

**North Carolina Housing Finance Agency
Urgent Repair Program (URP21)
Post-Approval Documentation**

URP2108	Gaston County
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A. Instructions

Your Application for Funding was approved for the requested amount. The numbers in the table in section E below reflect the numbers from your application and represent the required performance standards for your URP21 award. If you agree with the amounts listed, please provide the information and documentation requested below and return this Post Approval Documentation packet to Donna Coleman, Senior Housing Rehabilitation Officer who will serve as your case manager throughout your project. All proposed changes to these performance standards will require Agency approval and should result in no net loss of application rating points.

B. Local Matching Funds (*Attach*)

Your Application for Funding stated that other funds would be available to assist with repairs/modifications of your proposed housing units. Please provide documentation, from the funding source, for each source of local matching funds. The table immediately below summarizes the proposed amount of matching funds according to your application.

Source of Funds	Amount
Matching Local Funds	\$2,500
Total of local matching funds committed to the URP21 project	\$2,500

C. Assistance Policy (*Attach*)

Because URP beneficiaries are not necessarily pre-selected and approved through a public hearing process, it is especially important that URP recipients *adopt* an assistance policy that thoroughly and clearly identifies criteria for eligibility 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 spelled out in your assistance policy. **Please submit your proposed Assistance Policy as part of the completed Post Approval Documentation.**

D. Procurement and Disbursement Policies (*Attach*)

URP Recipients must submit a copy of their Procurement Policy that is specific to URP21 and is written in accordance with 24CFR85.36 (for units of local government), or 24CFR84.4 (for non-profit organizations), and a copy of their Disbursement Policy to the Agency for review and approval.

E. Service Area Requirements

The Application for funding was approved based partly on your targets for Program assistance by service area and the percentages of Program funding to be spent in each county within the service area. Your required targets (based on your requested amount), broken out by county, are shown in the table below.

Service Area	Proposed # of Units	Program Funds
Gaston	10	\$100,000
TOTAL	10	\$100,000

F. Bonding/Honesty and Fidelity Insurance Coverage (Attach)

Recipients must submit evidence that honesty and fidelity insurance coverage is available in an amount not less than 50% of your URP21 funding allocation. This must be in the form of a letter from the recipient's insurer identifying the policy by number, the amount of coverage, the effective date, the positions covered by the policy, and containing a statement that NCHFA will be notified in writing if the coverage is discontinued or reduced. For self-insured units of government, the acceptable evidence of insurance will be a letter from the unit's chief financial officer or manager, stating that the unit maintains a self-insurance fund in an amount adequate to provide honesty and fidelity coverage equal to 50% of the URP21 allocation. The letter must state that the recipient will notify NCHFA in writing if the self-insurance is discontinued or reduced to a level that no longer provides the required 50% coverage.

G. Fiscal Year and Audits (Complete this section)

Recipients 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 July 1 and ends June 30.

H. 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, acknowledging its receipt. Then, return it with the completed PAD.

I. Organizational Documents (Not Applicable)

1. Recipients who are not units of government must supply copies of their organizational documents, including articles of incorporation, by laws and a listing of all directors, officers and staff.
2. Recipients that are private-nonprofit organizations must forward a notarized copy of their Conflict of Interest policy, in accordance with G.S. 143C-6-23, to the Agency, which addresses conflicts of interest that may arise involving any member of the recipient's management, board of directors or other governing body.
3. Recipients that are private nonprofit organizations must provide a written statement, made under oath and completed by the organizations board of directors or appropriate governing body, stating that the organization does not have any overdue taxes, as defined by G.S. 105-243.1.

J. W9 Tax ID and Direct Deposit (Attach)

1. 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.
2. Also, enclosed is the form for electronic payments, which will allow for 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.

K. Intergovernmental Agreement (Not Applicable)

Please provide a copy of an intergovernmental agreement between your governmental entity and the governmental entity in which you will be providing services under URP21, as required by GS 160-456.

