

# Application Form

Recovery Housing Program

*MFA may require additional information from applicants beyond what this application solicits.*

## Applicant Information

Applicant Name: \_\_\_\_\_

Applicant Type: \_\_\_\_\_

- Local governments
- Public and Private non-profit organizations
- Indian Tribes and Tribally designated housing entities
- Other: \_\_\_\_\_

Applicant Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Applicant Point of Contact:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

## Project Information

Project name: \_\_\_\_\_

Beneficiary type:

Household

Individual

Other:

Eligible Project Category (check all that apply)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Public Facilities and Improvements                                    |
| <input type="checkbox"/> | Acquisition of Real Property  |
| <input type="checkbox"/> | Lease, Rent and Utilities   |
| <input type="checkbox"/> | Rehabilitation and Reconstruction of Single Unit Residential          |
| <input type="checkbox"/> | Rehabilitation and Reconstruction of Multi- Unit Residential          |
| <input type="checkbox"/> | Rehabilitation and Construction of Public Housing                     |
| <input type="checkbox"/> | Disposition of Real Property  |
| <input type="checkbox"/> | Clearance and Demolition  |
| <input type="checkbox"/> | Relocation  |
| <input type="checkbox"/> | Expansion of Existing Eligible Activities to Include New Construction |

Project description: Based on the eligible category selected, describe the project and how it conforms with the RHP program objectives and the Notice of Funding Availability.

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## Project Description and Scoring Criterion

The applicant should provide a detailed description and documentation for each of the criteria below related to the project.

| Criteria   | Maximum Points |
|--|----------------|
| <p><b>Mandatory Priorities Imposed by the SUPPORT Act</b></p> <p>Provided qualitative and/or quantitative information which demonstrates a need for the activities proposed for RHP funding. Applicants should describe both the projected demand for the proposed temporary recovery housing solution and the financial need for assistance.</p>  | 5              |
| <p><b>Project Design and Implementation Plan</b></p> <p>Describe the project design and implementation plan presented in the application form, including method for determining eligible beneficiaries, service delivery or implementation plan, and the incorporation of any additional funding restrictions. Projects that present a viable design and implementation plan and address any additional funding restrictions that will result in a completed project will receive full points.</p> | 15             |
| <p><b>Project leverage of other resources, long-term viability</b> (reserves, cash flow coverage)</p> <p>Describe the financial feasibility and sustainability of this project. Match or leverage funding will be considered under this criterion. Projects that demonstrate a viable plan for covering the cost of the project will receive full points. Utilize the Budget section below and/or attach additional information.</p>   | 15             |
| <p><b>Project provides safe, healthy, and sober living environment</b></p> <p>Describe to the extent to which the project addresses health, safety, and housing stability concerns, and how it will facilitate a sober living environment where all residents share the goal of sobriety.</p>  | 5              |
| <p><b>Design of program that provides holistic, wrap around services</b></p> <p>Describe how the project will provide intensive coordinated services to help individuals with chronic physical and behavioral health issues as it directly related to SUDs to maintain stable housing. Also, how will it receive appropriate health and social support, outpatient and onsite services and counseling within a 50-mile radius.</p>   | 10             |
| <p><b>Project addresses housing needs of vulnerable or underserved populations</b></p> <p>Describe how the project will address the housing needs of vulnerable or underserved populations, which may include, but is not limited to, residents of tribal land, residents of rural New Mexico, or populations at risk of homelessness, populations directly affected by SUDs.</p>  | 15             |
| <p><b>Ability to comply with funding source requirements</b></p> <p>The project is evaluated on the applicants demonstrated ability to comply with HUD and FHEO requirements, including required reporting, pursuant to the population served through the stated mission of the applicant. Describe how the project will comply with these requirements and include documentation of policies and procedures for program requirements.</p>   | 5              |

