
METROPOLITAN NASHVILLE-DAVIDSON COUNTY, TENNESSEE

CONSOLIDATED PLAN: 2013-2018

ANNUAL ACTION PLAN: Program Year 1

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ES-05 EXECUTIVE SUMMARY

Metropolitan Nashville and Davidson County (Metro Nashville) is located in Middle Tennessee and is the capital of the State of Tennessee. Metro Nashville has a consolidated city-county government that includes Nashville and several smaller municipalities. As of the 2010 Census, the population of Davidson County, including all municipalities, was 626,681, and Metro Nashville is the second largest city in Tennessee. The 2010 population of the entire 13-county Nashville metropolitan area was 1,589,934 – making it the largest Metropolitan Statistical Area in the state.

Metro Nashville is an entitlement community eligible to receive direct assistance under the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. Metro Nashville is a participating jurisdiction under the HOME Investment Partnerships Program (HOME) and a formula grantee under the Emergency Solutions Grant (ESG). Funds for these programs must be expended within Nashville-Davidson County for participants who meet applicable eligibility criteria and for eligible activities as outlined by program regulations. In addition, Metro Nashville is a formula grantee under the Housing Opportunities for Persons with AIDS (HOPWA) program; these funds target needs of persons living with HIV/AIDS and their families in the metropolitan area.

The Metropolitan Development and Housing Agency (MDHA) is the lead agency responsible for the development and administration of the Consolidated Plan for Metro Nashville. Within MDHA, the Community Development Department is responsible for administering the Consolidated Plan programs listed below.

Purpose of the Consolidated Plan:

As a recipient of federal grant funds, MDHA is required by HUD to produce a Consolidated Plan and Annual Action Plan on behalf of Metro Nashville. MDHA has contracted with WFN Consulting for the production of these planning documents. These plans serve as the application for funding for the following federal programs:

- Community Development Block Grant (CDBG)
- HOME Investment Partnerships Act Program (HOME)
- Emergency Solutions Grant (ESG)

- Housing Opportunities for Persons with AIDS (HOPWA)

Metro Nashville's Five-Year Consolidated Plan identifies the community's affordable housing, community development and economic development needs and outlines a comprehensive and coordinated strategy for addressing them. This document includes narrative responses to specific questions that grantees must answer in order to be compliant with the Consolidated Planning Regulations.

The current Consolidated Plan covers the period from April 1, 2010 to March 31, 2015, and Metro Nashville is in program year three of the five-year plan. Although there are two remaining years under the current five-year plan, MDHA elected to undertake a new Consolidated Plan due to significant changes in Metro Nashville since 2009: the May 2010 Flood, reduced federal funding, and new federal laws and regulations. These drastic events, combined with the economic crisis of recent years, have changed housing and community needs throughout the county. A new Consolidated Plan will allow the City to identify the most pressing needs and develop the most effective strategies to meet those needs for the next five years (April 1, 2013 – March 31, 2018).

Summary of the objectives and outcomes identified in the Plan Needs Assessment:

The primary objectives of the four Consolidated Plan programs are to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate-income persons. Related outcomes are increasing availability and accessibility, improving affordability, and promoting sustainability of communities. The primary means towards this end is to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of affordable housing. The table below summarizes the proposed activities for addressing these objectives and outcomes.

OBJECTIVE 1: SUITABLE LIVING ENVIRONMENT	
Outcomes	Related Activities
<i>Availability/Accessibility</i>	<ul style="list-style-type: none"> • Emergency Shelter & Transitional Housing • Street Outreach • Community-based Services: <ul style="list-style-type: none"> ➤ Youth Enrichment Programs
<i>Sustainability</i>	<ul style="list-style-type: none"> • Infrastructure Improvements • Neighborhood Facilities

	<ul style="list-style-type: none"> • Healthy Food Initiatives • Summer Youth Programs
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OBJECTIVE 2: DECENT HOUSING	
Outcomes	Related Activities
<i>Affordability</i>	<ul style="list-style-type: none"> • Homeowner Rehabilitation Program • Affordable Housing Development • Rental Rehabilitation Program • Downpayment Assistance • Rapid Re-Housing • Housing Opportunities for Persons with HIV/AIDS
<i>Availability/Accessibility</i>	<ul style="list-style-type: none"> • Fair Housing Grants
OBJECTIVE 3: ECONOMIC OPPORTUNITIES	
Outcomes	Related Activities
<i>Availability/accessibility</i>	<ul style="list-style-type: none"> • Community Economic Development: <ul style="list-style-type: none"> ➤ Microenterprise Assistance ➤ Commercial Rehab ➤ Business Assistance

During the development of the Consolidated Plan, a number of priority needs were identified:

1. Increase the Supply of Affordable Housing;
2. Strengthen Collaboration Among the Network of Service Providers;
3. Increase Access to Healthy Food Choices;
4. Decrease Homelessness;
5. Develop and Implement Place-Based Strategies for Community Development;
6. Provide Summer Programs for Low- and Moderate-Income Children and Youth;
7. Provide Housing Assistance for Persons With HIV/AIDS; and
8. Affirmatively Further Fair Housing.

The strategies for addressing these priority needs are summarized below, and the activities for implementing these strategies are provided in the table above.

1. Increase Supply of Affordable Housing

- Provide funding for the development of new rental units throughout Metro Nashville affordable to households at or below 60% AMI, with specific targets for the 0-30%, 31-50%, 51-60%, and 61-80% AMI categories and for units with 4+ bedrooms.
- Wherever possible, seek opportunities to create rental units through the adaptive reuse of existing sites and structures and through an emphasis on leveraging of resources. Innovation and creativity are important values for MDHA's developments and programs.
- Develop and implement an evaluation tool to be used when evaluating new projects that considers criteria such as proximity of the project site to healthy food options, proximity to public transportation, proximity to job opportunities, planned energy efficient measures and use of green building techniques, etc.
- Consider other opportunities (such as Tenant Based Rental Assistance) that provide rental subsidies to low income households to make existing units affordable.
- Advocate for an incentive program that encourages private-sector developers to include affordable units in their projects and advocate for the adoption of the program by Metro government.
- Provide gap financing, leadership, and expertise to affordable housing developers, particularly focusing on financing the increased development costs associated with building in neighborhoods well-served by community resources.
- Extend the useful life of existing affordable housing through weatherization, repair and rehabilitation programs and through homeowner education on home maintenance.
- Provide down-payment assistance to eligible low and moderate-income homebuyers.
- Assist and participate with other community stakeholders in the design and implementation of a land bank to secure infill properties for future development as single-family housing.
- Support community efforts to develop a housing trust fund.

2. Strengthen Collaboration Among Network of Service Providers

- Facilitate the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and

information, eliminate duplication of effort, and spearhead community-wide solutions to local needs.

- Support the expansion of HMIS technology beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.
- Review the work of various departments and divisions within MDHA and seek opportunities for collaborations between similar programs that could leverage greater services.

3. Increase Access to Healthy Food Choices

- Partner with public agencies and other organizations on healthy food initiatives.
- Support implementation of community gardens in low income areas.
- Consider providing funding to food pantries and other organizations to support the distribution of fresh and healthy food options.
- Support entrepreneurial activities that increase points of access to fresh and healthy food options within existing food deserts.
- Develop and implement an evaluation tool to be used when evaluating new MDHA-funded housing developments that considers criteria such as proximity of the project site to healthy food options.

4. Decrease Homelessness

- Provide funds (subject to applicable caps) to support street outreach efforts, rapid re-housing programs, and shelter operations.
- Provide funding to increase permanent supportive housing opportunities and work to create a stronger network of providers of supportive and mainstream services to individual clients.
- Use enhanced accomplishment data as a criterion in the evaluation of applications for ESG and Continuum of Care (CoC) funding.
- Encourage the efficient use of HMIS technology and support its expansion beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.
- Support efforts to integrate the management of ESG funds with the Continuum of Care.
- Strengthen the collaboration and capacity of homelessness service providers and advocacy organizations.

5. Develop and Implement Place-Based Strategies for Community Development

- Develop a place-based strategy to identify priority low income neighborhoods and target public and leverage private resources and support for infrastructure, economic development, housing and public services in those places.
- Support initiatives that increase walkability and improve the health of residents in low income areas.

6. Provide Summer Programs for Low- and Moderate-Income Children and Youth

- Provide funding to nonprofits and public agencies for the provision of summer activities for low- and moderate-income children and youth ages 6 to 18.
- Emphasize the inclusion of job skills or work programs.

7. Provide Housing Assistance for Persons with HIV/AIDS

- Provide funding to support case management, rent and utility deposits, and food and transportation needs.
- Provide funding for short-term rent and mortgage assistance.

8. Affirmatively Further Fair Housing Choice

- Increase the supply of affordable units.
- Increase the supply of housing units for people with disabilities.
- Increase fair housing education and build capacity for testing and enforcement of fair housing law.
- Support improved access to community resources.
- Continue to operate in compliance with expanded protected class definitions found in federal regulations.

Evaluation of past performance:

Each year, MDHA reports its progress in meeting the five-year and annual goals in the Consolidated Performance and Evaluation Report (CAPER). MDHA has consistently satisfied program mandates and expended funds in a timely manner. Further, MDHA has successfully targeted funds to benefit low- and moderate-income persons and neighborhoods. A copy of the CAPER is available on MDHA's website: <http://www.nashville-mdha.org/>.

In addition to the accomplishments reported in the CAPER, participants in public meetings and interviews were asked for examples of past projects that had been successful and for the elements that led to their success. Additionally, input from MDHA staff was used to determine which past strategies worked and which needed to be revised. Emerging from this multi-faceted evaluation of past performance was a consensus that the goals and priorities contained in this Consolidated Plan embrace creativity, innovation and collaboration to the greatest extent possible.

Summary of citizen participation process and consultation process:

Citizen participation was achieved through several methods during the consolidated planning process. The methods included an online survey for citizen input on Fair Housing and Needs Assessment and an intensive charrette process with several local organizations and public citizens. The following methods were used to garner public and private input:

- MDHA created a dedicated page on their website, www.nashville-mdha.org/consolidated_planning.php, for tracking the process of completing the Con Plan and Annual Action Plan updates.
- Beginning September 18, 2012, a public survey was conducted seeking input regarding Fair Housing and Needs Assessment. The survey was available in English and Spanish and in electronic and paper copies through a link distributed at meetings and through the MDHA website.
- On Tuesday, September 19, 2012, a meeting was held with MDHA staff to begin soliciting input for the Action Plan, Consolidated Plan, and Analysis of Impediments to Fair Housing Choice.
- On Wednesday, September 20, 2012, a meeting was held with Metro Social Services to discuss issues and needs relating to affordable and fair housing.
- On Wednesday, September 20, 2012, a meeting was held with the Metro Nashville Mayor's office to discuss opportunities and needs relating to fair and affordable housing efforts throughout Metro Nashville.
- On Thursday, September 21, 2012, a presentation was made at the monthly Homeless Assistance Providers meeting where discussion involved fair housing, homeless provider needs, and barriers to affordable housing for special needs persons.
- On Thursday, September 21, 2012, a Partner's meeting was held with multiple agencies whose duties and services revolve around housing within Metro Nashville. Issues that were discussed include fair housing needs, impediments for protected classes, and redevelopment programs.

