

CABARRUS-IREDELL-ROWAN HOME CONSORTIUM

HOME-ARP FUNDING ACTION PLAN



APPLICATIONS DUE FEBRUARY 11, 2022

Submit application to:

City of Concord
Attn: Pepper Bego
Planning & Neighborhood Development Department
P.O. Box 308
Concord, NC 28026
704-920-5133
begop@concordnc.gov

ACTION PLAN INFORMATION

HOME Consortium Member:

Rowan County, NC

PROJECT/ACTIVITY DESCRIPTION

Project/Program Title:

Rowan County, NC HOME-ARP Funding

Project/Program Location:

Rowan County, NC

I (a) Type of Activity (check one)

☐ Development and Support of Affordable Housing

☐ Tenant Base Rental Vouchers (TBRV)

☐ Support Services (Non-Profits)

☒ Acquisition and Development of Non-Congregate Housing

II (b) Project Description. Please provide a **detailed narrative description** of the project below (or on an attached page), addressing all of the following questions. Please check each box below to show that you have addressed the question, and insert information directly in blank space below question. Where the question is not applicable or no information is available, insert N/A.

Over 75% of Rowan County respondents that participated in the Consortium's on-line HOME-ARP survey indicated this community needed more non-congregate housing. In support of this need, Rowan County will prioritize use of its HOME-ARP funds to establish a program with allowable administrative funds to solicit and evaluate applications for proposals that create non-congregate housing and fund a project(s) that supports veterans, homeless or those at-risk of homelessness through the acquisition, rehabilitation, or construction of non-congregate housing. Program funding for this initiative may be used for development hard costs and related soft costs.

As the aforementioned survey also identified that qualifying households in the community cannot afford housing and housing related costs such as rental assistance, the County will allocate a portion of its funds in support of tenant based rental assistance. Rowan County intends to solicit applications seeking a provider to administer and distribute these funds. Priority may be given to a

provider(s) that demonstrates their current or proposed program is able to incorporate support services for homeless prevention and housing counseling services.

PROJECT BUDGET AND FUNDING

III (a) Budget

Show all funding sources for the project or projects you plan to undertake. Be sure to include program income.

Project Activities: HOME -ARP

- | | |
|---|------------------|
| ▪ Create and Develop Non-Congregate Housing - | \$554, 109 |
| ▪ Tenant Based Rental Assistance and Support Services - | \$184, 703 |
| ▪ General Program Administration - | <u>\$58, 670</u> |

TOTAL HOME-ARP Funds	\$797, 482
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DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

- a) Employees of or closely related to employees of your agency
or the member government through which this application is made: YES ___ NO X
- b) Members of or closely related to members of City Council
or Commission of the member government through which this
action plan is made: YES ___ NO X
- c) Current beneficiaries of the program for which funds are requested: YES ___ NO X
- d) Paid providers of goods or services to the program or having other
financial interest in the program: YES ___ NO X

If you have answered **YES** to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

To the best of my knowledge and belief all data in this application are true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____
Certifying Official

Date

Signature of Certifying Official

Date