2. GENERAL APPLICANT AND PROJECT/PROGRAM INFORMATION

2.1. Applicant Information

Applicant Pinal County

Contact Name Julie Wilson

Contact Title Grant Specialist

Mailing Address P.O. Box 1348

Street Address 31 North Pinal Street, Building A
(if different from mailing)

City/State/Zip Florence, Arizona 85132-3027

Telephone (520) 866-6012 **Facsimile** ( )

E-mail Address julie.wilson@pinal.gov

Legal Status of Applicant:

- ☐ State-Certified CHDO
- ☐ * Non-Profit (non-CHDO)
- ☑ Local Government
- ☐ Tribal government
- ☐ Council of Government
- ☐ Public Housing Authority
- ☐ State Agency

*** Private development agencies**

- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Company
- ☐ Corporation
- ☐ Individual

Federal Tax ID # 86-6000556 DUNS # 074447095/ UEI GX4FM9VQD7W3

*** Required materials: Attach articles of incorporation, by-laws, partnership agreement or other relevant entity organizational information and Certification of Good Standing from the Arizona Corporation Commission. Non-profits must also submit a copy of a recent IRS non-profit designation letter in Tab A.**

An Applicant must be an existing legal entity authorized to conduct business in Arizona. Prior to making application, both governmental and non-profit applicants must adopt a resolution of their governing board authorizing the submission of an application and acceptance of the entity's Owner-Occupied Housing Emergency Repair Guidelines (ERGs).

2.2. Location of Project

Program Service Area Unincorporated Pinal County

State and Federal Legislative Congressional Districts: *Complete district number and name of Representative*

Federal: Congressional Rep Elijah Crane, Andy Biggs District # 2, 5

State: Senator Thomas Shope

District # 7,16

Representative David Cook, Teresa Martinez

2.3. Amount of State Housing Funds Requested

Use of Funds	Grant/Loan
Owner-Occupied Housing Emergency Repair (project specific funding)	$ 225,000.00
General Administrative Funds (up to an additional 10% of line 1 above)	$ 0.00

2.4. Type(s) of Property

Check **all** that apply:

- ☑ Single family detached
- ☐ Single family attached, incl. Townhouses
- ☐ Condominium Units
- ☑ Manufactured Housing

2.5. Relocation Information

Yes	No	Maybe	
☐	☑	☐	Will this Program involve temporary relocation of homeowners? *If yes or maybe* , costs must be reflected in the Program Budget at 3.2.

2.6. Proposed Beneficiaries

NOTE: Application for funding for OOER program must serve a minimum of 3 households.

Competitive Scoring: Very-low income targeting

Targeted Populations by Income Level	State Assisted Units in Program	% of Units in Program
Households at or below 30% of AMI	2	%
Households at or below 50% of AMI	4	%
Households at or below 80% of AMI	3	%
Total Number of Units in Program	9	100 %

2.7. Priority Population Set-Asides

Complete only if the Program will specifically set-aside units for a priority population. Set-asides will be enforced through contract provisions. For a definition of qualifying populations, see description of priority populations under *Definitions,* in the *SHF Program Summary and Application Guide.*

Competitive Scoring: Priority Population targeting

Priority Population	Number of SHF Assisted Units	% of Units
Elderly (62 years of age and older)	7	77 %
Physically disabled persons *(design elements must be accommodating)*	2	23 %
Persons with HIV/AIDS		%
Families with children	1 (incl above)	%
Individuals or families with extremely low income (at or below 30%AMI)	3 (incl above)	%
UNITS NOT SET-ASIDE FOR PRIORITY POPULATIONS		%
Total Number of SHF Assisted Units in Program	9	100 %

2.8. Manufactured Housing Set Aside

Complete only if the Program will specifically set aside funding to address owner occupied Manufactured Housing units. Set-asides will be enforced through contract provisions.

Manufactured Housing	Number of SHF Assisted Units	% of Units
Number of Assisted Households residing in Manufactured Housing		%
Units that are NOT Manufactured Housing		%
Total Number of SHF Assisted Units in Program		100 %

2.9 Type of Assistance to Households

Program design includes *(Check all that apply. This should be reflected in your ERGs.)*

- ☐ **Deferred Payment (forgiveable) loans**
- ☐ **Non interest bearing loans**
- ☑ **Grants**
- ☐ **Due on Sale, Transfer or Non-Owner Occupancy**

2.10. Recapture Period

If the program will include recapture provisions, please indicate required terms, including recapture period (i.e., repayable if property sold within five (5) years of investment, or due on sale etc.).

Emergency repair program is offered as a grant and therefore recapture provisions do not apply.

2.11. Amount of Funds Invested Per Unit

Maximum amount of **total** subsidy funding (State funds *and any other public funding* available; see *Section 5.8* of the *SHF Program Summary and Application Guide;* you can go lower but NOT higher) to be invested in any one (1) unit: $ 25,000.00

Maximum amount of **State Housing Funds** to be invested in *any one (1) unit:* $ 25,000.00

2.12. Form of Ownership to be Assisted

Refer to Section 5.4 of the *SHF Program Summary and Application Guide.* Please indicate which forms of Ownership will be

Pinal County verifies ownership of properties prior to approving applications for services. Proof of ownershiip must be a Fee Simple Title. Title reports may be completed to provide proof of ownership. Properties may be encumbered by a mortgage in first position so long as a financial institution or other such mortgage company holds that mortgage.

