



Restoring Our Communities (ROC) Program Service Provider Application (Exhibit A)

There is a two-step application process under the provisions of the Notice of Funding Availability (NOFA).

Step 1 – Application to become an approved Service Provider under the ROC Program – Applicants must complete and submit the Service Provider application form with all required documents included in the *Service Provider application checklist*. MFA staff will evaluate the application using the Minimum Qualifications and Requirements, and Service Provider evaluation and scoring criteria listed below. Upon approval, MFA and the Service Provider will enter into a Performance Agreement for a two-year term with an option for three additional one-year renewals. Upon execution of the Performance Agreement, project applications can be submitted for project awards.

MFA staff may contact Applicants for clarification of the information provided in the application process.

Date of Service Provider Application

Applicant

Agency Name

Physical Address

City, State Zip

Mailing Address Check if Same as above

City, State Zip

Website

Applicant Point of Contact

Name

Title

Telephone Number

Extension

E-Mail Address

Applicant Type:

- Non-Profit Organization (public or private)
- For-Profit Organization
- Governmental Housing Agency or Authority
- Governmental Entity
- Governmental Instrumentality
- Regional Housing Authority
- Public Housing Authority
- Tribal Government
- Tribal Housing Agency or Housing Authority
- Other

MINIMUM QUALIFICATIONS AND REQUIREMENTS

Please provide a detailed statement for each of the items listed below with supporting documentation as listed in the Service Provider application checklist.

1. Organization under state, local, or tribal laws and can provide proof of such organization and that Applicant is in good standing, as applicable;
2. A functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated an entity that will maintain such an accounting system consistent with generally accepted accounting principles or has a fiscal agent familiar with affordable housing programs and projects or in lieu of an audit, an independent CPA's review of financial statements, signed by the reviewer.
3. No significant financial audit findings, and no significant outstanding or unresolved monitoring findings from any governmental entity, or from MFA, or otherwise; or if it has any such findings, it has a certified letter from the governmental entity, MFA, or otherwise stating that the findings are in the process of being resolved.
4. Not having been suspended, debarred, or otherwise restricted by any department or agency of the Federal Government or any State government from doing business with such department or agency because of misconduct or alleged misconduct.
5. Not having been defaulted on any obligation covered by a surety or performance bond.

Non-profit applicants must also provide proof of the following:

1. 501(c)(3) tax status;
2. Having no part of its net earnings inuring to the benefit of any member, founder, contributor or individual; and
3. Compliance with the Charitable Solicitations Act, NMSA 1978, §57-22-1 et seq. and with the filing requirements by the New Mexico Attorney General's Office under that Act.

The following criteria must be met by all Applicants to be considered an approved Service Provider to receive ROC Program funding. Applicants must score a *minimum of 70 points* of the total points possible. To promote participation, Applicants with little or no experience, may be considered for approval at MFA’s discretion and will be limited to one (1) open project award at any one time.

SCORING CRITERIA

FINANCIAL STRENGTH – 25 Possible Points

External Audit – 10 Possible Points

Independent audit or audited financial statements must be for the most recent completed fiscal year not ending earlier than 2022. Audit materials must include management’s response to any findings and corrective action to clear the finding or provide details on the current status of a finding.

Financial Management – 10 Possible Points - Provide the policy for the applicant’s system of internal controls for fiscal management as documented in a policies and procedure manual approved by the applicant’s Board of Directors/Owner

Financial Management – 5 Possible Points - Provide by-laws requiring Board of Director’s/Owner fiscal oversight.

Administrative and Financial Management Capacity

Program/Staff Name	Title	Yrs. of Experience	Capacity/Role/Services Offered

EXPERIENCE OF ACQUISITION, REHABILITATION, AND SALE – 35 Possible Points

Complete the following:

Number of Acquisition, Rehabilitation and Sale Projects Completed – 10 Possible Points

List Acquisition, Rehabilitation and Sale Projects

Please provide a list of Projects the Agency has completed in the last three years.

Project Location/Description	Date Completed

Number of Rehabilitation Projects – 10 Possible Points

List of Projects Rehabilitation Projects

Please provide a list of Projects the Agency has completed in the last three years.