|  |     |
|--|-----|
| <p><b>Readiness to proceed and obligate and expend funds within a reasonable timeframe to complete the activity/activities.</b></p> <p>The project is evaluated on its readiness to proceed. Describe the readiness and ability to implement the program immediately upon award. Complete the Completion Schedule below and/or provide additional information.</p>   | 15  |
| <p><b>Community support for recovery housing</b></p> <p>Describe how the applicant intends to obtain community input and support for the proposed activity/activities. Describe any obstacles identified through the community input process.</p>  | 15  |
| <p><b>Coordination with state, local or regional service providers</b></p> <p>Describe how the applicant will coordinate beneficiaries with other available services for individuals directly impacted by SUDs to achieve the stated RHP goals.</p>  | 15  |
| <p><b>Partner Coordination</b></p> <p>Describe the applicants plan or existing partner coordination, i.e. incorporation of other programs that may be assisting these same individuals either before or after their participation in an RHP-funded program, such as HUD’s Continuum of Care (CoC) Program, Emergency Solutions Grants (ESG) program, Housing Opportunities for Persons With AIDS (HOPWA) Program, and also HUD-VASH, a joint program between HUD and the U.S. Department of Veterans Affairs (VA).</p> | 10  |
| <p><b>Demonstrated data collection for outcomes (previous data)</b></p> <p>Describe how the applicant will track and report progress in meeting the goals and objectives of the RHP program and awarded activity/activities.</p>   | 10  |
| <p><b>Project includes trained recovery housing staff</b></p> <p>Describe the agency’s ability to provide trauma informed care, peer support technical assistance center, and other qualifications of recovery housing staff. Include resumes of recovery housing staff.</p>   | 5   |
|  |     |
| <p>Total Possible Points</p>   | 140 |

### Additional Project Description and Requirements

Agencies are required to comply with HUD FHEO (Fair Housing Equal Opportunity) federal fair housing laws and have established policies and procedures that ensure equal access for all individuals.

Provide the HUD FHEO Policies and Procedures.

Has the applicant ever had a fair housing complaint filed with FHEO? If yes, describe the nature of the complaint and the outcome:

Provide the appropriate environmental clearance and certification for this project:

Note: All projects are subject to an environmental review and must receive appropriate clearance prior to any expenditure of funds, including soft costs and lead-based paint costs, when applicable. (for properties constructed before 1978)

Provide any applicable Flood Insurance Information:

Note: Owners of properties located in floodplains or wetlands as identified by the Federal Emergency Management Agency shall be required to obtain and maintain flood insurance as a condition of receiving funding.

As per 24 CFR Part 35, found at <https://www.law.cornell.edu/cfr/text/24/part-35>, provide any Lead-Based Paint matters that may conflict with this regulation.

Note: All Eligible Agencies must certify and comply with applicable lead-based paint regulations listed in 24 CFR Part 35

Other Federal and State Requirements: All projects must meet Section 3, Uniform Relocation Guidance, Conflict of Interest Requirements as well as any other federal and state requirements applicable to Recovery Housing. [https://housingnm.org/uploads/documents/Third\\_Party\\_Code\\_of\\_Conduct.pdf](https://housingnm.org/uploads/documents/Third_Party_Code_of_Conduct.pdf)

Conflicts of Interest. Third Parties should avoid engaging in any activity that would conflict, interfere, or even create the appearance of a conflict with their business with MFA.

Note: Third Parties must disclose any potential conflicts to MFA in writing as soon as practicable upon discovery or recognition.

## Funding Source Requirements

Does the applicant have a primary mission to help individuals in recovery from a Substance Use Disorder (SUD) become stably housed?

Yes

No

## Budget

Provide the project budget:

| Project Budget        |                   |                                  |       |
|-----------------------|-------------------|----------------------------------|-------|
| Project Cost Activity | RFP Program Award | Leverage Funding (if applicable) | Total |
|                       |                   |                                  |       |
|                       |                   |                                  |       |
|                       |                   |                                  |       |
|                       |                   |                                  |       |
|                       |                   |                                  |       |
|                       |                   |                                  |       |
| <b>Total</b>          |                   |                                  |       |

Optional budget narrative:

# Completion Schedule

Provide the project completion schedule:

| Project Budget   |                              |
|------------------|------------------------------|
| Project Activity | Completion Date (month/year) |
|                  |                              |
|                  |                              |
|                  |                              |
|                  |                              |
|                  |                              |
|                  |                              |
|                  |                              |

Optional schedule completion narrative:

# Required Documents Checklist

## Recovery Housing Program

*All applications must include the required documents listed below. Additional documents are required for non-profit applicants. MFA may require additional documentation from applicants beyond what this application solicits.*

