Rehab-2-Rental Pilot Program Service Provider Application

This application must be used to become an approved Service Provider under the Rehab-2-Rental Pilot Program. Applicants must complete and submit this application form with all required documents included in the Service Provider application checklist. MFA staff will evaluate the application using the Threshold requirements below. Upon approval, Housing New Mexico and the Service Provider will enter into a Performance Agreement for a two-term with an option for additional renewal years based on funding availability. **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.

# Applicant Information

|  |  |
| --- | --- |
| **Entity name:** |  |
| **Point of contact:** |  |
| **Phone number:** |  |
| **Email address:** |  |
| **Physical address:** |  |
| **Mailing address (if different from above):** |  |
| **Federal tax ID number:** |  |
| **Website:** |  |
| **DUNS number (if applicable):** |  |
| **Organization Type:** | [ ] Non-profit organization[ ] For-profit organization[ ] Government housing agency or authority[ ] Regional housing authority[ ] Public Housing Authority[ ] Municipality | [ ] County[ ] Other government entity[ ] Tribal government[ ] Tribal housing agency or authority[ ] Joint Venture[ ] Partnership[ ] Other: |
| **Name of authorized representative:** |  |
| **Authorized representative title:** |  |

# Current Housing New Mexico Service Providers

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| 1. **If your organization is currently administering a Housing New Mexico program and is in good standing, indicate which program and how long your organization has been a service provider.**
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# MINIMUM QUALIFICATIONs and Requirements

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| 1. **To be considered for Service Provider approval under the NOFA, Applicants must meet the minimum qualifications listed in the table below.**

***Current Housing New Mexico service provider Applicants are NOT REQUIRED to complete this section as these qualification and requirements have been met through other funding procurement.*** |
| **Minimum Qualifications**  | **Required Supporting Documents** |
| 1. ☐ Organized under state, local, or tribal laws and provide proof of such organization and that the applicant is in good standing.
 | * Applicant’s Board of Director’s or governing body information
* Organization Mission Statement
* Current Business License
 |
| 1. ☐ Have a functioning accounting system that is operated in accordance with Generally Accepted Accounting Principles (GAAP), Government Auditing Standards (GAS) or has designated an entity as their fiscal agent that will maintain such an accounting system consistent with GAAP or GAS.
 | Current financial audit or audited financial statements conducted in accordance with Government Auditing Standards (GAS) or Generally Accepting Auditing Principles (GAAP). The audit must include the following:* Auditor's report on the financial statements
* Review of internal control structure disclosing reportable conditions with acknowledgement of material/non-material weaknesses
* Report on the Schedule of Federal and Financial Assistance or Federal awards, if applicable
* Management letter and agency response to items in the letter.
* Report on fraud, abuse or other infraction.

If the applicant does not have a financial audit or audited financial statements, Housing New Mexico require a designated fiscal agent be appointed by the applicant in which case, the following must be provided:* Financial audit or audited financial statements that contain the items listed above for the fiscal agent.
* A contract between the applicant and the fiscal agent that contains the responsibilities of the fiscal agent and the authority to act on behalf of the applicant.
 |
| * 1. [ ]  Have no significant financial audit findings, and no significant outstanding or unresolved monitoring findings from any governmental entity, or from Housing New Mexico, or otherwise; or if it has any such findings, it has a certified letter from the auditor, governmental entity, Housing New Mexico, or otherwise, stating that the findings are in the process of being resolved.
 |
| * 1. ☐ Have no significant financial audit findings, and no significant outstanding or unresolved monitoring findings from any governmental entity, or from Housing New Mexico, or otherwise; or if it has any such findings, it has a certified letter from the auditor, governmental entity, Housing New Mexico, or otherwise, stating that the findings are in the process of being resolved.
 |
| 1. [ ]  Have not been suspended, debarred or otherwise restricted by any department or agency of the federal government, any state or local government, or Housing New Mexico from doing business with such department, agency, or authority because of misconduct or alleged misconduct.
 | * Good Standing and Reputation Certification and Acknowledgment
 |
| * 1. ☐ Have not defaulted on any obligation covered by a surety or performance bond.
 |
| **Additional Qualification Requirements for Non-Profit Applicants** |
| 1. ☐ 501(c)(3) tax status;
 | * 501(c)(3) certificate from the IRS
 |
| 1. ☐ 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; and
 | * New Mexico proof of current registration as a charitable organization by the New Mexico Attorney General’s office
 |
| 1. ☐ Having no part of its net earnings inuring to the benefit of any member, founder, contributor or individual.
 | * Articles of incorporation or charter that evidence that no part of the nonprofits net earnings inures to the benefit of any member, founder, contributor or individual
 |

