



Completing a 523 Grant Application

SO, YOU ARE INTERESTED IN APPLYING FOR A SELF-HELP HOUSING PROGRAM, BUT DON'T KNOW WHERE TO START OR WHAT THE APPLICATION ENTAILS? THIS SESSION WILL REVIEW WHAT IS REQUIRED IN A COMPLETE GRANT APPLICATION. WE WILL LOOK AT THE APPLICATION CHECKLIST AND FORMS REQUIRED WITHIN THE 523 APPLICATION

APPLICATION PROCESSING CHECKLIST

Description of Documents	Form/ Instruction Number	Tab Position	Date Received/Comments
(1) Application for Federal Assistance Non-Construction Programs Including Intergovernmental Review Response (as available)	Form SF-424 1944.410(e)	1	
(2) Waiting List of Participants	1944.410(e)(1)	1	
(3) Proof that the participants in the first group have qualified for assistance	1944.410(e)(2)	1	
(4) Lot options for first group	1944.410(e)(3)	1	
(5) Evidence of lot availability for remaining groups	1944.410(e)(3)	1	
(6) House plans, specifications and detailed cost estimates	1944.410(e)(4)	2	
(7) Staffing needs and hiring schedule	1944.410(e)(5)	3	
(8) Authorized representative of applicant	1944.410(e)(6)	3	
(9) Budget Information –Non-Construction Programs	Form SF-424A & Budget Narrative 1944.410(e)(7)	3	
(10) Indirect or direct cost policy and proposed indirect cost rate	1944.410(e)(8)	3	
(11) Monthly activities schedule	1944.410(e)(10)	4	
(12) Personnel practices and procedures	1944.410(e)(9)	4	
(13) Authorizing resolution	1944.411(d)	5	
(14) Assurance Agreement	Form RD 400-4 1944.411(d)	5	
(15) Fidelity Bond Coverage	1944.411(e)	5	

Description of Documents	Form/ Instruction Number	Tab Position	Date Received/Comments
(16) Evidence of interest bearing checking account and a statement of interest repayment (as applicable)	1944.411(g)	5	
(17) Group and/or Participation Agreement including Exhibit B-2 of 1944-I	1944.411(h)	6	
(18) Request for Obligation of Funds	Form RD 1940-I 1944.412	7	
(19) Self-Help Technical Assistance Grant Agreement	Exhibit A of 1944-I 1944.412	7	
(20) Certification Regarding Drug- Free Workplace	Form AD-1049 RD Inst. 1940- M, §1940.606 (b)(2)	7	
(21) Certification Regarding Debarments, Suspension, and other Responsibility Matters	Form AD-1047 RD Inst. 1940- M, § 1940.606(b)(1)	7	
(22) Certification Regarding Lobbying	Exhibit A-1 of RD Inst. 1940- Q and §1940.810	7	
(23) Statement of Compliance with 2 CFR 200 Part 400 & 416 if a State or Local government; or Part 400 & 415 if a non-profit	1944.411(c)	7	
(24) Assurances – Non Construction Programs	Form SF-424B 1944.411(f)	7	
(25) Rural Development Manager's Recommendation *Do Not Pay (Checked at submission and again prior to closing)	1944.410(b) 1940-M §1940.606(b)	RD	

Description of Documents	Form/ Instruction Number	Tab Position	Date Received/Comments
(26) T&MA Contractor's Review and Recommendation	Required Under National Office Contract with T&MA Contractor	RD	
(27) National Office Review	1944.415(a)	RD	
(28) Narrative Statement (a) Amount of request (b) Areas served (c) Number of houses proposed (d) Housing conditions of low-income families (e) Need for self-help housing (f) Evidence of Community Support	1944.410(a)(4)	8	
(29) Current Financial Statements for Applicant and any Sponsor	1944.410(a)(3)	8	
(30) Outreach Plan for very low- Income	1944.410(a)(5)	8	
(31) HUD Affirmative Fair Housing Marketing Plan (AFHM)	HUD Form 935.2B 1944.410(a)(10)	8	
(32) Determination of TA Grant Amount	1944.407	8	
(33) Intergovernmental Review Submittal	1944.409	8	
(34) Civil Rights Impact Analysis Certification	Form RD 2006-38 2006-P, §2006.754(b)	RD	

Description of Documents	Form/ Instruction Number	Tab Position	Date Received/Comments
(35) Compliance Review (Pre-award)	Form RD 400-8 RD Inst. 1901-E, §1901.204(a) & § 1901.204 (c)(3)	8	
(36) OGC Review (if necessary)	1944.410(b)(2)	RD	
(37) Previous Experience	1944.410(a)(1)	N/A	
(38) Organizational Papers (a) Reference to State Law (b) Certified copies 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 non-Profit	1944.410(a)(2) 1944.404(d) (1-4)	N/A	

Applicants and existing Self-Help grantees applying for a new grant should submit their applications in an original and one copy containing the above applicable items to the Technical and Management Assistance (T&MA) Contractor for review. The T&MA contractor will make a recommendation and submit the package to the State Office within 15 calendar days. Within thirty (30) days of the agency's receipt of the application, the designated official will review the application for completeness, accuracy and conformance to program policy and regulations. The designated official should then make a recommendation and forward along with a copy of the grantee's package to the National Office.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

_____ USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Instructions for SF-424

1. Type of Submission (REQUIRED)
 - Preapplication
 - Application
 - Changed/Corrected Application
 - Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2. Type of Application (REQUIRED)
 - New
 - Continuation
 - An extension for an additional funding/budget period for a projected with a projected completion date. This can include renewals.
 - Revision
 - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
 - If a revision, enter the appropriate letter (s). More than one may be selected.
 - If "Other" is selected, please specify in text box provided.
3. Date Received (LEAVE BLANK)
4. Applicant Identifier (LEAVE BLANK)
- 5a. Federal Entity Identifier (LEAVE BLANK)
- 5b. Federal Award Identifier
 - For a new application (LEAVE BLANK)
 - For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number.
 - If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
6. Date Received by State (LEAVE BLANK)
7. State Application Identifier (LEAVE BLANK)
8. Applicant Information
 - a. Legal Name (REQUIRED)
 - b. Employer/Taxpayer Number (EIN/TIN) (REQUIRED)
 - c. Organizational DUNS (REQUIRED)
 - d. Address (REQUIRED)
 - e. Organization Unit (IF APPLICABLE)
 - f. Name and contact information of person to be contacted on matters involving this applicant (REQUIRED)
9. Type of Applicant (REQUIRED)

Please read selections carefully.

 - M. Nonprofit with 501 c 3 IRS Status (other than higher education)
 - N. Nonprofit without 501 c 3 IRS Status (other than higher education)

10. Name of Federal Agency (REQUIRED)
USDA / Rural Housing Services
11. Catalog of Federal Domestic Assistance Number / Title (REQUIRED)
10 - 420 / Rural Self-Help Housing Technical Assistance
12. Funding Opportunity Number / Title (REQUIRED)
10 - 420 / Rural Self-Help Housing Technical Assistance
13. Competition Identification Number / Title (LEAVE BLANK)
14. Areas Affected by Projected
List cities, counties, states, etc.
15. Descriptive Title of Applicant's Project (REQUIRED)
 - Enter a brief descriptive title of the project.
 - Attach a map showing project location
 - For preapplication
 - Attach a summary description of the project.

Example of description:

Section 523 Mutual Self-Help Technical Assistance Grant from USDA/RHS to construct 20 single family homes using the mutual self-help method over a two-year period.

16. Congressional Districts (REQUIRED)
 - 16a. Enter the applicant's Congressional District
 - 16b. Enter all District(s) affected by the program or project.

Note: Enter in the following format:

2 characters State Abbreviation - 3 characters District Number.