- On Thursday, September 21, 2012, a public meeting was held where the public was openly invited to come and participate in the planning process.
- On Friday, September 22, 2012, a meeting was held with Fair Housing Advocates and discussion was held dealing with fair and affordable housing issues in the area.
- On Friday, September 22, 2012, a meeting was held with members of the Federal Grants Committee of the Metro Council wherein funding issues and priorities were discussed, including the current and future needs of housing related issues in the area.
- Two focus groups were held for providers of services to the mental health community. These groups were held by conference call on Thursday, October 4, 2012 and Tuesday, October 9, 2012.
- Individual interviews with various stakeholders were held during September and October, 2012.
- The Public Comment Period for the initial draft began on November 19, 2012 and was intended to run through January 2, 2013 for the public to review and provide comments on the Consolidated Plan and Annual Action Plan. The plan was available in a hard copy for review at the MDHA offices, as well as on the MDHA Consolidated Planning web page: www.nashville-mdha.org/consolidated_planning.php. During this Public Comment Period, a Public Hearing was held on Monday, December 3, 2012. Based upon the comments received at the Public Hearing, MDHA chose to revise the draft documents and implement a new comment period and hold two additional public hearings.
- The Public Comment Period for the *revised* draft Consolidated Plan and Annual Action Plan began December 21, 2012 and extended through February 4, 2012. The plan was available in a hard copy for review at the MDHA offices, as well as on the MDHA Consolidated Planning web page: www.nashville-mdha.org/consolidated_planning.php.
- Two public hearings were held during the Public Comment Period on the *revised* draft on Thursday, January 10, 2013 and Tuesday, January 29, 2013.
- Notice of Public Meeting and Request for Public Comment for the initial draft and Notice of Public Meeting Change and Request for Public Comment for the *revised* draft were advertised in *The Tennessean*, *Nashville Pride*, and *El Crucero*; were emailed to stakeholders and partners on the email distribution list and who attended planning and public meetings; were distributed to elected officials, and were posted at MDHA properties and on MDHA's website.

Summary of public comments:

Public comments on the initial and *revised* Consolidated Plan and Annual Action Plan drafts will be summarized in Appendix A.

Summary of comments or views not accepted and the reasons for not accepting them:

In accordance with 24 C.F.R. § 91.105(b)(5), MDHA has considered any comments or views of citizens received in writing, or orally at public hearings, in preparing the final Consolidated Plan. A summary of these comments, including a summary of any comments or views not accepted and the reasons for not accepting them, is provided in Appendix A.

Summary of the 2013-2018 Consolidated Plan:

This five-year plan identifies Metro Nashville's affordable housing, community development and economic development needs and outlines a comprehensive and coordinated strategy for addressing them. Using CDBG, HOME, ESG and HOPWA funds and by leveraging other public and private investment, MDHA will work to:

1. Increase the Supply of Affordable Housing;
2. Strengthen Collaboration Among the Network of Service Providers;
3. Increase Access to Healthy Food Choices;
4. Decrease Homelessness;
5. Develop and Implement Place-Based Strategies for Community Development;
6. Provide Summer Programs for Low- and Moderate-Income Children and Youth;
7. Provide Housing Assistance for Persons With HIV/AIDS; and
8. Affirmatively Further Fair Housing.

The identification of these priorities is a product of extensive consultation with community stakeholders combined with data from the U.S. Census and other sources that indicates specific housing and community development needs in Metro Nashville.

THE PROCESS

PR-05 Lead & Responsible Agencies

Agency/entity responsible for preparing/administering the Consolidated Plan:

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	NASHVILLE-DAVIDSON	MDHA

Table 1 – Responsible Agencies

Narrative:

MDHA is the lead agency for the development, administration, and review of the Consolidated Plan. The mission of the MDHA is “to create affordable housing opportunities for Nashvillians, nurture our neighborhoods, and build a greater downtown.”

Consolidated Plan Public Contact Information:

Public concerns, issues, or comments regarding the Consolidated Plan are directed to:

The Metropolitan Development Housing Agency (MDHA)
Community Development Department
Attn: Ms. Angie Hubbard, Director of Community Development
712 South Sixth Street
Nashville, TN 37206
(615) 252-8505

PR-10 Consultation

Summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies:

In preparation of Metro Nashville’s Consolidated Plan, the MDHA staff, with consultants from WFN Consulting, hosted several needs assessment workshops and focus groups. Participants consisted of members of the public, nonprofit leaders, elected officials, staff

from the Mayor's office, providers of services to the homeless, fair housing advocates, and staff from Metro departments.

In total, nine different meetings and two focus groups were held between September 18, 2012 and October 9, 2012 at a variety of times and locations convenient to Nashvillians to obtain residents' perceptions and input for the development of Nashville's Consolidated Plan and Analysis of Impediments to Fair Housing Choice.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness:

MDHA and the Continuum of Care will support the efforts to integrate the management of the ESG program and the Continuum of Care as this will assist the community in utilizing limited resources efficiently and effectively. The collaboration of these homeless service providers will strengthen the collaborative effort in the community. The Continuum of Care defines the long term strategic planning efforts to reduce homelessness among individuals and families as well as assesses needs and provides a foundation to meet those needs. The framework to coordinate strategies between ESG and the CoC already exists as these two programs are both managed by the MDHA.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS:

MDHA is the grant administrator for CDBG, HOME, HOPWA, and ESG allocation for Metro Nashville. The MDHA also prepares the 5-Year Consolidated Plan, Annual Action Plan, and Consolidated Annual Performance Evaluation Report (CAPER). In addition, the Agency is the Grantee for the only HMIS Supportive Housing Program grant and also facilitates the registration and application process for competitive HUD Continuum of Care (CoC) program funds. MDHA's Homeless Coordinator writes the Exhibit 1 narrative for the application to HUD for CoC funding, provides technical assistance to applicant agencies, and convenes Continuum of Care-funded agencies at monthly meetings.

MDHA consulted with members of the local Continuum of Care homeless shelters and service providers to determine how to best allocate ESG funding. As a result of these

meetings and objective data, the top needs and allocation priorities were determined. MDHA is working to develop performance standards by consulting with local homeless service providers. These performance standards will focus on shortening the period of time that a person experiences homelessness and assisting persons who were recently homeless avoid becoming homeless again.

MDHA purchased Bowman Systems Service Point software which significantly enhanced HMIS capabilities. In addition, the HMIS Administrator position was filled and the staff is working diligently to train agencies across the city, many of which receive ESG and/or CoC funding for their projects. MDHA also attends quarterly meetings with the HMIS alliance for key individuals to network and plan for future improvements in data collection. The HMIS Administrator also meets with Nashville service providers to offer training sessions on HMIS system use.

Agencies, groups, organizations and others who participated in the process and Consultations:

Agency/Group/Organization	Agency/Group/Organization Type	What section of the Plan was addressed by Consultation?
MDHA	PHA	All
Metro Social Services	Services-Children, Homeless, Health	Public Housing Needs; Homelessness Needs; Housing Need Assessment
Metro Planning	Other Government-Local	Fair Housing and Land Use
Metro Legal Department	Other Government-Local	Fair Housing and Land Use
Greater Nashville Association of Realtors (GNAR)	Business Leaders	Housing Needs Assessment; Market Analysis

Tennessee Dept. of Mental Health	Other Government-State	Non-Homeless Special Needs
Metro Codes Department	Other Government-Local	Fair Housing and Land Use; Other-Redevelopment
Fair Housing Council	Service-Fair Housing	Public Housing Needs; Market Analysis; Housing Needs Assessment
Legal Aid	Other: Legal Service	All
Room in the Inn	Housing	Homeless Needs
Next Door	Housing	Homeless Needs
Metro Homeless Commission	Regional Organization	Anti-poverty Strategy; Homelessness Strategy; Homelessness Needs; Public Housing Needs
The Contributor	Other-Newspaper	Other-Publicity
Nashville Downtown Partnership	Regional Organization	Homeless Needs; Economic Development
YWCA	Other-Services for Women/Children	Homeless Needs-Families with Children; Anti-Poverty Strategy; Other-Education

Renewal House	Health Agency	Homeless Needs- Families with Children; Anti- Poverty Strategy; Other-Education; Non-homeless Special Needs
Rooftop Foundation	Housing; Services-Education	Public Housing Needs
Mending Hearts	Health Agency	Homeless Needs- Families with Children; Anti- Poverty Strategy; Other-Education; Non-homeless Special Needs
Park Center	Health Agency; Other-Mental Health Services	Economic Development; Other-Special Needs Services
VA Regional Office	Other government-federal	Homelessness needs-veterans
Blessed Revelations	Housing; Services-Children	Homeless Needs- Families with Children
Metro First Response Center	Regional Organization	All
Nashville CARES	Services-Persons with HIV/AIDS	HOPWA Strategy
Aphesis House	Housing; Services Elderly Persons	Public Housing Needs; Other- Transitional Housing

Urban Housing Solutions	Housing	Housing Needs Assessment; Public Housing Needs
Safe Haven	Services-Homeless	Services-Families with Homeless Children
The Salvation Army	Regional Organization	Housing Needs Assessment; Public Housing Needs
Welcome Home Ministries	Other-Transitional Program	Housing Needs Assessment; Anti-poverty strategy
Nashville General Hospital	Health Agency	Other-Health Related Issues
Center for Independent Living	Housing	Public Housing Needs; Housing Needs Assessment; Homelessness Strategy
Hope Gardens	Other-Neighborhood Group	Public Housing Needs
JUMP	Services-Education and Employment	Anti-Poverty Strategy
The Tennessean	Other-Newspaper	Other-Publicity
Youth Encouragement Services	Services-Children	Other-children
Habitat for Humanity	Services-Fair Housing	Housing Needs Assessment; Public Housing Needs; Homelessness Strategy

Woodbine Community Organization	Services-Education; Other-Financial Planning	Economic Development; Other-Financial Education
EGT, Inc.	Services-Education; Other-Financial Planning	Economic Development; Other-Financial Education
The Housing Fund	Housing; CDFI	Housing Needs Assessment; Public Housing Needs
FABCDC	Housing; Services-Homeless; Services-Education	Public Housing Needs; Economic Development; Other-Financial Education
Organized Neighbors of Edgehill	Other-Neighborhood Association	Other-Neighborhood Association
NCAC	Services-Employment	Economic Development; Market Analysis
Tennessee State University	Services-Education	Other-Education
Sisco Group	Services-Education; Other-Financial Planning	Economic Development; Market Analysis
Oasis Center	Services-Children; Services-Education	Other-children

How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?

The above agencies and other public figures were contacted and encouraged to attend several meetings throughout Metro Nashville during a charrette process held throughout the community in September 2012. The following is a schedule of those meetings and agencies that were consulted throughout this process:

- MDHA created a dedicated page on their website, www.nashville-mdha.org/consolidated_planning.php, for tracking the process of completing the Con Plan and Annual Action Plan updates.
- Beginning September 18, 2012, a public survey was conducted seeking input regarding Fair Housing and Needs Assessment. The survey was available in English and Spanish and in electronic and paper copies through a link distributed at meetings and through the MDHA website.
- On Tuesday, September 19, 2012, a meeting was held with MDHA staff to begin soliciting input for the Action Plan, Consolidated Plan, and Analysis of Impediments to Fair Housing Choice.
- On Wednesday, September 20, 2012, a meeting was held with Metro Social Services to discuss issues and needs relating to affordable and fair housing.
- On Wednesday, September 20, 2012, a meeting was held with the Metro Nashville Mayor's office to discuss opportunities and needs relating to fair and affordable housing efforts throughout Metro Nashville.
- On Thursday, September 21, 2012, a presentation was made at the monthly Homeless Assistance Providers meeting where discussion involved fair housing, homeless provider needs, and barriers to affordable housing for special needs persons.
- On Thursday, September 21, 2012, a Partner's meeting was held with multiple agencies whose duties and services revolve around housing within Metro Nashville. Issues that were discussed include fair housing needs, impediments for protected classes, and redevelopment programs.
- On Thursday, September 21, 2012, a public meeting was held where the public was openly invited to come and participate in the planning process.
- On Friday, September 22, 2012, a meeting was held with Fair Housing Advocates and discussion was held dealing with fair and affordable housing issues in the area.
- On Friday, September 22, 2012, a meeting was held with members of the Federal Grants Committee of the Metro Council wherein funding issues and priorities were

discussed, including the current and future needs of housing related issues in the area.

