HOME Investment Partnerships Program (HOME)

Subrecipient Orientation | June 24, 2025 | 9:00 am



Moreno Valley Grants Division

Agenda

- 1. Welcome
- 2. Introductions
- 3. HOME Grant Objectives
- 4. Allowable Uses
- 5. Participant Eligibility
- 6. Statistical Reporting
- 7. Budget
- 8. Invoices
- 9. Match

- 10. Continuing Education Log
- 11. Monitoring
- 12. Grant Award Process
- 13. Program Considerations
- 14. Next Steps
- 15. Federal Regulatory Requirements
- 16. Q&A
- 17. Closing



Introductions

| Dena Heald Chief Financial Officer/City Treasurer | Melissa Aguilar |
|--|-----------------|
| Joe Barron Grants Division Manager | HUD Consultant |
| Kristina Gutierrez Senior Grants Analyst | Adriana Robledo |
| Dennis Kwan Senior Grants Accountant | HUD Consultant |



City of Moreno Valley

Avant Garde

HOME Basics: HOME Grant Objectives

- Expanding the supply of decent and affordable housing, particularly housing for low- and very low-income;
- Strategies for achieving adequate supplies of decent, affordable housing;
- Providing financial and technical assistance to participating jurisdictions; and
- Extending and strengthening partnerships among all levels of government and the private sector in the production and operation of affordable housing.



HOME Allowable Uses

- New Construction
- Rehabilitation
- Reconstruction
- Conversion
- Site Improvements

- Acquisition of Property
- Acquisition of Vacant Land
- Demolition
- Relocation Costs



Participant Eligibility

- Household income must be verified to qualify benefited persons as Low and Very-Low income using HUD Income Limit table.
 - Verifying documents may include, among others, most recent tax return showing reported dependents, W-2's of household members, recent pay stubs, bank statements, etc.
- For rehabilitation projects, proof of home ownership is also required.
 - Verifying documents should include a title report, deed of trust and most recent property tax bill.



HOME Income Limits

| | Maximum Annual Household Income Limits as Determined by HUD effective June 1, 2025 # of Persons in Household | | | | | | | | | |
|-------------------------------|--|----------|----------|----------|----------|-----------|-----------|-----------|--|--|
| 5 | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| Extremely Low Income (30%) | \$23,500 | \$26,850 | \$30,200 | \$33,550 | \$36,250 | \$38,950 | \$41,650 | \$44,300 | | |
| Very Low Income (50%) | \$39,200 | \$44,750 | \$50,350 | \$55,950 | \$60,450 | \$64,900 | \$69,400 | \$73,850 | | |
| Low Income (80%) | \$62,650 | \$71,600 | \$80,550 | \$89,500 | \$96,700 | \$103,850 | \$111,000 | \$118,150 | | |



Compliance Certification

SUBRECIPIENT FY ____HOME- PROGRAM

INVOICE DATE/ INVOICE NO. : PROJECT ADDRESS:

SUBRECIPIENT hereby certifies that the below procedures were performed; and policies, guidelines, and requirements (among other regulations) related to the acceptance and use of CDBG/HOME funds have been adhered to and compiled with as stipulated in the executed agreement for the above-mentioned program:

A PARTICIPAT ELIGBILITY

| 1. Applicable definition of income used (e.g., selected for this homeownership relabilitation program) | |
|--|--|
| 2. Income inclusions and exclusions correctly applied for the chosen income definition and the calculation was performed correctly. [24 CFR 92.203(b)] | |
| 3. The household income supported with source documentation [24 CFR 92.203(a)(2)] | |
| 4. The family's annual income less than or equal to 80% of the area median income. [24 CFR 92.254(b)] | |
| Ownership/Occupancy | |
| HFHR program staff obtained evidence of ownership. (NOTE: A deed alone is not sufficient documentation. A title search or recent review of recorded ownership information should have been conducted.) [24CFR 92.234(c)] | |
| 6. The file documentation includes documentation demonstrating that the household uses this property as its principal residence (e.g. utility bill) [24 CFR 92 254(b)(2)] | |
| B. PROPERTY ELIGIBILITY | |
| 7. The property is listed as a single-family home. [CFR 92.254(c)] | |
| 8. the work write-up/cost estimate establish that at least \$1,000 of HOME -funded rehabilitation work is required. [24 CFR 92.205(c)] | |
| 9. The estimated after-relabilitation property value less than or equal to 95% of the median single-family purchase price for the are as determined by HUDICity [24 CFR 92.254(b)(1)] | |





