

RESOLUTION No. 13-020

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARLIN, TEXAS, AUTHORIZING THE RECERTIFICATION OF A TEXAS HOME INVESTMENT PARTNERSHIPS PROGRAM RESERVATION SYSTEM PARTICIPANT AGREEMENT TO THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS FOR PARTICIPATION IN THE HOME PROGRAM RESERVATION SYSTEM; AND AUTHORIZING THE CITY MANAGER TO ACT AS THE CITY'S EXECUTIVE OFFICER AND AUTHORIZED REPRESENTATIVE IN ALL MATTERS PERTAINING TO THE CITY'S PARTICIPATION IN THE HOME PROGRAM RESERVATION SYSTEM.

WHEREAS, the City Council of the City of Marlin desires to develop a viable community, including decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low/moderate income; and

WHEREAS, certain conditions exist which represent a threat to the public health and safety; and

WHEREAS, it is necessary and in the best interest of the City of Marlin to participate in the HOME Program Reservation System;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARLIN, TEXAS;

1. That a request to the Home Investment Partnerships Program for recertification for participation in the HOME Program Reservation System is authorized to be filed on behalf of the City with the Texas Department of Housing and Community Affairs.
2. That the City directs and designates the City Manager, William McDonald, as the City's Chief Executive Officer and Authorized Representative to act in all matters in connection with the City's participation in the HOME Program, including execution of the City's HOME Reservation System Participant Agreement.
3. That it be stated that the City of Marlin is committing to matching funds consisting of waived fees, in-kind services, and cash as a contribution toward the activities of this HOME project in the amount required in 10 TAC, Chapter 53, Rules 53.26 and 53.30.
4. That is be stated that the City of Marlin is committing \$80,000 in unencumbered cash reserves to the project to facilitate the administration of the program during the TDHCA disbursement process. These cash reserves are not to be permanently invested in the HOME project but are to be used for short term deficits at that are reimbursed by HOME program funds.

Passed and Approved on this the 16th day of April, 2013.



Elizabeth Nelson
Elizabeth Nelson, Mayor

Sandra Herring
Sandra Herring, City Secretary



**Single Family Housing Programs
Re-Certification for Reservation System Participation**

Mailing Address: P.O. Box 13941, Austin, Texas 78711-3941

Physical Address: 221 E. 11th Street, Austin, TX 78701

www.tdhca.state.tx.us

1. APPLICANT INFORMATION

Provide the contact information for the Applicant's staff person who is responsible for application and contract administration. This contact will not be the consultant or the service provider.

A. CONTACT INFORMATION

Applicant Legal Name	City of Marlin	Phone	254-883-1450
Applicant Contact Name and Title	William McDonald , City Manager	Fax	254-883-1456
Applicant Mailing Address	P.O. BOX 980	E-Mail	w.mcdonald @ marlin.tx.net
Applicant City, State, Zip	Marlin Texas 76661	County	Falls

Physical Address (if different from Mailing Address)

Applicant Physical Address	101 Fortune Street
Applicant City, State, Zip	Marlin, Texas 76661

Signature Authority

Individual Authorized to Execute Contract in behalf of Applicant	NAME: William McDonald TITLE: City Manager	E-mail	w.mcdonald @ marlin.tx.net
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B. LEGAL DESCRIPTION

Applicant is legally formed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Federal Taxpayer Identification Number (TIN) #	74-6001693
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Legal Form of Applicant (check only one).

<input checked="" type="checkbox"/> Unit of Local Government	<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Non-profit Corporation
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Other Designations (mark all that apply):

<input type="checkbox"/> Historically Underutilized Business	<input type="checkbox"/> CHDO	<input type="checkbox"/> COG	<input checked="" type="checkbox"/> Federally Tax Exempt
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C. CONTRACT ADMINISTRATOR INFORMATION

Current Active HOME Contract Number(s) or RSP Agreement #		1001473	
Contract Administrator's Service Area –List City or Cities:		City of Marlin	
Contract Administrator's Service Area – List County or Counties:		Falls	
Data Universal Numbering System (DUNS) Number Information and registration for a DUNS number can be accessed at www.dnb.com .		079337887	
IRS Federal Taxpayer Identification Number (9-digit)		74-6001693	
Applicant Fiscal Year Ends:	Month: 09	Day 30	
Applicant must be registered in the Central Contractor Registration (CCR) and Registration Status must be "active status" https://www.sam.gov/portal/public/SAM/		CCR Registration expiration date: 04/23/13	
Applicant Fiscal Year Ends:	Month: 09	Day 30	