### Required Documents for All Applicants

- Articles of incorporation to evidence the applicant is organized under State or local laws
- Current business license
- 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 monitoring findings or its most recent independent financial audit, if applicable
- Articles of incorporation, charter, by-laws, **OR** resolution that evidences the applicant has among its purposes the provision of decent housing that is affordable to low- and moderate-income people
- A summary of projects and/or statements that describe key projects within the last 5 years, **OR** a contract(s) with a consultant firm or individual that has benefited the community that evidences the applicant has a demonstrated commitment to affordable housing and the community
- An independent Certified Public Accountant (CPA) auditor's report (audit) conducted in accordance with Government Auditing Standards (GAS) or a recent MFA approved audit letter confirming that the most recent audit has been received and approved
- Organizational Chart
- Resumes of the executive director, accountant/bookkeeper, program manager and case manager(s) who will be administering the Recovery Housing Program
- Organization Mission Statement
- Applicant Certifications (included below)
- Applicant Reputation Certification (included below)
- Policies and Procedures – FHEO

### Additional Required Documents for Non-profit Applicants

- A 501 (c)(3) or (4) certificate from the IRS **OR** a group exemption letter from the IRS that includes the CHDO that evidences the applicant is classified as a subordinate of a central organization non-profit under Section 905 of the Internal Revenue Code
- 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 ("COROS") with the New Mexico Attorney General's Office for fiscal year ending in 2023 or proof of exemption therefrom (must include all pages of registration form)

### Other Documents to be Submitted if Applicable

- Evidence of Site Control
- Financing Commitment Letter(s) or Agreement(s)
- Internal controls, policies, and procedures
- Board of Director Bylaws showing fiscal oversight
- Environmental Clearance



**RECOVERY HOUSING PROGRAM (RHP)  
APPLICANT’S CERTIFICATION**

\_\_\_\_\_ (“Applicant”) is submitting a proposal to the Mortgage Finance Authority (“MFA”) to be considered for funding from the Recovery Housing Program.

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 will abide by HUD Section 3 Economic Opportunity Compliance Policy, which can be found at <http://housingnm.org/rfps/rfps-rfq>

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

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 or ninety (90) calendar days from the proposal due date, whichever is longer.

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THE PROPOSAL 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: \_\_\_\_\_

**RECOVERY HOUSING PROGRAM (RHP)  
APPLICANT 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: \_\_\_\_\_

**RECOVERY HOUSING PROGRAM (RHP)  
APPLICANT LEAD BASED PAINT CERTIFICATION**

Applicant: \_\_\_\_\_

All projects are subject to an environmental review and must receive appropriate clearance prior to any expenditure of funds, including soft costs and lead-based paint costs, when applicable. (LBP guidelines only apply to properties built before 1978)

Please provide any and all environmental reviews and describe any current or pending issue or concern regarding Lead Based Paint. (If none, write "None")

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, AND THAT I HAVE DISCLOSED ANY ISSUES REGARDING LEAD BASED PAINT REGULATIONS AS NOTED PER 24 CFR PART 35 THAT COULD IMPACT THE APPLICANT.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**RECOVERY HOUSING PROGRAM (RHP)  
MFA'S THIRD PARTY CODE OF CONDUCT CERTIFICATION**

Applicant: \_\_\_\_\_

Applicant shall warrant that it has no interest, direct or indirect, which would conflict in any manner or degree with the performance of services related to this application.

Describe any interest, direct or indirect, that would conflict with any manner or degree with the performance of services related to this application. Also, acknowledge and the intent to comply with the MFA Code of Conduct. *(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 CODE OF CONDUCT OF THE APPLICANT.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**RECOVERY HOUSING PROGRAM (RHP)**  
**APPLICANT'S CONFLICT OF INTEREST CERTIFICATION**

Applicant: \_\_\_\_\_

Conflict of interest. Third Parties should avoid engaging in any activity that would conflict, interfere, or even create the appearance of a conflict with their business with MFA. Third Parties must disclose any potential conflicts to MFA in writing as soon as practicable upon discovery or recognition. MFA shall not enter into any Transaction with a former MFA Member or form MFA Management. [https://housingnm.org/uploads/documents/Third\\_Party\\_Code\\_of\\_Conduct.pdf](https://housingnm.org/uploads/documents/Third_Party_Code_of_Conduct.pdf)

Describe any conflict of interest that would be incompatible with any manner or degree of the performance of services related to this application.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, AND THAT I HAVE DISCLOSED ANY CONFLICT OF INTEREST THAT COULD IMPACT THE CODE OF CONDUCT OF THE APPLICANT.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_