- Two focus groups were held for providers of services to the mental health community. These groups were held by conference call on Thursday, October 4, 2012 and Tuesday, October 9, 2012.
- Individual interviews with various stakeholders were held during September and October, 2012.
- The Public Comment Period for the initial draft began on November 19, 2012 and was intended to run through January 2, 2013 for the public to review and provide comments on the Consolidated Plan and Annual Action Plan. The plan was available in a hard copy for review at the MDHA offices, as well as on the MDHA Consolidated Planning web page: www.nashville-mdha.org/consolidated_planning.php. During this Public Comment Period, a Public Hearing was held on Monday, December 3, 2012. Based upon the comments received at the Public Hearing, MDHA chose to revise the draft documents and implement a new comment period and hold two additional public hearings.
- The Public Comment Period for the *revised* draft Consolidated Plan and Annual Action Plan began December 21, 2012 and extended through February 4, 2013. The plan was available in a hard copy for review at the MDHA offices, as well as on the MDHA Consolidated Planning web page: www.nashville-mdha.org/consolidated_planning.php.
- Two public hearings were held during the Public Comment Period on the *revised* draft on Thursday, January 10, 2013 and Tuesday, January 29, 2013.
- Notice of Public Meeting and Request for Public Comment for the initial draft and Notice of Public Meeting Change and Request for Public Comment for the *revised* draft were advertised in *The Tennessean*, *Nashville Pride*, and *El Crucero*; were emailed to stakeholders and partners on the email distribution list and who attended planning and public meetings; were distributed to elected officials, and were posted at MDHA properties and on MDHA's website.

With regard to areas for improved coordination, one of the priorities resulting from the planning process is the need to strengthen collaboration among the network of service providers.

Identify any Agency Types not consulted and provide rationale for not consulting:

Efforts were made to consult as broadly as possible with community stakeholders. No particular agency types were specifically not consulted.

Other local/regional/state/federal planning efforts considered when preparing the Plan:

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	GAPS Group	- Setting agendas for full Continuum of Care meetings - Project monitoring - Determining project priorities - Providing final approval for the CoC application submission.

Table 2 – Other local / regional / federal planning efforts

Describe the means of cooperation and coordination among the state and any units of general local government in the metropolitan area in the implementation of its Consolidated Plan (91.220(l)):

MDHA will continue to partner with local government agencies to ensure full and complete implementation of the Consolidated Plan. These include Metro Planning to ensure Redevelopment Districts are maintained through proper land use practices and equal opportunity housing options are maintained and Metro Codes for ensuring that affordable housing areas throughout the County have proactive property management standards to prevent structure dilapidation and deteriorating neighborhoods and for ensuring that accessibility requirements are met.

PR-15 Citizen Participation

Summarize citizen participation process and how it impacted goal-setting:

Citizen participation was achieved through several methods during the consolidated planning process. The methods included an online survey for citizen input on Fair Housing and Needs Assessment and an intensive charrette process with local organizations and members of the public. The following methods were used to garner public and private input:

- MDHA created a dedicated page on its website, www.nashville-mdha.org/consolidated_planning.php, for tracking the process of completing the Con Plan and Annual Action Plan updates. This page provided a centralized point for learning about the process, accessing draft documents, and making public comments.

- Beginning September 18, 2012, a public survey was conducted seeking input regarding Fair Housing and Needs Assessment. The survey was available in English and Spanish and in electronic and paper copies through a link distributed at meetings and through the MDHA website. The survey received 172 responses.
- On Tuesday, September 19, 2012, a meeting was held with MDHA staff to begin soliciting input for the Action Plan, Consolidated Plan, and Analysis of Impediments to Fair Housing Choice.
- On Wednesday, September 20, 2012, a meeting was held with Metro Social Services to discuss issues and needs relating to affordable and fair housing.
- On Wednesday, September 20, 2012, a meeting was held with the Metro Nashville Mayor's office to discuss opportunities and needs relating to fair and affordable housing efforts throughout Metro Nashville.
- On Thursday, September 21, 2012, a presentation was made at the monthly Homeless Assistance Providers meeting where discussion involved fair housing, homeless provider needs, and barriers to affordable housing for special needs persons.
- On Thursday, September 21, 2012, a Partner's meeting was held with multiple agencies whose duties and services revolve around housing within Metro Nashville. Issues that were discussed include fair housing needs, impediments for protected classes, and redevelopment programs.
- On Thursday, September 21, 2012, a public meeting was held where the public was openly invited to come and participate in the planning process.
- On Friday, September 22, 2012, a meeting was held with Fair Housing Advocates and discussion was held dealing with fair and affordable housing issues in the area.
- On Friday, September 22, 2012, a meeting was held with members of the Federal Grants Committee of the Metro Council wherein funding issues and priorities were discussed, including the current and future needs of housing related issues in the area.
- Two focus groups were held for providers of services to the mental health community. These groups were held by conference call on Thursday, October 4, 2012 and Tuesday, October 9, 2012.
- Individual interviews with various stakeholders were held during September and October, 2012.
- The Public Comment Period for the initial draft began on November 19, 2012 and was intended to run through January 2, 2013 for the public to review and provide comments on the Consolidated Plan and Annual Action Plan. The plan was available in a hard copy for review at the MDHA offices, as well as on the MDHA Consolidated

Planning web page: www.nashville-mdha.org/consolidated_planning.php. During this Public Comment Period, a Public Hearing was held on Monday, December 3, 2012. Based upon the comments received at the Public Hearing, MDHA chose to revise the draft documents and implement a new comment period and hold two additional public hearings.

- The Public Comment Period for the *revised* draft Consolidated Plan and Annual Action Plan began December 21, 2012 and extended through February 4, 2012. The plan was available in a hard copy for review at the MDHA offices, as well as on the MDHA Consolidated Planning web page:
www.nashville-mdha.org/consolidated_planning.php.
- Two public hearings were held during the Public Comment Period on the *revised* draft on Thursday, January 10, 2013 and Tuesday, January 29, 2013.
- Notice of Public Meeting and Request for Public Comment for the initial draft and Notice of Public Meeting Change and Request for Public Comment for the *revised* draft were advertised in *The Tennessean*, *Nashville Pride*, and *El Crucero*; were emailed to stakeholders and partners on the email distribution list and who attended planning and public meetings; were distributed to elected officials, and were posted at MDHA properties and on MDHA's website. Notices were provided to groups representing minorities and non-English speaking persons.

Citizen Participation Outreach

Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
Internet Outreach	Citizen Survey	172 responses	See Appendix X	n/a	www.nashville-mdha.org/consolidated_planning.php
Internet Outreach	Citizen Survey-Spanish	0 responses	n/a	n/a	www.nashville-mdha.org/consolidated_planning.php
Organizational Meeting	Metro Social Services Staff	MDHA staff, Metro Social Services Staff	See Meeting Summary Attached	n/a	n/a
Organizational Meeting	Nashville-Davidson Mayor's Office	MDHA staff, Mayoral Staff	See Meeting Summary Attached	n/a	n/a
Coalition Meeting	Metro Homeless Assistance Provider's Monthly Meeting	MDHA staff, Community Organizations related to Homelessness	See Meeting Summary Attached	n/a	n/a
Partner's Meeting	Community Partner's Meeting	MDHA staff, Local Agents, local non-profits, organizations	See Meeting Summary Attached	n/a	n/a
Initial Public Meeting	Public Participation Meeting held in Local Housing Development	MDHA staff, Local Agents, local non-profits, organizations, citizens, residents	See Meeting Summary Attached	n/a	http://www.nashville-mdha.org/view_news.php?id=175
Organizational/Committee Meeting	Fair Housing Advocates Meeting	MDHA staff, Fair Housing Advocates representatives,	See Meeting Summary Attached	n/a	n/a
Local Government Committee	Federal Grants Committee Meeting	MDHA staff, Federal Grants Committee Representatives	See Meeting Summary Attached	n/a	n/a

Table 3 – Citizen Participation Outreach

NEEDS ASSESSMENT

NA-05 Overview

Needs Assessment Overview:

Based on HUD provided figures, the following data indicates the number and percentage of renters and homeowners who may be subject to housing problems, based on income level. The current economic recession has substantially increased the number of households experiencing housing problems and cost burdens.

HUD receives a “special tabulation” of data from the U.S. Census Bureau’s American Community Survey (ACS) that is largely not available through standard Census products. These “special tabulation” data provide counts of the numbers of households that fit certain combinations of HUD-specified criteria such as housing needs, HUD-defined income limits (primarily 30, 50, and 80 percent of area median income) and household types of particular interest to planners and policy-makers. This data, known as the Comprehensive Housing Affordability Strategy (CHAS) data, is used by local governments for housing planning and as part of the Consolidated Planning process.

Assessing the specific housing needs of Davidson County is critical to creating a realistic and responsive affordable housing strategy. As such, an assessment of the County’s affordable rental and single family homes was conducted based on available demographic, economic and housing data for Davidson County utilizing HUD’s new eCon Planning Suite downloaded in the Integrated Disbursement and Information System (IDIS). The eCon Planning Suite pre-populates the most up-to-date housing and economic data available to assist jurisdictions identify funding priorities in the Consolidated Plan and Annual Action Plan. Highlights of this assessment are provided in this section.

NA-10 Housing Needs Assessment

Summary of Housing Needs:

According to the 2010 Census, Davidson County has a population of 626,681 residents and 259,499 households, which is a slight increase from the 2005-2009 ACS estimate used in the CHAS data of 621,465 residents and 252,172 households. As of the 2010 Census, the median income in Davidson County was \$43,616, which is slightly lower than the median

income [\$45,668] noted in the 2000 Census. According to CHAS data, which apparently greatly underreports the total number of households, the most common type of household, claiming over 70% [103,903] of all households [140,980] in Davidson County, is the small family household with two to four people, while large families account for only 10% [14,386] of households in the County. As depicted in the 2005-2009 CHAS data, small families have the largest share of households in all income categories with the largest number of small families [66,309] earning greater than 80% of the Area Median Income [AMI].

Housing Problems:

The consolidated planning guidelines require a discussion of the cost burden, severe cost burden, overcrowding, and substandard housing conditions for each income category and household group. For the purposes of this discussion, a substandard unit is defined as one where at least one of the following conditions exists.

- The unit lacks a complete kitchen (needing either an installed sink with piped water; a range, cook stove, or cook top and microwave or convection oven; or a refrigerator).
- The unit lacks complete operable plumbing (needing hot and cold piped water, a usable flush toilet, and a bathtub or shower for the exclusive use of a family).
- The unit does not have electricity or has inadequate or unsafe electrical service; safe or adequate source of heat.
- The unit is overcrowded (with more than 1.01 persons per room).

According to the 2005-2009 CHAS data, 1,096 renter households and 285 owner households in Davidson County lacked complete kitchen and plumbing facilities. However, according to the 2011 ACS estimates, only 393 owner households and 145 renter households lacked complete kitchen and plumbing facilities.

At any income level, Davidson County's renter households were more likely to live in overcrowded units than owner households. As shown in the 2005-2009 CHAS Housing Problems table, a total of 2,331 renter households and 799 of owner households were estimated to be overcrowded. As of the 2011 ACS estimates, 5,080 renter households and 1,552 owner households were comprised of units with 1.01 more persons per room and experienced overcrowding.

Regardless of tenure or income, approximately 39,413 of Davidson County households have been estimated as having housing concerns. The most common problem affecting all households is cost burden. As shown in the 2005-2009 CHAS Housing Problems table, a total of 21,823 renter households and 16,973 owner households experience housing cost burdens greater than 30% of their income toward housing costs. A total of 20,149 renter households and 14,007 of owners are severely cost burdened and devote at least 50% of their income for housing. Renter households are more severely cost burdened at the extremely low-income levels than homeowners. In contrast, homeowners in the three higher income categories are more cost burdened than renters.

