

**North Carolina Housing Finance Agency  
2024 Essential Single-Family Rehabilitation Loan Pool (ESFRLP)  
Post-Approval Documentation**

<b>ESFRLP2416</b>	<b>Gaston County (Gaston)</b>
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**A. Instructions**

Your Application for Funding under the 2024 cycle of the Essential Single-Family Rehabilitation Loan Pool (ESFRLP24) was approved for \$162,000 and assigned Funding Agreement number 2416. As a Member of the ESFRLP24 "Pool", \$162,000 has been set aside in the pool for your project and may be reserved (set up) on a unit-by-unit basis once units have been selected and required documents have been received and approved by the North Carolina Housing Finance Agency (the Agency). In accordance with ESFRLP24 Program Guideline (PG) 3.2.2 you may reserve funds for up to 3 units under your original \$162,000 set-aside. Funds for additional units may be reserved from the pool, depending on availability, on a unit-by-unit, first come, first served basis in accordance with PG 3.2 up until December 31, 2026.

Please provide the information and documentation requested in this packet and forward it to **Mark Lindquist at [mwlindquist@nchfa.com](mailto:mwlindquist@nchfa.com)**. The Case Manager assigned to your ESFRLP project is Chuck Dopler and can be reached at 919-981-5008 or via email at [jcdopler@nchfa.com](mailto:jcdopler@nchfa.com).

**B. Status of Other Funds - NA**

If the Application for Funding stated that other funds would be available to assist with the rehabilitation of the proposed housing units, the Member must provide documentation for each source of funds identified, with the exception of Rural Development 504 funds. The table immediately below summarizes the proposed amount of matching funds according to your application.

Source of Funds	Amount
Volunteer labor	\$0
Donated material	\$0
Matching local funds	\$0
	\$0
Total of matching funds committed to the ESFRLP23 project	\$0

**C. Assistance Policy - Attach**

Because ESFRLP24 beneficiaries are not necessarily pre-selected and approved through a public hearing process, it is especially important that ESFRLP24 Members **adopt** an Assistance Policy that thoroughly and clearly identifies the eligibility criteria for assistance, and for prioritizing applicants once they have been determined eligible. This policy should be fair, open and non-discriminatory. In addition, other facts, policies and procedures affecting potential applicants and/or recipients of assistance should be clearly communicated in your Assistance Policy. Be sure to include your policy on temporary relocation, if applicable. Please submit your **proposed** Assistance Policy as part of the completed Post Approval Documentation to the Agency. A model Assistance Policy is located on the NCHFA website, [www.nchfa.com](http://www.nchfa.com). You may choose to use the model as a template to develop your own policy.

**D. Procurement and Disbursement Policies - Attach**

ESFRLP24 Members must submit a copy of their Procurement Policy that is specific to ESFRLP24 and is written in accordance with 2 CFR 200, and 24 CFR 92.350 (equal opportunity standards), and a copy of their Disbursement Policy, to the Agency, for review and approval. Please submit a copy of your *proposed* Procurement Policy and a copy of your *proposed* Disbursement Policy for ESFRLP24, to the Agency, as part of your PAD. Initial delivery of the policies electronically in WORD format to your case manager is strongly encouraged.

**E. Service Area Requirements and Public Contact**

Your Application for Funding was approved for the following service area and amount:

Service Area	Approved Program Funds
Gaston	\$162,000

Your public contact's phone number will be published on the Agency website which is linked by several government and other resources. This person should be able to receive phone calls during most normal business hours and be knowledgeable about who in your organization can assist the public with access to the ESFRLP program.

Name	Phone	E-mail
Lauren Lewis	704-866-3114	lauren.lewis@gastongov.com

**F. Fiscal Year and Audits. (Complete this section)**

Members will be required to submit reports as required under NC State General Statute 143C-6-23 (Non-Government Organizations) or NC State General Statute 159-34 (Units of Local Government). Fiscal year begins 07/01 and ends 06/30.

**G. Acknowledgement of Audit Compliance Reporting Responsibilities - Attach**

Please have the financial person from your organization, responsible for coordinating the annual audit, complete and sign the enclosed "Audit Compliance Responsibilities" form and the FFATA questionnaire acknowledging their receipt. Then, return both documents with this PAD.

**H. Organizational Documents. (Non-Government Organizations Only) - NA**

1. Please provide a copy of your Conflict of Interest Policy in accordance with GS 143C-6-23.
2. Please provide a written statement, made under oath and completed by your board of directors or appropriate governing body stating that your organization does not have any overdue taxes, as defined by GS 105-243.1 at the federal, state and local level.
3. Please provide copies of organizational documents, including articles of incorporation, by-laws, and a listing of all current directors, officers and staff.

