTE: If not formally organized, copies of proposed Articles & Bylaws.

AUTHORIZED REPRESENTATIVE OF APPLICANT

Give the name, address and official position of your representative(s) authorized to act for you and to work with Rural Development. The representative(s) can be the same representative(s) named in the Resolution.

Example:

The following is the authorized representative for Self-Help Housing, Inc. They are authorized to act for us and work with Rural Development.

Jane E. Smith, Executive Director

Self-Help Housing, Inc.

123 Main Street

Anytown, Any State 12345

Phone: 123-456-7890

INFORMATION ABOUT SPONSOR

This section must include information be referenced in 1944-I, §1944.404(b)(2).

INFORMATION ABOUT SPONSOR

If your agency does not have the required experience to operate a self-help program, a sponsor may be necessary. An organization with experience administering affordable housing programs and willing to make specific commitments to your efforts, can act as your sponsor. The following information must be included about your sponsor:

- (a) Name and address of the sponsor
- (b) Experience and ability of the sponsor
- (c) A written agreement to act as your sponsor must also be included. The agreement should include the following:

What the sponsor is going to do.

What assistance is being provided.

A statement that requires both parties to notify Rural Development if they pull out or the agreement is terminated.

CURRENT FINANCIAL STATEMENT

This section must include information addressing the following. The information can be referenced in 1944-I, §1944.410(a)(3).

Specific nature of assets and liabilities

- (a) No more than 12 months old
- (b) Must be dated and signed by a board officer.

NOTE: The same financial information will be required of the Sponsoring agency.

(AGENCY NAME)
FINANCIAL STATEMENT For the period of:

ASSETS:

Regular Checking Account Balance	\$ _____
Payroll Account Balance	\$ _____
Petty Cash	\$ _____
Outstanding Accounts Receivable	\$ _____
Prepaid Insurance	\$ _____
RD Cash Receivable	\$ _____
Fixtures and Equipment	\$ _____
TOTAL ASSETS	\$ _____

LIABILITIES:

Outstanding Accounts Payable	\$ _____
FICA Payable	\$ _____
Withholding Tax Payable	\$ _____
State Unemployment Tax Payable	\$ _____
Medical Insurance Payable	\$ _____
Accrued Annual Leave	\$ _____
Accrued Salaries	\$ _____
TOTAL LIABILITIES	\$ _____

FUND BALANCE:

RD Federal Grant Un-applied	\$ _____
Fixtures and Equipment	\$ _____
TOTAL FUND BALANCE	\$ _____

ASSETS LESS LIABILITIES AND FUND BALANCE \$ _____

EXPENSES:

Salaries	\$ _____
Fringe Benefits	\$ _____
Travel	\$ _____
Space Costs	\$ _____
Office Equipment Rental	\$ _____
Office Supplies	\$ _____
Telephone	\$ _____
Insurance	\$ _____
Audit Fees	\$ _____
Consultant and Training	\$ _____
Tool Rental	\$ _____
Construction Equipment	\$ _____
TOTAL EXPENSES	\$ _____

Date

Board Officer Signature

NARRATIVE STATEMENT

This section must include information addressing the following. The information can be referenced in 1944-I, §1944.410(a)(4).

- (a) Amount of Request for the full 2 year period
 - This amount should reflect the amount of 523 Funds your agency is proposing to request

- (b) Area to be served
 - Is the proposed area eligible according to RD specifications? Include the letter from RD showing area eligibility.

 - What is the area like?
 - Maps
 - Population
 - Housing statistics
 - Information about the potential location
 - growth in the area
 - high occurrence of substandard housing
 - is the general composition of the families in the area geared toward the need for affordable home ownership
 - demonstrated knowledge and familiarity with area and the people

- (c) Number of houses proposed

- (d) Housing Conditions of low-income families
 - Indicate the housing conditions in the area your agency plans to build; examples: overcrowding, substandard housing, lack of affordable housing, etc.