Housing Needs Assessment Demographics

Demographics	Base Year: 2000	Most Recent Year: 2009	% Change
Population	569,891	621,465	9%
Households	252,977	252,172	-0%
Median Income	\$45,668.00	\$0.00	-100%

Table 4 - Housing Needs Assessment Demographics
2005-2009 HUD Consolidated Planning/CHAS Data

Number of Households Table

HOUSEHOLD TYPE	0-30% HAMFI	>30-50% HAMFI	>50- 80% HAMFI	>80- 100% HAMFI	>100% HAMFI
Total Households	35,199	31,434	46,273	28,074	0
Small Family Households	11,269	11,235	15,090	66,309	0
Large Family Households	2,240	2,260	2,962	6,924	0
Household contains at least one person 62-74 years of age	4,718	3,842	6,231	3,280	14,706
Household contains at least one person age 75 or older	4,661	4,563	5,168	2,380	7,870
Households with one or more children 6 years old or younger	7,650	6,311	6,948	18,574	0
* the highest income category for these family types is >80% HAMFI					

Table 5 - Total Households Table
2005-2009 HUD Consolidated Planning/CHAS Data

Housing Needs Summary Tables for several types of Housing Problems

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total
Substandard Housing - Lacking complete plumbing or kitchen facilities	545	268	224	59	1,096	35	78	77	95	285
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	420	74	119	4	617	0	35	45	10	90
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	1,049	535	567	180	2,331	53	304	360	82	799
Housing cost burden greater than 50% of income (and none of the above problems)	14,424	4,770	830	125	20,149	5,170	4,800	3,184	853	14,007
Housing cost burden greater than 30% of income (and none of the above problems)	2,784	10,085	7,949	1,005	21,823	1,614	2,809	7,850	4,703	16,976
Zero/negative Income (and none of the above problems)	2,144	0	0	0	2,144	1,000	0	0	0	1,000

Table 6 – Housing Problems Table

2005-2009 HUD Consolidated Planning/CHAS Data

2. Housing Problems (Households with one or more Housing problems: Lacks kitchen or bathroom, Overcrowding, cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Having 1 or more of four housing problems	16,429	5,645	1,748	368	24,190	5,265	5,234	3,669	1,055	15,223
Having none of four housing problems	7,668	13,635	21,374	10,795	53,472	2,667	6,939	19,444	15,843	44,893
Household has negative income, but none of the other housing problems	2,144	0	0	0	2,144	1,000	0	0	0	1,000

Table 7 – Housing Problems 2

2005-2009 HUD Consolidated Planning/CHAS Data

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total
Small Related	6,825	5,709	2,894	15,428	1,598	3,012	4,137	8,747
Large Related	1,559	814	304	2,677	225	825	983	2,033
Elderly	2,681	1,752	777	5,210	3,236	2,165	2,072	7,473
Other	7,537	7,107	4,943	19,587	1,796	1,909	4,066	7,771
Total need by income	18,602	15,382	8,918	42,902	6,855	7,911	11,258	26,024

Table 8 – Cost Burden > 30%

2005-2009 HUD Consolidated Planning/CHAS Data

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	Total
Small Related	5,640	1,565	235	7,440	1,333	2,268	993	4,594
Large Related	1,309	115	80	1,504	197	382	250	829
Elderly	1,873	753	290	2,916	2,143	914	706	3,763
Other	6,794	2,418	274	9,486	1,553	1,345	1,308	4,206
Total need by income	15,616	4,851	879	21,346	5,226	4,909	3,257	13,392

Table 9 – Cost Burden > 50%

2005-2009 HUD Consolidated Planning/CHAS Data

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Single family households	1,379	519	566	0	2,464	49	234	267	0	550
Multiple, unrelated family households	104	90	90	0	284	4	104	115	0	223
Other, non-family households	0	0	45	0	45	0	0	10	0	10
Total need by income	1,483	609	701	0	2,793	53	338	392	0	783

Table 10 – Crowding Information

2005-2009 HUD Consolidated Planning/CHAS Data

What are the most common housing problems?

As noted in the 2005-2009 CHAS Cost Burden tables, there were at least 68,926 low-to-moderate income households who were cost burdened and experienced housing costs over 30% of their income. Of these, there were 34,758 low-to-moderate income households who were severely cost burdened and experienced housing costs over 50% of their income. As such, the most common form of housing problem in Davidson County is cost burden.

Are any populations/household types more affected than others by these problems?

Extremely low-income renter and owner households who earn an income within 0 to 30% of the Median Family Income [MFI] are more affected by housing problems. As shown in the 2005-2009 CHAS data, the greatest numbers of households [16,229 renters and 5,265 owners] who experience one or more of four housing problems have income levels between 0% and 30% AMI. Other housing problems, such as overcrowding and incomplete kitchen or plumbing facilities, are also common in this income group. A total of 545 of all renter households experience these conditions.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance:

According to the Ten Year Plan to end Homelessness in Nashville¹, homelessness is linked to a shortage of housing for individuals and families with very low incomes. HUD defines very low income as 50% of the area median income. In Nashville an individual earning \$23,500 is considered very low income and a family of four earning \$33,500 is considered very low income. Many individuals experiencing homelessness have incomes that fall far below the typical threshold that is calculated for affordable housing. The maximum rent that would be affordable for an individual earning a very low income would be \$587 per month. Monthly rents of \$0 to \$160 are the maximum that can be paid by most homeless individuals.

Currently, no formerly homeless families and individuals who are receiving rapid re-housing assistance are nearing the termination of that assistance.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

MDHA has not provided an estimate of the at-risk population as the MDHA will not propose any funding for prevention activities for persons at-risk of homelessness.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness:

The lack of affordable housing units for disabled persons, those receiving public assistance, and people who earn very low incomes are linked with increased risk of becoming homeless. In addition to the lack of affordable housing for disabled persons, the physical, mental, or psychological disability itself is a characteristic linked with unstable housing. The lack of basic academic skills, life skills, limited occupational skill set, and learning disabilities interfere with life functioning such as obtaining employment or seeking higher

¹ The Strategic Plan to End Homelessness
2013-2018 Consolidated Plan
Nashville-Davidson County, TN

education. The inability to earn a decent income increases the risk of becoming homeless. Additionally, this may impact the ability to maintain transportation which also raises risk of becoming homeless.

The lack of a significant support system or family support due to death, abuse, or alienation also increases the risk of becoming homeless. A history of domestic violence, abuse, combat, catastrophic loss of family, or a similar traumatic event is also linked with more homelessness. The existence of a criminal record or the presence of addiction to drugs, alcohol, sex, gambling, or other addictions substantially limits opportunity. Long term institutionalization increases the risk of chronic homelessness. Lastly, generational poverty is a precursor to homelessness. According to the Strategic Plan to End Homelessness, two or more generations dependent on public assistance or charity for basic living needs fosters and attitude of hopelessness and could be a foundation for homelessness.

NA-15 Disproportionately Greater Need: Housing Problems*

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole: (For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in category as a whole.)

*The four housing problems are: 1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%.

Introduction:

Housing needs are based primarily on the condition of existing homes and on the ability of residents to maintain and repair their homes, as well as on their ability to afford the costs of home mortgage payments or rental costs. African-American, Hispanic, and Asian minority populations all experience a greater likelihood of having more housing problems and a greater cost burden than white residents. The 2010 Census reported that 61.4% of Nashvillians were White, 27.7% were Black/African-American, Hispanic or Latino origin 9.8%, American Indian and Alaska Native persons 0.3% and 3% were Asian. According to the Tennessee Department of Health's 2010-2020 Population Projections, the Hispanic/Latino population in 2015 is expected to increase to 10.2% of the total population, 28.9% will be African-American/Black, 65.2% Non-Hispanic White, and 0.5% all other minorities. The 2005-2009 CHAS data tables display the disproportionate need of

racial or ethnic groups based on the income and the issue of housing problems. As noted in the 2005-2009 CHAS data, Davidson County as a whole has a total of 78,235 households at income ranges 80% AMI or less for all races that have at least one or more of the four housing problems.

Disproportionately Greater Need Table Housing Problems

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	26,115	5,940	3,150
White	12,355	2,555	1,795
Black / African American	11,520	3,085	1,165
Asian	220	60	30
American Indian, Alaska Native	115	20	0
Pacific Islander	0	0	0
Hispanic	1,770	150	80

Table 11 - Disproportionally Greater Need 0 - 30% AMI
2005-2009 HUD Consolidated Planning/CHAS Data

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	23,775	7,655	0
White	12,385	4,600	0
Black / African American	8,185	2,280	0
Asian	520	155	0
American Indian, Alaska Native	140	100	0
Pacific Islander	0	0	0
Hispanic	2,405	390	0

Table 12 - Disproportionally Greater Need 30 - 50% AMI

2005-2009 HUD Consolidated Planning/CHAS Data

2013-2018 Consolidated Plan

Nashville-Davidson County, TN

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	21,225	25,045	0
White	12,770	15,835	0
Black / African American	6,205	6,785	0
Asian	665	420	0
American Indian, Alaska Native	105	85	0
Pacific Islander	20	0	0
Hispanic	1,300	1,620	0

Table 13 - Disproportionally Greater Need 50 - 80% AMI

2005-2009 HUD Consolidated Planning/CHAS Data

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	7,120	20,945	0
White	4,945	14,405	0
Black / African American	1,675	4,690	0
Asian	175	440	0
American Indian, Alaska Native	45	55	0
Pacific Islander	0	0	0
Hispanic	250	1,230	0

Table 14 - Disproportionally Greater Need 80 - 100% AMI

2005-2009 HUD Consolidated Planning/CHAS Data

Discussion:

Although Davidson County has a very diverse ethnic and racial mixture, the CHAS Data shows evidence of disproportionate need for White and Black/African American households with less than 50% AMI. In the 0%-30% AMI category, 12,355 of White households, 11,520 of Black/African American households, and 1,770 Hispanic Households experience one or more of the four housing problems, while 12,385 of White households, 8,185 of Black/African American households, and 2,405 Hispanic households in the 30%-50% AMI have at least one or more housing problems. In the 50%-80% AMI category 12,225 White households, 6,205 Black/African American households, and 1,300 have a disproportionately greater need of having at least one of the four housing problems.

NA-20 Disproportionately Greater Need: Severe Housing Problems

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole:

Introduction:

The disproportionately greater need of racial or ethnic groups is based on the level of severe housing problems defined as overcrowded households (more than 1.5 persons per room, not including bathrooms, porches, foyers, halls, or half-rooms) and households with cost burdens at more than 50% of their household income. As noted in the 2005-2009 CHAS data, Davidson County as a whole has a total of 39,430 households at the income range of 80% or less AMI for all races that have at least one or more of the four housing problems.

