

GWINNETT COUNTY HOUSING AUTHORITY
RFP# - 2023-01

2023 APPLICATION CYCLE

GWINNETT COUNTY HOUSING AUTHORITY

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2023 Request For Proposals

INTRODUCTION

Gwinnett County Housing Authority (GCHA) is making available funds to nonprofit organizations providing valuable housing-related services in Gwinnett. All 501(C)(3) nonprofit corporations that have an audited financial statement from the prior calendar year and have experience administering projects in Gwinnett County designed to serve designated needs in the low income housing arena are invited to make application for all or a portion of these funds. Verifiable 501(C)(3) status and an audited financial statement are required. GCHA hereby requests qualified agencies to submit their funding proposals by April 15, 2023.

Please note: **Incomplete applications will not be considered for funding; be sure to complete all sections of the application and provide all requested documentation.**

AVAILABLE FUNDING

The GCHA is considering issuing grants in a collective amount of up to \$300,000 during calendar year 2023 to be awarded in a competitive manner to eligible nonprofits.

This funding is subject to availability. Your submission of an application does not guarantee funding. The GCHA will consider all completed applications submitted, but is under no obligations to award any grants. Costs associated with application preparation shall be the sole responsibility of the Applicant.

MINIMUM ELIGIBILITY REQUIREMENTS

- a. The application must be submitted by, or on behalf of, a nonprofit agency requesting funds to undertake eligible activities. Applicants must be a 501(C)(3) nonprofit corporation in good standing with the state of Georgia and have an audited financial statement from the prior calendar year and have experience administering projects in Gwinnett County designed to serve designated needs in the low income housing arena.
- b. 100% of total expenditures of grant proceeds must benefit low to moderate-income persons within Gwinnett County.
- c. Proposed projects must address the program priorities outlined in the *Program Priorities* section below.

GCHA STRATEGIC PRIORITIES TO BE ADDRESSED BY POTENTIAL GRANT

1. Homelessness Reduction

- a. Advocacy and outreach
- b. Emergency shelter (motel vouchers)
- c. Rapid re-housing (motel to permanent housing)
- d. Homelessness Prevention (rental assistance)
- e. Operations

2. Transitional Housing

- a. Temporary housing (6-24 months) using a Housing First model
- b. Operations

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3. Homeownership

- a. Down payment assistance
- b. New construction & Acquisition/Rehabilitation
- c. Operations

REQUIRED APPLICATION CONTENTS

The following information is required in each application and should be submitted and tabbed as follows:

Tab A. Cover Sheet

General information about the Applicant.

Tab B. Application Submission Requirements

This checklist on page 7 outlines the minimum submission requirements, along with the associated required documentation that must accompany the application.

Tab C. Project Details

This section should include all the specifications of the proposed project which must include:

Program Description — the overall purpose of the project and how it addresses the GCHA program priorities.

Implementation Schedule—the project implementation schedule identifies the timeline for all major activities planned.

Tab D. Beneficiaries

This section includes information about the area and population to be served, including the method for determining income eligibility of the population to be served.

Proposed Need

This section presents questions to identify the need or problem to be addressed by the proposed project. Also, this section should include methods used to identify the need. Include specifics as to documentation used and meetings held to assess the needs.

Tab E. Goals and Objectives

This section identifies the goals and objectives. Identify at least one (1) objective for each identified need/problem. Identify the activities to be conducted to achieve the stated goals and objectives. Identify how the expected outcomes would be measured. Lastly, identify any collaboration activities with other agencies to address the identified need.

Performance—Reporting, Monitoring, & Record Keeping: The GCHA will require agencies to provide data and information for the submission of quarterly, and annual reports pertaining to the administration and expenditure of GCHA-funded activities.

Tab F. Sustainability

Budget Description—in this section, answer key questions related to the Applicant's overall budget and financial readiness.

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Project Staffing—This section identifies the program staffing for the proposed project, including current employees, new hires, and volunteers to be utilized in any capacity of the project.

Tab G. Proposed Project Budget Summary

Show the budget outlining the total expenses for the proposed project, including source and amount of leveraged funds/matching funds (in-kind donations or service costs).

Collaboration and Resource Leveraging— Collaboration and resource leveraging represents the resources the proposing agency will bring to the project to supplement the funds being requested. Collaboration/resource leveraging can be in the form of monetary resources or in-kind services. Please include other resources in the budget summary.

SUBMITTAL INSTRUCTIONS

Provide one (1) **ORIGINAL UNBOUND HARD COPY AND one (1) DIGITAL COPY (flash drive only)** of your complete GCHA application with attachments. All entities must meet the requirements outlined in this application.

Applications must be submitted by US Mail or other common carrier or by hand delivery to the GCHA at the offices of its counsel at the following address no later than Wednesday, April 15, 2023, at 5:00 PM. Incomplete applications and applications that fail to include both a paper copy and a digital copy on a flash drive will not be considered. Any application received after this stated deadline, even if postmarked prior to the deadline, will not be considered.

