

**North Carolina Housing Finance Agency  
Urgent Repair Program (URP26)  
Post-Approval Documentation**

<b>URP2609</b>	<b>Gaston County</b>
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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 URP26 award. If you agree with the amounts listed, please provide the information and documentation requested below and return this Post Approval Documentation packet to Chuck Dopler, Team Leader of Home Ownership Rehabilitation, 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 (N/A)**

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
Weatherization Assistance Program (WAP) funds	\$0
Heating Appliance Repair & Replacement Program (HARRP) funds	\$0
Independent Living Center funds	\$0
Council on Aging funds	\$0
USDA-Rural Development Section 504 loans	\$0
Volunteer labor	\$0
Donated materials	\$0
Matching local funds	\$0
	\$0
Total of local matching funds committed to the URP26 project	\$0

**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 URP26 and is written in accordance 2 CFR 200, 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 Repair Funds	Program Admin Funds
<b>Gaston</b>	<b>10</b>	<b>\$150,000</b>	

*Continued on Reverse Side*

<b>TOTAL</b>	<b>10</b>	<b>\$150,000</b>	<b>\$15,000</b>

**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 URP26 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 URP26 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 07/01 and ends 06/30

**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 (N/A)**

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)**

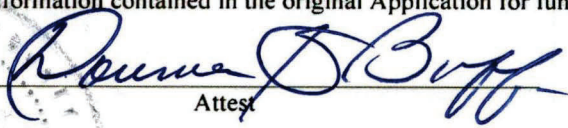
1. Enclosed is the Form W-9 Request for Taxpayer Identification Number and Certification. Please complete this form with the requested information and return the completed form with the PAD.
2. Also, enclosed is the form for electronic payments, which will allow for direct deposit of Program funds into your designated checking account. Please complete this form with the requested information and return the completed form with the PAD.

**K. Intergovernmental Agreement (N/A)**

Please provide a copy of an intergovernmental agreement between your governmental entity and the governmental entity in which you will be providing services under URP24, 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

Clerk to the Board 5/12/25  
Title Date

  
Authorized Signature

Andy Meyer 5/8/25  
Title Date