**Disproportionately Greater Need Table
Severe Housing Problems**

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	21,710	10,350	3,150
White	10,445	4,460	1,795
Black / African American	9,285	5,330	1,165
Asian	195	85	30
American Indian, Alaska Native	55	75	0
Pacific Islander	0	0	0
Hispanic	1,615	305	80

Table 15 – Severe Housing Problems 0 - 30% AMI
2005-2009 HUD Consolidated Planning/CHAS Data

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	10,870	20,560	0
White	6,030	10,950	0
Black / African American	3,190	7,270	0
Asian	230	445	0
American Indian, Alaska Native	110	130	0
Pacific Islander	0	0	0
Hispanic	1,215	1,580	0

Table 16 – Severe Housing Problems 30 - 50% AMI
2005-2009 HUD Consolidated Planning/CHAS Data

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	5,440	40,830	0
White	3,125	25,480	0
Black / African American	1,505	11,490	0
Asian	275	810	0
American Indian, Alaska Native	0	190	0
Pacific Islander	20	0	0
Hispanic	500	2,415	0

Table 17 – Severe Housing Problems 50 - 80% AMI
2005-2009 HUD Consolidated Planning/CHAS Data

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,410	26,650	0
White	925	18,420	0
Black / African American	290	6,075	0
Asian	80	540	0
American Indian, Alaska Native	0	100	0
Pacific Islander	0	0	0
Hispanic	100	1,375	0

Table 18 – Severe Housing Problems 80 - 100% AMI
2005-2009 HUD Consolidated Planning/CHAS Data

Discussion:

Of the total households identified in the 2005-2009 CHAS data, 10,445 White households and 9,285 Black/African American households with income between 0% and 30% AMI were estimated to have at least one of the four severe housing problems. While only 6,030 of White households and 3,190 of Black/African American with an income of 30% - 50% AMI are estimated to have severe housing problems. Households whose income ranged between 50% and 80% AMI were found to have significantly lower incidences of severe housing problems; only 3,125 of White households and 1,505 of Black/African American households were included in this category.

NA-25 Disproportionately Greater Need: Housing Cost Burdens

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole:

Housing Cost Burden				
Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	163,910	48,035	36,785	3,440
White	117,700	28,520	20,195	1,885
Black / African American	34,090	15,195	13,075	1,330
Asian	3,575	1,065	675	30
American Indian, Alaska Native	560	245	140	0
Pacific Islander	20	0	0	0
Hispanic	6,590	2,730	2,440	120

Table 19 – Greater Need: Housing Cost Burdens AMI
2005-2009 HUD Consolidated Planning/CHAS Data

According to 2005-2009 CHAS data, Davidson County has a total of 163,910 estimated households that spend 30% or less of their income being expended on housing related costs and only 36,785 estimated households that have a severe cost burden and spend more than 50% of their household income on housing related expenses. As reflected in the data, 117,700 White households, 34,090 Black/African American households, 3,575

households, and 6,590 Hispanic households are estimated to have cost burdens at 30% or less. The number of households with severe cost burdens decreases for households of all races.

NA-30 Disproportionately Greater Need: Discussion

Income categories in which a racial or ethnic group has disproportionately greater need:

Minority populations often experience a greater likelihood of having more housing problems and a greater cost burden than White residents. As noted in the following Federal Financial Institutions Examination Council (FFIEC) table, census tracts with the highest percentage of minority populations also have lower incomes.

2012 FFIEC Census Report Davidson County, TN Minority Concentrations

Tract Code	Tract Income Level	Distressed or Under	Tract Median Family Income %	2012 FFIEC Est. MSA/MD non-MSA/MD Median Family Income	2012 Est. Tract Median Family Income	2010 Tract Median Family Income	Tract Population	Tract Minority %	Minority Population	Owner Occupied Units	1- to 4-Family Units
0109.04	Low	No	47.31	\$67,100	\$31,745	\$29,811	2888	91.72	2649	556	810
0127.01	Low	No	45.75	\$67,100	\$30,698	\$28,830	5150	95.09	4897	1212	1916
0136.01	Low	No	26.78	\$67,100	\$17,969	\$16,875	3616	94.99	3435	287	1102
0136.02	Low	No	15.54	\$67,100	\$10,427	\$9,792	2120	98.16	2081	10	82
0137.00	Low	No	40.79	\$67,100	\$27,370	\$25,703	5834	91.81	5356	646	1423
0138.00	Low	No	18.98	\$67,100	\$12,736	\$11,962	1623	97.97	1590	387	795
0139.00	Low	No	28.79	\$67,100	\$19,318	\$18,140	1646	95.87	1578	271	834
0142.00	Low	No	25.68	\$67,100	\$17,231	\$16,181	2249	96.04	2160	111	515
0143.00	Low	No	41.05	\$67,100	\$27,545	\$25,865	1816	94.93	1724	337	933
0144.00	Low	No	26.74	\$67,100	\$17,943	\$16,853	1250	90.32	1129	0	226
0148.00	Low	No	13.95	\$67,100	\$9,360	\$8,792	3127	97.35	3044	23	452

Table 21 - FFIEC Census Data. Source: <http://www.ffiec.gov/census>

Needs not previously identified:

Nashville's special needs population includes individuals having mobility impairments and disabilities that require supportive services. This population may also have severe or

persistent mental illness, developmental and/or physical disabilities, HIV/AIDS and/or chronic substance abuse addiction and can have severe housing needs due to their limited income earning ability.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

According to the 2012 FFIEC Census Report, Davidson County has a number of census tracts with high concentrations of African American populations ranging from 80% - 95% of the total tract population. Davidson County also has several census tracts with high concentrations of Hispanic populations at 20% or higher of the total tract population.

**2012 FFIEC Census Report
Davidson County, TN
Minority Concentrations**

Tract Code	Tract Population	American Indian Pop-ulation	% American Indian Pop-ulation	Asian/ Hawaiian/ Pacific Islander Population	% Asian/ Hawaiian/ Pacific Islander Population	Black Pop-ulation	% Black Pop-ulation	Hispanic Population	% Hispanic Population	Other Population/ Two or More Races	%Other Population/ Two or More Races
101.05	4268	5	0.12%	8	0.19%	3288	77.04%	87	2.04%	64	1.50%
101.06	2668	4	0.15%	9	0.34%	1942	72.79%	42	1.57%	33	1.24%
109.03	4810	3	0.06%	8	0.17%	3873	80.52%	353	7.34%	90	1.87%
109.04	2888	14	0.48%	4	0.14%	2563	88.75%	37	1.28%	31	1.07%
127.01	5150	4	0.08%	14	0.27%	4743	92.10%	62	1.20%	74	1.44%
127.02	2376	11	0.46%	26	1.09%	1989	83.71%	18	0.76%	53	2.23%
128.01	4835	5	0.10%	5	0.10%	4074	84.26%	143	2.96%	83	1.72%
136.01	3616	7	0.19%	13	0.36%	3295	91.12%	43	1.19%	77	2.13%
136.02	2120	0	0.00%	3	0.14%	2019	95.24%	27	1.27%	32	1.51%
137	5834	9	0.15%	68	1.17%	5040	86.39%	72	1.23%	167	2.86%
138	1623	2	0.12%	2	0.12%	1538	94.76%	15	0.92%	33	2.03%
139	1646	4	0.24%	0	0.00%	1518	92.22%	21	1.28%	35	2.13%
142	2249	6	0.27%	29	1.29%	2054	91.33%	34	1.51%	37	1.65%
143	1816	1	0.06%	11	0.61%	1646	90.64%	27	1.49%	39	2.15%
144	1250	5	0.40%	9	0.72%	1037	82.96%	45	3.60%	33	2.64%
148	3127	3	0.10%	10	0.32%	2854	91.27%	103	3.29%	74	2.37%
156.13	6223	18	0.29%	227	3.65%	2268	36.45%	1245	20.01%	101	1.62%
156.14	4245	5	0.12%	174	4.10%	1264	29.78%	978	23.04%	122	2.87%
156.15	4775	8	0.17%	196	4.10%	1245	26.07%	1688	35.35%	107	2.24%
156.27	2683	2	0.07%	150	5.59%	892	33.25%	612	22.81%	87	3.24%
157	1600	9	0.56%	23	1.44%	214	13.38%	382	23.88%	74	4.63%
158.02	5882	26	0.44%	147	2.50%	1257	21.37%	1853	31.50%	110	1.87%
158.03	2771	5	0.18%	11	0.40%	373	13.46%	1324	47.78%	82	2.96%
158.04	4294	17	0.40%	118	2.75%	1083	25.22%	886	20.63%	109	2.54%
160	874	3	0.34%	4	0.46%	703	80.43%	36	4.12%	22	2.52%
173	3368	22	0.65%	239	7.10%	420	12.47%	1212	35.99%	73	2.17%

Tract Code	Tract Population	American Indian Pop-ulation	% American Indian Pop-ulation	Asian/ Hawaiian/ Pacific Islander Population	% Asian/ Hawaiian/ Pacific Islander Population	Black Pop-ulation	% Black Pop-ulation	Hispanic Population	% Hispanic Population	Other Population/ Two or More Races	%Other Population/ Two or More Races
174.01	2238	7	0.31%	50	2.23%	451	20.15%	670	29.94%	32	1.43%
174.02	5907	11	0.19%	194	3.28%	1089	18.44%	1494	25.29%	151	2.56%
175	2951	9	0.30%	45	1.52%	267	9.05%	709	24.03%	52	1.76%
189.04	3844	11	0.29%	138	3.59%	658	17.12%	1121	29.16%	149	3.88%
189.05	2898	14	0.48%	122	4.21%	323	11.15%	794	27.40%	65	2.24%
190.03	5032	5	0.10%	223	4.43%	630	12.52%	2657	52.80%	89	1.77%
190.04	4407	11	0.25%	397	9.01%	722	16.38%	1516	34.40%	133	3.02%
190.05	3172	5	0.16%	163	5.14%	1419	44.74%	684	21.56%	85	2.68%
190.06	5473	14	0.26%	406	7.42%	1319	24.10%	1625	29.69%	174	3.18%
191.08	3248	7	0.22%	54	1.66%	776	23.89%	1527	47.01%	53	1.63%
191.09	4692	11	0.23%	165	3.52%	1067	22.74%	1387	29.56%	112	2.39%
191.1	3749	8	0.21%	65	1.73%	586	15.63%	1238	33.02%	116	3.09%
191.11	4163	6	0.14%	167	4.01%	1345	32.31%	845	20.30%	115	2.76%

Table 22: FFIEC Census Data. Source: <http://www.ffiec.gov/census>

NA -35 Public Housing

Introduction:

MDHA is an entity distinct from Metropolitan Government of Nashville and Davidson County having a separate Board of Commissioners and Executive Director. MDHA oversees the management of its programs through the Executive Office and several departments. The mission of MDHA is to create affordable housing opportunities for Nashvillians, nurture our neighborhoods, and build a greater downtown. The MDHA has served the citizens of Nashville for the last 70 years by providing affordable housing for low to moderate income families.

In addition to being an entitlement community for the purpose of CDBG funds and a participating jurisdiction for the purpose of HOME funds, MDHA is the local public housing authority. MDHA's Asset Management Department oversees Metro Nashville's public housing stock, including the administration and maintenance of 5,399 public housing units distributed among 19 developments, which provide housing for more than 14,000 persons. In 2012, MDHA instituted a smoking-cessation program and smoke-free buildings at all seven of its properties designated for the elderly and persons with disabilities.

MDHA's Rental Assistance Department administers the Section 8 Housing Choice Voucher and Moderate Rehabilitation Programs. In 2012, MDHA provided rental assistance through

the voucher program to over 6,500 households. The Rental Assistance Department strives to reach an annual utilization rate of at least 99% of all issued vouchers. In 2011, there were 1,446 landlords participating in the voucher program. To provide more housing choices for its eligible voucher recipients, the Department has set a goal to recruit at least 25 new property owners to the voucher program each year. For the fiscal year ending in September 2012, the Department brought in 169 new owner participants. According to HUD's 2009 Picture of Subsidized Households, MDHA served a total of 27,426 low income persons. MDHA has consistently been rated as a High Performer by HUD in the management of its public housing and voucher programs.

Totals in Use

Program Type									
	Certificate	Mod-Rehab	Public Housing	Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	104	5,208	5,969	0	5,423	168	52	302

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home

Transition

Table 20 - Public Housing by Program Type
Source: <http://www.huduser.org/portal/picture2008/index.html>

Characteristics of Residents

Notes: Per HUD's data in Table 21, over 960 public housing residents have a special purpose voucher, 286 of which are set-aside for Veterans Affairs Supportive Housing, 78 for Family Unification and 597 for disabled persons. According to the HUD Picture of Subsidized Housing data, 905 public housing residents are elderly and 1,085 are disabled. It should be noted that the data in Table 21 is inconsistent with that in Table 20.

