

**RFP #122049
2023 Mortgage Reduction Checklist**

To be eligible for funding, projects must be located in, or provide services to residents of one of the member communities of the Dane County Urban County Consortium (See Appendix A).

This form is the coversheet for your proposal response. Please use it to double check that your proposal is complete. Incomplete proposals may be rejected.

Please submit all required documents as ONE file and use the following naming convention for your file:

RFP #122049ORGANIZATION NAME

The following forms have been complete and are attached to the application file:

- Reviewed the RFP as new changes were implemented including the Application Review Criteria.
- Vendor Information Form
 - Is the Vendor Information Form signed?
- DANE COUNTY APPLICATION FOR 2023 Mortgage Reduction
 - Is the Application Form signed?
 - Did you use the format provided by Dane County?
 - Did you complete all question (this includes board member information, financial information and budgets)?
 - Are resumes attached?
 - Is there a complete budget?

Direct all inquiries to Megan Rogan at rogan.megan@countyofdane.com

VENDOR INFORMATION

VENDOR NAME: _____

| Vendor Information (address below will be used to confirm Local Vendor Preference) | | | |
|--|--|------------------|--|
| Address | | | |
| City | | County | |
| State | | Zip+4 | |
| Vendor Rep. Name | | Telephone | |
| Title | | | |
| Email | | | |
| Dane County Vendor # | | | |

Local Vendor Preference Does Not Apply To This Bid
(Reference General Guidelines #1.6)

Local Content Vendor Preference Does Not Apply To This Bid
(Reference General Guidelines #1.7)

| Fair Labor Practice Certification <i>(Reference General Guidelines #1.9)</i> |
|---|
| <input type="checkbox"/> Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |
| <input type="checkbox"/> Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |

| Addenda – we hereby acknowledge receipt, review and use of the following addenda, if applicable. | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Addendum #1 | <input type="checkbox"/> Addendum #2 | <input type="checkbox"/> Addendum #3 | <input type="checkbox"/> Addendum #4 | <input type="checkbox"/> None |

| Signature Affidavit |
|--|
| In signing this bid, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury. |
| The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith. |

Signature: _____

Title: _____

Printed Name: _____

Date: _____

DANE COUNTY APPLICATION FOR 2023 CDBG/HOME FUNDS: MORTGAGE REDUCTION

APPLICATION SUMMARY

| | | |
|--|--|--|
| ORGANIZATION NAME | | |
| MAILING ADDRESS If P.O. Box, include Street Address on second line | | |
| TELEPHONE | | LEGAL STATUS |
| FAX NUMBER | | <input type="checkbox"/> Municipality <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____ Unique Entity Identification Number: |
| NAME CHIEF ADMIN/ CONTACT | | |
| INTERNET WEBSITE (if applicable) | | |
| E-MAIL ADDRESS | | |

PROJECT NAME: Please list the project for which you are applying.

| PROJECT NAME | PROJECT CONTACT PERSON | PHONE NUMBER | E-MAIL |
|--------------|------------------------|--------------|--------|
| | | | |

FUNDS REQUESTED: Please list the amount and source of funding for which you are applying.

| TOTAL PROJECT COST | AMOUNT OF CDBG FUNDS REQUESTES | PERCENT OF CDBG FUNDS TO TOTAL PROJECT COST |
|--------------------|--------------------------------|---|
| \$ | \$ | \$ |

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

Failure to sign this form may result in the application to be ineligible for funding and may not be scored.

NEED AND JUSTIFICATION

A. **PROJECT NEED:** In the space below, provide a brief description of the need or problem that will be addressed.

BENEFICIARIES

B. **POPULATION TO BE SERVED:** In the space below, provide a brief description of the population that will benefit from this project.

- C. **GEOGRAPHIC SERVICE AREA:** In the space below, provide a brief description of the location(s) where the project or services will take place. Maps may be included as separate attachments.

PROJECT APPROACH

D. **REFERRAL/PRE-SCREENING/APPLICATION PROCESS:** In the space below, provide a description of the referral, pre-screening, and application process for first-time homebuyers that will be undertaken.

E. **FIRST-TIME HOMEBUYER CLASSES:** In the space below, describe how first-time homebuyers will be referred to or provided first-time homebuyer classes or counseling that complies with HUD Housing Counseling Certification requirements. Include information on the number of hours of classes to be provided and costs to the prospective homebuyer associated with the classes/counseling services.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

F. **LOAN PROCESSING:** In the following space, provide a description of the loan processing that will be conducted, including credit checks, income and debt verifications, appraisals, etc.

G. **UNDERWRITING CRITERIA:** If using more restrictive standards than those specified in the RFP and Program Standards, in the following space, provide a description of the loan underwriting criteria that will be considered when making a loan to a first-time homebuyer. Include how CDBG/HOME funds will be used to reduce the monthly carrying costs by providing gap financing.

K. OTHER NARRATIVE REGARDING OUTCOMES/PROPOSED ACCOMPLISHMENTS: In the space that follows, please answer the following questions:

1. Provide a description of the outcomes or expected benefits of this project for the population to be served.
2. Is this a new or an existing program?
3. Describe the risks to undertaking this project and your plans to address them.
4. Will this project involve the displacement of families, households, partnerships, businesses, etc. from their homes or businesses? If yes, describe the notices and assistance your organization expects to provide and the amount of funds allocated to do so.