# Experience

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| 1. **Describe your organization's experience with housing assistance or property rehabilitation below, including key projects, and outcomes.**
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# Applicant Questionnaire

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| 1. **Does your organization administer tenant-based housing vouchers?**
 |
| 1. ☐Yes, please specify which housing voucher program you administer (e.g. Section 8 Tenant Based Vouchers, Linkages, Emergency Solutions Grante Homelessness Prevention, etc.)
 |
| **List housing voucher programs administered below:** |
|  |
| **List the housing standards for each voucher program administered (e.g. for Section 8 Tenant Based Vouchers that standard is National Standards for the Physical Inspection of Real Estate (NSPIRE).** ***For each housing standard, attach an inspection checklist used to assess units.*** |
|  |
| 1. [ ] No. To be eligible to administer the Rehab-2-Rental, Service Providers must partner with a Housing Voucher Administrator and provide the following information about the Housing Voucher Administrator partner. Attach the Partnership Agreement (Appendix B) signed by both parties.
 |
| **Housing Voucher Administrator partner organization name:**  |  |
| **Primary contact name:** |  |
| **Primary contact phone number:** |  |
| **Primary contact email address:** |  |
| **Type(s) of housing vouchers administered (e.g. Section 8 Tenant Based Vouchers, Linkages, Emergency Solutions Grante Homelessness Prevention, etc.):** |
|  |
| **List the housing standards for each voucher program administered (e.g. for Section 8 Tenant Based Vouchers that standard is National Standards for the Physical Inspection of Real Estate (NSPIRE).** ***For each housing standard, attach an inspection checklist used to assess units.*** |
|  |

# ADMINISTERING THE rehab-2-rental program

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| 1. **Describe how your organization intends to engage landlords to participate in the in the Rehab-2-Rental Pilot Program.**
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| 1. **Describe how your organization intends to monitor properties rehabilitated through the Rehab-2-Rental Pilot Program to ensure fulfillment of the 60-month affordability period.**
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| 1. **If the Housing Quality Standards your organization is following requires the prioritization of homes based on needs, how would your organization implement that requirement.**
 |
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# Project Proposal Information

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| 1. **Do your organization have a pipeline of rehabilitation projects for Rehab-2-Rental?**
 |
| 1. ☐Yes. If yes, for each project/unit provide a preliminary budget, including labor, materials, permits, and any other anticipated costs.
 |
| 1. ☐No.
 |

# Construction Contractors

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| 1. **How does your organization intend to engage contractors? (Select all that apply.)**
 |
| 1. ☐We have contractors on staff to carry out rehabilitation.
2. ☐We will bid for contractors to “pre-qualify” rehabilitation for multiple projects.
3. ☐We will allow homeowners to seek bids from licensed contractors to conduct work on their home.
4. ☐We will allow homeowners to seek bids from licensed contractors to conduct work on their home.
5. ☐Other:
 |
| 1. **If your organization has already “pre-qualified” contractors, provide the following information for those contractors:**
 |
| **Contractor 1:**  |
| Business name:  |  |
| Contractor license number: |  |
| Contractor primary contact name: |  |
| Contractor primary contact phone number: |  |
| * Evidence that the contractor is licensed to do business in New Mexico.
 | ☐New Mexico Contractors License☐Insurance Bonds * Evidence that the contractor is properly insured with a commercial general liability insurance policy.
* Evidence that the Offeror is properly insured with Workers Compensation and Auto Insurance.
 |
| * Evidence that the contractor is properly insured with a commercial general liability insurance policy.
* Evidence that the Offeror is properly insured with Workers Compensation and Auto Insurance.
 | ☐Insurance Bonds  |
| * Evidence of taxpayer identification.
 | ☐Completed W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf> |
| **Contractor 2 (if applicable):**  |
| Business name:  |  |
| Contractor license number: |  |
| Contractor primary contact name: |  |
| Contractor primary contact phone number: |  |
| * Evidence that the contractor is licensed to do business in New Mexico.
 | ☐New Mexico Contractors License  |
| * Evidence that the contractor is properly insured with a commercial general liability insurance policy.
* Evidence that the Offeror is properly insured with Workers Compensation and Auto Insurance.
 | ☐Insurance Bonds - commercial general liability insurance policy☐Insurance Bonds - Workers Compensation and Auto Insurance |
| * Evidence of taxpayer identification.
 | ☐Completed W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf> |