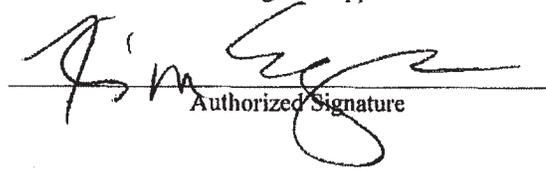
L. Certifications

The Recipient certifies that: 1) there have been no changes in the key personnel or their roles as identified in section III, B of the Application for Funding; or 2) the Recipient has submitted a written request to the Agency indicating the change(s) in personnel and/or their roles accompanied by a detailed resume for each. The Recipient 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.



Attest

Donna S. Buff / Clerk to the Board
Title Date



Authorized Signature

Dr. Kim Eagle / County Manager
Title Date



GASTON COUNTY Financial & Management Services Director

128 West Main Avenue

Phone (704) 868-3048

P.O. Box 1678

Fax (704) 868-3147

Gastonia, North Carolina 28063-1678

e-mail: Matthew.Rhoten@Gastongov.com

May 10, 2021

NCHFA

PO Box 28066

Raleigh, NC 27611-8066

919-877-5705

To Whom It May Concern:

Please accept this letter as confirmation that Gaston County has committed matching funds in the amount of \$2,500 for the 2021 Urgent Repair Program.

Gaston County is appreciative of the assistance that the NC Housing Finance Agency has provided in recent years to Gaston County residents and eagerly looks forward to assisting more homeowners in the future through the program.

Sincerely,

Matthew Rhoten

Assistant County Manager

Mission Statement

Gaston County seeks to be among the finest counties in North Carolina. It will provide effective, efficient and affordable services leading to a safe, secure and healthy community, an environment for economic growth, and a favorable quality of life.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/17/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 15 S. Main Street, Suite 900 Greenville SC 29601	CONTACT NAME: Jennifer Ream PHONE (A/C, No, Ext): 864-239-2482 FAX (A/C, No): 864-239-2435 E-MAIL ADDRESS: jennifer_ream@ajg.com PRODUCER CUSTOMER ID:														
INSURED Gaston County 128 W. Main Ave. Gastonia NC 28053	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Travelers Casualty and Surety Co of America</td> <td style="text-align: center;">31194</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Casualty and Surety Co of America	31194	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 1376346736 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Coverage provided for all employees of Gaston County.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				\$
A	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY Crime	105642818	7/1/2020	7/1/2023	<input checked="" type="checkbox"/> Employee Dishon <input checked="" type="checkbox"/> Forgery/All <input checked="" type="checkbox"/> Money/Sec	\$ 500,000 \$ 500,000 \$ 500,000
	<input type="checkbox"/> BOILER & MACHINERY / <input type="checkbox"/> EQUIPMENT BREAKDOWN					\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Coverage provided under the policy noted above are applicable to all employees of Gaston County.
 Employee Dishonesty/Employee Theft - \$500,000 Per Occurrence Limit
 Forgery or Alteration - \$500,000 Per Occurrence Limit
 On Premises Money and Securities - \$500,000 Per Occurrence Limit
 In Transit - \$500,000 Per Occurrence Limit
 See Attached...

CERTIFICATE HOLDER North Carolina Housing Finance Agency PO Box 28066 Raleigh NC 27611-8066	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Gaston County 128 W. Main Ave. Gastonia NC 28053	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE

SPECIAL CONDITIONS:

Money Orders and Counterfeit Money - \$500,000 Per Occurrence Limit
Computer Fraud - \$500,000 Per Occurrence Limit
Funds Transfer Fraud - \$500,000 Per occurrence Limit

Acknowledgement of Audit Compliance Reporting Responsibilities

Please X applicable section(s) and return this form with your PAD

 We are a **non-profit organization(sub-recipient)** and will comply with North Carolina General Statute 143C-6-23 to submit grant reports and the requirement to submit an audited financial statement.

If your organization received **less than \$500,000** in state and/or federal funds in the fiscal year, the following reports must be submitted:

1. A program report of activities and accomplishments. Also, a grant expenditures report providing an accounting how grant funds were expended. The reports are due three (3) months after your fiscal year-end date. Submit reports to: subreport.rehabteam@nchfa.com.
2. An Audited Financial Statement. The audit is due nine (9) months after your fiscal year-end date. Submit a PDF version electronically to: caxtell@nchfa.com.