Example: FL-016 (for Florida 16th District)

17. Proposed Project Start and End Dates (REQUIRED)
18. Estimated Funding (REQUIRED)
19. Application Subject to Review by State Under Executive Order 12372 Process? (REQUIRED)
20. Is the Applicant Delinquent on any Federal Debt? (REQUIRED)
21. Authorized Representative (REQUIRED)

Note: A copy of the governing body's authorization for you to sign this application as the official representative must be submitted as part of the application.

HOUSE PLANS

House plans are required for every family you will have in the each group. A complete set of house plans consists of the plans and blueprints (including a foundation plan, floor plan, cross section, front and rear elevations, and right and left side elevations), specifications (which include a Description of Materials- Form (1924-2) that can be obtained from the county office); and detailed cost estimates. (Blank 1924-2 attached)

Codes and Standards

Local and state building codes set the minimum for acceptable material and construction standards for structural integrity, plumbing, heating, electrical installation, windows and ventilation, and safety issues.

You do need to research building codes for each group due to the fact that each community has their own unique house design regulations, building codes do change, and the setback requirements can differ from site to site.

As well as conforming to state and local building codes, follow Rural Developments standards. These standards require the adherence to their thermal performance standards (1924-A, Exhibit D) and the dwelling must be affordable to the family, not have a pool, and contain no income producing facilities.

Obtaining House Plans

There are several ways to obtain house plans. One of the easiest is to go to your local building supplier and pick up some house plan books. Usually inside the book they list a place you can call to ask questions about certain plans or to order blueprints. Another tactic of obtaining house plans is to go to your local Rural Development office and talk to the Community Development Manager. Ask if he/she can give you names, address and phone numbers of architects that have drawn approve able blueprints in your area. Many of these architects are very familiar with Rural Development and their requirements.

Cost of obtaining plans and what plans to obtain

Another item to take into consideration is the cost of obtaining the house plans. All options should be carefully checked out to determine which is the better deal. At the very minimum, blueprints should be made up of 5 pages: the first page being a foundation plan, then floor plan; cross section; front and rear elevations and left and right side elevations. Other pages may consist of electrical, plumbing and mechanical plans. The more information you have on your plans the easier it will be to get them approved.

Standardize Plans

When obtaining house plans, self-help organizations should standardize the plans as much as possible. For example, the cabinet and kitchen arrangement in the houses can be standardized, as can the size and arrangement of the bathroom. The purpose of standardization is two fold: 1.) The cost estimate and use of materials in the houses will remain the same and 2.) The construction supervisor and participant families will become familiar with the plans during construction. It is not recommended that a sponsor offer families a large variety of plans to choose from. It is better to limit the plans offered to a reasonable number. For example, it is recommended that self-help grantees provide a limited selection of four basic plans in order to simplify the management required to operate a successful program. These four basic plans should be of varying living areas and varying number of bedrooms, depending on the sizes that the grantee finds most in demand based on a survey of the target area. Keep in mind that house plans should be prepared in advance of the formation of the first group of self-help families. After a family has chosen a particular house design, copies of the blueprints should be given to: Rural Development in the 502 application; the local building official when applying for a building permit; the construction supervisor (who will be in charge of the construction of the house); and the family file in the sponsor's office.

How many copies will you need?

You will need four copies of the house plans. One copy will go to Rural Development in the applicant's 502 loan application; one will be needed in the local building office when applying for a building permit; the construction supervisor will need a copy with which to build; and one needs to be kept in the family's file in your office.

DETAILED COST ESTIMATES

STREET ADDRESS _____

Job No. _____

1. Land	0
2. Fees & Overhead	0
3. Site Preparation	0
4. Foundation	0
5. Rough Carpentry & Lumber	0
6. Exterior Doors & Windows	0
7. Exterior Trim & Cornice	0
8. Roofing & Sheet Metal	0
9. Rough Hardware	0
10. Masonry	0
11. Insulation	0
12. Drywall and/or Lath & Plaster	0
13. Interior Trim & Millwork	0
14. Floors	0
15. Miscellaneous Metal	0
16. Mirrors	0
17. Ceramic Tile	0
18. Finish Hardware	0
19. Appliances & Equipment	0
20. Painting & Decoration	0
21. Heating	0
22. Electrical Work	0
23. Plumbing	0
24. Driveway, Walks, Patios, Fences & Site Improvements	0
25. Miscellaneous Labor & Materials	0
26. Landscaping	0
GRAND TOTAL	0

Proposed Construction

DESCRIPTION OF MATERIALS

No. _____
(To be inserted by Agency)

Under Construction

Property address _____ City _____ State _____

Mortgagor or Sponsor _____
(Name) _____ (Address)

Contractor or Builder _____
(Name) _____ (Address)

INSTRUCTIONS

1. For additional information on how this form is to be submitted, number of copies, etc., see the instructions applicable to the FHA Application for Mortgage Insurance, VA Request for Determination of Reasonable Value or other, as the case may be

2. Describe all materials and equipment to be used, whether or not shown on the drawings, by marking an X in each appropriate check-box and entering the information called for in each space. If space is inadequate enter "See misc," and describe under item 27 or on an attached sheet. THE USE OF PAINT CONTAINING MORE THAN THE PERCENT OF LEAD BY WEIGHT PERMITTED BY LAW IS PROHIBITED

3. Work not specifically described or shown will not be considered unless

required, then the minimum acceptable will be assumed. Work exceeding minimum requirements cannot be considered unless specifically described.

4. Include no alternates, "or equal" phrases, or contradictory items. (Consideration of a request for acceptance of substitute materials or equipment is not thereby precluded.)

5. Include signatures required at the end of this form.

6. The construction shall be completed in compliance with the related drawings and specifications, as amended during processing. The specifications include this Description of Materials and the applicable building code

1. EXCAVATION:
Bearing soil, type _____

2. FOUNDATIONS:
Footings: concrete mix _____, strength psi _____ Reinforcing _____
Foundation wall: material _____ Reinforcing _____
Interior foundation wall: material _____ Party foundation wall _____
Columns: material and sizes _____ Piers: material and reinforcing _____
Girders: material and sizes _____ Sills: material _____
Basement entrance araway _____ Window araways _____
Waterproofing _____ Footing drains _____
Termite protection _____
Basementless space: ground cover _____, insulation _____, foundation vents _____
Special foundations _____
Additional information _____

3. CHIMNEYS:
Material _____ Prefabricated (make and size) _____
Flue lining: material _____ Heater flue size _____ Fireplace flue size _____
Vents (material and size): gas or oil heater _____, water heater _____
Additional information _____

4. FIREPLACES:
Type solid fuel, gas-burning, circulator (make and size) _____ Ash dump and clean-out _____
Fireplace: Facing _____, lining _____, hearth _____, mantel _____
Additional information _____

5. EXTERIOR WALLS:
Wood frame: wood grade, and species _____ Corner bracing Building paper or felt _____
sheathing _____, thickness _____, width _____ solid, space _____ o.c.; diagonal, _____
Siding _____, grade _____, type _____, size _____; exposure _____; fastening _____
Shingles _____, grade _____, type _____, size _____; exposure _____; fastening _____
Stucco _____, thickness _____; Lath _____, weight _____ lb
Masonry veneer _____ Sills _____ Lintels _____ Base flashing _____
Masonry: solid faced stuccoed, total wall thickness _____; facing thickness _____; facing material _____
Backup material _____; thickness _____; bonding _____
Door sills _____ Window sills _____ Lintels _____ Base flashing _____
Interior surfaces: dampproofing, _____ coats of _____; furring _____
Additional information _____

Exterior painting: material _____, number of coats _____
Gable wall construction: same as main walls, other construction _____

6. FLOOR FRAMING:
Joists: wood, grade, and species _____; other _____, bridging _____, anchors _____
Concrete slab: basement floor, first floor, ground supported, self-supporting, mix _____, thickness _____
reinforcing _____; insulation _____; membrane _____
Fill under slab, material _____, thickness _____; Additional information _____

