

# RHP- Test - RHP- Test

## Application Details

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**Funding Opportunity:** 28172-Recovery Housing Program  
**Funding Opportunity Due Date:** Dec 19, 2022 4:00 PM  
**Program Area:** Recovery Housing Program (RHP)  
**Status:** Editing  
**Stage:** Final Application

**Initial Submit Date:**  
**Initially Submitted By:**  
**Last Submit Date:**  
**Last Submitted By:**

## Contact Information

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### Primary Contact Information

**Name:** Dr. Sample T Tester  
Salutation First Name Middle Name Last Name

**Title:**

**Email\*:** jmatthews@nhcdfa.org

**Address\*:** 123 Sample Address

Concord New Hampshire  
City State/Province

**County:** Merrimack

**City Outside NH:** Enter City name if 'Other-not in NH' is selected above 03301  
Postal Code/Zip

**Phone\*:** (999) 999-9999 Ext.  
Phone  
###-###-####

**Fax:** ###-###-####

**alternate phone number:**

**alternate phone type:**

## Organization Information

**Name\*:** New Hampshire Community Development Finance Authority  
**Organization Type\*:** Non Profit / 501C3  
**Tax Id:** 11-111111  
**Organization Website:** http://www.nhcdfa.org  
**Fiscal Year End:**  
**Address\*:** 14 Dixon Avenue, Suite 102

Concord New Hampshire 03301-  
City State/Province Postal Code/Zip  
**Phone\*:** (603) 226-2170  
###-###-####

**City Outside NH:** Enter City name if 'Other-not in NH' is selected above Ext.

**County:** Merrimack

**Fax:** (603) 226-2816  
###-###-####

This information will be used to notify the A.O on issues relating to the application and/or grant.

**Authorized Official\*:** Dr. A.O

**Authorized Official Email** Drao@nhcdfa.org

**Address\*:**

The Unique Entity ID is assigned automatically to entities when they request a Unique Entity ID or register on SAM.gov. Need a UEI, Click here for more information.

**UEID:**  
KCDNZ2XYHPE4

**Executive Council District\*:** District 2 - Councilor Cinde Warmington

## Project Information - RHP

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**Recovery Housing Program  
(RHP) request amount\*:**

**Subapplicant Name (must be a  
Non-Profit):**

**Subapplicant Contact Person:**

**Subapplicant Phone Number:**

**Subapplicant Address:**

City  
State

Zip Code

**Subapplicant email address:**

Don't have a DUNS #? [Click here to apply.](#)

**Duns Number:**

**TIN Number:**

**Project Address:**

:

:

**County:**

County

City

State

Zip

Link for Census Tract and Block Group numbers:

[US Census Bureau](#) .

**Census Tract:**

**Block Group (if applicable):**

**Grant Subcategory Under Which**

**Funds are Requested:**

**Proposed Number of**

**Beneficiaries :**

**Proposed Number of Low-Mod**

**Income Beneficiaries:**

**Percentage of LMI for Project:**

**Proposed number of new beds**

**this project will create:**

***Eligible Activities and Funding***

**Eligible Activity 1:**

**Eligible Activity 2:**

**Eligible Activity 3:**

**Project Narrative- RHP**

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**Executive Summary**

Note: 6000 character limit

**What is the nature of need in this project's region for Recovery Housing and the need for this project?\***

## **Project Implementation**

Note: 9000 character limit.

**Indicate the total number of new beds your project will add the inventory in your region. Also, explain how the project will assist individuals in recovery to transition to permanent housing\*:**

## **Project Readiness**

**Is the project ready to be implemented? Please explain what efforts toward implementation have been made on the proposed project, as well as any actions that would increase the project's impact or which would quickly move the project forward once the grant is approved. See Cdfa 310.12 (j) or (n) for additional details. Include attachments in the attachments section.\*:**

## **Questions Specific to Recovery Housing that Align with Scoring**

Note: 6000 character limit.