Statistical Reporting

CITY OF MORENO VALLEY CDBG MONTHLY STATISTICAL & ACCOMPLISHMENT REPORT PY 2023-2024

Agency Habitat for Humanity Riverside Program Name Critical Home Repair

| | | - | 1 | | Quarter 1 | | 1 | 1 | Quarter 2 | 1 | 1 | | Quarter 3 | r | 1 | | Quarter 4 | |
|-----------|--|------|--------|-----------|-----------|---------|----------|----------|-----------|---------|----------|-------|-----------|-------|-----|------|-----------|-----------------|
| | | JULY | AUGUST | SEPTEMBER | JUL-SEP | OCTOBER | NOVEMBER | DECEMBER | OCT-DEC | JANUARY | FEBRUARY | MARCH | JAN-MAR | APRIL | MAY | JUNE | APR-JUN | Program-to Date |
| 1 | Units Served | | | | | | | | | | | | | | | | | |
| 18 | Number of Rehabilitated Units | | | | 0 | | | | 0 | | | | 0 | | | | 0 | • |
| | Oher Accomplishments | | | | | | | | | | | | | | | | | |
| 1b | | | | | 0 | | | | 0 | | 1 | | 0 | | 1 | | 0 | 0 |
| 10 | | | | | 0 | | | | 0 | | | | 0 | | | | 0 | 0 |
| 1d | | | | | 0 | | | | 0 | | | | 0 | | | | 0 | • |
| 2 | Participant Income | | | | | | | | | | | | | - | | | | |
| Za | Extremely Low Income (30%) | | | | 0 | | | | 0 | | | | 0 | | | | 0 | • |
| 26 | Very Low Income (50%) | | | | 0 | | | | 0 | | | | 0 | | | | 0 | <u> </u> |
| 2c 2d | Low Income (50%) Nen-Low/Med Income | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 20 | Subtotal (Low Income | - | | | 0 | | | | | - | | | 0 | | | | 0 | |
| | Subtotal (ALL) | | | | | | | | | | 1 | 0 | | • | - · | Ĭ | | |
| | Total here should match total for question 1a | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | • |
| 3 | Participant Demographic | | | | | | | | | | | | | | | | | |
| 3a | White | | | | 0 | | - | | 0 | | | | 0 | | | | 0 | |
| 3ai | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | • |
| | | - | | | | | | | | | | | | | | | | |
| 36 | Black/African American How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | 0 |
| 3bi | now many also identified as hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3c | Asian | | - | 1 | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3ci | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | • |
| | | - | | | | | | | | | | | | | | | | |
| 3d | American Indian/Alaskan Native | | | | 0 | | | | 0 | | | | 0 | | | | 0 | 0 |
| 3di | How many also identified as Hispanic/Latinx? | | | l | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3e | Native Hawaiian/Other Pacific Islander | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3ei | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | • |
| | | _ | | | | | | | | | | | | | | | | |
| 31 | American Indian/Alaskan Native & White | | | | 0 | | | | 0 | | | | 0 | | | | 0 | 0 |
| 3fi | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3g | Asian & White | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3gi | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | · · |
| 3h | Black/African American & White | _ | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3h 3hi | Black/African American & White How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | 0 |
| inc | now many also identified as hispanic/Latinx? | | L | · | | | | | | | | | v | | | | | |
| 3i | Amer. Indian/Alaskan Native & Black African Amer. | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3ii | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3i | Other Multi-Racial | - | | | 0 | | | | 0 | | | | 0 | | | | 0 | |
| 3j 3ji | How many also identified as Hispanic/Latinx? | | | | 0 | | | | 0 | | | | 0 | | | | 0 | 0 |
| 30 | now many also identified as hispanic/Latinut | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | |
| | Total Hispanic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | • |
| 3k | Total Female Heads of Household | _ | | | 0 | | I | I | 0 | | | | 0 | | L | | 0 | <u> </u> |
| 4 | Program Budget | | | | | | | | | | | | | | | | | |
| 4a | Reimbursement Requests Submitted | | | | \$0.00 | | | | \$0.00 | | | | \$0.00 | | | | \$0.00 | \$0.00 |
| 6 | CERTIFICATION | | | | | | | | | | | | | | | | | |
| 6a | Name of Person Submitting Report | | | | | | | | | | | | | | | | | |
| 6b | Title | | | | | | | | | | | | | | | | | |
| | Phone | | | | N/A | | | | N/A | | | | N/A | | | | N/A | N/A |
| 6d | Email | | | | | | | | | | | | | | | | | |
| 6E | Date of Sibmission | _ | L | | | | | L | _ | | | | | | L | | | |
| | | | | | | | | | | | | | | | | | | |

MOR

Budget

City of Moreno Valley "HOME Entitlement Funds" LINE ITEM BUDGET FORM FY 2024-2025

Subrecipient:

Project Title:

of NEW/UNDUPLICATED Units/Persons to Serve for Fy (Moreno Valley only)

Guidance: Please use the following format to present your line item budget for your CDBG program. In column A, list the items for which you will use CDBG funds for. In column B, provide the calculation explaining how you arrived a the cost of the line item. In column C, provide the budget amount or the line item.