EXPERIENCE AND QUALIFICATIONS

L. **EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to pre-screening prospective homebuyers; loan origination and processing, including credit checks, income and debt verifications, arranging for appraisals, etc.; underwriting; and executing mortgages for first-time homebuyers. If your organization does not directly perform these function, describe the organization's experience in working with lenders to obtain this information.

M. **INCOME DOCUMENTATION:** Describe the experience and qualifications of your organization related to performing income documentation for program eligibility.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- N. **SERVICE IMPROVEMENT:** Describe any recent initiatives or best practices, programmatically or administratively, that have improved your organization's ability to deliver services.
- O. **STAFF EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of key staff to be assigned to the project. Be sure to **attach resumes** for key staff to the application.

P. PERSONNEL SCHEDULE

Please complete the Personnel Schedule for all staff who will be assigned to this project.

- Column 1) Each individual staff position by title.
- Column 2) Indicate the full time equivalent (FTE) of each position in the noted year.
- Column 3) Indicate the estimated total salary for that staff position for noted year.
- Column 4) Indicate the estimated number of hours that this staff person will work on this project.
- Column 5) For each staff person whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the CDBG Program. Do not include payroll taxes or benefits in this table.

| 1) POSITION TITLE | 2023 ESTIMATED | | CDBG-FUNDED | |
|-------------------|----------------|-----------------|------------------------------------|-----------------------------------|
| | 2) FTE | 3) TOTAL SALARY | 4) ESTIMATED HOURS ON THIS PROJECT | 5) CDBG – FUNDED AMOUNT OF SALARY |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Q. **LIST PERCENT OF STAFF TURNOVER** _____% Divide the number of resignations or terminations in calendar year 2021 by the total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover in a certain staff position/category. Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

R. **AGENCY/ORGANIZATION GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for 2022? _____

Please list your current Board of Directors or your organization's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

| | | | | | | | | |
|-------------------------------|----------------------------|--------------------------|------------------------------------|----------------------------|--------------------------|-----------------------|----------------------------|--------------------------|
| Board President's Name | | | Board Vice-President's Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) |
| | | | | | | | | |
| Board Secretary's Name | | | Board Treasurer's Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) |
| | | | | | | | | |
| Name | | | Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) |
| | | | | | | | | |
| Name | | | Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

| | | | | | | | | |
|-----------------------|----------------------------|--------------------------|-----------------------|----------------------------|--------------------------|-----------------------|----------------------------|--------------------------|
| Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) |
| Name | | | Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) | Term of Office | From: (MM/DD/YY) | To: (MM/DD/YY) |
| | | | | | | | | |

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

S. **STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your organization's **2022** staff, board and volunteers, indicate by number and percentage the following characteristics.

| DESCRIPTOR | STAFF | | BOARD | | VOLUNTEER | |
|----------------------------------|--------|-------------|--------|-------------|-----------|-------------|
| | Number | Percent | Number | Percent | Number | Percent |
| TOTAL | | 100% | | 100% | | 100% |
| GENDER IDENTITY | | | | | | |
| GENDER: | | | | | | |
| GENDER: | | | | | | |
| GENDER: | | | | | | |
| GENDER: | | | | | | |
| AGE | | | | | | |
| LESS THAN 18 YRS | | | | | | |
| 18 – 59 YRS | | | | | | |
| 60 AND OLDER | | | | | | |
| RACE | | | | | | |
| WHITE | | | | | | |
| BLACK | | | | | | |
| HISPANIC | | | | | | |
| NATIVE AMERICAN | | | | | | |
| ASIAN / PACIFIC ISLANDER | | | | | | |
| MULTI-RACIAL | | | | | | |
| ETHNICITY | | | | | | |
| HISPANIC | | | | | | |
| NON-HISPANIC | | | | | | |
| PERSONS WITH DISABILITIES | | | | | | |

FINANCIAL INFORMATION

T. **ORGANIZATION BUDGET: 2022 and 2023 Proposed Budget.** Identify the 2022 and proposed 2023 budget for your *entire* organization by source and use of revenue. (You may change row headings to make them applicable to your organization.) .

| ACCOUNT CATEGORY Source | 2022 REVENUE SOURCETOTAL | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
|--|---|------------------|------------------|--------------|--------------------------------|
| DANE CO HUMAN SERV | | | | | |
| DANE CO CDBG | | | | | |
| MADISON COMM SERV | | | | | |
| MADISON CDBG | | | | | |
| UNITED WAY ALLOC | | | | | |
| UNITED WAY DESIG | | | | | |
| OTHER GOVT | | | | | |
| FUND RAISING | | | | | |
| USER FEES | | | | | |
| OTHER | | | | | |
| TOTAL | | | | | |

| ACCOUNT CATEGORY Source | 2023 REVENUE SOURCETOTAL | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
|--|---|------------------|------------------|--------------|--------------------------------|
| DANE CO HUMAN SERV | | | | | |
| DANE CO CDBG | | | | | |
| MADISON COMM SERV | | | | | |
| MADISON CDBG | | | | | |
| UNITED WAY ALLOC | | | | | |
| UNITED WAY DESIG | | | | | |
| OTHER GOVT | | | | | |
| FUND RAISING | | | | | |
| USER FEES | | | | | |
| OTHER | | | | | |
| TOTAL | | | | | |