7. SUBFLOORING: (Describe underflooring for special floors under item 21.)
Material: grade and species _____, size _____, type _____
Laid: first floor, second floor attic _____ sq ft, diagonal, right angles Additional information _____

8. FINISH FLOORING: (Wood only. Describe other finish flooring under item 21.)

LOCATION	ROOMS	GRADE	SPECIES	THICK- NESS	WIDTH	BLDG. PAPER	FINISH
First floor							
Second floor							
Attic floor							

Additional information _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

9. PARTITION FRAMING:

Studs wood, grade, and species _____ size and spacing _____ Other _____

Additional information _____

10. CEILING FRAMING:

Joists wood, grade, and species _____ Other _____ Bridging _____

Additional information _____

11. ROOF FRAMING:

Rafters wood, grade, and species _____ Roof trusses (see detail) grade and species _____

Additional information _____

12. ROOFING:

Sheathing wood, grade, and species _____ solid spaced _____ " O C

Roofing _____, grade _____, size _____, type _____

Underlay _____, weight or thickness _____, size _____, fastening _____

Built-up roofing _____, number of plies _____, surface material _____

Flashing material _____, gage or weight _____ gravel stops, snow guards

Additional information _____

13. GUTTERS AND DOWNSPOUTS:

Gutters material _____, gage or weight _____, size _____, shape _____

Downspouts material _____, gage or weight _____, size _____, shape _____, number _____

Downspouts connected to: Storm sewer, sanitary sewer, dry-well Splash blocks material and size _____

Additional information _____

14. LATH AND PLASTER:

Lath walls, ceilings material _____, weight or thickness _____ Plaster coats _____, finish _____

Dry-wall walls, ceilings material _____, thickness _____, finish _____

Joint treatment _____

15. DECORATING: (Paint, wallpaper, etc.)

ROOMS	WALL FINISH MATERIAL AND APPLICATION	CEILING FINISH MATERIAL AND APPLICATION
Kitchen _____	_____	_____
Bath _____	_____	_____
Other _____	_____	_____

Additional information _____

16. INTERIOR DOORS AND TRIM:

Doors type _____, material _____, thickness _____

Door trim type _____, material _____ Base type _____, material _____, size _____

Finish doors _____, trim _____

Other trim (item, Type and location) _____

Additional information _____

17. WINDOWS:

Windows type _____, make _____, material _____, sash thickness _____

Glass grade _____ sash weights, balances, type _____, head flashing _____

Trim type _____, material _____ Paint _____, number coats _____

Weatherstripping, type _____, material _____ Storm sash, number _____

Screens full, half-, type _____, number _____, screen cloth material _____

Basement windows: type _____, material _____, screens, number _____, Storm sash, number _____

Special windows _____

Additional information _____

18. ENTRANCES AND EXTERIOR DETAIL:

Main entrance door: material _____, width _____, thickness _____, Frame: material _____, thickness _____

Other entrance doors: material _____, width _____, thickness _____, Frame: material _____, thickness _____

Head flashing _____ Weatherstripping: type _____, saddles _____

Screen doors: thickness _____, number _____, screen cloth material _____ Storm doors: thickness _____, number _____

Combination storm and screen doors: thickness _____, number _____, screen cloth material _____

Shutters: hinged, fixed Railings _____, Attic louvers _____

Exterior millwork: grade and species _____ Paint _____, number coats _____

Additional information _____

19. CABINETS AND INTERIOR DETAIL:

Kitchen cabinets, wall units: material _____, lineal feet of shelves _____, shelf width _____

Base units: material _____, counter top _____, edging _____

Back and end splash _____ Finish of cabinets _____, number coats _____

Medicine cabinets: make _____, model _____

Other cabinets and built-in furniture _____

Additional information _____

20. STAIRS:

STAIR	TREADS		RISERS		STRINGS		HANDRAIL		BALUSTERS	
	Material	Thickness	Material	Thickness	Material	Thickness	Material	Thickness	Material	Thickness
Basement _____										
Main _____										
Attic _____										

Disappearing make and model number _____

Additional information _____

21. SPECIAL FLOORS AND WAINSCOT: (Describe carpet as listed in Certified Products Directory.)

Floors	Location	Material, Color, Border, Sizes, Gage, Etc	Threshold Material	Wall Base Material	Underfloor Material
	Kitchen				
Bath					
Wainscot	Location	Material, Color, Border, Sizes, Gage, Etc	Height	Height Over Tub	Height in Showers (From Floor)
	Bath				

Bathroom accessories Recessed, material _____, number _____, Attached, material _____, number _____

Additional information: _____

22. PLUMBING

Fixture	Number	Location	Make	Mfr's Fixture Identification No	Size	Color
Sink						
Lavatory						
Water closet						
Bathtub						
Shower over tub						
Stall shower						
Laundry trays						

A Curtain rod A Door Shower pan material _____

Water supply: public, community system, individual (private) system *

Sewage disposal: public, community system, individual (private) system *

* Show and describe individual system in complete detail in separate drawings and specifications according to requirements.

House drain (inside): cast iron, tile, other _____ House sewer (outside) cast iron, tile, other _____

Water piping: galvanized steel, copper tubing, other _____ Still cocks, number _____

Domestic water heater: type _____, make and model _____, heating capacity _____

_____ gph 100' rise. Storage tank material _____, capacity _____ gallons

Gas service: utility company, liq pet gas, other _____ Gas piping: cooking, house heating

Footing drains connected to storm sewer, sanitary sewer, dry well Sump pump, make and model _____

_____, capacity _____, discharges into _____

23. HEATING

Hot water, Steam, Vapor, One-pipe system, Two-pipe system

Radiators, Convectors, Baseboard radiation. Make and model _____

Radiant panel: floor, wall, ceiling Panel coil material _____

Circulator, Return pump Make and model _____, capacity _____ gpm

Boiler: make and model _____ Output _____ Btuh, net rating _____ Btuh

Additional information: _____

Warm air: Gravity, Forced. Type of system _____

Duct material supply _____ return _____ Insulation _____, thickness _____ Outside air intake.

Furnace: make and model _____ Input _____ Btuh, output _____ Btuh

Additional information: _____

Space heater, floor furnace, wall heater Input _____ Btuh, output _____ Btuh; number units _____

Make, model _____ Additional information: _____

Controls: make and types _____

Additional information: _____

Fuel: Coal, oil, gas, liq pet gas, electric, other _____; storage capacity _____

Additional information: _____

Firing equipment furnished separately: Gas burner, conversion type Stoker, hopper feed bin feed

Oil burner: pressure atomizing, vaporizing _____

Make and model _____ Control _____

Additional information: _____

Electric heating system: type _____ Input _____ watts, @ _____ volts, output _____ Btuh

Additional information: _____

Ventilating equipment: attic fan, make and model _____, capacity _____ cfm

Kitchen exhaust fan, make and model _____

Other heating, ventilating, or cooling equipment _____

24. ELECTRIC WIRING:

Service: overhead, underground Panel: fuse box, circuit-breaker, make _____ AMP's _____ No. circuits _____

Wiring: conduit, armored cable, nonmetallic cable, knob and tube, other _____

Special outlets: range, water heater, other _____

Doorbell, Chimes Push-button locations _____ Additional information: _____

25. LIGHTING FIXTURES:

Total number of fixtures ⁰ _____ Total allowance for fixtures, typical installations, \$ _____

Nontypical installation _____

Additional information: _____

26. INSULATION:

Location	Thickness	Material, Type, and Method of Installation	Vapor Barrier
Roof			
Ceiling			
Wall			
Floor			

27. MISCELLANEOUS: (Describe any main dwelling materials, equipment, or construction items not shown elsewhere; or use to provide additional information where the space provided was inadequate. Always reference by item number to correspond to numbering used on this form.)