**NH recovery housing prioritizes projects that are located in geographies with the highest need in a specific service area. Please describe where your proposed project is located and what community supports are located close proximity to your project location. 1. List services and distance from recovery housing location a. Recovery services b. Housing services c. Transportation d. Job placement and support e. Childcare f. Social connectivity\*:**

Is or does your organization plan to be a CORR certified recovery house?\*

Note: 6000 Character Limit

Please describe your project's current or proposed relationship with NHCORR.\*:

## Implementation Schedule

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### *Implementation Schedule*

Activity	Start Date	Status	Completion Date
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No Data for Table

## Administrative Costs

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### *Salaries and Benefits*

Row	Name	% on Project *	RHP	Non-RHP**
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### *Grant Administrator (Consultant)*

Row			RHP	Non-RHP
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Grant Administrator

### *Operations*

**Row**

**RHP**

**Non-RHP**

Rent

Telephone

Utilities

Supplies

Equipment \*\*\*

Printing

Advertising

Travel

Legal

Audit

Other

Grant Writing Fee

## Budget

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### ***Column Definition***

Enter the Column Names to define the budget column headings.

**Other 1:**

**Other 2:**

**Other 3:**

**Other 4:**

**Other 5:**

### ***Sources and Uses***

Row	RHP	Other 1	Other 2	Other 3	Other 4	Other 5	Total
Acquisition							
Site Improvements							
Construction							
Architectural/Engineering							
Professional Fees							
Construction Financing							
Permanent Financing							
Soft Costs							
Reserves							
Leasehold Improvements							
Training							
Equipment/Furnishings							
Residential Rehabilitation							
Residential Rehabilitation Specialist							
Other							
RHP Admin Costs							

**Sources**

Row	RHP	Other 1	Other 2	Other 3	Other 4	Other 5	Total
Sources Committed							
Sources Pending							

## Budget Description

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Please describe the budget line items.

Project Costs are reasonable – RHP funds that are intended to be used for housing and public facility projects in New Hampshire must meet a basic minimum underwriting standard which is based on HUD’s minimum standards for investments. Please include a narrative that compares the proposed costs with costs of comparable projects and industry standards.

Substitution for other funds: RHP funds shall not be substituted for other available funding. Please explain why RHP is needed and what efforts were undertaken to identify other funding sources.

Note: 5000 character limit.

**Budget Description\*:**

## Threshold Instructions and Checklist

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# Statutory Requirements (All RHP Applications)

## Part I – Public Noticing Requirements

If the answer is yes, Parts I – V below will need to be filled out for both communities (See Joint Applicant Threshold component)

**Ten-calendar-day notice period met\*:**

**Published in a newspaper of general circulation\*:**

**Electronic or scanned tear sheet is uploaded\*:**

**Documentation that Public Notice was posted in three public places is uploaded \*:**

**Documentation includes dates and places posted\*:**

**Documentation is signed and dated by municipality\*:**

**Held prior to governing body's final action regarding the filing of the application\*:**

Public Notice states:

**Specific grounds for the public hearing\*:**

**Date of the public hearing\*:**

**Time of the public hearing \*:**

**Location of the public hearing \*:**

## Part II – Public Hearing Requirements

**Minutes of public hearing are uploaded\*:**

**Handout was made available (and noted in minutes)\*:**

**General explanation of RHP was given (and noted in minutes) \*:**

**Views of the Citizens were solicited (and noted in minutes)\*:**



**Range of possible community development activities were described (and noted in minutes)\*:**

**Amount of funds available was stated (and noted in minutes)\*:**

**Submittal of RHP application for proposed project was approved (and noted in minutes)\*:**

**Chief Executive Officer (or designee) was authorized to execute any and all documents related to this RHP project\*:**

### **Part III – Application Certification and HUD Disclosure Report**

**Application Certification Form complete, signed, and uploaded\*:**

**HUD Disclosure Report complete, signed, and uploaded\*:**

**Will project have a negative environmental impact on the project area? If yes, please contact CDFA immediately to discuss. (603) 226-2170.\*:**

### **Part IV – Residential Antidisplacement and Relocation Assistance Plan (RARA)**

**Plan submitted and uploaded\*:**

**Certification of compliance with the Uniform Relocation Act (URA) and Section 104(d) of the Act, as amended\*:**

**Minutes of the hearing at which the Plan was adopted are uploaded\*:**

### **Part V – Housing and Community Development Plan (HCDP)**

**Current (HCDP) is uploaded and is less than three years old \*:**

**Plan is referenced in the narrative of the application\*:**

**Plan identifies community development and housing needs which currently exist or are anticipated to exist in the next three years\*:**

**Plan identifies short- and long-term objectives which are consistent with federal and state objectives\*:**

**Plan states that as a matter of policy, the municipality will minimize the involuntary displacement of households from their neighborhoods\*:**