Project Location/Description (Rehabilitation Only)	Date Completed

Number of Years Experience with Acquisition, Rehabilitation and Sale Projects – 15 Possible Points

Field Experience and Capacity

Please provide the Names and years of experience for individuals that will be managing the ROC Program

Name	Years of Experience	Capacity/Role

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IMPLEMENTATION PLAN – 20 Possible Points

Timeline – 5 Possible Points

Please provide a timeline to for implementation of ROC Program

Implementation Plan – 5 Possible Points

Please provide a comprehensive implementation plan for your agency

Detailed Process – 10 Possible Points

Please provide a detailed process for implementation of the ROC Program. Steps or explanation on how your agency will implement.

AGENCY READINESS TO Proceed – 20 Possible Points

Number of days agency requires to begin submitting project applications – 20 Possible Points

Service Provider Application Checklist (Please submit in order for applicable form)

Applicants Initials	Item Required
	Complete Service Provider Application with all requested information and Signature of Authorized Official on behalf of Applicant
	Article of incorporation to evidence the applicant is organized under State or local laws
	Current business license
	“GOOD STANDING” CERTIFICATION
	A notarized statement from the organization; documentation from a Certified Public Accountant; or an approved audit summary that evidences the applicant has sound financial and management stability with no significant outstanding or unresolved findings or its most recent independent financial audit
	Articles of incorporation, charter, by-laws, or resolution that evidences the applicant has among its purposes the provision decent housing that is affordable to low- to moderate- and middle-income individuals/families
	An independent Certified Public Accountant (CPA’s) auditor’s report (audit) conducted in accordance with Government Auditing Standards (GAS) or a recent MFA approved audit letter.
	Organizational Chart
	List of Board of Directors
	Resumes of the management and staff who will be administering the Restoring Our Communities Program
	Organization Mission Statement
	ROC PROGRAM APPLICANT’S CERTIFICATION
	ROC PROGRAM APPLICANT’S REPUTATION CERTIFICATION
	Fair Housing Policy and Procedures
Non-Profit Only	
	A 501 (c)(3) or (4) Certificate from the IRS
	Articles of incorporation or charter that evidence that no part of the non-profit’s net earnings inures to the benefit of any member, founder, contributor, or individual.
	Proof of current registration as a charitable organization with the New Mexico Attorney General’s Office for fiscal year ending in 2022 or proof of exemption therefrom (must include all pages of registration form)
Other if applicable	
	External Audit
	Internal controls, policies, and procedures
	Board of Director Bylaws showing fiscal oversight

“GOOD STANDING” CERTIFICATION

Applicant Name

I certify that _____ is in “good standing” with all applicable federal, state, and local and MFA rules and regulations as of the date this application. (Applicant must have no unresolved findings including but not limited to the State of New Mexico, funding sources, partners and MFA. This is not applicable for new agencies.)

Signature of Authorized Official on behalf of Applicant

Date

Printed Name

ROC PROGRAM APPLICANT’S CERTIFICATION

_____ (“Applicant”) is submitting an application to the Mortgage Finance Authority (“MFA”) to be considered for funding from the Restoring Our Communities Program (ROC)

Applicant certifies that:

It will abide by all applicable federal and state of New Mexico laws and all applicable statutory, regulatory, and judicially created rules and guidelines.

It understands that MFA will monitor its performance and compliance. It is in good standing with all its funding sources.

It complies with MFA’s Third-Party Code of Conduct, Equal Employment Law, and all government regulations regarding nondiscriminatory employment practices.

It understands and represents that any performance agreement it enters into with MFA will be binding in all respects.

It is currently registered with the NM Attorney General’s Registry of Charitable Organizations, if applicable.

This proposal shall be valid until the performance agreement is awarded.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THE SERVICE PROVIDER APPLICATION IS TRUE AND CORRECT, AND THAT I HAVE THE AUTHORITY TO BIND THE APPLICANT TO THE ASSURANCES, AS WITNESSED BY MY SIGNATURE BELOW.

Name: _____

Title: _____

Date: _____

Signature: _____

ROC PROGRAM APPLICANT'S REPUTATION CERTIFICATION

Applicant: _____

Describe any current or pending litigation, allegations, administrative proceedings, or investigations by any party, including any regulatory agency or funding entity, which could potentially impact the reputation or financial viability of the Applicant.
(If none, write "None")

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, AND THAT I HAVE DISCLOSED ANY ISSUES THAT COULD IMPACT THE REPUTATION OF THE APPLICANT.

Name: _____

Title: _____

Date: _____

Signature: _____