HARDWARE: (make, material, and finish.)

SPECIAL EQUIPMENT: (State material or make, model and quantity. Include only equipment and appliances which are acceptable by local law, custom and applicable FHA standards. Do not include items which, by established custom, are supplied by occupant and removed when he vacates premises or chattels prohibited by law from becoming realty.)

PORCHES:

TERRACES:

GARAGES:

WALKS AND DRIVEWAYS:

Driveway width _____; base material _____, thickness _____; surfacing material _____, thickness _____

Front walk width _____; material _____, thickness _____; Service walk width _____; material _____, thickness _____

Steps material _____; treads _____; risers _____; Check walls _____

OTHER ONSITE IMPROVEMENTS:

(Specify all exterior onsite improvements not described elsewhere, including items such as unusual grading, drainage structures, retaining walls, fence, railings, and accessory structures.)

LANDSCAPING, PLANTING, AND FINISH GRADING:

Topsoil _____" thick front yard side yards, rear yard to _____ feet behind main building

Lawns (seeded, sodded, sprigged): front yard _____; side yards _____; rear yard _____

Planting as specified and shown on drawings, as follows

_____ Shade trees, deciduous _____" caliper _____ Evergreen trees _____, to _____', B & B

_____ Low flowering trees, deciduous _____, to _____' _____ Evergreen shrubs _____ to _____', B & B

_____ High-growing shrubs, deciduous _____, to _____' _____ Vines, 2-years _____

_____ Medium-growing shrubs, deciduous _____, to _____' _____

_____ Low-growing shrubs, deciduous _____, to _____' _____

IDENTIFICATION. This exhibit shall be identified by the signature of the builder, or sponsor, and/or the proposed mortgagor if the latter is known at the time of application.

Date _____ Signature _____

Signature _____

STAFFING NEEDS AND HIRING SCHEDULE

Having a good program, a sound budget, and a committed Board is only part of the equation. Your self-help organization also needs qualified and motivated staff. If you are building a new program, you need to address several personnel issues. These issues include determining staffing needs, developing job descriptions, developing personnel policies, and recruiting the staff.

You are required to describe your proposed hiring schedule, and availability of prospective employees. You are also required to include complete job descriptions and resumes of the persons selected to fill each position for the grant.

Hiring Schedule

A hiring schedule is required to be included in the final application. This schedule should include all of the positions that you plan to pay out of the self-help housing grant funds. Indicate which of those positions have already been filled and the anticipated hiring dates of the remaining positions. Indicate whether these individuals will work full or part time.

Availability of Prospective Employees

In order to prove to Rural Development that there are potential candidates whom you intend to hire, include the resume and a letter of commitment from the candidate. If your organization decides to wait until the grant is approved before interviewing and choosing applicants, include a description of how to find needed staff and a brief report on available personnel in your area.

Traditional Self-Help Staff Positions

A typical small self-help organization traditionally employs the following staff:

- Executive Director or Project Director: This person has the responsibility of running and managing the self-help housing program.
- Group Coordinator: This staff member recruits the families; screening them for the program, counseling and training them, helping them to fill out the required forms, etc.
- Secretary/Bookkeeper: This person has the important responsibility of record keeping for both the 523 Grant funds and the family 502 loan accounts, in addition to other duties.

In initial staffing you may want to use the traditional self-help positions. However, each organization has its own unique program goals and objectives. Tailor the tasks and skills of each position to your program.

DEVELOPING JOB DESCRIPTIONS

When you face the task of developing job descriptions, focus on the goals and objectives of the program, then determine the asks and activities required to achieve those goals. Determine the length of time needed to complete each task, and the skills required by each task. Then develop a list of staff positions and the tasks to be completed by each position. At that point it is easier to make the decision on whether that position needs to be full time, etc. After conducting a salary survey (if one is needed) set salary ranges for each position. Then you can develop an organizational chart clarifying the decision-making process.

The following is a list of major Self-Help Tasks. This list can be used as a starting ground to help you decide who will be responsible for each task.

- Overall program oversight
- Supervision and coordination of personnel
- Management of day-to-day operations
- Locate land for the program
- Identify and secure funds for program operations
- Recruitment of families
- Assist with application and closing
- Coordinate and conduct preconstruction meetings
- Counsel families with budget or financial problems
- Recruitment presentations to the local community
- 502 loan accounting
- 523 grant accounting
- Approval and check authorization
- General office and clerical duties
- Preparation of quarterly, monthly and year end state and federal departments
- Maintain administrative records (leave, mileage, time, etc.)

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

SAMPLE TWO YEAR BUDGET

Projected Two Year Budget Worksheet

	<u>12 Months</u>	<u>12 Month</u>	<u>24 Months</u>
<i>Salaries</i>			
Executive Director	\$29,900.00	\$31,395.00	\$61,295.00
Program Director			
Secretary/Bookkeeper	\$22,000.00	\$23,100.00	\$45,100.00
Construction Supervisor	\$26,000.00	\$27,300.00	\$53,300.00
Group Coordinator	\$20,000.00	\$21,000.00	\$41,000.00
<i>Total Salaries</i>	\$97,900.00	\$102,750.00	\$200,695.00
<i>Fringes</i>			
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	\$9,500.00	\$9,500.00	\$19,000.00
<i>Total Fringes</i>	\$22,389.00	\$22,760.00	\$45,149.00
<i>Non-Personnel</i>			
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	\$5,500.00	\$4,800.00	\$10,300.00
<i>Total Operations</i>	\$28,000.00	\$26,155.00	\$54,155.00
<i>Total Operating Expenses</i>	\$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 be full-time. The budget includes funds for an increase of 5% effective the second year of the grant.

FRINGES: FICA is based on a rate of 7.65% x total salaries
Worker's Comp Insurance is based on 0.25% for clerical employees and at 10.08% for the construction employees.
Unemployment Compensation is based on the present rate of 1.83% for salaries.
Medical/health insurance for the four full time employees is expected to cost a total of \$9,500 per year. We feel the full time employees should be provided with health care benefits since they have very little long term job security and no retirement benefits except social security.

TRAVEL: Our travel mileage reimbursement of .36¢ per mile for local travel does not exceed the approved government rate. 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 trainings. The amounts included are only estimates as no knowledge is available at this time regarding the number, length or location of conferences.

RENT: Rental estimate 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.

SUPPLIES: This item will allow for the purchase of miscellaneous office supplies and equipment such as paper, pens, pencils, ledger sheets, staplers, calculators and used desks, chairs, filing cabinets, etc.

EQUIPMENT:
Equipment and tools - Will allow for the purchase of power saws, electric drills, saws, step ladders, wheel barrows, staple guns, tape measures, etc. to be used by the participating families.
Non-expendable equipment and tools - we have established a cost per item of \$100 or more for non expendable personal property. This item will allow for the purchase of two typewriters, one table saw, two extension ladders, scaffolding, one miter box saw and other items that may be needed.

EQUIPMENT

MAINTENANCE: This item will allow for repair of equipment, furniture and tools.

**EQUIPMENT
LEASE/RENT:**

This item will allow for the lease of a copier for use in the office, as well as periodic rental of construction equipment, i.e., a generator, a heater.

TELEPHONE/POSTAGE: This will allow for the installation of 4 telephone instruments on two lines and for necessary monthly and toll charges. Calls to many suppliers in this area, RD and the regional contractor are toll calls. This will also include the cost for internet access.

The postage will be used for mailing agency and families's checks, reports, etc.

INSURANCE: This will allow for limited general liability insurance, which will include board liability and for coverage on construction and office equipment. Costs are based on discussions with local agents. A Surety bond is also included in this item.