| A. | B. | C. | CDBG BUDGET | |
|---------------------------------------|---|---|------------------------------|--|
| BUDGET ITEM | DESCRIPTION | CALCULATION | AMOUNT | |
| PERSONNEL | N/A | | N/A | |
| Salaried Positions-Name & Job Titles | Provide rate of pay (hourly/salary) and percentage of time spent on project (full- time equivalent) or hours per week | Using an Excel formula, enter the calculation here. For example, for an employee engaged on a project for 12 months at \$20 per hour and 40% FTE, the calculation should unfold as follows: =20*40%*40*52 | Enter the budget amount here | |
| N/A | | | | |
| | | | | |
| | | | | |
| | | 1 | | |
| | | | | |
| | | | | |
| Total-Salaries | s | | | |
| Fringe Benefits-List Individual Costs | | | | |
| _ | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total-Fringe Benefits | s | | \$. | |
| TOTAL PERSONNEL COSTS: | (Total Personnel Costs + Fringe Benefits) | | | |
| OPERATING COSTS | Provide description of how you arrive at a total for each line item | | | |
| Supplies & Materials | | | | |
| Equipment | | | | |
| Printing/Copying | | | | |
| Rent/Lease (Program Only) | | | | |
| Insurance | | | | |
| Utilities | | | | |
| Telephone | | | | |
| Travel/Mileage | | | | |
| Audit | | | | |
| Professional Services | | | | |
| Other: | | | | |
| Indirect Costs": | | | | |
| (please be specific) | | | | |
| TOTAL OPERATING COSTS: | | | \$. | |
| TOTAL PROJECT COST: | (Total Personnel + Total Operating | 1 | \$ - | |
| | | | | |



10

Monthly Invoices

Exhibit D

CITY OF MORENO VALLEY COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM Subrecipient Payment Request FY DATE:

| PROJECT TITLE: | INVOICE NO. : |
|------------------|---------------|
| PREPARER'S NAME: | |
| EMAIL: | PHONE: |
| | |

ACCOUNT SUMMARY:

AGENCY NAME:

| Approved CDBG Budget | |
|---|------|
| CDBG Reimbursements Received To Date | |
| Pending Reimbursements To Date (including this invoice) | |
| Remaining CDBG Balance | \$ - |

CURRENT REQUEST:

| CDBG BUDGET LINE ITEM PER | BUDGET AMOUNT \$ | | (CURRENT AMOUNT | |
|---|------------------|-----------|---------------------------------|----------------|
| APPROVED AGREEMENT (List individual line item costs per approved budget, Exhibit "B") | | REQUESTS) | REQUESTED FOR REIMBURSEMENT) | BUDGET BALANCE |
| PERSONNEL COSTS: | | | | |
| Salaries | | | | s - |
| Fringe Benefits | | | | s - |
| Total Personnel Costs: | S - | \$ - | S - | S - |
| OPERATING COSTS: (List individual operating line item costs) | | | | |
| | | | | s - |
| | | | | s - |
| | | | | s - |
| | | | | s - |
| | | | | s - |
| | | | | s - |
| Total Operating Costs: | s - | s - | s - | s - |
| TOTAL: (Personnel Costs + Oper. Costs) | s - | s - | s - | s - |

TOTAL PAYMENT REQUESTED THIS INVOICE: \$

NOTE: Corresponding back-up source documentation must be attached. The 'Documentation Required for Reimbursement. Checklist' may be included as back-up and/or used for guidance in preparing the submittal.

-

| Signature of Preparer | | | Date |
|----------------------------|---------------------------|----------------------|------|
| | | | |
| | | | |
| Signature of Authorized Su | pervisor, Executive Direc | tor, or Board Member | Date |
| For City Use Only: Da | a Developed | P | |
| | | | |
| P.O. No.: | Amt. \$: | | |
| Inv. No. : | Acct. No.: | | |
| Inv. Date.: | Auth. By: | | |



Match Log

EXHIBIT I HOME MATCH LOG FY 2024-2025

÷‡• Type of Match Project Project Project HOME Date Value of Date Date Match Comments Project Address Туре Funds HOME \$ Match Recognized Number Committed Expended Expended Contributio n (4) (5) (6) (8) (9) (10) (11) (1) (2) (3) Example 12/1/99 1440 West н \$485.000 12/20/99 \$6.500 Waived fees 12/20/99 State transfer tax and End Rd recordation fee Subtotal Balance Forward Total



Continuing Education Log

EXHIBIT G CDBG CONTINUING EDUCATION LOG

| Date of Workshop | Time of Workshop | Title of Workshop | Length of time attended in minutes | Name of Person that Attended Workshop |
|---------------------|---------------------|-------------------|---|--|
| | | | | |
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Monitoring

- On-Site Visits
- Participant Eligibility
- Monthly Performance Statistics
- Request for Reimbursement



Monitoring: Common Concerns

- Behind on program milestones and goals
- Incomplete or inaccurate reporting
- Late invoice submissions
- Ratio of budget expenditures to program activity



Monitoring: Common Findings

- Participant ineligibility
- Inadequate record keeping
- Lack of adequate accounting, policies and procedures, and internal controls



Grant Award Process*

Award Notification

- Anticipated Timeline: Early June
- The City sends letters notifying organizations of award selection. An acceptance letter is also sent requesting a response from the organization.