Program Type									
	Certificate	Mod-Rehab	Public Housing	Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Average Annual Income	0	3,835	9,646	11,041	0	11,107	8,532	10,401	10,330

Program Type									
	Certificate	Mod-Rehab	Public Housing						
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Average length of stay	0	2	4	5	0	6	0	9	3
Average Household size	0	1	2	2	0	2	1	2	1
# Homeless at admission	0	17	0	53	0	8	45	0	0
# of Elderly Program Participants (>62)	0	12	905	603	0	522	13	9	57
# of Disabled Families	0	24	1,085	1,590	0	1,272	60	17	238
# of Families requesting accessibility features	0	104	5,208	5,969	0	5,423	168	52	302
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 21 – Characteristics of Residents of Public Housing Residents by Program Type

Source: <http://www.huduser.org/portal/picture2008/index.html>

Race of Residents

Notes: Of the 5,211 public housing households in Davidson County in 2008, there were 4,575 Black/African American, 606 White, 15 Asian, and 6 were American Indian and Pacific Islander.

Program Type									
Race	Certificate	Mod-Rehab	Public Housing						
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	39	606	742	0	589	49	10	92
Black/African American	0	65	4,575	5,211	0	4,819	118	42	210
Asian	0	0	15	9	0	9	0	0	0
American Indian/Alaska Native	0	0	6	5	0	4	1	0	0
Pacific Islander	0	0	6	2	0	2	0	0	0
Other	0	0	0	0	0	0	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition
Table 22 – Race of Public Housing Residents by Program Type

Source: <http://www.huduser.org/portal/picture2008/index.html>

Ethnicity of Residents

Notes: Of the 5,211 public housing households in Davidson County in 2008, only 81 were Hispanic.

Program Type									
Race	Certificate	Mod-Rehab	Public Housing						
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	0	81	61	0	54	1	1	5
Not Hispanic	0	104	5,127	5,908	0	5,369	167	51	297

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition
Residents by Program Type

Source: <http://www.huduser.org/portal/picture2008/index.html>

Section 504 Needs Assessment:

Comparing Table 21 with Table 22 above seems to indicate that all of the public housing and voucher holder families have requested accessibility features. This is most likely a reporting error. There is no specific quantitative data available to indicate how many public housing units have accessible features or how many of the applicants on the waiting list for public housing would require accessible features.

Of the total public housing units available, 754 are designated as seniors-only units and 1187 units are designated for seniors or persons with disabilities. This does not necessarily mean that these 1941 public housing units have accessible features. There also is no data to indicate how many of the remaining family housing units have accessible features.

However, comments received at public meetings and the results of the Fair Housing Survey indicate there is at least a perception that Metro Nashville lacks sufficient housing for persons with disabilities. The majority of survey respondents (55.9%) believe there is insufficient housing for persons with disabilities. Of survey respondents who answered yes to whether someone in his/her household has a disability, 66% believe there is insufficient housing for persons with disabilities.

Needs of public housing tenants and applicants on the waiting list for accessible units/Most immediate needs of residents of Public Housing and Housing Choice voucher holders:

In 2012, the waiting list for voucher rental assistance was reopened for the first time since 2008. Applications were accepted for one week on-line, by mail, and by personal delivery. Applicants' place on the waiting list is determined by lottery, with first priority given to individuals or families that live in Davidson County at the time of application, where the head of household or spouse is elderly or disabled, and the homeless. The waiting list for Section 8 rental assistance has over 13,000 applicants. Applicants who have not been reached within 12 months will have their applications cancelled and a new open application period and lottery will determine the applicants for the next year.

As of November 2012, only two of MDHA's thirteen public housing properties for families have availability and are accepting applications, and only for three-bedroom units. All three seniors-only properties are accepting applications, and three of the four properties designated only for seniors and persons with disabilities have some availability and have recently accepted applications.

As evidenced by the number of applicants on the waiting list for Section 8 rental assistance and the lack of available units for public housing for families, the most immediate need of those qualified to receive public housing or rental assistance is an increased supply of available units.

For the public housing and rental assistance population requiring accessible features, an immediate need is more accessible units. As shown in Table 22 and 23 above, HUD data suggests that all of the public housing and voucher holder families have requested accessibility features. While the numbers are likely not accurate, accessible housing for persons with disabilities is a priority need identified by public meeting attendees and the Fair Housing Survey respondents.

Additionally, for those individuals and families that are residents of public housing or receive Section 8 rental assistance, an immediate need is better public transportation. Much of Metro Nashville's affordable housing is not located in the urban core, where public transportation and access to other services is most readily available. Rather, the current radial system, which does not allow for transfers and requires multiple travel segments to reach job centers and commercial services, is inefficient and costly for the low-income families who most depend on public transportation services. In research cited by Nashville's Mayor's office, it was reported that the majority of low-income residents spend up to 25% of monthly income on transportation expenses, versus the traditional measure of transportation affordability of 15 percent. Accordingly, the current public transportation system results in a burden to low-income families both in terms of time and cost.

Another immediate need identified is to increase access to healthy food choices. MDHA's Farm in the City is the first community garden located within a public housing property in Metro Nashville. The two-acre community garden, located at J. Henry Hale Apartments, provides residents the opportunity to plant and grow their own food at little cost. During the Farm's inaugural season, gardeners grew several hundred pounds of produce that were shared with the community. Following the success of J. Henry Hale's garden, community gardens also have been constructed at Vine Hill Homes, Cheatham Place, and Madison Towers. Solutions to the healthy food access problem are more thoroughly discussed in the Community Development section of this report.

How do these needs compare to the housing needs of the population at large?

The immediate needs identified above—greater number of affordable units, accessible features for persons with disabilities, access to efficient and cost-effective transportation, and elimination of food deserts—in many ways are congruent with the needs of the population at large. However, these needs are more acute for lower-income populations.

The general population is not subjected to the same negative stereotypes about the types of persons eligible for public housing and rental assistance. And a pervasive culture of “NIMBY-ism” may prevent the community at large from supporting initiatives such as new affordable housing and mixed-income housing developments that could address the identified needs. The population at large also is not effected by potential displacement and net loss of affordable housing in the way that low-income families may have been impacted due to demolition and renovation of public housing.

NA-40 Homeless Needs Assessment

Homeless Needs Assessment		
Population	Estimate the # of persons experiencing homelessness on a given night	
	Sheltered	Unsheltered
Persons in Households with Adult(s) and Child(ren)	243	0
Persons in Households with Only Children	5	3
Persons in Households with Only Adults	1332	363
Chronically Homeless Individuals	475	360
Chronically Homeless Families	n/a	n/a
Veterans	264	108
Unaccompanied Child	190	0
Persons with HIV	37	0

Table 24 - Homeless Needs Assessment

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

Over the past years, organizations in Metro Nashville have only collected basic demographic information to include in an annual report for the MDHA. They have not been asked to collect and report on length of stay for shelter residents and other more substantial indicators of performance that are required by the new ESG regulations. Beginning with the second allocation of funding for the 2011 ESG funding cycle, organizations are required to track such information.

NA-45 Non-Homeless Special Needs Assessment – 91.205(b,d)

This section discusses the characteristics and needs of persons in various subpopulations of Metro Nashville who are not homeless but may require supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental) persons with HIV/AIDS and their families, persons with alcohol or drug addiction, victims of domestic violence, and persons with a criminal record and their families.

Housing Opportunities for Persons with AIDS (HOPWA)

Current HOPWA formula use:	
Cumulative cases of AIDS reported	4,551
Area incidence of AIDS	144
Number of new cases prior year (3 years of data)	9
Rate per population	11
Rate per population (3 years of data)	505
Current HIV surveillance data:	
Number of Persons living with HIC (PLWH)	5,001
Area Prevalence (PLWH per population)	315
Number of new HIV cases reported last year	0

Table 25 – HOPWA Data

Source: CDC Surveillance

HIV Housing Needs (HOPWA Grantees Only)

Type of HOPWA Assistance	Estimates of Unmet Need
Tenant based rental assistance	490
Short-term Rent, Mortgage, and Utility	2,651
Facility Based Housing (Permanent, short-term or transitional)	79

Table 26 – HIV Housing Needs

Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet

Characteristics of Special Needs Populations:

According to the 2010 Census, 82,297 (13.1%) Davidson County residents were elderly (62+), and 30,410 (4.8%) residents were frail elderly (75+). There were 69,318 (11.2%) persons with disabilities in Davidson County based on the 2010 American Community Survey 1-Year Estimate.

The Centers for Disease Control and Prevention's annual HIV Surveillance Report provides an overview of the current epidemiology of HIV disease in the U.S. The most current report provides data for year 2008 for the Nashville-Davidson-Murfreesboro MSA. Within the MSA in 2009 approximately 4,700 persons were living with HIV and approximately 2,476 persons were living with AIDS.² The Tennessee Department of Health estimates that in 2009, 3,934 residents of Davidson County were living with HIV, or approximately 0.6% of county residents.³

An annual survey sponsored by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) provides the primary source of information on the use of illicit drugs and alcohol among non-institutionalized persons aged 12 years old or older.⁴ In 2011, an estimated 20.6 million persons in the U.S. were classified with substance dependence or abuse in the past year (8.0 percent of the population aged 12 or older). Of these, 2.6 million were classified with dependence or abuse of both alcohol and illicit drugs, 3.9 million had dependence or abuse of illicit drugs but not alcohol, and 14.1 million had dependence or abuse of alcohol but not illicit drugs. In 2011, the rate of substance dependence or abuse for persons aged 12 or older in the South was 7.0 percent. Applying an average of the national (8.0%) and regional (7.0%) rates of drug and alcohol abuse to Davidson County provides a rough estimate of the scale of these problems on a local level. Approximately 47,000 (7.5%) Davidson County residents struggle with drug and/or alcohol dependence.

Across Tennessee, there were 84,000 reported cases of domestic violence in 2011. In Davidson County, there were over 12,300 reported cases. According to data from the Metropolitan Nashville Police Department, 853 incidents of domestic violence occurred at MDHA public housing properties. Of those, an estimated 393 cases involved intimate partner violence (married, dating, friend, or cohabitating).

Persons with a criminal background and their families also have been identified as a special needs subpopulation in Metro Nashville in terms of requiring assistive services for housing, employment, and other social services. Data measuring the specific numbers in this subpopulation was not readily available.

² Centers for Disease Control and Prevention. *HIV Surveillance Report, 2010*; vol. 22.

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports>. Published March 2012.

³ Available at: <http://health.state.tn.us/STD/2009PHMetroCounty/PH2009HIVDavidson.pdf>.

⁴ Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Housing and Supportive Service Needs and Determination:

The primary housing and supportive needs of these subpopulations (the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS and their families, persons with alcohol or drug addiction, victims of domestic violence, and persons with a criminal record and their families) were determined by input from both service providers and the public through the survey, public meetings, and stakeholder interviews. These needs include affordable, safe housing opportunities in areas with access to transportation, commercial and job centers, and social services, and for education regarding fair housing rights and actions that can be taken in the event those rights are violated. Persons with disabilities often require accessible features and ground floor housing units. Available housing for this subpopulation is concentrated in certain areas of Metro Nashville, limiting housing choice. Victims of domestic violence need safe housing, removal of barriers to relocation, and for perpetrators to be held accountable. MDHA recently adopted a strategic plan to address victim safety, batterer accountability, and domestic violence education and awareness. MDHA has partnered with Metro Nashville Police Department with a goal of reducing the incidence of intimate partner violence by 10% in 2012. Persons with criminal records and their families may be disqualified from public housing or Section 8 rental assistance, and accordingly, assistance with housing for low-income members of this subpopulation must be provided by other nongovernmental organizations.