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.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)			
a. Personnel	\$	\$	\$	\$	\$	0.00
b. Fringe Benefits						0.00
c. Travel						0.00
d. Equipment						0.00
e. Supplies						0.00
f. Contractual						0.00
g. Construction						0.00
h. Other						0.00
i. Total Direct Charges (sum of 6a-6h)		0.00	0.00	0.00	0.00	0.00
j. Indirect Charges						0.00
k. TOTALS (sum of 6i and 6j)	\$	0.00	0.00	0.00	0.00	0.00
7. Program Income	\$	\$	\$	\$	\$	0.00

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$ 0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

Authorized for Local Reproduction

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 be full-time. The budget includes funds for an increase of 5% effective the second year of the grant.

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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 trainings. The amounts included are only estimates as no knowledge is available at this time regarding the number, length or location of conferences.

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EQUIPMENT:

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Non-expendable equipment and tools - we have established a cost per item of \$100 or more for non expendable personal property. This item will allow for the purchase of two typewriters, one table saw, two extension ladders, scaffolding, one miter box saw and other items that may be needed.

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INSURANCE: This will allow for limited general liability insurance, which will include board liability and for coverage on construction and office equipment. Costs are based on discussions with local agents. A Surety bond is also included in this item.

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.

INDIRECT OR DIRECT COST POLICY AND PROPOSED

INDIRECT COST RATE

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.

If 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, 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.

Critical Path Construction Schedule

Task #	Task Title	Time Frame	Proposed Start Date	Actual Start Date	Proposed End Date	Actual End Date
1	Select paint, roof, shutters and plumbing colors	1-2 days				
2	Obtain permits, order framing materials and trusses	1-2 days				
3	Clear, fill & grade	2-4 days				
4	Lot Stakeout	2-4 days				
5	Order Outside Toilet & Temporary Electric	2-4 days				
6	Well dug or Tap-in completed	5-7 days				
7	Dig footings & tie steel	7-14 days				
8	Pour footings	7-14 days				
9	Termite Treatment & Rough Plumbing	5-10 days				
10	Footing inspection	2-4 days				
11	Order plumbing fixture, roofing, siding, windows & doors	2-4 days				
12	Subflooring	5-10 days				
13	Framing exterior and interior walls, place trusses & roofing	30-45 days				
14	HVAC prep & rough-in	7-10 days				
15	Plumbing rough-in	7-10 days				
16	Electric rough-in	7-10 days				
17	Rough-In inspection	1-2 days				
18	Order insulation, drywall, interior trim, paint, cabinets, counter tops, fixture & hardware	1-2 days				
19	Wall insulation	5-10 days				
20	Drywall & Finish	15-30 days				
21	Install windows & exterior doors	7-10 days				
22	Ceiling insulation	10-15 days				
23	Install tubs & enclosures	3-7 days				
24	Exterior siding	20-40 days				
25	Interior trim & doors	10-15 days				
26	Interior Prime & Paint	7-14 days				
27	Install cabinets & counters	5-7 days				
28	Finish plumbing	5-7 days				
29	Finish electric	5-7 days				
30	Finish HVAC	5-7 days				
31	Finish hardware	5-7 days				
32	Rough clean	1-2 days				
33	Floor coverings	5-10 days				
34	Install appliances	1-2 days				
35	Finish clean & touch-up	2-4 days				
36	Grading, paving, landscaping	5-8 days				
37	Final Inspection	2-4 days				

PERSONNEL POLICIES AND PROCEDURES

A copy of your current personnel policy (or new policy if you are a new organization) is required to be included with your final application. These procedures must be in compliance with federal, state, and local laws that effect employees.

Personnel forms also need to be included in your application. This would include such items as time sheets, travel advance requests, mileage forms, and leave requests among others.

Some examples of items to address:

Exempt and Non-Exempt

HATCH Act (if applicable)

Drug Free Workplace

Davis/Bacon if appropriate

DOL wage and hourly

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 application for \$_____ 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 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

ASSURANCE AGREEMENT
(Under Title VI, Civil Rights Act of 1964)

The _____
(name of recipient)

(address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. § 1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. § 14.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
 - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
 - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
 - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U. S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
 - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
 - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
 - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
 - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
 - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof, _____ on this
(name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(SEAL)

Recipient

Date

Attest: _____
Title

Title

FIDELITY BOND

A Fidelity Bond offers an employer protection against losses that are caused by their employees' fraudulent or dishonest actions. This form of insurance can protect against monetary or physical losses. The Bond coverage can include fraudulent trading, theft and forgery.

Despite its name, a Fidelity Bond is solely an insurance policy and neither tradable nor can it accrue interest. Specialized forms of Fidelity Bonds may cover particular instances. This form of insurances is considered a component of a company's risk management strategy.

RD's Self-Help Program requires a Fidelity Bond for the Grantees and RD's protection.

REQUEST FOR OBLIGATION OF FUNDS

INSTRUCTIONS-TYPE IN CAPITALIZED ELITE TYPE IN SPACES MARKED () Complete Items 1 through 29 and applicable Items 30 through 34. See FMI.			
1. CASE NUMBER ST CO BORROWER ID		LOAN NUMBER	FISCAL YEAR
2. BORROWER NAME SELF-HELP HOUSING, INC.		3. NUMBER NAME FIELDS (1, 2, or 3 from Item 2)	
1 MAIN STREET SEBRING		4. STATE NAME FLORIDA	5. COUNTY NAME HIGHLANDS COUNTY
GENERAL BORROWER/LOAN INFORMATION			
6. RACE/ETHNIC CLASSIFICATION 1 - WHITE 2 - BLACK 3 - ASIAN 4 - HISPANIC 5 - API	7. TYPE OF APPLICANT 1 - INDIVIDUAL 2 - PARTNERSHIP 3 - CORPORATION 4 - PUBLIC BODY 5 - ASSOC. OF FARMERS 6 - ORG. OF FARMERS 7 - NONPROFIT-SECULAR 8 - NONPROFIT-FAITH BASED 9 - INDIAN TRIBE 10 - PUBLIC COLLEGE/UNIVERSITY 11 - OTHER		8. COLLATERAL CODE 1 - REAL ESTATE SECURED 2 - REAL ESTATE AND CHATTEL 3 - NOTE ONLY OR CHATTEL ONLY 4 - MACHINERY ONLY 5 - LIVESTOCK ONLY 6 - CROPS ONLY 7 - SECURED BY BONDS 8 - RLF ACCT
10. SEX CODE 1 - MALE 2 - FEMALE 3 - FAMILY UNIT 4 - ORGAN MALE OWNED 5 - ORGAN FEMALE OWNED 6 - PUBLIC BODY	11. MARITAL STATUS 1 - MARRIED 2 - SEPARATED 3 - UNMARRIED (INCLUDES WIDOWED/DIVORCED)	12. VETERAN CODE 1 - YES 2 - NO	9. EMPLOYEE RELATIONSHIP CODE 1 - EMPLOYEE 2 - MEMBER OF FAMILY 3 - CLOSE RELATIVE 4 - ASSOC
14. DIRECT PAYMENT (See FMI)	15. TYPE OF PAYMENT 1 - MONTHLY 2 - ANNUALLY 3 - SEMI-ANNUALLY 4 - QUARTERLY	16. FEE INSPECTION 1 - YES 2 - NO	13. CREDIT REPORT 1 - YES 2 - NO
17. COMMUNITY SIZE 1 - 10,000 OR LESS (FOR SFH AND HPG ONLY) 2 - OVER 10,000		18. USE OF FUNDS CODE (See FMI)	
COMPLETE FOR OBLIGATION OF FUNDS			
19. TYPE OF ASSISTANCE (See FMI)	20. PURPOSE CODE	21. SOURCE OF FUNDS	22. TYPE OF ACTION 1 - OBLIGATION ONLY 2 - OBLIGATION/CHECK REQUEST 3 - CORRECTION OF OBLIGATION
23. TYPE OF SUBMISSION 1 - INITIAL 2 - SUBSEQUENT	24. AMOUNT OF LOAN		25. AMOUNT OF GRANT
26. AMOUNT OF IMMEDIATE ADVANCE	27. DATE OF APPROVAL MO DAY YR	28. INTEREST RATE %	29. REPAYMENT TERMS
COMPLETE FOR COMMUNITY PROGRAM AND CERTAIN MULTIPLE-FAMILY HOUSING LOANS			
30. PROFIT TYPE 1 - FULL PROFIT 2 - LIMITED PROFIT 3 - NONPROFIT			
COMPLETE FOR EM LOANS ONLY		COMPLETE FOR CREDIT SALE-ASSUMPTION	
31. DISASTER DESIGNATION NUMBER (See FMI)		32. TYPE OF SALE 1 - CREDIT SALE ONLY 2 - ASSUMPTION ONLY 3 - CREDIT SALE WITH SUBSEQUENT LOAN 4 - ASSUMPTION WITH SUBSEQUENT LOAN	
FINANCE OFFICE USE ONLY		COMPLETE FOR FP LOANS ONLY	
33. OBLIGATION DATE MO DA YR		34. BEGINNING FARMER/RANCHER (See FMI)	

