

**North Carolina Housing Finance Agency
2018 Essential Single-Family Rehabilitation Loan Pool (ESFRLP)
Post-Approval Documentation**

ESFRLP1813	Gaston County
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A. Instructions

Your Application for Funding under the 2018 cycle of the Single-Family Rehabilitation Loan Pool (ESFRLP18) was approved for \$175,000 and assigned Funding Agreement number ESFRLP1813. As a Member of the ESFRLP18 “Pool”, \$175,000 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 by the North Carolina Housing Finance Agency (the Agency). In accordance with ESFRLP18 Program Guideline (PG) 3.2.2 you may reserve funds for up to 5 units under your original \$175,000 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, 2020.

Please provide the information and documentation requested in this packet and forward it to Mark Lindquist mwlindquist@nchfa.com. The Case Manager assigned to your ESFRLP project is Donna Coleman and can be reached at 919-981-5006 or via email at djcoleman@nchfa.com.

B. Status of Other Funds - *Not Applicable*

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
Other	\$0
Total of matching funds committed to the ESFRLP18 project	\$0

C. Assistance Policy - *Attach*

Because ESFRLP18 beneficiaries are not necessarily pre-selected and approved through a public hearing process, it is especially important that ESFRLP18 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 sample Assistance Policy is located on the NCHFA at website, www.nchfa.com. You may choose to use it as a template to develop your own policy.

D. Procurement and Disbursement Policies - *Attach*

ESFRLP18 Members must submit a copy of their Procurement Policy that is specific to ESFRLP18 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 ESFRLP18, to the Agency, as part of your PAD.

E. Service Area Requirements

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

Service Area	Approved Program Funds
Gaston County	\$175,000

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 July 1st and ends June 30th.

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 the completed PAD.

H. Organizational Documents. (Non-Government Organizations Only) - Not Applicable

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 directors, officers and staff.

I. 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 ESFRLP18, 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 Requisition Approval Authorization form. Please have this signed by each individual authorized by your organization's governing board who will be requisitioning ESFRLP18 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. 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.

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 now 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 as an example if you need to perform a four factor analysis or create a plan.

M. ESFRLP Budget for Soft Costs

Your Application for Funding was approved based partly on your itemized ESFRLP18 Budget for Soft Costs in your application. The Agency recommended ESFRLP18 budget for soft costs provided in the following table may reflect the budget for soft costs submitted in your ESFRLP18 Application for Funding with an additional increase or decrease in line items.

ESFRLP Soft Costs/unit		ESFRLP1813
1.	Outreach & Advertising	\$100
2.	Environmental Review preparation	\$500
3.	Asbestos testing/clearance	\$300
4.	Radon testing	\$100
5.	LBP inspection/risk assessment	\$350
6.	LBP clearance	\$300
7.	Loan document execution, recording & legal fees	\$450
8.	Pre-rehab Inspection including scope of work	\$500
9.	Work write-ups	\$2000
10.	Cost estimate	\$900
11.	Project & construction management	\$4000
12.	Flood Insurance (units in Flood Hazard Zones)	\$0
13.	Post-rehab value certification	\$500
Total ESFRLP Soft Costs/unit		\$10000

Please check the appropriate response.

- ☐ a. Member accepts Agency-recommended budget (per table above); or
- ☐ b. Member proposes to adjust the budget as follows (complete the following table)

ESFRLP Soft Costs/unit		
1.	Outreach & Advertising	
2.	Environmental Review preparation	
3.	Asbestos testing/clearance	
4.	Radon testing	
5.	LBP inspection/risk assessment	
6.	LBP clearance	
7.	Loan document execution, recording & legal fees	
8.	Pre-rehab Inspection including scope of work	
9.	Work write-ups	
10.	Cost estimate	
11.	Project & construction management	
12.	Flood Insurance (units in Flood Hazard Zones)	
13.	Post-rehab value certification	
Total ESFRLP Soft Costs/unit		

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.


Angela Stacks, Deputy
 Attest

Earl Mathers
 Authorized Signature

Angela Stacks 3/1/18

Earl Mathers 3/1/18

Title Clerk to the Date
 Board of Commissioners

Title County Manager Date

Acknowledgement of Audit Compliance Reporting Responsibilities

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

 We are a non-profit organization and will comply with North Carolina General Statute 143C-6-23 which requires us to submit reports. These reports will be submitted directly to NCHFA @ subreport.rehabteam@nchfa.com. Our organization will submit these reports by the required deadline and will notify our NCHFA contact when reports are submitted.

If your organization received less than \$750,000 as a subrecipient of state and/or federal funds in the reporting fiscal year, your reports are due six (6) months after your fiscal year-end date.

If your organization received \$750,000 or more as a subrecipient of state and/or federal funds in the reporting fiscal year, your reports are due nine (9) months after your fiscal year-end date.

 We are a local governmental organization and will comply with North Carolina General Statute 159-34, "Audit Requirement of the Loan Budget and Fiscal Control Act".

 X We will submit our annual Financial Statements electronically via a .pdf file within thirty (30) days of publication. **Submit to castell@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. Our reports will be submitted prior to all compliance deadlines.

Signed:



Date: 3/1/18

Name Earl Mathers

Title County Manager

Organization Gaston County

Federal Tax ID Number

Address 128 W. Main Avenue, P.O. Box 1578

Address Gastonia, NC 28053-1578

Email Earl.Mathers@gastongov.com

Phone 704-866-3102

Fax 704-866-3139

Fiscal Year-End Date June 30th Award: ESFRLP 1813

Federal Funding Accountability and Transparency Act (FFATA) Questionnaire

Please have your chief financial officer answer the following.

Question #1 – In the preceding fiscal year, were your organization's total annual expenditures less than \$300,000?

____yes ☒no

Question #2 - In the preceding fiscal year, was 80 percent or more of your organization's annual gross revenue from Federal procurement contracts (and subcontracts) and Federal financial assistance?

____yes ☒no

If yes to above question #2:

Question #3 - In the preceding fiscal year, did your organization have \$25,000,000 or more in annual gross revenue from Federal procurement contracts (and subcontract) and Federal financial assistance?

____yes ____no

Signed: Earl Mathers 3/1/18
Date

Printed Name: Earl Mathers

Organization: Gaston County

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. GASTON COUNTY	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ LOCAL GOVERNMENT	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) PO BOX 1578	Requester's name and address (optional)
	6 City, state, and ZIP code GASTONIA, NC 28053	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

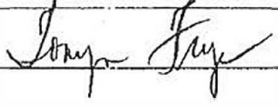
Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 2/15/17
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we released it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Essential Single-Family Rehabilitation Loan Pool Portal

Requisition Approval and Project Access Authorization

Program: NCHFA 2018 Essential Single-Family Rehabilitation Loan Pool

Project: Gaston County ESFRLP1813

Member: Gaston County

Contact Name: Pat Laws


Level of Access

Printed Name	Title	E-mail	Phone	1	2
Pat Laws	Grants Adm.	Pat.Laws@gastongov.com	704-866-3771		X
Marc Bolick	Housing Rehab. Mgr.	Marc.Bolick@gastongov.com	704-866-3559	X	

Select the level of access

1. Access to enter units, but not approve requisitions/invoices
2. Full access to enter units and approve requisitions/invoices

The above individuals are authorized to approve requisitions for funds or granted access for the project.

Certifying Official	Earl Mathers	
Title	County Manager	
Date	3/1/18	