- (e) Need for the program
 - Why do families need self-help housing?
 - The need is based on the following:
 - housing conditions
 - reasons why families need self-help housing
 - cost of new housing
 - vacancy rate
 - income level of target population
 - property conditions
 - family size and ownership patterns
 - cost of rental units
 - public housing and housing assistance in area

Evidence of Community Support

- Include letters of support from members of the community (minimum of 6-10 recommended). Several examples of potential sources are listed below.
 - local businesses
 - banks
 - churches
 - community service agencies
 - health department
 - sheriff's department
 - representatives of the county your agency plans to build in
 - county commissioners/supervisors, mayors, police departments
 - legislatures representing your proposed service area
 - school board officials
- Why is community support necessary?
 - money
 - political support
 - creates positive self-help image
 - helps to fight NIMBY
- Steps to obtain community support
 - brochure or fact sheet
 - formal and informal talks with community leaders
 - know benefits and drawbacks of self-help housing
 - develop relationship with media
 - be prepared for meetings
- Prepare a presentation
 - what is self-help?
 - present program as unique service
 - ask for referrals of potential homeowners
 - make certain that correct impression is given
 - information about home ownership counseling
 - stress that families build homes

Evidence of low income families willing to contribute labor

Include a list of families willing to contribute their labor to the construction of their home as well as other members of the program. The list should include:

- name
- address
- household size
- annual income
- It is also recommended to include at least twice the number of families on the list than the number of homes your agency plans to build.

S A M P L E

Waiting List of Families Interested in Participating in the Self-Help Program

	Name	Address	Telephone Number	Household Size	Annual Income
1	Mary and Alfred Jones	123 America Street, Apt 12 Anywhere, FL 33852	863-385-1234	4	\$15,000
2	Joseph P. Alberts	4123 Unitas Avenue, Apt 444 Anywhere, FL 33852	863-214-4321	6	\$18,000
3	Victoria Smith	6732 Florida Avenue Anywhere, FL 33852	863-386-3241	3	\$12,000

Outreach Plan for Very-Low Income

This section must include information referenced in 1944-I, §1944.410(a)(5).

- (a) Complete an outreach plan on your proposed strategy for reaching and recruiting low and very low income families
 - RD requires that a minimum of 40% of the participants be very-low income

- (b) Develop a recruitment plan
 - Step one
 - know your target market
 - work, church, home, clubs
 - what radio stations?
 - what papers?
 - what stores and laundry facilities:
 - do they mail bills or pay directly?
 - employees

 - Step two
 - contact these organizations, employers, churches, etc.
 - tell them about the self-help housing program
 - find out what cost-free methods for getting information into the target areas are available and what other methods will cost

 - Step three
 - analyze the information

 - Step four
 - develop plan
 - make decisions
 - where, when and how long to advertise

- (c) Implementation - money will affect these decisions
 - staffing
 - time
 - seasonal implications
 - free may not always be best

- (d) After the plan is finished, ask, *“am I getting my message to the most potential families and am I getting it to them in the most economical way?”*

(e) Develop a message to include the following:

- Benefits of self-help housing
 - product
 - price

- Benefits for participants
 - happiness
 - pride
 - providing good homes
 - self-improvement
 - security
 - sense of accomplishment
 - affordability and equity

TAB 3

**Item 10. BUDGET INFORMATION
NON-CONSTRUCTION
PROGRAMS**

**Item 11. DETERMINATION OF TA
GRANT AMOUNT**

BUDGET INFORMATION

This section must include information referenced in 1944-I, §1944.410(a)(6).

In this section you will find a blank Form SF 424-A - Budget Information - Non-Construction Programs followed by the instructions for its completion. Also included is a completed Form SF 424A to be used as a guide. There is also additional pertinent information to preparing your self-help budget. **The following items need to be included:**

1. SF424A
2. Proposed two year budget breakdown
3. Budget narrative

Proposed Budget

Authorize expenses typically seen in a self-help housing budget (1944.405):

- personnel salaries
- fringe benefits
- reasonable office expense
 - office rental
 - office utilities
 - office equipment rental or purchase
 - office supplies
- purchase/lease/maintenance of power or specialty tools
- insurances - general liability, fidelity bond, board liability, office contents, etc.
- reasonable expenses for training personnel and board members
- payment of audit
- reasonable expenses of board members to attend regular or special board meetings
- travel

PRELIMINARY BUDGET WORKSHEET

	1 st year	2 nd year	TOTAL
A. Personnel salaries			
executive/project director (%)	_____	_____	_____
group coordinator (%)	_____	_____	_____
secretary/bookkeeper (%)	_____	_____	_____
construction supervisor	_____	_____	_____
Total personnel	\$ _____	\$ _____	\$ _____

Note: Consider a cost of living and/or merit increase for your employees

B. Fringe benefits			
worker's compensation	_____	_____	_____
FICA/social security	_____	_____	_____
health insurance	_____	_____	_____
unemployment insurance	_____	_____	_____
other	_____	_____	_____
Total fringe benefits	\$ _____	\$ _____	\$ _____

C. Travel			
local travel reimbursement	_____	_____	_____
out-of-town travel	_____	_____	_____
other	_____	_____	_____
Total travel	\$ _____	\$ _____	\$ _____

Note: Mileage should be within allowable GSA rate.