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

Position 2

ORIGINAL - Borrower's Case Folder COPY 1 - Finance Office COPY 2 - Applicant/Lender COPY 3 - State Office

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0061 and 0570-0062. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the 15-working-day loan closing requirement may be exceeded for the purposes of the applicant's legal representative completing title work and completing loan closing.

35. COMMENTS AND REQUIREMENTS OF CERTIFYING OFFICIAL

36. I HEREBY CERTIFY that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in or near my community for loans for similar purposes and periods of time. I agree to use the sum specified herein, subject to and in accordance with regulations applicable to the type of assistance indicated above, and request payment of such sum. I agree to report to USDA any material adverse changes, financial or otherwise, that occur prior to loan closing. I certify that no part of the sum specified herein has been received. I have reviewed the loan approval requirements and comments associated with this loan request and agree to comply with these provisions.

(For FP loans at eligible terms only) If this loan is approved. I elect the interest rate to be charged on my loan to be the lower of the interest rate in effect at the time of loan approval or loan closing. If I check "NO", the interest rate charged on my loan will be the rate specified in Item 28 of this form. _____ YES _____ NO

WARNING: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Date _____, 20 _____

(Signature of Applicant)

Date _____, 20 _____

(Signature of Co-Applicant)

37. I HEREBY CERTIFY that all of the committee and administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

(Signature of Approving Official)

Typed or Printed Name: _____

Date Approved: _____

Title: _____

38. TO THE APPLICANT: As of this date _____, this is notice that your application for financial assistance from the USDA has been approved, as indicated above, subject to the availability of funds and other conditions required by the USDA. If you have any questions contact the appropriate USDA Servicing Office.

SELF-HELP TECHNICAL ASSISTANCE GRANT AGREEMENT

THIS GRANT AGREEMENT dated _____, 2019, is between _____ a nonprofit corporation, organized and operating under _____ and the United States of America acting through Rural Development, Department of Agriculture.

In consideration of financial assistance in the amount of \$_____ (called "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 providing 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.

Definitions:

"Date of Completion" means the date when all work under a grant is completed or the date in the TA Grant Agreement, or any supplement or amendment thereto, on which Federal assistance ends.

"Disallowed costs" are those charges to a grant which the Rural Development determines cannot be authorized.

"Grant Closeout" is the process by which the grant operation is concluded at the expiration of the grant period or following a decision to terminate the grant.

"Termination" of a grant means the cancellation of Federal assistance, in whole or in part, under a grant at any time prior to the date of completion.

Terms of agreement:

- (a) This Agreement shall terminate **two (2)** years from this date unless extended or sooner terminated under paragraphs (e) and (f) of this Agreement.
- (b) Grantee shall carry out the self-help housing activity described in the application docket which is attached to and made a part of this Agreement. Grantee will be bound by the conditions set forth in the docket, 7 CFR Part 1944, Subpart I, and the further conditions set forth in this Agreement. If any of the conditions in the docket are inconsistent with those in the Agreement or Subpart I of Part 1944, the latter will govern. A waiver of any condition must be in writing and must be signed by an authorized representative of Rural Development.
- (c) Grantee shall use grant funds only for the purposes and activities specified in Rural Development regulations and in the application docket approved by Rural Development including the approved budget. Any uses not provided for in the approved budget must be approved in writing by Rural Development in advance.
- (d) If Grantee is a private nonprofit corporation, expenses charged for travel or per diem will not exceed the rates paid Rural Development employees for similar expenses. If Grantee is a public body, the rates will be those that are allowable under the customary practice in the government of which Grantee is a part; if none are customary, the Rural Development rates will be the maximum allowed.
- (e) Grant closeout and termination procedures will be as follows:
 - (1) Promptly after the date of completion or a decision to terminate a grant, grant closeout actions are to be taken to allow the orderly discontinuation of Grantee activity.
 - (i) Grantee shall immediately refund to Rural Development any uncommitted balance of grant funds.
 - (ii) Grantee will furnish to Rural Development within 90 days after the date of completion of the grant a "Financial Status Report", Form SF-269A. All financial, performance, and other reports required as a condition of the grant will also be completed.
 - (iii) Grantee shall account for any property acquired with technical assistance (TA) grant funds, or otherwise received from Rural Development.
 - (iv) After the grant closeout, Rural Development retains the right to recover any disallowed costs which may be discovered as a result of any audit. RD Instruction 1944-I Exhibit A Paragraph (e)

(2) When there is reasonable evidence that Grantee has failed to comply with the terms of this Agreement, the State Director may determine Grantee as "high risk". A "high risk" Grantee will be supervised to the extent necessary to protect the Government's interest and to help Grantee overcome the deficiencies.

(3) Grant termination will be based on the following:

(i) Termination for cause. This grant may be terminated in whole, or in part, 90 days after a Grantee has been classified as "high risk" if the State Director determines that Grantee has failed to correct previous deficiencies and is unlikely to correct such items if additional time is allowed. The reasons for termination may include, but are not limited to, such problems as:

(A) Actual TA costs significantly exceeding the amount stipulated in the proposal.

(B) The number of homes being built is significantly less

(C) The cost of housing not being appropriate for the self-help program.

(D) Failure of Grantee to only use grant funds for authorized purposes.

(E) Failure of Grantee to submit adequate and timely reports of its operation.

(F) Failure of Grantee to require families to work together in groups by the mutual self-help method in the case of new construction.

(G) Serious or repetitive violation of any of the provisions of any laws administered by Rural Development or any regulation issued under those laws.

(H) Violation of any nondiscrimination or equal opportunity requirement administered by Rural Development in connection with any Rural Development programs.

(I) Failure to establish an accounting system acceptable to Rural Development. (11-15-90) SPECIAL PN RD Instruction 1944-I Exhibit A Page 4

(J) Failure to serve very low-income families.

(K) Failure to recruit families from substandard housing.

(ii) Termination for convenience. Rural Development or Grantee may terminate the grant in whole, or in part, when both parties agree that the continuation of the project would not produce beneficial results commensurate with the further expenditure of funds. The two parties shall agree upon the termination conditions, including the effective date and, in case of partial termination, the portion to be terminated.

(4) To terminate a grant for cause, Rural Development shall promptly notify Grantee in writing of the determination and the reasons for and the effective date of the whole or partial termination. Grantee will be advised of its appeal rights under 7 CFR Part 1900, Subpart B.

(f) An extension of this grant agreement may be approved by Rural Development provided in its opinion, the extension is justified and there is a likelihood that the grantee can accomplish the goals set out and approved in the application docket during the period of the extension.