2.14. Property Standards

☑ Properties will meet the local codes, zoning and ordinances. Applicances as applicable must be Energy Star rated. Energy efficiency improvements must meet ADOH Weatherization Standards at time of completion.

☑ In the absence of a local code for new construction or rehabilitation, properties will meet the International Building Code.

2.15. Wait List

Number of households on wait list: 66

Average length of wait for assistance (months): 36

Date waiting list commenced: 1990s

Provide a spreadsheet of income qualified households who have applied to receive assistance and the household demographics including but not limited to: name, address, household size, race, ethnicity, income, % AMI, date of income qualification, household type etc., with the OOER Market Analysis at TAB G of this application.

2.16. Program Team

Complete for each project or program team member. Identify the name of the responsible party, the years of experience that they have in this role and the date hired by the applicant. Provide support documentation (i.e. fully executed contractual agreements, personnel action forms) at TAB F. Team members identified after the application are subject to review.

Function	Name of Responsible Party	Years of Experience in Position	Hire Date	Responsible Party's Experience with Housing Rehabilitation Programs (narrative)
Project Manager	Heather Patel	21.5	05/01/20	Heather has worked with ADOH since May 200
Program Coordinator	Julie Wilson	1	01/03/23	Quadel Certified Housing Quality Standards fo
Rehab Specialist	Julie Wilson	1	01/03/23	ICC Certified Residential Building Inspector, BP
Loan Servicing Specialists				
Fiscal Manager	Heather Patel	21.5	05/01/20	Heather has worked with ADOH since May 200
Application Intake	Julie Wilson	1	01/03/23	From the National Council for Mental Health W
Homeownership and/or Housing Maintenance Counseling	Julie Wilson	1	01/03/23	From the National Council for Mental Health W
BPI Energy Auditor				
Consultants				
Other	Neoteric Builders	2021		Working with Pinal County since 2021
Other	Post and Beam Construction	2019		Working with Pinal County since 2021

2.17. Program Timeline

Applicants must provide a schedule for the Program that lists expected completion dates ("Contract Date") for the major program activities. Units can be shown as a group or listed individually in the Program Schedule (i.e. "Unit 1 – 3" or "Unit 1", "Unit 2", etc.). If the applicant receives an award, this program schedule will translate to the Schedule of Completion-Attachment B to the Funding Agreement.

Major Program Activities	Contract Date (expected completion)	Complete Yes/No	Modification Date
	Include additional copy of this chart if more room needed		
Execute Contract			
Unit # 1, 2 , 3 Project Scope Out to Bid	07/01/24		
Unit # 1, 2 , 3 Owner Acceptance of Emergency Repair Scope of Work	07/15/24		
Unit # 1, 2 , 3 Contractor Selection	07/22/24		
Unit # 1, 2 , 3 OOER Construction	08/05/24		
Unit # 1, 2 , 3 Final Inspection	09/23/24		
Unit # 1, 2 , 3 loan Closing (if applicable)	09/25/24		
Unit # 1, 2 , 3 Individual Project Close-out	09/30/24		
Unit # 4, 5, 6 Project Scope Out to Bid	10/01/24		
Unit # 4, 5, 6 Owner Acceptance of Emergency Repair Scope of Work	10/15/24		
Unit # 4, 5, 6 Contractor Selection	10/22/24		
Unit # 4, 5, 6 OOER Construction	11/04/24		
Unit # 4, 5, 6 Final Inspection	12/23/24		
Unit # 4, 5, 6 loan Closing (if applicable)	12/26/24		
Unit # 4, 5, 6 Individual Project Close-out	12/30/24		
Unit # 7, 8, 9 Project Scope Out to Bid	01/02/25		
Unit # 7, 8, 9 Owner Acceptance of Emergency Repair Scope of Work	01/16/25		
Unit # 7, 8, 9 Contractor Selection	01/20/25		
Unit # 7, 8, 9 OOER Construction	01/27/25		
Unit # 7, 8, 9 Final Inspection	03/17/25		
Unit # 7, 8, 9 loan Closing (if applicable)	03/24/25		
Unit # 7, 8, 9 Individual Project Close-out	03/31/25		
Contract Close-out	04/30/25		

3. BUDGET STATEMENTS

3.1. Program Budget Sources

Full disclosure of *all financing sources available* is required. *Letters of Commitment must be attached at Tab H.* If after submittal of the application *additional* financing sources are obtained, these sources must be immediately reported to ADOH. Additionally, ADOH may require a final uses and sources review if all sources are not firm at the time of application.

