

2015

PAAO GRANT MANAGEMENT

W  **R** **I** **K** **S** **H**  **P**

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT



Good Afternoon

Star Canada

Community Development Specialist
Department of Housing and Community
Development

Cassandra Barksdale

IPR Program Administrator
Southside Outreach Group, Inc



Get It Right!

Set-Ups and Completion Reports



Set-Up Documents

Cassandra Barksdale

CAMS REQUIREMENTS

- * IPR SET-UP REQUIREMENTS CHECKLIST
- * PROJECT SET UP REPORT
- * CERTIFICATION OF ELIGIBILITY
- * IPR STATUTORY CHECKLIST
- * SUBSTANTIAL RECONSTRUCTION WORKSHEET
- * HCD HQS PRE-INSPECTION
- * SECTION 8 INSPECTION FORM
- * ELIGIBILITY PHOTOS
- * WORK WRITE UP/COST ESTIMATES
- * BID TAB/COPY OF LOWEST BID

CHECKLIST

IPR SUBMISSION REQUIREMENTS



Client's Name: _____ Date: _____

Property Address: _____

Regional Administrator: _____ Contract #: _____

UPLOAD THE FOLLOWING DOCUMENTS INTO CAMS

All documents must be signed and dated.

1. IPR SET-UP REPORT REQUIREMENTS

- Project Set Up Report - form HUD 40094 (w/ DHCD Modifications)
Check 1 from the (a.) category and 1 from the (b.) category as it applies to the project:
 - a. **LACKING A BATHROOM** *or* **FAILED/FAILING SEPTIC**
 - b. **REHABILITATION** *or* **SUBSTANTIAL RECONSTRUCTION**
- Certification of IPR Eligibility *(attach supporting documentation, including all required permits, which must be obtained prior to release of bids)*
 - House built prior to 1978 *(CHECK BOX IF APPLICABLE)*
- IPR Statutory Checklist/DHR approval
- Substantial Reconstruction Worksheet *(if applicable)*
- DHCD HQS Part 1:
- HUD Section 8 Inspection Form
- Eligibility Photos
- Work Write-up with Rehab Specialists Cost Estimate
- Bid Tab with Copy of Lowest, Responsive, Responsible Bid
- Pre-Construction Lead Test Results Documentation
- Pre-Construction Asbestos Test Results Documentation

Homeowner Rehab Set-Up Report

HOME Indoor Plumbing Rehabilitation Loan
Program

Administrator:
Region:
Contract No:
County:
Fax No:

CHECK THE TWO THAT APPLY:

- LACKING BATHROOM SEPTIC FAILED/FAILING
 PRE-1978 HOUSE
 SUBSTANTIAL RECONSTRUCTION REHAB
 POST-1978 HOUSE

The HOME statute requires information on assisted properties, on the owners, and other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track participants in meeting deadlines; 3) to determine if participants meet HOME'S income and affordability requirements; and 4) determine compliance with other requirements. Data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Use of Federal funds requires reporting of specific data. Recipients will maintain data records. It may be disclosed. Recipients must ensure confidentiality when public disclosure is not required.

Note: Complete for all Rental/Homebuyer/Homeowner Rehab Activities to be set-up.

Check the Appropriate Box:

- Original Submission
 Change Owner's Address
 Ownership Transfer
 Revision

Part A:

1. Activity Number		2. Name of Participant VDHCD		6. HOME Funds for Activity a. Total Funds Requested + \$ 57,000	
3. Participant Tax ID Number 54-1083047		4. CHDO Tax ID Number N/A		b. Participant Number APPLE COUNTY 2010 PROGRAM INCOME	
5. Type of Activity (1) <input checked="" type="checkbox"/> Rehab (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition New Construction (2) <input type="checkbox"/> New Construction (4) <input type="checkbox"/> Acquisition Rehab				c. Dollar Amount of Funds \$ 3,200	
8. Name &Phone Number of person completing form Keira Johnson, (804) 371-7061		9. CHDO Loan (1) <input type="checkbox"/> Yes (2) <input checked="" type="checkbox"/> No		\$	
				7. Total Estimated Cost of Activity (HOME-assisted units, including other public/private funds) \$ 60,200	