(g) Grant funds may not be used to pay obligations incurred before the date of this Agreement. Grantee will not obligate grant funds after the grant termination or completion date.

(h) As requested and in the manner specified by Rural Development, the grantee must make quarterly reports, Exhibit C of this subpart (on 1/15, 4/15, 7/15 and 10/15 of each year), and a financial status report at the end of the grant period, and permit on-site inspections of program progress by Rural Development representatives. Rural Development may require progress reports more frequently if it deems necessary. Grantee must also comply with the audit requirements found in 1944.422 of Subpart I of 7 CFR Part 1944, if applicable. Grantee will maintain records and accounts, including property, personnel and financial records, to assure a proper

accounting of all grant funds. These records will be made available to Rural Development for auditing purposes and will be retained by grantee for three years after the termination or completion of this grant.

(i) Acquisition and disposal of personal, equipment and supplies should comply with Subpart R of 7 CFR Part 3015 and Subpart C of 7 CFR Part 3016. RD Instruction 1944-I Exhibit A Page 5

(j) Results of the program assisted by grant funds may be published by Grantee without prior review by Rural Development, provided that such publications acknowledge the support provided by funds pursuant to the provisions of Title V of the Housing Act of 1949, 42 U.S.C. 1471, *et seq.*, and that five copies of each such publication are furnished to the local representative of Rural Development.

(k) Grantee certifies that no person or organization has been employed or retained to solicit or secure this grant for a commission, percentage, brokerage, or contingent fee.

(l) Grantee shall comply with all civil rights laws and the Rural Development regulations implementing these laws.

(m) In all hiring or employment made possible by or resulting from this grant, Grantee: (1) will not discriminate against any employee or applicant for employment because of race, religion, color, sex, marital status, national origin, age, or mental or physical handicap, and (2) will take affirmative action to insure that applicants are employed, and that employees are treated during employment without regard to their race, religion, color, sex, marital status, national origin, or mental or physical handicap. This requirement shall apply to, but not be limited to, the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In the event Grantee signs a contract which would be covered by any Executive Order, law, or regulation prohibiting discrimination, Grantee shall include in the contract the "Equal Employment Clause" as specified by Rural Development.

(n) It is understood and agreed by Grantee that any assistance granted under this Agreement will be administered subject to the limitations of Title V of the Housing Act of 1949 as amended, 42 USC 1471 *et seq.*, and related regulations, and that rights granted to Rural Development in this Agreement or elsewhere may be exercised by it in its sole discretion to carry out the purposes of the assistance, and protect Rural Development's financial interest.

(o) Grantee will maintain a code or standards of conduct which will govern the performance of its officers, employees, or agents. Grantee's officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from suppliers, contractors, or others doing business with the grantee. To the extent permissible by State or local law, rules, or regulations such standards will provide for penalties, sanctions, or other disciplinary actions to be taken for violations of such standards.

(p) Grantee shall not hire or permit to be hired any person in a staff position or as a participant if that person or a member of that person's immediate household is employed in an administrative capacity by the organization, unless waived by the State Director. (For the purpose of this section, the term "household" means all persons sharing the same dwelling, whether related or not).

(q) Grantee's board members or employees shall not directly or indirectly participate, for financial gain, in any transactions involving the organization or the participating families. This includes activities such as selling real estate, building material, supplies, and services.

(r) Grantee will retain all financial records, supporting documents, statistical records, and other records pertinent to this agreement for 3 years, and affirms that it is fully aware of the provisions of the Administrative Remedies for False Claims and Statements Act, 31 USC 3801, et seq.

By _____
(Signature)

(Title)
Authorized Representative

By _____
(Signature)

(Title)
USDA Rural Development

LETTER OF CONDITIONS – APPLICATION REVIEW

Grantee Name and Address

Re: Self-Help Technical Assistance Grant {AMOUNT}

Dear {CONTACT PERSON}:

A review has been made of the items submitted in connection with your application for a Section 523 Mutual Self-Help grant to your organization. Based on your submittal of items required listed under 7 CFR 1944.410(e)(1) through (10), your application package is determined complete and grant approval can be considered.

This letter establishes conditions which must be understood and agreed to before your grant is approved. The amount of this grant is based upon the construction of {PROPOSED NUMBER OF HOUSES TO BE BUILT} houses. Please provide the following information to Rural Development within 30 days so that your grant can be approved. The items are as follows:

1. A signed statement from the Board of Directors stating the applicant has or can hire, or contract directly or indirectly with qualified people to carry out its responsibilities in administering the grant.
2. Provide a copy of the resolution adopted by (The Board of Directors or other Governing Body if public body) authorizing the appropriate official to execute Exhibit A, "Self-Help Technical Assistance Grant Agreement" of 7 CFR Part 1944, subpart I and Form RD 400-4, "Assurance Agreement".
3. Provide a completed SF-424B, "Assurances Non-Construction Programs," agreeing to establish a recordkeeping system that a certified public accountant will certify as meeting the requirements of the Grant Agreement.
4. By grant closing, {UNLESS EXEMPTED BY 2 CFR 200 §200.305(8)} you must establish an interest bearing checking account on which two or more bonded employees will sign checks. Any interest earned in excess of \$500 annually must be submitted to Rural Development quarterly. (The use of minority depository institutions is encouraged.)
5. Provide a copy of the agreement which will be signed by you and the self-help participants setting forth exactly what is expected of each and incorporates Exhibit B-2 of 7 CFR Part 1944, subpart I, clearly showing what labor tasks are required by the participating families.
6. Certify on Exhibit A of 1940-Q and §1940.810 (certification regarding lobbying) that you comply with the provisions therein.

7. Certify by signing Form AD-1049, "Certification Regarding Drug-Free Workplace" and Form AD-1047, "Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions" that you will comply with the provisions of 2 CFR Part 200 Part 400 & 416 if a State or Local government; or Part 400 & 415 if a non-profit. Provide a copy of the statement given all employees in accordance with Appendix C of that part. All persons/entities doing business with you must sign AD-1048, "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions".
8. You are encouraged to utilize the Technical and Management Assistance Regional Contractor ({INSERT NAME AND ADDRESS}) for any needed technical assistance in complying with these requirements.
9. {ADD ANY ADDITIONAL REQUIREMENTS}

[Note: If the grant will be closed 'subject to' any item(s) the final LOC should begin with the following language instead of the above.]

A review has been made of the items submitted in connection with your application for a Section 523 Mutual Self-Help grant to your organization. Based on your submittal of items required listed under 7 CFR 1944.410(e)(1) through (10), your application package is determined complete and the amount of this grant is based upon the construction of {PROPOSED NUMBER OF HOUSES TO BE BUILT} has been approved.

This letter establishes conditions which must be understood and agreed to in conjunction with the grant requirements outlined in 1944-I Exhibit A 'Self-Help Technical Assistance Grant Agreement.' This grant is being closed subject to the following conditions which, if not met, may result in the denial of grant draw request and potential termination of the grant:

1. {LIST CONDITIONS WITH TIMEFRAMES FOR COMPLETION.}

If you have any questions concerning these conditions, please contact Rural Development for assistance at {SERVICING OFFICE TELEPHONE NUMBER}.

Sincerely,

Rural Development Authorized Official

Attachments

cc: Appropriate T&M Contractor
Appropriate Rural Development Offices



**Certification Regarding Drug-Free Workplace Requirements (Grants)
Alternative I – For Grantees Other Than Individuals**

AD-1049

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing §§ 5151-5160 of the Drug-Free Workplace Act of 1998 (Pub. L. 100-690, Title V, Subtitle D: 41 U.S.C. § 8101 et seq.), and 2 C.F.R. Parts 182 and 421. The regulations were amended and published on June 15, 2009, in 74 Fed. Reg. 28150-28154 and on December 8, 2011, in 76 Fed. Reg. 76610-76611. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

(Read instructions on page three before completing certification.)