D. Equipment

office equipment	_____	_____	_____
desks	_____	_____	_____
chairs	_____	_____	_____
file cabinets	_____	_____	_____
bookcases	_____	_____	_____
typewriters	_____	_____	_____
other office machines	_____	_____	_____
Computers/copiers	_____	_____	_____
Subtotal equipment	\$ _____	\$ _____	\$ _____

Note: Purchase of office equipment is permissible when the grantee determines it to be more economical than renting [1944-I, 1944.405 (b)].

Power or specialty tools			
power saws	_____	_____	_____
electric drills	_____	_____	_____
sabre saws	_____	_____	_____
ladders	_____	_____	_____
scaffolds	_____	_____	_____
others	_____	_____	_____
Subtotal equipment	\$ _____	\$ _____	\$ _____
Total equipment	\$ _____	\$ _____	\$ _____

Note: The participating families are expected to provide their own hand tools, such as hammers and handsaws [1944-I, 1944.405 (e)].

E. Supplies

letterhead and envelopes	_____	_____	_____
pens and pencils	_____	_____	_____
other office supplies	_____	_____	_____
Total supplies	\$ _____	\$ _____	\$ _____

F. Contractual

auditing and/or accounting	_____	_____	_____
Total supplies	\$ _____	\$ _____	\$ _____

Note: You can pay sponsors from grant funds only if the sponsor can provide services that will reduce the overall cost of assistance [1944-I, 1944.405 (h)].

G. Other costs

rent	_____	_____	_____
------	-------	-------	-------

utilities:

gas	_____	_____	_____
-----	-------	-------	-------

electric	_____	_____	_____
----------	-------	-------	-------

water	_____	_____	_____
-------	-------	-------	-------

other	_____	_____	_____
-------	-------	-------	-------

telephone:

basic service	_____	_____	_____
---------------	-------	-------	-------

long distance	_____	_____	_____
---------------	-------	-------	-------

installation	_____	_____	_____
--------------	-------	-------	-------

Internet access	_____	_____	_____
-----------------	-------	-------	-------

maintenance:

janitorial service	_____	_____	_____
repair fund (if necessary)	_____	_____	_____
postage:			
Postage	_____	_____	_____
Annual fee	_____	_____	_____
Bulk mail permit	_____	_____	_____
publications	_____	_____	_____
subscriptions	_____	_____	_____
Books, pamphlets, membership dues, etc	_____	_____	_____
Printing/copying	_____	_____	_____
Advertising:	_____	_____	_____
Insurance:			
liability	_____	_____	_____
other	_____	_____	_____
staff/board training	_____	_____	_____
Total other costs	\$ _____	\$ _____	\$ _____

Note: Training cost may include the costs of travel and per diem to attend in or out of state training [1944-I, 1944.405(g)].

H.	Total Direct Charges	\$ _____	\$ _____	\$ _____
	Total Indirect Charges	\$ _____	\$ _____	\$ _____
	2-Year Total	\$ _____ (1 st Year)	\$ _____ (2 nd Year)	\$ _____ (Total)

SAMPLE TWO YEAR BUDGET

SELF-HELP HOUSING
Projected Two Year

	<u>12 Months</u>	<u>12 Months</u>	<u>24 Months</u>
Salaries			
Executive Director (100%)	\$29,900.00	\$31,395.00	\$61,295.00
Secretary/Bookkeeper (100%)	\$22,000.00	\$23,100.00	\$45,100.00
Construction Supervisor	\$26,000.00	\$27,300.00	\$53,300.00
Group Coordinator (100%)	<u>\$20,000.00</u>	<u>\$21,000.00</u>	<u>\$41,000.00</u>
Total Salaries	\$97,900.00	\$102,795.00	\$200,695.00
Fringes			
FICA & Medicare	\$7,489.00	\$7,860.00	\$15,349.00
Unemployment Comp.	\$1,400.00	\$1,400.00	\$2,800.00
Retirement	\$4,000.00	\$4,000.00	\$8,000.00
Workers Compensation	\$4,000.00	\$4,000.00	\$8,000.00
Health Insurance	<u>\$9,500.00</u>	<u>\$9,500.00</u>	<u>\$19,000.00</u>
Total Fringes	\$22,389.00	\$22,760.00	\$45,149.00
Non-Personnel			
Audit	\$3,000.00	\$3,000.00	\$6,000.00
Travel	\$5,000.00	\$5,000.00	\$10,000.00
Rent	\$4,200.00	\$4,200.00	\$8,400.00
Utilities	\$2,500.00	\$2,500.00	\$5,000.00
Insurance	\$1,000.00	\$1,000.00	\$2,000.00
Office Supplies	\$1,300.00	\$900.00	\$2,200.00
Equipment Purchase			
Construction	\$1,000.00	\$500.00	\$1,500.00
Office	\$1,000.00	\$755.00	\$1,755.00
Equipment Lease/Rent	\$2,000.00	\$2,000.00	\$4,000.00
Equipment Maintenance	\$1,500.00	\$1,500.00	\$3,000.00
Telephone and Postage	<u>\$5,500.00</u>	\$4,800.00	<u>\$10,300.00</u>
Total Non-Personnel	\$28,000.00	\$26,155.00	\$54,155.00
Total Operating Expenses	\$148,289.00	\$151,710.00	\$299,999.00