Office/Mailing Address

The Housing Authority of Gwinnett County
Attention: Steven Pickens
Mahaffey Pickens Tucker, LLP
1550 N Brown Rd, Suite 125
Lawrenceville, GA 30043

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TAB A - COVER SHEET

1. Legal Name of Applicant	
2. Mailing Address	
3. Telephone Number	
4. Facsimile Number	
5. Applicant Website Address	
6. How long has the Applicant served Gwinnett County residents?	
7. Date of 501(c)(3) certification <i>(N/A government entity)</i>	
8. Street Address if different from mailing address	
9. Is the Applicant based in Gwinnett	YES NO
10. Applicant's Federal Tax Identification #:	
11. Chief Executive Officer or Chief Elected Official	NAME: TITLE: PHONE: E-MAIL:
12. Contact person for this project (if different than above)	NAME: same as above TITLE: PHONE: E-MAIL:
13. Current Board President	NAME: TITLE: PHONE: E-MAIL:
14. Current Board Secretary	NAME: TITLE: PHONE: E-MAIL:

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TAB B – APPLICATION SUBMISSION REQUIREMENTS
Please properly label and place all required documentation in Application Appendix

ALL APPLICANTS

SUBMISSION REQUIREMENTS	DOCUMENTATION	APPLICANT	OFFICE USE ONLY
1. The Applicant must have at least twelve (12) months experience directly related to the proposed project or program.	Provide (1) funding commitments displayed on letterhead; (2) full job descriptions or resumes of principal staff and personnel directly working on the project; and (3) descriptions of the applicant's previous related program activities.		
2. The Applicant must have audited financial statements prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation.	One copy each of the audited financial statement that meets the criteria described. Include management letters if applicable.		
3. The Applicant must submit a written copy of its financial management policies, including staff responsibilities and required procedures.	Provide (1) a copy of the Applicant's written financial management policies; and, (2) Current organizational chart.		
4. Each Applicant must submit one original hard copy and one digital copy (flash drive only) of their application.	Must submit an original hard copy and one digital copy (flash drive only).		
5. Must have a minimum two-year operating history after the date of receipt of its 501(c)(3) status from the Internal Revenue Service.	A copy of a 501(c) (3) designation letter from the Internal Revenue Service for non-profit Applicants.		
6. Must have an annual operating budget of more than \$20,000, as reflected in the most recently filed IRS Form 990 or 990 EZ.	Most recent IRS Form 990 or 990EZ.		
7. The applicant must be registered to conduct business in the State of Georgia at the time of application.	A current certification from the GA Secretary of State. For assistance, please visit www.sos.ga.gov .		
8. Must have a Board of Directors with representation from the community served and committee structure that ensures the necessary mix of skills to succeed.	Provide (1) a list of board members and their addresses; (2) your agency By-Laws; (3) a copy of the Conflict of Interest Statement; and (4) a brief narrative confirming your agency meets the Board submission requirements regarding representation.		

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TAB C – PROJECT DETAILS

Add additional pages as needed and tab accordingly.

Legal Name of Applicant:

Project Name:

Will the project serve ONLY Gwinnett County residents? YES NO

GCHA Funds Requested: \$

If purchasing equipment, attach at least one detailed price quote and a detailed description of the equipment, specify quantities, and estimated unit prices. Equipment Details Attached in Appendix

Describe an experience with a project/program for which funding is requested. (1,000 characters max; include additional pages as needed and label accordingly).

Duration of Project:

Project Implementation Schedule:

Detail your project implementation schedule, including expenditure schedule, accomplishments, and all timelines.(1,000 characters max; include additional pages as needed and label accordingly).

Project Description

Provide a detailed and comprehensive narrative about your project. Be sure to highlight any significant partnerships/leveraging resources

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TAB D - BENEFICIARIES

Add additional pages as needed and tab accordingly.

Project Beneficiaries

100% of the total number of persons served by each project must be low to moderate-income for the project to be eligible for GCHA funds.

1. Indicate the number of beneficiaries this project has served/will serve in the 12-month grant period.

		Proposed Persons Served in 2023	
Total		Total	
# Low to Moderate-income		# Low to Moderate-income	

2. Identify the need(s) of the population to be served that are addressed by the proposed project. *(1,000 characters max; include additional pages as needed and label accordingly).*

3. How does the proposed project meet the identified need(s)? *(1,000 characters max; include additional pages as needed and label accordingly).*

4. Describe how the Applicant collaborates with organizations that serve the same population. *(1,000 characters max; include additional pages as needed and label accordingly).*

5. 100% of the total number of persons served by each proposed project must be low- to moderate-income for the project to be eligible for GCHA funds. Describe the Applicant's process for verifying household of all persons served by the project for which funding is requested. *(1,000 characters max; include additional pages as needed and label accordingly).*

TAB E – GOALS AND OBJECTIVES

Add additional pages as needed and tab accordingly.