Does applicant have previous experience with TDHCA Multi-Family housing new construction or rehabilitation programs?								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IF YES, COMPLETE THE CHART BELOW:										
TDHCA Activity or Contract #	Property Name	Property City	Total # of Units	HOME	HTF	HTC	MRB	Other - Describe	Cont. Begin Date (mm/yy)	Cont. End Date (mm/yy)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Does applicant have previous experience with TDHCA Single-Family housing construction or rehabilitation programs, or TDHCA service related programs?										<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, COMPLETE THE CHART BELOW:											
TDHCA Activity or Contract #	Grantee, Contractor, or Sub-Recipient	HOME	HTF	CSBG	CEAP	WAP	ENTERP	Disaster Recovery	Other - Describe	Contract Begin Date (mm/yy)	Contract End Date (mm/yy)
1001473	City of Marlin	x	<input type="checkbox"/>		07/01/11	06/28/13					
1000829	City of Marlin	x	<input type="checkbox"/>		08/08	09/09					
100054	City of Marlin	x	<input type="checkbox"/>		09/03	08/05					

D. SELECT THE PROGRAM ACTIVITY OR ACTIVITIES THE APPLICANT PROPOSES TO ADMINISTER AS AN RSP.

	SET ASIDE		
	General	Persons with Disabilities	Disaster Relief
TDHCA HOME Program Activities for which an RSP Agreement is Requested:			
Homeowner Rehabilitation Assistance (HRA)	x	<input type="checkbox"/>	<input type="checkbox"/>
Homebuyer Assistance (HBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract for Deed Conversion (CFDC)	<input type="checkbox"/>		
Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. DISCLOSURES

If the answer to any of the following questions is "Yes"; please provide a thorough explanation, in narrative form, of the circumstances and copies of correspondence regarding the status of the ruling from the authority that made the determination. **This documentation must be included as an attachment.**

1) Has Applicant been delinquent on filing of any federal or state tax returns?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2) Has Applicant received federal or state findings?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
3) Has Applicant been delinquent on federal or state debt?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
4) Has Applicant been debarred from HUD or other federal programs? (It is the responsibility of the Applicant to contact HUD to ensure they have not been debarred. HUD is not required to notify debarred persons/entities of their status.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
5) Has Applicant filed bankruptcy in the last 10 years?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

F. CONSULTANT OR SERVICE PROVIDER

Has the Applicant procured the use of a consultant or service provider to assist in completing this Application? If "YES", please provide the requested information below:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Consultant or Service Provider Name		Phone	
Contact Name		Fax	
Mailing Address		E-Mail	
City, State Zip		Proposed Fee for this Application	\$
Federal Taxpayer ID #	-		
Does the Consultant or service provider qualify as a HUB?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a direct or indirect financial, guarantor or other interest with Applicant?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES" describe relationship(s)			

2. APPLICANT'S SERVICE AREA

If more than one (1) HOME Activity is proposed in this application, please attach additional copies of this form for each activity. If service area is comprised of more than five (5) counties, please attach additional copies of this form.

Complete this section for each activity proposed for this application. Enter each county separately, select if assistance is specific to the rural or urban areas of the county. List the targeted city(s) or colonia(s). Refer to the Participating Jurisdiction (PJ) and Consortium list at <http://www.tdhca.state.tx.us/home-division/index.htm> to verify if targeted city or county is located in a PJ. Applicants selecting Activities eligible under the Persons with Disabilities set aside may assist households in a PJ. Up to 5 separate counties may be entered on this page. If your service area includes more than 5 counties, print this page and enter the additional counties. Activities: HRA, HBA, TBRA, CFDC. Set-Asides: GEN, PWD, DR.