SAMPLE BUDGET NARRATIVE

SALARIES: Salary levels are comparable or less than similar positions in the surrounding service area. Self-Help Housing, Inc. plans to hire staff as outlined in the projected two year budget. All staff positions will work full-time on this program. The budget includes funds for an increase of 5% effective the second year of the grant.
(Note: Any budget that reflects part-time staff or only part of a salary being charged to the grant should show the amount of time being charged to grant.
Example: Executive Director 40%)

FRINGES: FICA is based on a rate of 7.65% x total salaries. Unemployment Compensation is based on the present rate of 1.83% for salaries. Retirement benefits will be \$1,000 annually contributed to each full-time employee's tax sheltered annuity. Worker's Comp Insurance is based on 0.25% for clerical employees and at 10.08% for the construction employees. Medical/health insurance for the four full time employees is expected to cost approximately \$791 per month.

AUDIT: As required, this will allow for a CPA's annual detailed audit of grant accounting records and family loan records. This cost is based on discussions with two local accountants and other grantees in the state.

TRAVEL: Our travel is based on the rate of .405¢ per mile for local travel. This includes traveling from the agency office to the construction site, to Rural Development, as well as other location as needed. The approximate number of miles used per month is not planned to exceed 500.
The remainder of the line item will provide for our staff to attend some of the regional and area training conferences sponsored by our regional contractor, in addition to other relevant training. No travel expenses will be paid that exceeds the approved GSA travel rates.

RENT: Rental is based on rates advertised in local newspapers and from discussions with local realtors for the minimum amount of office space needed. A modest office will be sought.

UTILITIES: The utilities are based on typical electric, water and sewer costs for a modest office in the area.

INSURANCE: This will allow for limited general liability insurance which includes a fidelity bond and board liability. Costs are based on discussions with local agents.

OFFICE

SUPPLIES: This item will allow for the purchase of miscellaneous office supplies and equipment such as paper, pens, pencils, staplers, calculators, etc.

EQUIPMENT

PURCHASE:

Construction - Will allow for the purchase of power saws, electric drills, saws, step ladders, wheel barrows, etc. to be used by participating families.

Office - This will be used to purchase a computer and printer. Desks and filing cabinets have been donated.

EQUIPMENT This item will allow for the lease of a copier for use in the office.

LEASE/RENT

EQUIPMENT This item will allow for repair/maintenance of equipment, tools, etc.

MAINTENANCE:

TELEPHONE/

POSTAGE: This will allow for the installation of 4 telephone instruments on two lines and for necessary internet expenses, telephone monthly and toll charges. Calls to many suppliers in this area, RD and the regional contractor are toll calls. The postage will be used for mailing agency reports, bills and recruiting material as well as checks from family accounts.

DETERMINATION OF TA GRANT AMOUNT

§1944.407 Limitations

The amount of the TA grant depends on the experience and capability of the applicant and must be justified based on the number of families to be assisted. As a guide, the maximum grant amounts for any grant period will be limited to:

(A) An average TA cost equivalent per unit of no more than 15 percent of the cost of equivalent value of modest homes built in the area. NOTE: Equivalent value can be provided by the Local RD Office. You need to request a letter from RD to include the average total square footage, number of bedrooms and bathrooms, the site and cost of lands and the development costs.