If your organization received **\$500,000 or more** in state and/or federal funds in the fiscal year, the following reports must be submitted:

1. A program report of activities and accomplishments. Also, a grant expenditures report providing an accounting how grant funds were expended. The report is due three (3) months after your fiscal year-end date. Submit report to: subreport.rehabteam@nchfa.com.
2. A Single or Yellow Book audit. The audit is due nine (9) months after your fiscal year-end date. Submit a PDF version electronically to: caxtell@nchfa.com.

We are a **local governmental organization** and will comply with North Carolina General Statute 159-34 to submit an independent audit. The Statute reads, "This audit, combined with the audit of financial accounts, shall be deemed to be the single audit described by the "Federal Single Audit Act of 1984."

The annual audit is due nine (9) months after your fiscal year-end date. Submit a PDF version electronically to: caxtell@nchfa.com.

I acknowledge receipt of the information regarding compliance reporting. I am the person responsible for coordinating the submission of reports that comply with state and federal regulations pertaining to this funding.

Signed: _____

Pat Laws

Date: 5/12/2021

Name Pat Laws

Title Grants Manager

Organization Gaston County Local Government

Federal Tax ID Number _____ Fiscal Year End Date June 30th

Address 128 W. Main Avenue, Gastonia, NC 28052

Email Pat.Laws@gastongov.com Phone (704) 866-3771

Award: URP2108

STATE OF NORTH CAROLINA
STATE TREASURER'S ELECTRONIC PAYMENTS

State Agency Name: North Carolina Housing Finance Agency
Program: Essential Single-Family Rehabilitation Loan Pool (ESFRLP)
Check One: Initial Sign-up Change

PARTICIPATING ENTITY ACCOUNT INFORMATION

Entity Name: Gaston County
Entity Address: 128 W Main Ave Gastonia, NC 28052
Contact Name: Pat Laws Phone #: 704-866-3771
Email address: finance.AR@gastongov.com
Note: E-mail address will be used to send notices of deposited funds.

FINANCIAL INSTITUTION INFORMATION

Institution Name: Bank of America
Transit/Routing #: _____
Bank Account #: _____

PLEASE ATTACH A VOIDED CHECK

NOTE: CHECKING ACCOUNTS ONLY PLEASE

PARTICIPATING ENTITY AUTHORIZATION

I, on behalf of the participating entity indicated above, hereby authorize the North Carolina State Treasurer, his successors and his agents, at the direction of the State agency indicated above, to initiate ACH credit entries to the above designated bank account for payments due from the State agency for the referenced program name, pursuant to the "Established Operational Procedures for State Treasurer's electronic payments system," which may be in effect from time to time.

Finance Officer's name: Dwight R Murray Phone #: 9002532250
Signature: Dwight R Murray Date: 3/22/2007

MAIL COMPLETED FORM TO:

NC HOUSING FINANCE AGENCY
PO Box 28066
RALEIGH, NC 27611-8066
ATTN: ACCOUNTS PAYABLE
Fax: 919-877-5703

2/17/2017



Bank of America Merrill Lynch
Treasury Fulfillment Service Operations
FL200-03-05 9000 Southside Blvd.
Jacksonville, Fl. 32219
T 888.715.1000 F 904.312.6133
Dedicatedservice101@bankofamerica.com

January 19, 2021

Gaston County
128 W. Main Ave
Gastonia, NC 28052-2306

Re: Account Confirmation

Please accept this letter as confirmation that, according to our records, the account referenced below is maintained at Bank of America, N.A. with the following information:

Account number:
Account Title: Gaston County
Depository Account
Routing number ACH/EFT

Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

If you have any questions, or require further assistance, please do not hesitate to contact us at 888.715.1000 x21598

Sincerely,

Octavia Kernohan
V.P. Treasury Services Sr. Advisor
Treasury Fulfillment Service Operations