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
 - a. The dangers of drug abuse in the workplace;
 - b. The grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace.
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph A.1.
4. Notifying the employee in the statement required by paragraph A.1 that, as a condition of employment under grant, the employee will –
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph A.4.b from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph A.4.b, with respect to any employee who is so convicted –
 - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or, local health, law enforcement, or other appropriate agency;

7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A.1 through A.6.

3. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE (*Street Address, City, County, State, Zip Code*)

Check if there are workplaces on file that are not identified here.

ORGANIZATION NAME

PR/AWARD NUMBER OR PROJECT NAME

NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)

SIGNATURE(S)

DATE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint \(https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer\)](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.



Certification Regarding Debarment, Suspension, and Other Responsibility Matters AD-1047
Primary Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. § 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

(Read instructions on page two before completing certification.)

- A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and
 4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)	
SIGNATURE(S)	DATE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint \(https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer\)](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

CERTIFICATION FOR CONTRACTS, GRANTS AND LOANS

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant or loan, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including contracts, subcontracts, and subgrants under grants and loans) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(name)

(date)

(title)

oOo

STATEMENT OF COMPLIANCE with 2 CFR 200 PART 400 &

416 if STATE or LOCAL GOVERNMENT Part 400 & 415 if a NON-PROFIT

Include a statement indicating your agency will comply with 2 CFR 200 Part 400 & 416 if a State or Local government or Part 400 & 415 if a non-profit.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.





PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE 
APPLICANT ORGANIZATION 	DATE SUBMITTED 

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

1. This amount should reflect the amount of 523 Funds your agency is proposing to request

(b) Area to be served

1. Is the town, city or county eligible according to RD regulations?
2. What is the area like?
 - a) Maps
 - b) Population
 - c) Housing statistics
 - d) growth in the area
 - e) high occurrence of substandard housing

(c) Number of houses proposed

(d) Housing Conditions of low-income families

1. Indicate the housing conditions in the area where you plan to build; examples: overcrowding, substandard housing, lack of affordable housing, etc.

(e) Need for the program

1. Why do families need self-help housing?

The following items identifies a need for self-help housing:

- a) housing conditions
- b) cost of new housing
- c) vacancy rate
- d) income level of target population
- e) property conditions
- f) family size and ownership patterns
- g) cost of rental units
- h) public housing and housing assistance in area

(f) Evidence of Community Support

Include letters of support from members of the community. Several examples of potential sources are listed below:

1. local businesses
2. banks
3. churches
4. community service agencies
5. health department
6. sheriff's department
7. legislatures representing your proposed service area
8. school board officials
9. mayor

(G) 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:

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) Prepared by accountant
- (b) No more than 12 months old
- (c) Must be dated and signed

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

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 very-low income families

RD requires that a minimum of 40% of the applicants will be very-low income

SAMPLE CONTACT LETTER

Rural Development, Inc.

P.O. Box 30

80 Canal Street

Turner's Falls, MA 01376

Telephone: (413) 863-9781

Dear RD mortgage applicants;

Since you are on the waiting list for a 502 loan, you may be interested in the advantages of the self-help housing program after reading the enclosed flyer.

Some advantages are: The value of your labor can be as much as \$15,000 to \$20,000! Your new home will save you money in heat and energy efficiency! You have priority status over others on the waiting list! You'll have fun, gain confidence as a homeowner! You'll learn a lot about building! So, come to an informal information meeting to talk about how the self-help housing program works.

Learn about self-help housing. The next information meeting will be March 1st at 7:00 pm at the Franklin County Regional Housing Authority; 80 Canal Street; Turners Falls. Please call ahead to let us know if you plan to attend.

Affirmative Fair Housing Marketing (AFHM) Plan - Single Family Housing

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0013
(exp. 12/31/2016)

1a. Applicant's Name, Address (including City, State & Zip code) & Phone Number	1c. Development Number	1d. Number of Units
	1e. Price Range From \$ _____ To \$ _____	1f. Type of Housing <input type="checkbox"/> Development <input type="checkbox"/> Scattered Site
	1g. Approximate Starting Dates (mm/dd/yyyy) Advertising _____ Occupancy _____	

1b. Development's Name, Location (including City, State and Zip code)	1h. Housing Market Area	1i. Census Tract
	1j. Sales Agent's Name & Address (including City, State and Zip Code)	

2. Type of Affirmative Marketing Area (check all that apply) <input type="checkbox"/> White (non-minority) Area <input type="checkbox"/> Minority Area <input type="checkbox"/> Mixed Area (with _____ % minority residents)	3. Direction of Marketing Activity (Indicate which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts) <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Families with Children <input type="checkbox"/> Other _____ Specify _____ (e.g. specific ethnic group, religion, etc.)
--	---

4a. Marketing Program: Commercial Media (Check the type of media to be used to advertise the availability of this housing)

Newspapers/Publications Radio TV Billboards Other (specify) _____

Name of Newspaper, Radio or TV Station	Group Identification of Readers/Audience	Size/Duration of Advertising

4b. Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster

(1) Will brochures, letters, or handouts be used to advertise? Yes No If "Yes", attach a copy or submit when available.

(2) For development site sign, indicate sign size _____ x _____; Logo type size _____ x _____. Attach a photograph of sign or submit when available.

(3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the Sales Office Real Estate Office Model Unit Other (specify) _____

4c. Marketing Program: Community Contacts. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below which are located in the housing market area. If more space is needed, attach an additional sheet. Notify HUD-Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

Name of Group/Organization	Group Identification	Approximate Date (mm/dd/yyyy)	Person Contacted (or to be Contacted)
Address & Phone Number	Method of Contact	Indicate the specific function the Group/Organization will undertake in implementing the marketing program	

5. Reserved

6. **Experience and Staff Instructions** (See instructions)

6a. Staff has affirmative marketing experience.
 No Yes

6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

7. **Additional Considerations** Attach additional sheets as needed.

8. Compliance with AFHM Plan Regulations: By signing this form, the applicant agrees to ensure compliance with HUD's Affirmative Fair Housing Marketing Regulations (24 CFR 200.620).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Company

For HUD-Office of Housing Use Only	For HUD-Office of Fair Housing and Equal Opportunity Use Only
Approved _____ Disapproved _____ (Check One)	
Signature & Date (mm/dd/yyyy)	Signature & Date (mm/dd/yyyy)
Name (type or print)	Name (type or print)
Title	Title

Attachment 1
RD AN No. 4828 (1944-1)

Requested Grant Amount \$500,000 (\$23,810 X 21 = \$500,010)

Method A		Method B
Equivalent Value of modest homes built in area-	\$ 160,000	Average mortgage of participating families \$134,000 minus \$1000
Number of homes built under the grant proposal-	21	
Max allowed TA cost per house-	\$ 24,000	
Requested TA per house-	\$ 23,810	
Actual Percentage of equivalent value-	14.88%	

(TA cost equivalent per unit of no more than 15% of modest home built in area)

Calculation A		Calculation B	
Grant amount	\$ 500,000	Average Mortgage of families	\$134,000
No. of homes built	$\div 21$		
Requested TA amount	23,810 *		
EV modest home built in area	\div \$ <u>160,000</u>		
Percentage of equivalent value	14.88%		
EV modest home built in area	\$160,000	EV of modest home built in area	\$160,000
15% of EV	$\times 15\%$		\$ 26,000
Maximum allowed TA cost	\$24,000		<u>-\$134,000 (Avg Mtg)</u>
			\$ 26,000
			<u>-\$ 1,000</u>
			\$ 25,000 (Difference)*

*The requested TA amount of (\$23,810) does not exceed the difference (\$25,000) between EV of modest home and Average Mortgage of participating families.

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:

- i. 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
- ii. 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