Sample:

$$\begin{aligned} \text{TA Grant Amount} \div \text{Number of Housing Proposed} &= \text{TA Cost per House} \\ \$299,999 \div 15 &= 20,000 \end{aligned}$$

$$\begin{aligned} \text{TA Cost per House} \div \text{Equivalent Value} &= \text{TA Percentage} \\ \$20,000 \div \$150,000 &= 14\% \end{aligned}$$

(B) An average TA cost per equivalent unit that does not exceed the difference between the equivalent value of modest homes in the area and the average mortgage of the participating families minus \$1,000.00

Sample:

$$\begin{aligned} \text{Equivalent Value} - \text{Average Self-Help Mortgage} - \$1,000 &= \text{TA Cost per House} \\ \$150,000 - \$125,000 - \$1,000 &= \$24,000 \end{aligned}$$

$$\begin{aligned} \text{TA Cost per House} \times \text{Number of Houses Proposed} &= \text{TA Grant Amount} \\ \$24,000 \times 15 &= \$360,000 \end{aligned}$$

(C) A TA per equivalent unit that does not exceed an amount established by the State Director. The State Director may authorize a greater TA cost than paragraphs (A) and (B) of this section when needed to accomplish a particular objective, such as requiring the grantee to serve very low-income families, remote areas, or similar situations. (Please contact FNPH for assistance)



Florida/Virgin Islands
1700 Highway 17 South
Suite 3
Bartow, FL 33830

Bartow Local Office
Telephone: (863) 533-2051
FAX: (863) 533-1884
www.rurdev.usda.gov/fl

Committed to the future of rural communities.

Date

Dear :

In response to your request for information concerning Rural Development 502 Direct Loans process through the construction contract (construction perm) method, the following information is provided:

Average actual lot cost:	\$ 16,110
Average site development cost:	\$ 2,265
Average construction cost:	<u>\$ 79,065</u>
Total Cost:	\$ 97,400
Average living area:	1,254 sq. ft.
Average total area:	1,676 sq. ft.

These figures are derived from our most recent construction loans within the last 12 months.

If you need further information, please do not hesitate to contact our office.

Sincerely,

Rural Development Manager

TAB 4

Item 12. Preliminary Land Survey

**Item 13. Other Agency Activities if
multi-funded, Cost Allocation
Plan or Indirect Cost Rate**

**Item 14. Pre-Development Assistance
Request**

PRELIMINARY LAND SURVEY

This section must include information referenced in 1944-I, §1944.410(a)(7).

- ◆ Talk to RD Local Office staff about site requirements, i.e., size, location, typical cost, etc.
- ◆ Show available, potential affordable sites and their projected cost
- ◆ Land is a key ingredient to program success.
- ◆ Site acquisition and development is a uniquely local process by nature and time consuming.

Maps and lists showing available, potential sites and its projected cost

- demonstrate to RD that you control or have access to suitable building sites are available for sale in the proposed area
- land is a key ingredient to program success
- site acquisition and development is a uniquely local process by nature

Land survey resources

Handbook 3550	RD 1924-A	RD 1924-C
health department	RD Community Development Manager	
county and/or local city planner	community development organizations	
building officials	city engineer	
soil conservation service soil book	county court house/tax office/recorder of deeds	
utility companies		

Land survey process

- Define map boundaries and obtain tax map
- Prepare site search map
 - identify land completely ineligible
 - plot locations with desirable features
 - plot locations with limited appeal

Land analysis form

- **Investigate ownership status and tax status**
- **Windshield survey**

topography	flood plains	drainage problems
erosion	access to public roads	vegetation
existing structures	unique features	proximity to services
other		

LAND SURVEY CRITERIA

What is acceptable to RD?

Rural Area - open country and communities up to a population of 10,000 cities between 10,000 and 25,000 population, outside metropolitan areas and have a lack of mortgage credit.

Random development of sites in open county is not an acceptable alternative to orderly growth within established communities.

Lot Size - Scattered sites of 1 acre or less, house lots of 1/4 acre or less within a subdivision with water and sewer, house lots of 1 acre or less within a subdivision environment without central water and sewer facilities, site exceptions may be authorized by the Rural Development Manager.

Roads - Must be dedicated to and maintained by a public body must be paved or all weather

Water - central water system must be owned by a public body or by an association acceptable to RD and regulated by the public service commission, if no central system is available, the site must meet health department regulations for an individual well (minimum of 1/2 acre).

Sewer - central system same requirements as water, if no central system is available, the site must meet health department regulations for an individual septic.

Size - lot frontage of 70' or more preferable lot must be adequate size for health department and local zoning requirements.