# Attachments provided

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| **Minimum Qualifications and Requirements - Not required for current Housing New Mexico Service Providers** |
| ☐ Yes, included☐ No, not applicable | Applicant’s Board of Director’s or governing body information |
| ☐ Yes, included☐ No, not applicable | Organization Mission Statement |
| ☐ Yes, included☐ No, not applicable | Current Business License |
| ☐ Yes, included☐ No, not applicable | Current financial audit or audited financial statements conducted in accordance with Government Auditing Standards (GAS) or Generally Accepting Auditing Principles (GAAP).ORFinancial audit or audited financial statements that contain the items listed above for the fiscal agent and; A contract between the applicant and the fiscal agent that contains the responsibilities of the fiscal agent and the authority to act on behalf of the applicant. |
| ☐ Yes, included☐ No, not applicable | 501(c)(3) certificate from the IRS |
| ☐ Yes, included☐ No, not applicable | New Mexico proof of current registration as a charitable organization by the New Mexico Attorney General’s office |
| ☐ Yes, included☐ No, not applicable | Articles of incorporation or charter that evidence that no part of the nonprofits net earnings inures to the benefit of any member, founder, contributor or individual |
| **Other** |
| ☐ Yes, included☐ No, not applicable | Exhibit B - Partnership Agreement  |
| ☐ Yes, included (applicable for all applicants) | Housing standards for each voucher type |
| ☐ Yes, included☐ No, not applicable  | Preliminary budget, including labor, materials, permits, and any other anticipated costs for any projects identified for Rehab-2-Rental |
| ☐ Yes, included☐ No, not applicable | For any “prequalified” contractors listed in the application* New Mexico Contractors License
* Insurance Bonds - commercial general liability insurance policy
* insurance Bonds - Workers Compensation and Auto Insurance
* Completed W-9 form
 |
| **Additional Supporting Documentation** |
| [ ]  Yes, included☐ No, not applicable | Specify additional documentation included: |

# Good Standing and Reputation Certification and Acknowledgement

I certify that <<Entity Name>> (“Applicant”) 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.)

Applicant is submitting an application to the Mortgage Finance Authority (“MFA”) to be considered for funding from the Rehab-2-Rental Pilot 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 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.

By signing this application, the Applicant agrees to comply with all program requirements, including but not limited to the completion of rehabilitation projects according to housing standards and the execution of a Restrictive Covenant Agreement with the participating Landlord. Applicants understand that failure to comply with program requirements may result in penalties, including repayment of funds. Applicant agree to participate in the Rehab-2-Rental program, should this application be approved, and agree to comply with all program guidelines, reporting requirements, and timelines.

*I acknowledge that all information provided in this application is true and accurate and that I have the authority to bind the applicant to the assurances as witness by my signature below.*

**Authorized representative name:**

**Authorized representative signature:**

**Title:**

**Date:**

# Application Submission

**Submit the completed application via email to:**

Sharlynn Rosales

Research and Development Manager

Housing New Mexico

7425 Jefferson St. NE, Albuquerque, NM 87109

Email: srosales@housingnm.org

Phone: (505) 767-2282