**Minutes of the hearing at which the Plan was adopted are uploaded\*:**

**Statutory public hearing requirements have been met\*:**

**Statutory public notice requirements have been met\*:**

**Date HCD Plan was adopted/readopted:**

## Thresholds Attachments

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Named Attachment	File Required Description Name Type Size	Upload Date
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1. A PDF of the original newspaper tear sheet, evidencing the newspapers name and date published
2. Documentation that the Public Notice has been posted in three (3) places within the community (or proposed project area if County is applying), and names of posted areas listed, signed and dated by municipality
3. Minutes of public hearing
4. City Council Resolution (referenced in minutes)
5. Copies of Intergovernmental Agreements related to the application, that addresses which municipality will be administering the grant if awarded .

*On March 14, 1991 HUD published in the Federal Register a final rule entitled, "Accountability in the Provision of HUD Assistance." This final rule implements Section 102 of the HUD Reform Act of 1989. Section 102 contains provisions to ensure greater accountability in the way in which HUD funds are made available. Subpart C of 24 CFR Part 12 requires applicants for state administered CDBG funds to make a number of disclosures if they meet a certain dollar threshold for the receipt of assistance that is covered by this rule. Who is Covered? All applicants for CDBG funds must complete and submit to CDFA with their applications, Parts I and II of the Disclosure Report. Some applicants will find that they have to complete the remaining parts of the Report. Full Disclosure Reports must be made by the following: \* Any applicant applying for more than \$200,000 of CDBG funds; or \* Any applicant applying for less than \$200,000 of CDBG funds, but has received or could receive other federal assistance which when added to the CDBG funds exceeds \$200,000.*

6. Completed HUD Disclosure Form 2880
7. Adopted RARA Plan
8. Current HCD Plan less than 3 years old
9. Most recent Audit from Grantee
10. Most recent Audit from Subrecipient
11. Department of Environmental Services Violation Determination for all water and sewer
12. Environmental Exempt Form (recommended)
13. Operating Budget - Current FY (include FY start and end dates)
14. Operating Budget-to-Actual Previous year
15. Most Recent Financial Statement either (1) Audited Financial Statement (required for all organizations with annual op budget over \$1,000,000) (2) Reviewed/Compiled Statement (required for all organizations with annual operating budget between \$500,000 and \$1,000,000) (3) IRS Form 990 (required for all organizations that do not have an Audited, Reviewed or Compiled Financial Statement)
16. Management Prepared Financial Statements Current FY including Balance Sheet, Profit and Loss, Cash Flow (except for planning grants)

**Named Attachment****Required Description Name Type Size Date**

17. Non profit articles of agreement and by-laws (non profit affordable housing development and non profit owner occupied service facility)
18. For new housing projects provide a 10 year Financial Proforma
19. Cost estimates Indicating the percentage of funds to be used for single family owner occupied rehabilitation; or
20. 20 year lease agreement with public service providers for a center/facility project and an operating budget of the service providers indicating long term viability
21. Map of proposed service area and project location
22. Detailed Project Budget (Sources and Uses)
23. Proposed Operating Budget - Post Project Completion
24. Evidence that matching funds are committed
25. Compliance Checklist completed
26. Environmental Exempt Form (recommended)

## Joint Applicant Threshold Checklist

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**Statutory public notice requirements have been met\*:**

**Date HCD Plan was adopted/readopted :**

## Municipal Certification

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To the best of my knowledge, the data in this application is true and correct, and this application submittal has been authorized by the governing body of the municipality. The municipality will comply with all federal and state laws, rules, regulations and

requirements, including those in PART Cdfa 300 - CDBG Administrative Rules.

Furthermore, I certify that:

**The municipality affirmatively furthers fair and affordable housing; and Where applicable, the proposed project is consistent with the municipal master plan, the Housing and Community Development Plan (HCDP), the Residential Antidisplacement & Relocation Assistance (RARA) Plan and that all planning and zoning requirements have been met; and Where applicable, the municipality shall provide adequate funds to operate and maintain the public facility or improvement after the completion of the project.**

**Certification\*:**

**Name of Designated**

**CEO/Authorized Official\*:**

**Title of Designated CEO\*:**

**PDF of Signed Municipal CEO**

**Certification\*:**