DESIRABLE SITE FEATURES

- flat or mildly sloped land
- Shape and size of site will lend itself to housing development
- correct zoning
- accessible to public facilities and services
- existing paved roads
- existing water and sewer lines
- soil suitable for on-site septic systems
- adequate groundwater supply for wells
- uses of adjacent sites compatible to the proposed project

UNDESIRABLE SITE FEATURES

- site in flood plain
- steep terrain
- forested lands or prime farmlands
- site adjacent to or near airports, railroads, major highways, factories, landfills, etc.
- soil unsuitable for on-site septic systems
- current industrial land use
- existing easements through the site which would restrict, interfere, or be detrimental to the proposed project

LAND ANALYSIS

Legal description of the land: _____

Location of parcel (indicate dimensions on all streets)

(Include a Map)

Owner's name: _____

Address: _____ Telephone: _____

How is title held? _____

How large is parcel? _____

Asking price? \$ _____

ZONING

Does the parcel need to be split from an adjoining parcel? () yes () no

Can the parcel be split? () yes () no

Who decides? _____

What fees will be required? _____

County: \$ _____

Engineering or surveying: \$ _____

How long will it take? _____

How is the property zoned? _____

What is the maximum density allowed on the parcel? _____

If the current zoning is not appropriate, can it be rezoned? () yes () no

What fees will be required to rezone? _____

Who will pay the fees? _____

Will the current owner apply for rezoning? () yes () no

PROPERTY TAXES

Annual tax rate \$ _____ per _____

Assessed value of parcel \$ _____

Current taxes \$ _____ are taxes current? () yes () no

Back taxes \$ _____ \$ _____ tax liens other than property

OTHER SERVICES

Will the county or city require that you provide any off-site improvements?

() yes () no

Will you have to widen any streets?

() yes () no

If yes, which streets? _____

Number of square feet _____ at \$ _____ per square foot.

Will you have to install curb? () yes () no

gutter () yes () no

sidewalk () yes () no

on the periphery of the development? () yes () no

Curb _____ linear feet at _____ per foot

gutter _____ linear feet at _____ per foot

sidewalk _____ linear feet at _____ per foot

Total cost of off-site improvement \$ _____

The fees may include irrigation districts, abatement districts, etc. These fees may have to be paid even though your project will not use the services of the district. You will probably pay them on the taxes.

Will you be required to fence the development? () yes () no

What kind of fence? _____ at \$ _____ per linear foot.

Cost of fencing required around the project \$ _____

DRAINAGE

Does the property exist within a flood plain? () yes () no

Does the property have adequate drainage? () yes () no

What drainage requirements will be imposed? () fill to raise the elevation

() pipeline to put water into storm sewer () drainage pump(s)

SERVICES

How far, in linear feet, is it to:

sewer lines _____

water lines _____

natural gas _____

electricity _____

schools _____

elementary _____

secondary _____
 parks and recreation _____
 shopping _____
 churches _____
 other _____

If services need to be brought to the property line, indicate which services: _____

What size transmission line? _____

Approximate cost per linear foot: \$ _____

Number of total linear feet? _____

Total cost from service to line: \$ _____

Check with the following to determine if they will approve the development and if they have a fee for service:

	Yes	No	
Schools	()	()	\$ _____
Fire districts	()	()	\$ _____
Parks	()	()	\$ _____
Police	()	()	\$ _____
Sewer	()	()	Tap fee \$ _____ Monthly \$ _____
Water	()	()	Tap fee \$ _____ Monthly \$ _____
Lighting	()	()	\$ _____ Maintenance \$ _____ per _____
Other	()	()	\$ _____

SUMMARY

Purchase price	\$ _____
Escrow fees	\$ _____
Sewer tap fees	\$ _____
Water tap fees	\$ _____
Fees for special districts	\$ _____
Fees for change in zoning	\$ _____
Cost to get services to parcel	\$ _____
Cost for adequate drainage	\$ _____
Any delinquent taxes for service fees	\$ _____
Street improvements (off-site)	\$ _____
Curb, gutter, sidewalk (peripheral)	\$ _____
Other costs	\$ _____
Total cost for land (Excluding interior development)	\$ _____

OTHER AGENCY ACTIVITIES

This section must include information referenced in 1944-I, §1944.410(a)(8)

In this section you must identify any activities your agency is involved in and whether or not they are self-sufficient.

OTHER ACTIVITIES

If your agency is involved in any activities other than self-help housing you must address the following items:

- List and briefly describe each funding source, including amount and duration.
- Assurance that whatever activities you will be engaged in are adequately financed to support the activities of each program during the self-help program.
- Contact your Regional Contractor for further guidance in this matter.

If your agency is multi-funded, address the following information:

If you have a current cost allocation plan include a copy of the approved agreement in this section, if not, include a statement of the agency's intent to submit a proposal for one.