Part B: Activity Information

1. Street Address of Activity				
1a. City		1b. State	1c. Zip Code	
2. Name of Owner <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	2a. Last Name	2b. First Name		
3. Mailing Address of Owner				
3a. City		3b. State	3c. Zip Code	
3d. Phone Number	4. Name of Firm (if applicable)	5. Total Units in Activity Prior to Assistance	6. Estimated Units Upon Completion	7. Total HOME-Assisted Units Upon Completion
8. Type of Ownership (Check one box) (1) <input checked="" type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other	9. Tenure Type (Check one box only) (1) <input type="checkbox"/> Rental (2) <input type="checkbox"/> Homebuyer (3) <input checked="" type="checkbox"/> Homeowner Rehab	10. Complete for CHDO Activities (Check one box only) (1) <input type="checkbox"/> Owned (2) <input type="checkbox"/> Sponsored (3) <input type="checkbox"/> Developed	11. County Code (to be completed by Centralized States only)	

**Certification of Indoor Plumbing Rehabilitation Eligibility
Part 1**

DECLARATIONS: (check all that apply) REHAB SUBSTANTIAL RECONSTRUCTION

WORKING ON A BATHROOM – Please *attach copy of Rehab Specialist's HOS Inspection Report*

The house does not have a toilet within the footprint of the house, or

(Please attach all other applicable documentation needed to ensure eligibility of the unit.)

- Well Permit
- Septic Installation Permit
- Septic Repair Permit
- VDH violation letter
- Public/Private Utility Information
- Third party verification (AOSE, Engineer, or other qualified person)
- Sufficient photos to document the condition, including photo of outhouse

The house contains a toilet but waste drops directly onto the ground under the house.

(Please attach all other applicable documentation needed to ensure eligibility of the unit.)

- Well Permit
- Septic Installation Permit
- Septic Repair Permit
- VDH violation letter
- Public/Private Utility Information
- Third party verification (AOSE, Engineer, or other qualified person)
- Sufficient photos to document the condition

Owner Name & Address

House was constructed: Before 1978 1978 and later

DECLARATION: The information contained in this record is true and correct to the best of my knowledge under penalty of perjury.

Rehabilitation Specialist Date

Project Administrator Date

Homeowner Date

**VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
HOME PROGRAM
Statutory Checklist – Site Specific**

PROGRAM NAME: INDOOR PLUMBING REHABILITATION PROGRAM

SITE ADDRESS:

SITE COUNTY:

PROJECT DESCRIPTION:

NEW FORM

1978 or after

Substantial

Failed absorption

system

Have site altering activities, including work or property acquisition, already occurred on this site? Yes No

Directions: The following site specific review must be completed for each individual site selected. A brief narrative of the determination and a copy of the supporting documentation must also be included with this checklist. For example, under Floodplain Management, you might note "The site is not located in the 100-year floodplain according to the attached FIRM map panel 360112 0002B, effective 7/19/1978 and supporting documentation." *Completed form*
 and supporting documentation submitted. *Set-Up*

NEW REQUIREMENTS

Statute, Authority, Executive Order Cited at 24 CFR 58.5	A	B	Provide Compliance Documentation only for Column B. Attach documentation.
58.5(a) Historic Properties [36 CFR 800]	<input type="checkbox"/>	<input type="checkbox"/>	
58.5(b)(1) Floodplain Management [24 CFR 55, Executive Order 11988]	<input type="checkbox"/>	<input type="checkbox"/>	
58.5(b)(2) Wetlands [24 CFR 55, Executive Order 11988]			
58.5(c) Coastal Zone Management [Coastal Zone Management Act, Sections 307(c) and (d)]	<input type="checkbox"/>	<input type="checkbox"/>	