HUD Agreement Issued

- Anticipated Timeline: August-October
- Upon obtaining a formal agreement from HUD, City staff starts processing subrecipient agreements for approval and signature by the City Manager and City Attorney.

Legal Review of Agreements

- Anticipated Timeline: 2 Weeks
- The City Attorney's office reviews and approves all subrecipient agreements. Upon approval, the agreements are routed to subrecipients for review/comments.



*Process is subject to change. Delays in processing by HUD may cause additional delays in processing subrecipient awards and agreements.

Grant Award Process*

Agreements Executed

- Anticipated Timeline: 1-2 weeks
- Agreements are then returned to the City for final signatures from City staff. Executed agreements are then distributed to subrecipients.

Finance Review

- Anticipated Timeline: 4 weeks
- The Grants Division enters the agreement and all supporting documentation into the City's Financial Operations System and a Purchase Order is created for each subrecipient.

Invoice & Statistical Reports

- Anticipated Timeline: Submitted Monthly
- Subrecipients are expected to submit monthly invoices to the City on the 10th of each month for review. City Staff/Consultants will review invoices for completeness, compliance, and review program deliverables via a statistical report.



*Process is subject to change. Delays in processing by HUD may cause additional delays in processing subrecipient awards and agreements.

Grant Award Process*

Invoice Submittal

Anticipated Timeline: 1-2 weeks
After invoices have been reviewed and approved the Grants Division submits the invoices to Accounts Payable to initiate the internal approval process.

Payment Authorization

•Anticipated Timeline: 1-2 weeks

•Once the invoices have obtained the necessary approvals, Accounts Payable issues payment to subrecipients. All payments are sent as an ACH.



*Process is subject to change. Delays in processing by HUD may cause additional delays in processing subrecipient awards and agreements.

Program Considerations

- Funding
- Executive Orders
 - <u>Executive Order 14168</u> Grant funds cannot be used to promote gender ideology
 - <u>Executive Order 14182</u> Grant funds cannot be used to fund or promote elective abortions
 - <u>Executive Order 14218</u> Undocumented immigrants cannot receive public benefits



Next Steps

- Agreements will be circulated to subrecipients for review and signature(s)
- The City receives its agreement from HUD
 - Timeline for this item varies and impacts the timeline in which the City can execute its agreements with subrecipients
- The City executes the subrecipient agreements
 - Executed copies are sent to subrecipients
 - A Notice to Proceed is issued



HOME Specific Regulations & Policy

- Lead-Based Paint Testing (<u>24 CFR Part 35</u>)
 Rehab and repairs on homes built prior to 1978.
- Prevailing Wages (<u>24 CFR Part 92</u>)
 - Prevailing wage required for projects containing cumulatively more than 12 units.



HOME Specific Regulations & Policy – cont.

- Rehab projects are subject to <u>HUD and City rehabilitation</u> <u>standards</u>.
- Full HOME regulations found in <u>24 CFR Part 92</u>.



Federal Regulatory Requirements

- Title 2 of Code of Federal Regulations Part 200 (<u>2 CFR Part 200</u>)-Uniform Administrative Requirements:
 - Conflict of Interest (<u>200.112</u>)
 - Standards of Financial Management (200.302)
 - Internal Controls (<u>200.303</u>)
 - Program Income (<u>200.307</u>)
 - Procurement Standards (<u>200.320</u>)
 - Monitoring (<u>200.329</u>)
 - Direct & Indirect Cost Principles (<u>200.412</u> & <u>200.413</u>)
 - Audit Requirements (200.501)



Federal Regulatory Requirements cont.

- Title 24 of Code of Federal Regulations Part 570 (<u>24 CFR Part</u> <u>570</u>)- Basic provisions:
 - o Records to be maintained
 - Labor standards (Davis-Bacon Prevailing Wage)
- Section 3 requirements for HUD awards in excess of \$200,000 for Covered Projects. Most CDBG and ESG programs are exempt.
- Various non-discrimination and affirmative action regulations.



HUD Exchange – HOME Resources

- Register for <u>HUD Exchange Account</u>
- Building HOME Online Training
- HOME On-Demand Training









We're Here to Help!

Moreno Valley

Call: 951.413.3450

Avant Garde

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