

INDOOR PLUMBING REHABILITATION LOAN PROGRAM

MANAGEMENT PLAN



**FUNDED BY
THE VIRGINIA DEPARTMENT OF
HOUSING AND COMMUNITY
DEVELOPMENT**

Program Year 2022-2023

ADMINISTRATIVE OVERSIGHT

1. List the names and titles of each member of your Rehab Oversight Board. Also, note who they represent (resident member, local government representative, etc.).
2. List the responsibilities of the Rehab Oversight Board.
3. List the names of the Program Administrator, Financial Manager, Rehabilitation Specialist and Lead Risk Assessor.

Program Administrator: _____

Financial Manager: _____

Rehab Specialist: _____

Lead Risk Assessor _____
(DPOR Lead License Number)

(If the lead clearance services are being contracted out, a copy of the contract must be attached.)

4. Describe how the persons identified in question 3 are to be employed (staff, contract, subcontract, etc.), and their responsibilities. (Position descriptions may be attached).

5. Attach a copy of the By-Laws for the Rehab Oversight Board.

6. Describe your application outreach program, including any display ads announcing funding availability.
7. Describe how and where applications for assistance will be taken.
8. Describe the process for the verification of income, assets, and property ownership. Please note a Title Search is required for each property to receive assistance.
9. Describe the criteria that will be used to determine eligibility, how eligible beneficiaries will be prioritized and selected for IPR Flex assistance, and how they will be notified of the selection outcome.

PROCUREMENT

10. If you plan to pre-qualify contractors, how will you solicit them?
11. Describe how eligible contractors will be pre-qualified.
12. Describe how you will procure contractors and execute contracts. Specify the number of contracts and units per contract a contractor may have at any given time. Identify the maximum allowable construction time for each contract. Certify that the contractor will be screened for debarment and how.

13. Describe the procurement procedures that will be utilized to retain construction contractors.

14. Describe how you will meet the Section 3 Business and Employment requirements.

15. Describe how you will meet the Minority- and Female-Owned Businesses requirements.

LOAN QUALIFYING

16. Please state the term (affordability period) you will apply to IPR Flex forgivable loans.
Please note interest charges are not allowed.

17. Identify the method of security to be used, who will be responsible for recording the deed or lien, and how you will ensure that it is removed when the terms of the forgivable loan are met.

18. Describe your loan servicing plan. Describe the contents of the annual statement to be sent to each household assisted.

19. Describe your default policy, including the incremental steps you will take to prevent default and under what circumstances, if any, foreclosure will take place.

CONSTRUCTION MANAGEMENT

20. Describe your inspection process. Identify all of the types of inspections that will take place, when each type of inspection will take place, and who will conduct or participate in each type. Describe how problems identified during an inspection will be documented and resolved.
21. Describe your construction payment procedures. Please specify what approvals are required and by whom, and at what percentages payment will be made. Identify what documentation must be submitted along with the final payment request.
22. Describe the method by which change orders will be approved. Specify who will approve change orders, the criteria used to approve them and when payment will be made.

23. Describe how your program will ensure that construction work is done in a timely, cost effective manner with minimal disruption to the homeowner.

24. Describe how you will ensure that all debris is removed before construction starts or is included in the construction contract and any clean up requirements the contractor must observe during and after construction.

25. Describe your complaint and appeal process.

26. Describe your temporary relocation policy. Identify what circumstances warrant relocation; who will be responsible for deciding if temporary relocation is to occur; how personal belongings will be inventoried, moved, and stored; if lodging (when required) will be provided; the maximum length of time a household will be temporarily relocated; and the maximum amount of allowable temporary relocation costs. Please use a written Temporary Relocation Plan signed by the Regional Administrator and the homeowner. The contractor's signature is optional but a best practice.
27. Describe how you will ensure that all work to be completed is in line with DHCD's Housing Rehab Standards.
28. Describe the role of the Regional Administrator in establishing the eligibility of all rehabilitation work to be completed. How will this be coordinated when Partner agencies are involved?

SELF HELP

29. Describe how you plan to involve beneficiaries in the Rehab Process.

FINANCIAL MANAGEMENT

30. Describe how you will track the receipt and expenditure of IPR Flex funds.
31. Describe how you will collect, track, manage and use Program Income. The financing mechanism is a forgivable loan with payments forgiven monthly for a five-year term.
32. If applicable, describe what type of accounting will be used to maintain Rollover Funds, including what steps you will take to ensure that rollover funds can be located at all times.
33. List the names of all individuals authorized to sign checks.
34. List the names of all individuals authorized to submit Remittances in the Centralized Application and Management System - CAMS. (At least two persons must be authorized. Contact your Community Development Specialist if they are the same person(s) listed above.)

HOME MAINTENANCE EDUCATION

35. Describe your home maintenance education program. Identify what will be covered, where it will be held, and who will be required to attend it. List what items will be distributed to attendees.

PRODUCTION SCHEDULE

36. List your planned schedule of production. Include a count of how many houses you estimate to rehab per locality, given your budget.

LEAD-BASED PAINT PROCEDURES

37. Describe your lead-based paint (LBP) procedures.

Chief Executive Officer

Date