ACTIVITY (List Activity and Set-Aside): HRA, GEN

Enter each County in Service Area

1. Falls County	<input checked="" type="checkbox"/> Rural Areas of the County, or <input type="checkbox"/> Urban Areas of the County List Specific City(ies) or Colonia(s) that will be served: _____ Is County or City located within a PJ or part of a Consortium? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" list PJ or Consortium _____
2.	<input type="checkbox"/> Rural Areas of the County, or <input type="checkbox"/> Urban Areas of the County List Specific City(ies) or Colonia(s) that will be served: _____ Is County or City located within a PJ or part of a Consortium? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" list PJ or Consortium _____
3.	<input type="checkbox"/> Rural Areas of the County, or <input type="checkbox"/> Urban Areas of the County List Specific City(ies) or Colonia(s) that will be served: _____ Is County or City located within a PJ or part of a Consortium? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" list PJ or Consortium _____
4.	<input type="checkbox"/> Rural Areas of the County, or <input type="checkbox"/> Urban Areas of the County List Specific City(ies) or Colonia(s) that will be served: _____ Is County or City located within a PJ or part of a Consortium? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" list PJ or Consortium _____
5.	<input type="checkbox"/> Rural Areas of the County, or <input type="checkbox"/> Urban Areas of the County List Specific City(ies) or Colonia(s) that will be served: _____ Is County or City located within a PJ or part of a Consortium? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" list PJ or Consortium _____

3. CERTIFICATION OF APPLICANT

On behalf of the Applicant and all affiliates of the Applicant (hereinafter "Applicant"), I (We) hereby certify that the Applicant is familiar with the provisions of the federal HOME Final Rule, as published in 24 CFR Part 92, the State Single Family Programs Umbrella Rule at 10 TAC Chapter 20, the State HOME Rules, as published in 10 TAC Chapter 23, and other related administrative rules and regulations and court rulings issued by the Federal government or State of Texas with respect to the HOME Investment Partnerships Program and will comply with such rules during the application process and in the event of award, for the duration of the executed agreement.

This certification must be signed and filed by a person(s) who is authorized to execute the HOME Contract or a Reservation System Participation Agreement. Make additional copies of form for each signature authority.

The Applicant hereby assures and certifies that they possess legal authority to apply for HOME funds and to execute a funding agreement or contract for the proposed program and that the governing body has duly adopted or passed an official act of a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing a signature authority to act in connection with the application and to provide additional information as may be required.

I (We) hereby acknowledge that this Application is subject to disclosure under Chapter 552, Texas Government Code, the Texas Public Information Act, unless a valid exception exists.

I (We) certify that no person or entity that would benefit from the award of HOME funds has provided a source of match or has satisfied the Applicant's cash reserve obligation or made promises in connection therewith.

I (We) certify that I (We) will meet Section 8 Housing Quality Standards detailed under 24 CFR §982.401, Texas Minimum Construction Standards, as well as the Fair Housing Accessibility Standards and Section 504 of the Rehabilitation Act of 1973. I (We) certify that the HOME Activity applied for in this application will meet all local building codes or standards that may apply. If the Applicant's service area is located within a jurisdiction that does not have building codes, I (We) will meet the most current International Building Code.

I (We) certify that I (We) will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (Uniform Act or URA) by implementing, when required, the procedures outlined in 49 CFR Part 24;

I certify that all statements made in this Application and related tabs are true, complete, and correct and are made in good faith. I further certify that:

The Participants in the Application Information, Previous Participation Certification, herein after referred to as the "Previous Participation Certification" contains a listing of every development activity that received TDHCA funding, which I have been or am now an Applicant.

For the period beginning ten years prior to the date of this certification:

I have not been arrested, indicted, convicted, or imprisoned for a felony, and am not presently the subject of a complaint or indictment charging for a crime of moral turpitude.

I have not been suspended, debarred, or been subject to enforcement action under state or federal securities law, or otherwise restricted by any department or agency of federal or state government from doing business with such department or agency.

I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

For the period beginning ten years prior to the date of this certification, during my participation in the developments shown by me in the Previous Participation Certification, there has not been:

A mortgage in default, assigned or foreclosed, nor has mortgage relief by the lender been given;

to the best of my knowledge, unresolved findings raised as a result of Departmental or HUD audits, management reviews or other governmental investigation concerning me or my developments, or contracts;

any breach by the owner of any agreements relating to the construction or rehabilitation, use, operation, management, or disposition; or

a suspension or termination of payments under any state or federal assistance contract.

To the best of my knowledge, the Applicant has demonstrated fiscal, programmatic, and contractual compliance on previously awarded Department contracts or loan agreements and resolution of any previous audit findings and outstanding monetary obligation with the Department.

As required by Section 2306.257 of the Texas Government Code, as amended, an Applicant may not receive funds or other assistance from the Department unless the Applicant certifies that it is in compliance with the housing laws described in subparagraph (a) through (d) of this paragraph. To satisfy that requirement, I hereby certify that the developments listed in the Previous Participation Certification, in which I am currently participating, are in compliance with:

state and federal fair housing laws, including Chapter 301, Property Code, the Texas Fair Housing Act; Title VIII of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.); and the Fair Housing Amendments of 1988 (42 U.S.C. Section 3601 et seq.), the Civil Rights Act of 1964 (42 U.S.C. Section 2000a et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and the Rehabilitation Act of 1973 (29 U.S.C. Section 701 et seq.).