DOCUMENTATION

SUBSTANTIAL RECONSTRUCTION WORKSHEET

Property Address: _____

Square Footage (*current home*): _____ Lot size: _____

Square Footage (*substantial reconstruction*): _____

A. Estimated Cost of Rehab (Attach Cost Estimate and
HQS Inspection Form) _____

B. Estimated Cost of Substantial Reconstruction _____

C. Alternatives to Substantial Reconstruction and costs associated:
(Check **all** that apply)

- Relocation was offered to the family
- Supplemental funding is not available at this time to rehab
the home at costs that exceed DHCD cost limits
- Other (explain) _____

The homeowner understands and agrees that the plans for a substantially reconstructed house have been reviewed and the Program regulations state that if the current home, listed above, has too many deficiencies to be rehabilitated within the cost limits, it may be demolished and reconstructed.

Homeowner

Date

Program Administrator

Date

DHCD Approval

Date

**DHCD Supplemental Rehab Requirements
Pre-Rehabilitation Work Write Up Checklist**

Property Address _____

[] **Termite Inspection**

_____ Name of Inspector

_____ Name of Company

_____ Date of Inspection

YES NO Treatment Required?

_____ Date of Treatment

[] **Chimney Inspection**

_____ Name of Inspector

_____ Date of Inspection

Type of Repairs Needed _____

[] **Debris Removal**

Debris to be Removed _____

[] **Electrical Inspection**

_____ Name of Electrical Inspector

_____ Date of Electrical Inspection

Electrical Deficiencies Found _____

[] **Weatherization**

_____ Date of Blower Door **PRE**-test _____ CFM @ 50 pas

_____ Name of Tester

YES NO **R-38** Ceiling Insulation?

YES NO Storm Door Present at Front and Rear

Weatherization Deficiencies Found _____

[] **Special Physical Needs Assessment**

YES NO Is house occupied by someone with special needs?

Description of Needs _____

[] **Smoke Detector(s) Present** Hard Wired # _____ Battery Powered # _____

Description of Needs _____

The Rehabilitation Specialist hereby certifies that all known deficiencies listed on the DHCD Supplemental Rehab Requirements Post-Rehab Completion Checklist have been addressed and are included in the Work Write Up for repair at the house specified.

Signature of Rehabilitation Specialist

Date

Reviewed by:

Signature of Housing Program Administrator

Date

THIS FORM TO BE SUBMITTED BY THE REHAB SPECIALIST TO THE HOUSING PROGRAM ADMINISTRATOR ALONG WITH THE PRE-INSPECTION FORM AND COMPLETED WORK WRITE UP PRIOR TO SOLICITING BIDS.



Inspection Form U.S. Department of Housing OMB

Approval No. 2577-0169 and **Urban Development** (exp. 9/30/2012)

03. **CRAWL SPACE FOOTING / FOUNDATION:**

- \$ _____ a. Excavate and pour 112 LF of 8" thick 3000 psi concrete perimeter footing in trenches made minimum 16" wide by 18" deep. Excavate (8) 24/24" by 18" deep pier footings {6 to support girder and 2 to support front porch} – pour-in 8" of 3000 psi concrete to each pier. Lay 8/8/16" CMU perimeter foundation walls and piers. (Use 2x8" p/t cap blocking) Install 1/2" J-bolts per Code locations – embedded in individual concrete filled block cores. Foundation elevation shall be min. 22" above final grade.
- \$ _____ b. Spread clean and approved soil (grade and fill as required) within the interior of foundation to ensure that crawl elevation is equal to (or higher than) final positive exterior finished grade.
- \$ _____ c. Treat soil in all excavations for termites. Provide one year warranty or bond.
- \$ _____ d. Spread 620 SF of 6 mill plastic vapor barrier to interior filled area.
- \$ _____ e. Create and install (1) 32/22" by 1/2" CDX crawl access door.

04. **FRAMING / SHEATHING / ROOFING:** Per plans

NOTE: All lumber shall be graded and "approved" per CODE.