DIRECT OR INDIRECT COST POLICY

If your agency is a single purpose agency and the only program they are planning to operate is self-help, a direct or indirect cost policy is not required. If this is the case, simply include a statement indicating such.

In the event your organization is multi-funded and has already negotiated an indirect cost rate, you must submit this documentation with the 523 application. This is all the documentation required.

If your organization has never obtained an indirect cost rate, and you are in need of one, you must submit your indirect or direct cost policy with the 523 application. The negotiated indirect cost rate or some type of documentation from DOI indicating an indirect cost rate is not needed but must be submitted with the 523 application. Grant approval will be held up until this requirement is met.

For the 523 grant, you must submit a direct or indirect cost policy. In addition, you must document your indirect cost rate or the lack thereof. (An indirect cost rate is a mechanism used by the federal government to reimburse indirect costs to organizations receiving federal funding.)

Your Regional Contractor will be able to assist you in making this determination and provide guidance.

PRE-DEVELOPMENT GRANT REQUEST

This section must include information referenced in 1944-I, §1944.410(a)(9). In this section you must include information for your pre-development grant request. This includes a pre-development grant budget and narrative. Additional information is discussed in this section.

PRE-DEVELOPMENT FUNDS

The purpose of pre-development funds is to assist in absorbing the costs of developing the 523 Grant Application. These funds are available once in a specific area for either existing or new grantees. However, the existing grantee must be developing a separate application for a new location other than their operating grant. The agency must lack financial resources to develop the final application.

Once the decision to apply for pre-development funds has been reached, the following information must be addressed:

1. A brief narrative identifying the need for the funds, the amount of funds being requested, and the projected time frame for the pre-development grant.
2. Submit a completed “Pre-Development Grant Agreement”, FmHA 1944-I Exhibit D, omit the date, amount of grant request and signatures.
3. Submit a detailed budget and budget narrative showing how you intend to use the pre-development funds. (*Sample Attached*)
4. If you are a non-profit submit a certified copy of a resolution from the board of directors, authorizing the request for the pre-development grant. (*Sample Attached*)

The Preapplication is approved by the state director after it is reviewed and approved by the Area Director. The pre-development grant is not figured based on TA cost per unit. A maximum amount has been established by Rural Development, but the award will be based on the reasonableness of your budget. The use of these funds is restricted to the authorized use of grant funds as described in 1944.405. Detailed accounting records of these funds must be maintained and made available for review by RD and your regional contractor.

SEVERAL AUTHORIZED USES OF PRE-DEVELOPMENT GRANT FUNDS

- salaries identified in budget
- necessary employee fringe benefit costs
- necessary reasonable office expenses and supplies
- reasonable travel costs
- advertising costs in connection with recruiting self-help participants
- certain consulting costs required if service is not available without cost (house plans)

SEVERAL PROHIBITED USE OF PRE-DEVELOPMENT GRANT FUNDS

- expenses not authorized in the budget
- real estate transactions or building materials for families
- paying debts, expense or costs which are the responsibility of the family
- paying for costs that are not directly related to the objectives of the self-help housing program
- debts or expenses incurred prior to the execution of the Pre-development Grant Agreement being executed

SAMPLE PRE-DEVELOPMENT GRANT BUDGET

6 Month Budget

Salaries		
Staff Person <i>(This would be whoever is developing the application)</i>	\$ 5,460	
Employer Taxes *		
FICA/MEDICARE .0765	\$ 418	
Worker's Compensation (5%)	\$ 260	
	\$ 6,138	<u>\$ 6,138</u>
Rent	\$ 1,250	
Utilities		
Telephone (\$100 per month)	\$ 1,200	
Power/Water (\$100 per month)		
Office supplies	\$ 250	
Travel (based on a rate of .405¢ per mile)	\$ 912	
Fidelity Bond	\$ 250	
Totals	\$ 3,862	<u>\$ 3,862</u>
		<u>\$ 10,000</u>

** Employer Taxes vary from state to state.*

SAMPLE PRE-DEVELOPMENT NARRATIVE

SALARIES & FRINGES:

Staff Person - \$6 per hour @ 35 hours per week

FICA/MEDICARE is calculated on a rate of .0765%.

Worker's Compensation - is calculated on an estimated rate of 5%

NON-PERSONNEL:

Rent - The first month work will be conducted out of donated space with only utilities being paid. Then the rent will be \$250 per month

Utilities:

Telephone - based on an estimated rate of \$100 per month

Power/Water - based on an estimated rate of \$100 per month

Office supplies - An initial setup cost of approximately \$100 and then \$25 per month.