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- U. **2023 COST EXPLANATION:** *(Complete only if significant financial changes are anticipated between 2022 and 2023.)* Explain specifically, by revenue source and/or account category, any noteworthy change in the 2023 request. For example, unusual cost increase, program expansion, Living Wage requirements, or loss of revenue.
- V. **OTHER SOURCES OF FUNDS LEVERAGED:** Describe the sources and amounts of any funds that will be contributed by your organization and from other sources for this project in the space below. If the funding request is for an existing program, at what point will the program become self-supporting? If never, what are other sources of funding? What additional money can be leveraged?

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

W. **FUNDS NEEDED:** In the space below, please describe why CDBG funds are needed to ensure the viability of this project. Also describe how funds are being used to address greatest need and how that determination was made. Can all funds awarded in 2023 be reasonably expected to be expended? If this is a multi-year project, what amount of funds will be spent in each year?

X. DETAILED PROJECT BUDGET

Following the description of allowable costs that may be charged to the CDBG Program is the Project Budget. Items not detailed on the list of allowable costs may not be charged. Complete the budget identifying the amount and source of all funds and their uses.

| | |
|--------------------------|--|
| Column 1 | TOTAL PROJECT BUDGET. This is the total amount budgeted for this project. |
| Column 2 | CDBG FUNDED. This is the County CDBG funded portion of the total project budget. |
| Remaining Columns | Identify the remaining sources of funds and their uses for this project. |

CDBG Allowable Activity Costs

| Item | Activity Related Costs |
|---|------------------------|
| a. Activity Hard Costs | |
| 1. These are detailed in the program standards and defined under 24 CFR 570.201, 202, 203, and 204. Depending on the activity this may include: acquisition; disposition; clearance and remediation activities; acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements; public services; homeownership assistance; economic development, etc. | X |
| b. Activity Personnel Costs | |
| 2. Staff and overhead costs DIRECTLY related to carrying out the activity specified in 24 CFR 570.201-204, such as providing direct services to consumers, work specifications preparation, loan processing inspections, and other services related to assisting potential clients, owners, tenants, and homebuyers. This may include staff time spent supervising staff who are carrying out the activities specified in 24 CFR 570.201-204 when that time is spent addressing a direct consumer, service, or property issue. It does not include supervisory time spent on such functions as employee evaluations. | X |
| c. Related Soft Costs/Operating Costs | |
| 3. PUBLIC SERVICES ONLY: Operating and maintenance expenses associated with public service activities, interim assistance, and office space for program staff employed in carrying out the CDBG program. ¹ 24 CFR 570.207 (b) (2) | X |
| 4. Architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups. | X |
| 5. Costs to process and settle the financing for a project, such a private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorney's fees, private appraisal fees, and fees for an independent cost estimate, builders or developers fees. | X |
| 6. Costs of a project audit | X |
| 7. Costs to provide activity related information services, such as affirmative marketing and fair housing information to prospective homeowners and tenants. | X |
| 8. Impact fees that are charged to all projects within Dane County. | X |
| 9. Environmental Reviews. | X |
| d Relocation costs for persons displaced by the project. | |
| 10. Relocation payments – replacement housing payments, moving expenses, and payments for reasonable out-of-pocket costs incurred in the relocation of persons. | X |
| 11. Other relocation assistance – staff and overhead costs directly related to providing advisory and other relocation services to persons displaced by the project, including timely written notices to occupants, referrals to comparable and suitable replacement property, property inspections, counseling, and other assistance necessary to minimize hardship assistance. | X |

¹ For example the use of CDBG funds to pay the allocable costs of operating and maintaining a facility used in providing a public service would be eligible under 570.201 (e), even if no other costs of providing such a service are assisted with such funds. 24 CFR 570.207 (b) (2).

Detailed Project Budget

Include the dollar amount and all sources of funding for the project.

| USES | TOTAL PROJECT BUDGET | SOURCES | | | | | |
|--|----------------------|------------|--------|---------|---------|---------|---------|
| | | CDBG FUNDS | SOURCE | SOURCE: | SOURCE: | SOURCE: | SOURCE: |
| HARD COSTS: | | | | | | | |
| Homebuyer Loans | | | | | | | |
| Other: | | | | | | | |
| SOFT COSTS: | | | | | | | |
| Appraisal, Survey, and Credit Reports | | | | | | | |
| Title, Title Insurance, and Recording Fees | | | | | | | |
| Legal Fees | | | | | | | |
| Other: | | | | | | | |
| PERSONNEL: | | | | | | | |
| Salaries | | | | | | | |
| Taxes | | | | | | | |
| Benefits | | | | | | | |
| Other: | | | | | | | |
| TOTALS | | | | | | | |