Many of the supportive needs of these subpopulations are available through existing nongovernmental organizations. However, there is a strong need for greater collaboration and education among Metro Nashville's agencies and nonprofits in order to serve the various special needs subpopulations more efficiently and comprehensively.

Public Size and Characteristics of Population with HIV / AIDS:

The EMSA is comprised of the following counties: Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson. Estimates vary somewhat between data sources (the CDC, Tennessee Department of Health, the Metro Public Health Department for Nashville / Davidson County and the Ryan White Needs Assessment, and MDHA HOPWA reporting) regarding HIV/AIDS statistics. According to the 2010 Census, the population within the Nashville EMSA was 1,589,934, or 25% of the state's total population. In 2010, the total number of persons living with HIV/AIDS (PLWHA) in Tennessee was approximately 16,466, according to the

Ryan White Needs Assessment conducted by the Metro Public Health Department (MPHD).⁵ Within the EMSA, approximately 5,100 people were living with HIV/AIDS in 2010 (2,600 living with HIV and 2,500 living with AIDS). Thus, while the Nashville EMSA represents 25% of the state's population, it has a disproportionate percentage (31%) of the state's PLWHA population. The MPHD estimates that the great majority (81%) of the EMSA's PLWHA reside in Davidson County.

Between 2006 and 2010, the number of individuals diagnosed with HIV increased by 959 persons within the EMSA, with 303 new cases of HIV disease diagnosed in 2010. There were 78 new cases of AIDS diagnosed in 2010 within the EMSA, a 24% decrease from 2009. Of the 5,100+ PLWHA in 2010, 78% (4,027) were male and 22% (1,108) were female. As far as race/ethnicity and gender composition, Non-Hispanic white males represented the largest group of PLWHA in the EMSA, accounting for 41% (2,098) of all cases, followed by non-Hispanic black males at 34% (1,732), then non-Hispanic black females (14%, 719), non-Hispanic white females (6.5%, 335), Hispanic males (3%, 160), and Hispanic females (0.8%, 42).

The 2011 Ryan White Needs Assessment provides a more detailed analysis of the EMSA's HIV / AIDS epidemiology profile, including prevalence figures and trends.

Discussion:

MDHA is responsible for the administration and implementation of the HOPWA program for the EMSA in Middle Tennessee. HOPWA funds are used to increase housing stability for low-income persons living with HIV/AIDS and their families by providing financial assistance and other supportive services.

For the 2012 program year, MDHA received \$900,557.00 in HOPWA funds. MDHA allocates program funds to area nonprofit organizations based on the recommendations of a review committee following a Request for Proposals. Over the course of the five-year plan, it is expected that provider agencies will receive approximately 97% of the HOPWA allocation, with 3% retained by MDHA for administrative duties. The current area project sponsors are: Nashville CARES, Metropolitan Interdenominational Church First Response Center, Urban Housing Solutions, Inc., Women on Maintaining Education and Nutrition (W.O.M.E.N.), and Street Works. These nonprofit partners use fund allocations to provide

⁵ Maurer LA, Gatebuke J, Brinkley-Rubinstein L, Thomas SD. 2011 Ryan White Part A Nashville TGA Needs Assessment. Nashville, TN; Metro Nashville Public Health Department, 2011. Available at <http://health.nashville.gov/PDFs/2011RyanWhiteNeedsAssessment.pdf>

affordable housing, education, case management, housing services such as rent and utility deposits, food/nutrition and transportation assistance, outreach, and other client-related services to persons with HIV/AIDS who are both housed and homeless. Forty-three percent of 2012 program funds were allocated to rental assistance, and MDHA plans to maintain this level of allocation for the foreseeable program years. MDHA has set a goal to provide housing and supportive services to 5,000 households over a five-year period.

The primary housing and supportive services needs for low-income PLWHA are for rental and utility payment assistance and medical care services. There is currently a waiting list for HOPWA Housing Subsidy Assistance Services. According to data gathered for the EMSA's 2011-2012 HOPWA CAPER, the 2011-2012 estimate for households that had unmet housing subsidy assistance needs was 1,553. Of those, 295 had an unmet need for tenant-based rental assistance; 1,179 had an unmet need for assistance with short-term rent, mortgage, and/or utility payments; and 79 had an unmet need for other housing facilities such as community residences and SRO dwellings. (2011-2012 HOPWA CAPER). The Ryan White Needs Assessment estimated that 48.4% of HIV-positive individuals aware of their status were not receiving HIV primary medical care services in 2010.

NA-50 Non-Housing Community Development Needs -91.215(f)

Describe the jurisdiction's need for Public Facilities:

Uneven distribution of community resources, particularly in low- and moderate-income (LMI) areas creates a need for new or improved public facilities. The types of public facilities that will be supported in LMI neighborhoods identified through the Place-Based Strategy approach (see Page 129 for more information) could include parks, playgrounds, community gardens, and other facilities that improve the health of residents and promote sustainability.

How were these needs determined?

The community development needs for public facilities were determined and prioritized based on the needs assessment and market analysis portions of this document and on the public participation process, which included comments received at public meetings, responses to the Needs Assessment Survey, and interviews with service providers and government agency staff.

Describe the jurisdiction's need for Public Improvements:

Through the Place-Based Strategy approach for targeting community development efforts (see Page 129), MDHA will support infrastructure improvements which could include streets, curbs, sidewalks, bikeways and bike paths, and other initiatives that increase the walkability, accessibility and livability of LMI neighborhoods.

How were these needs determined?

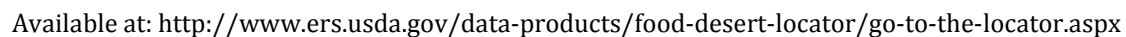
The community development needs for public improvements were determined and prioritized based on the needs assessment and market analysis portions of this document and on the public participation process, which included comments received at public meetings, responses to the Needs Assessment Survey, and interviews with service providers and government agency staff.

Describe the jurisdiction's need for Public Services:

There are hundreds of nonprofit service organizations in Metro Nashville committed to serving the needs of low-income and special needs populations. However, with better collaboration among the various service providers and government agencies, Metro Nashville could ensure that funds and resources are being allocated more efficiently so as to avoid duplication of services and lost opportunities for more strategic and comprehensive initiatives. To that end, MDHA will facilitate the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of effort, and spearhead community-wide solutions to local needs. MDHA also will support the expansion of HMIS technology beyond homeless service providers as a way to link the various categories of services provided by Metro nonprofits and agencies and to standardize performance measures. Finally, MDHA will review and analyze the work of its various departments and divisions and find opportunities for collaboration between similar programs that could leverage greater services.

Another public service priority need is to increase access to healthy food choices. Many low-income neighborhoods of Metro Nashville can be categorized as “food deserts,” areas where residents have limited access to healthy and affordable food. A food desert is defined by the USDA as a low-income census tract (tract with a poverty rate equal to or greater than 20%, or a median family income that is 80% or less of the metropolitan area’s median family income) in which a substantial proportion of the population has low access (at least 500 people or 33% of the population is located more than one mile (urban) or 10 miles

Food Desert Locator



MDHA will partner with and support local nonprofits in their efforts to distribute fresh and healthy food options. MDHA will support construction of community gardens in low-income areas. MDHA will consider utilizing economic development funds to support entrepreneurial activities that increase points of access to fresh and healthy food options

within food deserts. Finally, MDHA will develop and implement standards to be used when evaluating new MDHA-funding housing developments that consider criteria such as proximity of the project site to a grocery store.

Summer programs targeted to low- and moderate-income youth and children also have been identified as a high priority funding need. Thousands of low-income youth and children have participated in MDHA-funded summer programs that enhance participants' academic, artistic, and athletic interests. MDHA will continue to provide funding to nonprofits and public agencies for summer programs for youth and children ages 6-18. MDHA will give priority to programs that include job skills training or work programs and/or promote healthy lifestyles to better prepare Metro Nashville's youth to become successful adults.

MDHA also will target CDBG funding to programs that affirmatively further fair housing choice and education. In certain areas of Metro Nashville, private sector lending patterns (HMDA) indicate apparent racial discrimination. Segregation patterns also indicate possible race-based discrimination in real estate marketing and/or mortgage lending. And on the housing development side, a recent federal lawsuit against a group of private housing developers (United States v. Murphy Development, LLC) suggests the need for continued training for agency staff and officials involved in the permitting, inspection, and code enforcement processes. In that case, the developers failed to design and construct 375 units in compliance with the Fair Housing Act's accessibility provisions. Part of the 2010 settlement agreement required defendants to undergo training on the requirements of the FHA, but regular training for Metro Nashville's permitting, inspection, and code enforcement departments could prevent another case like Murphy Development from recurring. As far as fair housing education of the public at large, results of the Fair Housing Survey indicate that Nashville residents lack sufficient knowledge regarding their fair housing rights or how to file a complaint if they feel their rights have been violated. Further, the survey results reveal that those residents who felt they had experienced housing discrimination had little faith that reporting the discrimination would make any difference.

To address these issues and affirmatively further fair housing choice, MDHA will reserve annually a portion of its CDBG public service funds to be awarded as a competitive Fair Housing Grant to an eligible organization that will carry out a comprehensive fair housing testing program in Metro Nashville. The investigation must specifically include an investigation of probable discrimination in the mortgage lending market and possible steering by real estate agents in certain areas of the county. The successful applicant also should launch and sustain a robust public interest advertising campaign to increase the

public's awareness of housing discrimination and of the process for filing a complaint. The grant also should increase opportunities for representation of victims of discrimination in the pursuit of legal recourse. Further, MDHA should work toward increased coordination among the area's fair housing organizations by convening representatives of the organizations for the purpose of preparing a written plan outlining the goals and responsibilities of each organization in fair housing education, testing, and enforcement. Finally, MDHA should sponsor specific education opportunities on Fair Housing Act rights and compliance for landlords, builders, real estate agents, MDHA and Metro staff, and the public at large, making periodic training participation mandatory for Agency staff and entities contracting with the Agency.

How were these needs determined?

The community development needs for public services were determined and prioritized based on the needs assessment and market analysis portions of this document and on the public participation process, which included comments received at public meetings, responses to the Fair Housing Survey, and interviews with service providers and government

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

While housing choices can be fundamentally limited by household income and purchasing power, the lack of affordable housing can be a significant hardship for low-income households preventing them from meeting their other basic needs. The number of home sales reflects a significant drop in sales from 2006 to 2008. However, the Greater Nashville Association of Realtors has noted that Metro Nashville has experienced an increase in home sales every quarter to date in 2012. According to the Greater Nashville Association of Realtors, there were 2,266 home closings reported for the month of September 2012 which is an increase of 23.7% from the 1,832 closings reported for the same period last year. Although the County has experienced an increase in home sales, the median home values have continued to decrease. In September 2012, 2,226 homes were sold in Davidson County with a median sales price of \$175,000.

MA-10 Number of Housing Units

Introduction:

According to the 2005-2009 ACS data, single family housing units in Davidson County make up 72% [271,835] of the total housing units; 29% [102,948] are multi-family housing units, and 1% [4,313] are mobile homes. As of the 2011 ACS, Nashville's housing stock consisted of 60.7% [173,086] single family housing units, 37.6% [106,995] multi-family units and 1.7% [4,946] mobile homes. The most common bedroom size for owner-occupied housing units in Davidson County is three bedrooms at 76% of the total units. The most common bedroom size for rental units in Davidson County is two bedroom units at 45% of the total units.

All rental properties by number of units

***Total Housing Units**

Property Type	Number	%
1-unit detached structure	252,172	67%
1-unit, attached structure	19,663	5%
2-4 units	24,943	7%
5-20 units	48,001	13%
More than 20 units	30,004	8%
Mobile Home, boat, RV, van, etc.	4,313	1%
Total	379,096	100%

Table 27 – Rental Properties by Unit Number

Source: 2005-2009 ACS Estimates

Notes: IDIS incorrectly labels this table “all rental properties by number of units”.