Column A	Identify **all** sources of program funding.
Column B	Include here only funding sources that are **firmly committed** at the time of application submittal.
Column C	Include here only funding sources that are **tentative (including funding requested in this application)** at the time of application submittal.
Column D	Indicate whether this commitment is a *grant* **or** a *loan* that must be repaid. All commitment letters included at *Tab H* should clearly state the *terms of repayment* of any loans.
Column E	Include date(s) other tentative funding sources were applied for.
Column F	Include the date(s) of expected award notification for other tentative funding sources.

Program Fundings

A	B	C	D	E	F
Source	**Funds Committed**	**Tentative**	**Grant or Loan**	**Date Applied**	**Date of Notification**
State Housing Funds *(Do **NOT** include general administrative funding)*		$ 225000			
1.	$	$			
2.	$	$			
3.	$	$			
4.	$	$			
Total Amount of funding ***(Total of columns B and C)***	$ 225,000.00				

3.2. Program Budget Uses

Column A If a specific use of funds is not listed, indicate the type of use in "Other" box.
Column B Indicate the amount of State Housing Funds being requested for this specific use.
Column C Indicate amount financed by all other funding sources.
Column D Indicate the total amount of columns B and C for the specified use.
Column E Spell out the source(s) name for sources indicated in column C (i.e. bank loan, CDBG)

A	B	C	D	E
Activity	**State Housing Fund**	**Other Sources**	**Total All Sources**	**Source(s)**
Site Improvements and Demolition				
On-site	$	$	$	
Landscaping	$	$	$	
Demolition	$	$	$	
Rehabilitation Costs				
Direct Construction	$ 225,000.00	$	$ 225,000.00	
Lead Paint Inspection/ Clearance	$	$	$	
Permits/Fees	$	$	$	
Other	$	$	$	
Professional Fees				
Architecture Design/ Supervision	$	$	$	
Environmental Review (if linked to a unit)	$	$	$	
Legal Fees	$	$	$	
Loan Financing Fees				
Title and Recording	$	$	$	
Credit Reports	$	$	$	
Miscellaneous Soft Costs				
	$	$	$	
	$	$	$	
Temporary Relocation				
Rent or Lodging	$	$	$	
Meals and Miscellaneous	$	$	$	
Project Specific Administration				
Application Intake	$	$	$	
Homeowner Educator	$	$	$	
Rehab Specialist	$	$	$	
BPI BA (energy auditor)	$	$	$	
Travel	$	$	$	
Other	$	$	$	
Subtotal Program Project Costs	$ 225,000.00	$	$ 225,000.00	
General Admin from 2.3.	$	$	$	
TOTALS	**$ 225,000.00**	**$**	**$ 225,000.00**	

4. STATE HOUSING FUND APPLICANT AFFIDAVIT, RELEASE AND CERTIFICATION FORM

The undersigned Applicant hereby applies to the Arizona Department of Housing, its successors and assigns (the "Department"), for a commitment of State Housing Funds. The undersigned is responsible for ensuring that the program will assist only qualified low income housing as described in the application, and will satisfy all applicable State and Federal requirements in the rehabilitation or construction to receive a commitment of State Housing Funds. The Applicant represents and certifies that the application has not requested more State Housing Funds than is necessary to provide the assistance described in this application. In planning this project or program, the Applicant certifies that it has provided for and will continue to encourage the participation of citizens, particularly persons of low income who are residents of areas in which the State Housing Funds are proposed to be used.

The Applicant understands that the Department will determine the eligibility of the project or program based, at least in part, on the information in and submitted with the application by the Applicant and the readiness of the program to proceed, as presented in the application. The Applicant is responsible for the accuracy of all information submitted. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award.

The Applicant understands and agrees that should the Department commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether State or Federal), and funding is not available as awarded, the Department shall be held harmless by the Applicant, the Applicant's investors and anyone else relying upon the commitment.

The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional requests for information from the Department as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of the Department after the date of commitment. The Applicant will give the State, the U.S. Department of Housing and Urban Development, and any State authorized representative access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

By executing this authorization and release, the Applicant does hereby authorize the Arizona Department of Housing, its successors and assigns, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the State Housing Fund program.

The Applicant certifies that there was no participation in any aspect or manner of the due diligence, compilation, preparation, or submission process relating to this Application, or the project that is the subject of this Application, by any person(s) or entity(ies) in violation of applicable State of Arizona (such as those found at A.R.S. §§ 38-501 - 38-511) or federal (such as those found at 24 CFR 92.365 relating to the administration of HOME funds or 24 CFR 570.611 relating to the administration of CDBG funds) conflict of interest laws . Should ADOH determine that such a conflict exists; the Application will be discontinued from consideration of the award at issue. Further, violations of any other applicable state or federal law will similarly result in disqualification of the Application from consideration of said award.

The Applicant agrees that the Arizona Department of Housing, its successors and assigns, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to the Department, are to the best of the Applicant's knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of State Housing Funds and to execute the proposed program.

Further, the Applicant represents that its governing body has duly adopted or passed an official act of resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representative to act in connection with the application and to provide such additional information as may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by the Department, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize the Department to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by the Department.

The Applicant has caused this document to be duly executed in its name as of this 7th day of February, 20 24.

Applicant Name: Pinal County

By: _____

(Signed by the same person who signed the Resolution)