The Applicant also certifies that the Applicant, or a branch, division, or department of said Applicant does not and will not knowingly employ an undocumented worker, where "undocumented worker" means an individual who, at the time of employment, is not lawfully admitted for permanent residence to the United States or authorized under law to be employed in that manner in the United States. If, after receiving a public subsidy, the Applicant, or a branch, division, or department of the Applicant is convicted of a violation under 8 U.S.C Section 1324a(f), the Applicant shall repay the amount of the public subsidy with interest, at the rate and according to the other terms provided by an agreement under Tex. Gov't Code Section 2264.053, not later than the 120th day after the date TDHCA notifies the Applicant of the violation."

I further certify that I understand that the Department periodically monitors for compliance. The monitoring level for each housing program is based on the amount of risk of noncompliance. The Department shall notify a recipient who has received funds or other assistance from the Department in writing of an apparent violation and shall afford the recipient a reasonable amount of time, as determined by the Department, to correct the identified violation, if possible, prior to the imposition of a sanction. The Department shall notify the Texas Commission on Human Rights at the same time notification is sent to the recipient. I understand that the Department may impose one or more of the following sanctions depending on the severity of the violation of a law by a recipient of housing funds or other assistance from the Department:

A reprimand posted on the Department's website,

Termination of assistance, or

a bar on future eligibility for assistance through a housing program administered by the Department. A bar shall be in place for at least one calendar year from the date of imposition by the Department and may not last for more than ten calendar years from the date of imposition.

I understand that as an applicant, Applicant will enter into an Agreement or Contract with the Texas Department of Housing and Community Affairs if funding is awarded, and will provide additional information as requested by the Department and in accordance with 10 Texas Administrative Code Chapter 23.

I (We) hereby agree to implement the following specific affirmative action steps to increase the utilization of business concerns located within the boundaries of the local municipality in which the Development is located ("Local Opportunity Plan").

1. Identify eligible business concerns for HOME assisted contracts through; the Chamber of Commerce, the Urban League, local advertising median including public signage; project area committees, citizen advisory boards; lists available through the local HUD program official; and all other appropriate referral sources.
2. Maintain a list of eligible business concerns for utilization in the HOME funded procurements to insure that all appropriate project area business concerns are notified of pending contractual opportunities, and to make available this list for general city/county procurement needs.
3. Maintain records, including copies of correspondence, memoranda, etc., which document that all of the above affirmative action steps have been taken.
4. Appoint or recruit a qualified individual as Equal Opportunity Officer to coordinate the implementation of the Local Opportunity Plan.
5. Applicant will comply with Section 3 in accordance with 24 CFR 135.34 and will make every effort to hire low-income individuals from the community.

I (We), have read and fully agree to this plan, and become a party to the full implementation of the Local Opportunity Plan.

I (We) understand that the environmental effects of each activity carried out with funds provided under this application must be assessed in accordance with the provisions of the State HOME Rule, National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. § 432 *et. Seq.*) and the related activities listed in HUD's implementing regulations at 24 C.F.R. parts 50, 51, 55 and 58 (NEPA regulations). Each such activity must have an environmental review completed and support documentation prepared complying with the NEPA and NEPA regulations. **No loan may close or funds be committed to an activity before the completion of the environmental review process, including the requirements of 24 C.F.R. Part 58, and the Department has provided written clearance.**

Applicant must immediately report to TDHCA any real, potential or perceived conflict of interest as outlined in 24 CFR Part 35 and 24 CFR Part 84 and 85, as applicable, regarding the receipt of, assistance provided with, or expenditure of HOME funds.

The undersigned hereby makes application to TDHCA for financial assistance, has read and understands the application instructions, and certifies that all information herein is true and correct to the best of their knowledge and belief.


Applicant's Signature

Date 4-17-2013

William McDonald
Applicant's Signature Authority printed name

City Manager
Applicant's Signature Authority Title

MARLIN, CITY OF
DUNS: 079337887 CAGE Code: 5XHCS
Status: Active

101 FORTUNE ST
MARLIN, TX, 76661-2823 ,
UNITED STATES

Entity Overview

Entity Information

Name: MARLIN, CITY OF
Business Type: US Local Government
POC Name: None Specified
Registration Status: Active
Expiration Date:04/23/2013

Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

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