Performance—Reporting, Monitoring, and Record-Keeping

The GCHA will require quarterly reports of how any grant proceeds are being used with a final report to provide an accounting demonstrating exactly how all grant proceeds were used and detailing the number of persons assisted and an assessment of how the stated project goals were met.

1. Describe and discuss the Applicant's experience with reporting, monitoring, and record-keeping compliance requirements with other funding agencies. Identify any previous GCHA awards. *(1,000 character max; include additional pages as needed and label accordingly).*

TAB F - SUSTAINABILITY

Add additional pages as needed and tab accordingly.

Budget Summary

1. What is the Applicant's annual operating budget? \$

2. What is the total budget for this project, and how much funding does the Applicant already have in place for this project? If this project is not awarded, does the Applicant have the financial means to support the proposed project? *(1,000 characters max; include additional pages as needed and label accordingly).*

3. Please state whether the grant funds being requested will be used in a program already in place or if said grant funds will be used to start a new program.

4. Please describe the applicant's track record of accomplishments in the arena of affordable housing by identifying specific projects completed in the past seven years. You should provide a one paragraph summary of any past projects you deem relevant to show your ability to receive grant funds and timely accomplish the purpose of the project those funds will be funding.

Project Staffing

1. Indicate the number of full-time staff employed by the Applicant:

2. Indicate the number of years the applicant has employed full-time staff:

3. Indicate the number of persons employed by the Applicant to work on the project? Provide position titles (case managers, program staff, etc.) and qualifications, requirements for professional certification, etc. *[Do not include Contractors or Consultants (1,000 characters max; include additional pages as needed and label accordingly)]*.
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4. Do any family relationships (by blood or marriage) exist between any of Applicant's staff and the Applicant's Board members?
YES NO

If YES, please explain in detail. *(1,000 characters max; include additional pages as needed and label accordingly).*

5. Do any family relationships (by blood or marriage) exist between staff and Gwinnett County Housing Authority commissioner? Please be sure to include the organization's Conflict of Interest Statement as indicated in the Application Submission Requirements on page 10 of this application.
YES NO

If YES, please explain in detail. *(1,000 characters max; include additional pages as needed and label accordingly).*

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TAB G - PROPOSED PROJECT BUDGET SUMMARY

Outline the total expenses for the proposed project, including source and amount of leveraged funds/matching funds (in-kind donations or service costs).

Include **leveraged funds** (other non-GCHA funds) that are immediately accessible and firmly committed to the project. Leveraged funds can include a blend of cash, loans, or in-kind resources available to finance the project costs.

Staff and overhead expenses must be directly related to carrying out the proposed project/activity.

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SIGNATURE PAGE

This page must be submitted with the application.

Letter from Authorized Certifying Official is Attached

OR, the following is executed:

Resolution Authorizing Submission of Application

Legal Name of Applicant:

Be it resolved that the [redacted] Board of Directors of the above-referenced Applicant resolved at its meeting date referenced below, to authorize the Applicant to submit an application to Gwinnett County Housing Authority for grant funding. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date:

Amount Requested: \$

Executor:

I hereby certify that the foregoing resolution was approved by our Board of Directors.

_____ Date: _____
Authorized Certifying Official Signature

Printed Name & Title: _____

(Insert Corporate Seal)

I certify that I have completed the application for Gwinnett County Housing Authority funding. All of the information contained in this submission has been completed as thoroughly and as accurately as possible, and a governing body resolution or letter from an authorized certifying official approving this submission has been attached to this submission.

Prepared by: _____ Date: _____
Signature

Printed Name & Title: [redacted]

Approved by: _____ Date: _____
Signature

Printed Name & Title: [redacted]

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ATTACHMENT A
Income Guidelines

[GWINNETT COUNTY, GEORGIA]
MAXIMUM HOUSEHOLD INCOME LIMITS
FY 2022 Income Limits
Effective: June 1, 2022

NOTE: Gwinnett County is part of the **Atlanta-Sandy Springs-Marietta, GA HUD Metro FMR Area**, so all information presented here applies to all of the **Atlanta-Sandy Springs-Marietta, GA HUD Metro FMR Area**. The **Atlanta-Sandy Springs-Marietta, GA HUD Metro FMR Area**, contains the following:

FY 2022 Income Limit Area	Median Income	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Gwinnett County	\$86,200	Very Low (50%) Income Limits (\$)	\$30,200	\$34,500	\$38,800	\$43,100	\$46,550	\$50,000	\$53,450	\$56,900
		Extremely Low (30%) Income Limits (\$)**	\$18,100	\$20,700	\$23,300	\$25,850	\$27,950	\$30,000	\$32,100	\$34,150
		Low (80%) Income Limits (\$)*	\$48,300	\$55,200	\$62,100	\$68,950	\$74,500	\$80,000	\$85,500	\$91,050

****The maximum income threshold for eligible clientele/persons/households served using GCHA funds is the Low (80%) FFY 2022 Income Limit Category.***