**I. Intergovernmental Agreement - NA**

Please provide a copy of an intergovernmental agreement between your governmental entity and the governmental entity in which you will be providing services under ESFRLP24, as required by GS 160-456.

**J. Minimum Housing Codes - Attach**

In those jurisdictions with an adopted minimum housing code, all units rehabilitated with ESFRLP funds must meet or exceed all local codes, rehabilitation standards, ordinances and zoning ordinances upon the completion of rehabilitation. Please attach any adopted minimum housing codes in your county service area. Contact your Case Manager if you have questions.



**K. Requisition Approval Authorization Form, W9 and Direct Deposit - *Attach***

1. Enclosed in the PAD packet is a Signatory Certification and Project Access Authorization Form. Please have this signed by each individual authorized by your organization's governing board who will be requisitioning ESFRLP24 funds. Return the signed form to the Agency as part of the completed PAD. Be sure to provide a copy of the resolution passed by the governing board authorizing the requisitioning of funds by those persons whose signatures appear on the enclosed certification.
2. Enclosed is the Form W-9 Request for Taxpayer Identification Number and Certification. Please complete this form with the requested information and return the completed form with the PAD.
3. Enclosed is a form for Electronic Payments, which will authorize the Agency to make the required direct deposit of Program funds into your designated checking account. Please complete this form with the requested information and return the completed form with the PAD.

**L. Language Access Plan - *Attach***

As recipients of federal funds, ESFRLP Members are required to comply with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 13166 requiring them to take responsible steps to ensure meaningful access by persons with limited English proficiency. ESFRLP Members are required to provide the Agency with their four-factor analysis used to establish the need for a Language Access Plan (LAP) and the LAP, if required by the analysis. See the attached "NCHFA Guidance for Developing a Language Access Plan" and the Agency's LAP at [www.nchfa.com](http://www.nchfa.com) as an example if you need to perform a four-factor analysis or create a plan.

**M. ESFRLP Budget for Soft Costs**

The Agency recommended ESFRLP24 budget for soft costs is provided below for your review and acceptance or your organization may propose to adjust the recommended budget.

Please check the appropriate response.

- a. Member accepts Agency-recommended budget (per table below); or  
☒ b. Member proposes to adjust the budget as follows (awardee complete on page 4)

ESFRLP Soft Costs/unit		2416
1.	Outreach & Advertising	\$300
2.	Environmental Review preparation	\$500
3.	Asbestos testing/clearance	\$600
4.	Radon testing (required)	\$100
5.	LBP inspection/risk assessment	\$600
6.	LBP clearance	\$400
7.	Loan document execution, recording & legal fees	\$500
8.	Pre-rehab Inspection including scope of work	\$900
9.	Work write-ups	\$1,500
10.	Cost estimate	\$400
11.	Construction management	\$3,500
12.	Flood Insurance (units in Flood Hazard Zones)	\$500
13.	Post-rehab value certification	\$200
<b>Total ESFRLP Soft Costs/unit</b>		<b>\$10,000</b>

### Proposed Adjusted Budget

ESFRLP Proposed Soft Costs/unit		2416
1.	Outreach & Advertising	\$ 640
2.	Environmental Review preparation	\$ 940
3.	Asbestos testing/clearance	\$ 225
4.	Radon testing (required)	\$ 200
5.	LBP inspection/risk assessment	\$ 300
6.	LBP clearance	\$ 250
7.	Loan document execution, recording & legal fees	\$ 600
8.	Pre-rehab Inspection including scope of work	\$ 540
9.	Work write-ups	\$ 1150
10.	Cost estimate	\$ 855
11.	Construction management	\$ 4000
12.	Flood Insurance (units in Flood Hazard Zones)	\$ 0
13.	Post-rehab value certification	\$ 300
<b>Total Proposed ESFRLP Soft Costs/unit</b>		<b>\$ 10,000</b>

**N. Certification**

The Member certifies that the information provided herein and herewith is complete and accurate and that, if approved by the North Carolina Housing Finance Agency, it will be made part of the Funding Agreement by reference, superseding any conflicting information contained in the original Application for Funding without otherwise affecting said Application.



*[Signature]*  
Attest

*Clerk to the Board*      *4/30/24*  
Title                                  Date

*[Signature]*  
Authorized Signature

*County Manager*      *4/30/24*  
Title                                  Date