Travel - based on a rate of .405¢ per mile with approximately 100 miles per week traveled.

Fidelity Bond - based on estimate from local agency.

TAB 5

Item 15. HUD Fair Housing Marketing Plan

**Item 18. Self-Help Technical Assistance Grant
Predevelopment Agreement**

Item 19. Authorizing Resolution

Item 24. Request for Obligation of Funds

AFFIRMATIVE FAIR HOUSING MARKETING PLAN

This section must include information referenced in 1944-I, §1944.410(a)(10).

In this section you will find a blank HUD Form 935.2 - Affirmative Fair Housing Marketing Plan followed by the instructions for its completion. Also included is a completed Form 935.2 to be used as a guide.

Affirmative Fair Housing Marketing Plan
Attachment 6b.

Example:

All staff will participate in special training sessions, workshops, conferences conducted by US-HUD, Rural Development, and other agencies as the training becomes available.

Also attach a copy of instructions to staff regarding fair housing.

SELF-HELP TECHNICAL ASSISTANCE GRANT PRE-DEVELOPMENT AGREEMENT

The information can be referenced in 1944-I, §1944.410(d). Complete the name of the grantee, the authorizing state statute and the area to be served. Leave amount, the grant period and the date blank. A sample agreement is included.

RD Instruction 1944-I

Exhibit D

SELF-HELP TECHNICAL ASSISTANCE GRANT PRE-DEVELOPMENT AGREEMENT

THIS GRANT PREDEVELOPMENT AGREEMENT dated, _____ 20 ____, is between _____ *(Agency's Name)* _____ a nonprofit corporation organized and operating under *(Authorizing State Statute)* and the United States of America acting through the Rural Development, Department of Agriculture.

In consideration of financial assistance in the amount of \$ *("Grant Funds")* to be made available by Rural Development to Grantee under Section 523 (b)(1)(A) of the Housing Act of 1949 to be used in *(Specify Areas to be Served)* for the purpose of developing a program of technical and supervisory assistance which will aid low-income families in carrying out mutual self-help housing efforts, Grantee will provide such a program in accordance with the terms of this Agreement and Rural Development regulations.

Grant funds will be used for authorized purposes as contained in §1944.410(d) of 7 CFR Part 1944, Subpart I, as necessary, to develop a complete program for a self-help TA grant. This will include recruitment, screening, loan packaging and related activities for prospective self-help participants.

Agreed to this day of _____ 20 ____

(Name of Grantee)

By _____

(Signature & Title)

UNITED STATES OF AMERICA USDA RURAL DEVELOPMENT

By _____

(Signature)

(Title)

AUTHORIZING RESOLUTION

Provide a copy of the resolution adopted by the Board of Directors or other Governing Body, if a public body, authorizing the request for the predevelopment grant and appropriate official(s) to execute Exhibit D, the “Self-Help Technical Assistance Grant Predevelopment Agreement,” as well as other documents related to the operation of the grant.

Sample Resolution
Self-Help Housing, Inc.
BOARD OF DIRECTOR'S
RESOLUTION

BE IT RESOLVED on this Day of _____ 20____ the Board of Directors of
_____ ***(Agency's Name)*** _____ hereby authorized the
submission of a Mutual Self-Help preapplication for \$10,000 to USDA/Rural Development. The
Board further authorizes the submission of a Mutual Self-Help application to build houses over
a two year period.

The Board further authorizes that ***(Title)*** and ***(Title)*** be the designated signatories for the
execution of Exhibit D (Predevelopment Agreement), Exhibit A (Grant Agreement) of this subpart
(1944-I §1944.411) and Form RD 400-4 "Assurance Agreement" and all related transactions and
documents.

The Board further recognizes the _____ ***(Title)*** _____ to be the official contact person for the
Mutual Self-Help Program.

The above resolution was passed by a majority of those present and voting in accordance with
the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the
minutes of the meeting of the Board of Directors held on the _____ Day of _____ 20__.

In **WITNESS WHEREOF**, I have subscribed my name this _____ Day of _____, 20__.

Name & Title

Date

Board Secretary

Date

REQUEST FOR OBLIGATION OF FUNDS

The information can be referenced in 1944-I, 1944-410(b)(ii). This information is required as a part of the preapplication. This form will serve as your agency's request for funds from RD. A blank form is included.

Complete section 2 - Borrower Name; section 4 - State Name and section 5 - County Name. Then have the authorized signatory sign and date in the appropriate space.