- \$ _____ a. Install 112 LF of pressure-treated ("p/t") 2X8" #2 Pine lumber to block / walls with approved fasteners – anchored and set per CODE.
- \$ _____ b. Install 112 LF of p/t 2X8" sill and 2X10" band (use p/t bands at stoops) Install 2X10" floor joists set 16" on center to include triple 2X10" by 30" p/t main girders; install 12" wide 30 mil rubber as flashing at both stoop locations. **Use p/t bands at both porches.**
- \$ _____ c. Install 780 SF of 3/4" OSB T&G plywood subfloor - glued and nailed in perpendicular fashion over bands/joists.
- \$ _____ d. Build 2X4" by 8'-0" high load-bearing exterior and interior stud walls using single bottom plate, double top plate and vertical studs set 16" on center and double 2X8" headers over all exterior openings and double 2X4" headers over all interior opening with "nailers".
NOTE: Install solid 2X4" blocking for grab bars.

BID BREAKDOWN SUMMARY SHEET

Owner: Name
Address: Address

Model # 780E

BASE: BID PRICE

ITEM

- \$ _____ 01. Permits
- \$ _____ 03. Footing / Foundation
- \$ _____ 04. Framing / Sheathing / Roofing
- \$ _____ 05. Siding
- \$ _____ 06. Windows (with 1/2" wrapped trim)
- \$ _____ 07. Exterior doors
- \$ _____ 08. Interior doors
- \$ _____ 09. Interior trim (with drywall wrap)
- \$ _____ 10. Wall / ceiling coverings
- \$ _____ 11. Appliances
- \$ _____ 12. Kitchen cabinets / countertop
- \$ _____ 13. Painting
- \$ _____ 14. Flooring
- \$ _____ 15. Stoops, steps and rails
- \$ _____ 16. Miscellaneous
- \$ _____ 17. Insulation
- \$ _____ 18. Heating Unit
- \$ _____ 19. Gutters / downspouts
- \$ _____ 20. Site restoration
- \$ _____ 21. Electrical
- \$ _____ 22. Plumbing (a, b and c)

TOTAL BASE PRICE:

\$ _____

EXCEPTIONS:

- \$ _____ 23. Septic system, including tank abandonment
- \$ _____ 24. Drilled water well, including bored well abandonment

TOTAL EXCEPTIONS PRICE:

\$ _____

DEMO:

- \$ _____ 02. Demolition of existing dwelling and related work

TOTAL DEMO PRICE:

\$ _____

BID TOTAL – ALL ITEMS

\$ _____

Bid prices shall be valid for 90 days after bid opening date.

Construction Company Name

Authorized Signature

Date

Complete Address

Contractor License # or Tax ID #

ITEM #	ITEM	Rehab Specialist's		Bidder #1		Bidder #2		Bidder #3	
		Cost Estimates		Cost		Cost		Cost	
1	Base Construction Cost (contract #1)								
	Exceptions (contract #2-rehabs only):	Item Cost	Item Cost	Item Cost	Item Cost	Item Cost	Item Cost	Item Cost	Item Cost
2	Bathroom (rehabs only)								
3	Well or Water Connection								
4	Septic or Sewer Connection								
5	Accessibility Features								
6	Additional Bedroom(s)								
7	Survey								
8	Permit Fee (Heath Department)								
9	Soil Evaluations								
10	Lab Cost for Lead Dust Test								
	Subtotal		\$0.00		\$0.00		\$0.00		\$0.00
11	Demolition (contract #3-SR only)								
	TOTALS		\$0.00		\$0.00		\$0.00		\$0.00

REHABILITATION SPECIALIST'S RECOMMENDATION: _____

Bids opened by: _____

Program Administrator*
Signature: _____

Rehab Specialist's
Signature: _____

Date: _____

Additional requirements might include:

➤ LEAD TEST RESULTS

➤ ASBESTOS TEST RESULTS



Completion Reports

Star Canada

1. IPR COMPLETION REPORT REQUIREMENTS

Check all boxes that apply to the project:

House built before 1978

Substantial

Rehab

Lacking Bathroom

Failed/Failing System

- Project Completion Report - HUD form 40096 (w/DHCD Modifications)
- Register of Contractors *(ALL information must be completed)*
- IPR Financial Summary Report
- Final Remittance Request *(in CAMS)*
- Home Maintenance Education Program *(if applicable, attach receipts)*
- Temporary Relocation Cost Documentation *(if applicable, attach receipts)*
- Direct Legal Costs Documentation *(if applicable, attach receipts)*
- Asbestos/Lead Test Clearance Documentation *(attach bids, invoices, receipts)*

Homebuyer/Homeowner Rehab Completion Report

HOME Program

**U.S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

OMB Approval No. 2506-0171
Exp. 03/31/2005/2012

**Subrecipient:
Contract No.: 13-PR-
County:
Fax No.:**

Homeowner Name:

Mark the appropriate box:

Original Submission

Pre-1978 House

Revision

Post-1978 House

Part A: Activity Information

1. Activity Number	2. Name of Participant VHCD	3. Participant's Tax ID Number 54-1083047	4. CHDO Tax ID Number N/A
5. Name & Phone Number of person completing this form Keira Johnson, 804-371-7061		6. Type of Property (check one): (1) <input checked="" type="checkbox"/> 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) <input type="checkbox"/> Condominium (4) <input type="checkbox"/> Manufactured Home	

Part B: Financial Structure of Activity

Type of Activity Financed (check one):

(1) Rehabilitation Only (3) Acquisition Only (5) Acquisition & New Construction
(2) New Construction Only (4) Acquisition & Rehabilitation

Activity Costs

1. HOME Funds (*Federal Funds –Activity Number that starts with a a"2"*)

	Annual Interest Rate	Amortization Period	
(1) Direct Loan (<i>base, exceptions & demolition</i>)	0 %	10 Yrs.	\$
(2) Grant			\$
(3) Deferred Payment Loan (DPL)	%	Yrs.	\$
(4) Community Housing Development Organization (CHDO) Loan			
a. TA Loan			\$
b. Seed Loan			\$

b. Seed Loan			\$
Total CHDO Loan (Total Items 4a and 4b)			\$
(5) Other (Administration, CRSC, temporary relocation, HMEP and asbestos)			\$
Total HOME Funds (Total Items 1-5)			\$
2. Public Funds (State Funds – Activity Number that starts with a “5”)			
(1) Other Federal Funds (Rural Development \$)			\$
(2) State/Local Appropriated Funds (Consortia HOME \$; CDBG PI \$; SERCAP \$; State DD Requests \$; Other \$)			\$
(3) State/Local Tax Exempt Bond Proceeds			\$
Total Public Funds (Total Items 1-3)			\$
3. Private Funds			
(1) Private Loan Funds	Annual Interest Rate %	Amortization Period Yrs.	\$
(2) Owner Cash Contribution			\$
(3) Private Grants			\$
Total Private Funds (Total Items 1-3)			\$
4. HOME Program Income (IPR program income only)			\$
5. Total Activity Costs (Total All Items)			\$

Total Actual Expenditures			\$0.00
Draw #1			
Draw #2			
Draw #3			
Total Drawdowns			\$0.00
Base Bid Amount			
Exceptions			
Demolition			
Change Orders			
Total Construction Amount			\$0.00
Deed of Trust Amount			
Three-Party Contract Amount, including c/o			
Exceptions Contract			
Demolition			
HMEP			
Temporary Relocation			
Legal			
Admin Costs			
CRSC Costs			
Total Project Cost			\$0.00
Completion Report Amount			
List All Sources and Amounts of Construction Funds:			
IPR			
Total Funding Source Breakdown			\$0.00



Submit Receipts for:

Home Maintenance Education

Temporary Relocation Cost

Direct Legal Cost

Asbestos/Lead Test Clearance

Indoor Plumbing Rehabilitation Program



Any Questions?



THANK YOU!
