



Alpena County Home Improvement Program

719 W. Chisholm Street, Ste. 5
Alpena, MI 49707

Thea Lucas, Director

Telephone (989) 354-9664
Fax (989) 354-9783
lucast@alpenacounty.org

DATE: June 10, 2021
TO: Alpena County Full Board
FROM: The Alpena County Home Improvement Program
REG: Rural Development Grant - HPG

Please accept the submission of the New Grant Application from Rural Development for the Housing Preservation Grant (HPG).

This Grant will allow future loans to be subsidized with the current CDBG Grant under MEDC. The loans will cover, and not limited to, new siding, roofs, windows, porches, doors, furnaces, electrical, plumbing, wells and septic/drain fields.

The application amount is unknown at this time, but will determined by Rural Development based upon demand and spilt within Northeastern Michigan.

Respectfully Submitted,
Thea M. Lucas
Home Improvement Director



EQUAL HOUSING
OPPORTUNITY




This Institution is an Equal Opportunity Provider
Hearing Impaired and/or Disabled Applicants Can Call
Michigan Relay System Text Telephone 1-800-649-3777


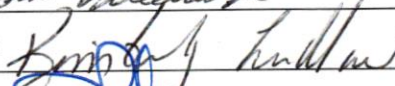

Contract / Leases / Agreements / Grants Form

This is	New	XX		Renewal		Filling this out on a computer? Please type an X into the appropriate box.
This is a Grant	Yes	XX		No		If you marked YES this needs to go through Grant Review .
This is an	Agreement XX Contract ____ Lease ____ Other ____:					
Name of Entity who Contract / Lease / Agreement / Grant is with	HPG-Housing Preservation Grant-Rural Development					
Project Name	HPG					
Attorney Review	All Contracts / Leases / Agreements / Grants must have Attorney Review and approval through the Commissioner's Office.					
Insurance Review	All Contracts / Leases / Agreements / Grants must have appropriate insurance coverage per the attached list. It is the Department Heads responsibility to make sure that all requirements are met and listed on the insurance certificate.					
Total Amount	\$ Unknown					
Organization Match	\$ \$161,000 (2019 Program Income)					
County Match	\$ -0-					

I have reviewed and approved this Contract / Lease / Agreement / Grant and attached appropriate insurance:

 The Department Head Requesting	06-09-2021 Date Signed
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GRANT REVIEW COMMITTEE APPROVAL:

County Clerk: 	Date Signed: 6-10-21	I am requesting a meeting	
County Treasurer: 	Date Signed: 6-10-21	I am requesting a meeting	
Finance Chairman: 	Date Signed: 6-10-21	I am requesting a meeting	

Please do NOT mark below this line

.....

INTEROFFICE USE ONLY

Date Received:	Date Sent for Attorney Review:
Attorney Approval Received:	Insurance Received:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: 10-433			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: Alpena County Home Improvement Program					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-6004834			* c. Organizational DUNS: 080351281		
d. Address:					
* Street 1: 719 W. Chisholm Street, Suite #5					
Street 2: _____					
* City: Alpena					
County/Parish: Alpena					
* State: MI					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 49707					
e. Organizational Unit:					
Department Name: Alpena County Home Improvement Program			Division Name: Housing Commission		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		* First Name: Thea			
Middle Name: M		_____			
* Last Name: Lucas					
Suffix: _____					
Title: Diorector					
Organizational Affiliation: Alpena County Home Improvement Program					
* Telephone Number: (989) 354-9664		Fax Number: (989) 354-9783			
* Email: lucast@alpenacounty.org					

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

TBD

Type of Applicant 2- Select Applicant Type:

TBD

Type of Applicant 3- Select Applicant Type:

TBD

* Other (specify):

*** 10. Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Alpena County

Add Attachments

Delete Attachments

View Attachments

*** 15. Descriptive Title of Applicant's Project:**

HPG Funds will be used to rehabilitate low to moderate income, single-family, owner-occupied housing units within Alpena County. Funds will be leveraged with State MEDC funds to bring substandard rural homes up to PCS standards.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:


* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

 An official website of the United States government
[Here's how you know](#)

 **Rural Development**
U.S. DEPARTMENT OF AGRICULTURE

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Housing Preservation Grants

- [Overview](#)
- [To Apply](#)
- [Other Requirements](#)
- [Events](#)
- [Contact](#)

PROGRAM STATUS:

Open

APPLICATION DEADLINE:

Paper Pre-Applications: July 7, 2021 - 5:00 p.m. local time for each Rural Development State Office

Electronic Pre-Applications: July 19, 2021 - 5:00 p.m. eastern daylight

[Program Fact Sheet](#)

[Hoja Informativa del Programa](#)

[Federal Register](#)

What does this program do?

It provides grants to sponsoring organizations for the repair or rehabilitation of

housing owned or occupied by low- and very-low-income rural citizens. USDA will award a total of \$15,340,826.78 in Housing Preservation Grant Program funding for the repair and rehabilitation of rural housing units.

Who may apply for this program?

- Most State and local governmental entities
- Nonprofit organizations
- Federally Recognized Tribes
- Individual homeowners are **not eligible**

Additional requirements include:

- Applicants must have the necessary background and experience with proven ability to perform the responsibility of repair and rehabilitation of low-income housing
- Applicants are required to make quarterly progress reports and a final audit on their accomplishments

What is an eligible area?

Areas that may be served include:

- Rural areas and towns with 20,000 or fewer people--Check eligible addresses
- Federally Recognized Tribal lands

How may funds be used?

- Applicants provide grants or low-interest loans to repair or rehabilitate housing for low- and very-low-income (1) homeowners
- Rental property owners may also receive assistance if they agree to make units available to low- and very-low-income (1) families
- Eligible expenses include:
 - Repairing or replacing electrical wiring, foundations, roofs, insulation, heating systems and water/waste disposal systems

- Handicap accessibility features
- Labor and materials
- Administrative expenses
- For a complete list, see Code of Federal Regulations (CFR) 1944.664

How do we get started?

Applications are accepted on an annual basis through a Notice of Solicitation of Application (NOSA) in the Federal Register.

Who can answer questions?

Find the contact information on the Contact tab.

What governs this program?

- Code of Federal Regulation, 7 CFR 1944-N
- Code of Federal Regulation, 7 CFR Part 1970 A-O
- RD Instruction 1944-N
- RD Instruction 1940-L, Methodology and Formulas for Allocation of Loan and Grant Program Funds
- RD Instruction 1901-E, Civil Rights Compliance Requirements
- This program is authorized by Title V of the Housing Act of 1949

NOTE: Because citations and other information may be subject to change, please always consult the program Instructions listed in the section above titled "What Law Governs this Program?" You may also contact your State office for assistance.

(1) Very-low-income and low income: Very-low-income is below 50% of area median income; low-income is 50-80% of area median income.