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	183	0%	2,099	2%
1 bedroom	3,355	2%	32,396	31%
2 bedrooms	32,300	22%	46,540	45%
3 bedrooms	113,024	76%	22,275	22%
Total	148,862	100%	103,310	100%

Table 28 – Unit Size by Tenure

Source: 2005-2009 ACS Estimates

Describe the number and targeting of Units (income and type of family served) of units assisted with federal, state and local programs:

Eligible clients currently assisted under the CDBG and HOME Homeownership Programs must have an annual income that does not exceed 80% of median income. Rental projects funded with HOME must be occupied by tenants are or below 60% AMI.

Provide an assessment of units expected to be lost from affordable housing inventory for any reason, such as expiration of Section 8 contracts:

Davidson County does not anticipate losing any affordable housing units from the public housing inventory during this Consolidated Plan period.

Does the availability of housing units meet the needs of the population?

While the County's housing supply is computed to be large enough to meet demand, there is a significant disconnect between the supply of the housing units and the location, price, and quality of the housing units. According to the 2011 ACS estimates, Davidson County has a total of 285,027 housing units of which 254,665 [89.3%] are occupied units. The County has a total of 30,375 [10.7%] vacant housing units consisting of 3.2% of homeowner vacancies and 7.7% of rental vacancies. The average household size for homeowners in Davidson County is 2.47, while the average rental household size is 2.32 people per housing unit.

Describe the need for specific types of housing:

The County has a specific need for housing units suitable to large families. Large related households, which are defined as households consisting of 5 or more persons, have a greater percentage of housing need than any other household type. The high price and limited supply of larger housing units force many families to either live in overcrowded, smaller units or overpriced, larger homes. Additionally, senior and disabled housing is needed in Metro Nashville as the aging of the population creates an increasing need for housing that is accessible for occupants as well as visitors. The 2010 Census reports there were 95,204 [15.2%] Davidson County residents who were age 60 and older. Finally, CHAS and Census data indicates a strong need for rental housing affordable to those with very low incomes, at 30% AMI or less.

Discussion:

While private actions can significantly influence the County's housing market, regulations and policy decisions at the federal, state, and local levels can impact the market's ability to provide affordable housing units.

MA-15 Cost of Housing

Introduction:

Davidson County has experienced a decrease of 5.04% in home values and an increase of 4.3% in rental costs. According to the 2011 ACS, the median value for a home in Davidson County was \$163,800 and 37,214 [27.1%] of the homes ranged between \$100,000 and \$149,999. The second most common range of home values (29,980 or 21.8%) was \$150,000 to \$199,999. Approximately 36% of all homes within the County cost over \$200,000.

Cost of Housing

	Based Year: 2010	Most Recent Year: 2011	% Change
Median Home Value	\$172,500	\$163,800	-5.04%
Median Contract Rent	\$766.00	\$799.00	4.3%

Table 29 – Cost of Housing

Source: U.S. Census Bureau, 2011 American Community Survey

As noted in the 2005-2009 ACS estimates, 66,837 [64.7%] of renters in Davidson County paid between \$500.00 and \$999.00 in monthly rent.

Rent Paid Table

Rent Paid	Number	%
Less than \$500	27,043	26.2%
\$500-999	66,837	64.7%
\$1,000-1,499	7,076	6.9%
\$1,500-1,999	1,501	1.5%
\$2,000 or more	853	0.8%
Total	103,310	100.0%

Table 30 - Rent Paid

Source: U.S. Census Bureau, 2005-2009 and 2011 ACS Estimates

Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	8.97%	n/a
50% HAMFI	51.2%	16.92%
80% HAMFI	51.2%	45.04%
100% HAMFI	<u>51.2%</u>	65.43%

Table 31 – Housing Affordability

Source: Policy Map, www.policymap.com

According to the 2011 American Community Survey, it is estimated that 28.3% or 38,879 households rented their homes. The National Low Income Housing Coalition's [NLIHC] "Out of Reach" 2012 Annual Report finds the current Fair Market Rent [FMR] for an average 2-bedroom unit is \$751.00 while monthly rent for a 3-bedroom unit is \$974.00 and monthly rent for a 4-bedroom unit is \$1,003. In Davidson County, only 51.2% of the total rental units are affordable to households earning 50-100% AMI, while only 16.92% of the total owner-occupied units are affordable to households earning 50% AMI.

Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	572	653	751	974	1,003
High HOME Rent	626	715	823	1,067	1,100
Low HOME Rent	580	621	745	860	960

Table 32 – Monthly Rent

Source: National Low Income Housing Coalition, “Out of Reach” 2012 Annual Data, <http://www.nlihc.org/> & HUD HOME Rent Limits

Is there sufficient housing for households at all income levels?

As determined by the 2012 *Out of Reach* Report, 49% of Davidson County residents are unable to afford a two bedroom rental unit at the fair market rent as assessed by HUD. According to the 2011 ACS, the overall vacancy rate for Davidson County was 10.7%. By comparison, the 2010 Census indicated an 8.6% vacancy rate. Low vacancy rates are reflective of high demand, which will continue to add pressure to increase rents. Low vacancy rates could also indicate prospective renters, particularly low-income renters, may have a difficult time finding suitable and affordable housing in Davidson County.

How is the affordability of housing expected to change considering changes to home values and/or rents?

Many variables influence the demand for affordable housing units such as emerging demographic trends, the incidence of overcrowding, and housing costs. The population growth in Davidson County also translates into strong demand for new affordable housing units. Due to the current market conditions which have led to significantly lower home values but higher monthly rents, the need for affordable housing, especially affordable rental housing, is expected to increase.

Rent Comparison:

The rental affordability for two-bedroom apartments in Davidson County is not unreasonably high when compared to the HUD HOME Investment Partnerships Program [HOME] High and Low Rent Limits. The high HOME rent limits for every bedroom type are higher than the FMR in Davidson County. However, the *Out of Reach* report indicates a minimum wage worker must work 103 hours per week to afford the current FMR for a three-bedroom apartment.

Housing

Introduction:

As of the 2005-2009 ACS estimates, 40,383 [27%] of owner-occupied households and 44,483 [43%] of renter households had at least one of the following four selected housing conditions: (1) lacks complete plumbing facilities, (2) lacks complete kitchen facilities, (3) more than one person per room, and (4) cost burden greater than 30%.

Definitions:

Nashville-Davidson County's standard condition must meet Nashville and HUD's Housing Quality Standards [HQS] inspection. The County's definition for substandard condition is a unit which is in poor condition and is both structurally and financially feasible to rehabilitate.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	40,383	27%	44,863	43%
With two selected Conditions	844	1%	2,174	2%
With three selected Conditions	54	0%	171	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	107,581	72%	56,102	54%
Total	148,862	100%	103,310	99%

Table 33 - Condition of Units

Source: 2005-2009 ACS Estimates

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	20,230	14%	7,806	8%
1980-1999	42,039	28%	34,147	33%
1950-1979	64,527	43%	52,134	50%
Before 1950	22,066	15%	9,223	9%
Total	148,862	100%	103,310	100%

Table 34 - Year Unit Built

Source: 2005-2009 ACS Estimates

Risk of Lead-Based Paint

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	86,593	58%	61,357	59%
Housing Units build before 1980 with children present	21,855	15%	10,246	9%

Table 35 – Risk of Lead-Based Paint

Source: 2005-2009 ACS Estimates

Vacant Units

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	20,093	N/A	20,093
Abandoned Vacant Units	10,279	186	10,279
REO Properties	1,660	291	1,951
Abandoned REO Properties	26	1,196	1,222

Table 36 - Vacant Units

Source: 2011 ACS Estimates: Vacant Units/Abandon Units & www.foreclosure.com; REO and Abandoned

Need for Owner and Rental Rehabilitation:

The age of the housing stock in Davidson County has a significant impact on the housing conditions in the area. Much of the housing stock in Davidson County has aged, as evidenced by the 64,527 [43%] of owner-occupied housing units and 52,134 [50%] of rental housing units built between 1950 and 1979. As housing ages, maintenance costs rise which can present significant costs for low and moderate income homeowners. Further, the demand for the Homeowner Rehab program greatly exceeds the amount of funding that is available.

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards:

Exposure to lead-based paint represents one of the most significant environmental threats from a housing perspective. Housing conditions can significantly affect public health. HUD regulations regarding lead-based paint apply to all federally assisted housing. The major source of lead exposure comes from lead-contaminated dust found in deteriorating buildings. Many residential properties built before 1978 contain lead-based paint. Unfortunately, measuring the exact number of housing units with lead-based paint hazards is difficult. Lead is a highly toxic metal that may cause a range of health problems for adults and children.

Low-income households that earn between 0 and 50% of Median Family Income (MFI) are least able to afford well-maintained housing and, therefore, are often at greater risk of lead poisoning. Using 2005-2009 ACS data for the number of housing units by tenure and year built, for the distribution of housing units by age and tenure Davidson County has 86,593 [58%] of owner- occupied households and 61,357 [59%] of renter households that may be at risk of lead hazard problems.

MA-25 Public and Assisted Housing

Total Number of Units by Program Type

Program Type									
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	5806	105	5,399	6,104	0	6,104	700	61	1,986
# of accessible units	0	0	0	0	0	0	0	0	97
# of FSS participants	392	0	392	392	0	0	0	0	0
# of FSS completions	412	0	412	412	0	412		n/a	n/a

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 37 – Total Number of Units by Program Type

Source: <http://www.huduser.org/portal/picture/picture2009.html>

Supply of Public Housing Development

MDHA operates 5,399 units of public housing, providing housing for approximately 14,000 persons.

Public Housing Condition

Public Housing Condition

Public Housing Development	Average Inspection Score
TN005 MDHA-Nashville	94

Table 38 - Public Housing Condition

Source: HUD Public Housing Authority Profiles Database. <https://pic.hud.gov/pic/haprofiles/haprofiledetails.asp>

Restoration and Revitalization Needs

MDHA has completed renovations to several public housing properties to include Gernert Studio and Parkway Terrace Apartments. Renovations are currently on-going at Parthenon Towers, Edgefield Manor, Hadley Park, and Vine Hill community housing properties. Upgrades and additional renovations have been completed for units located at Madison Towers, Carleen B. Waller Manor, Napier Place, Parkway Terrace and Neighborhood Housing.

Strategy of Improving the Living Environment of low- and moderate Income Families

MDHA has undertaken a number of strategies for improving the living environment of low- and moderate income families by completing solar, energy efficient building renovations, water conservation renovations, and establishing community gardens.

MA-30 Homeless Facilities

Facilities Targeted to Homeless Persons

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	43	196	74	180	n/a
Households with Only Adults	533	0	570	442	n/a
Chronically Homeless Households	n/a	n/a	0	135	n/a
Veterans	n/a	n/a	115	305	n/a
Unaccompanied Child(ren)	2	0	10	0	n/a

Table 39 - Facilities Targeted to Homeless Persons

Source: HUD 2012 Continuum of Care Homeless Assistance Programs Housing Inventory Count

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons:

There are a myriad of mainstream services in the community that are available to the community as a whole as well as persons experiencing homelessness. The need to encourage the collaboration of homeless services and mainstream services is evidenced by the limited amount of funding provided by ESG. Homeless services providers will make every effort to connect participants with mainstream resources such as employment assistance, mental health counseling, healthcare assistance, transportation benefits, SNAP benefits, and addiction counseling.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations:

The following is a list of housing and shelter providers in Metro Nashville as captured in the Housing Inventory Count⁶ conducted in 2011:

Homeless Service Providers in Nashville, TN	
Campus for Human Development	Matthew 25
MDHA	Park Center
Urban Housing Solution	Morning Star Sanctuary
Nashville Rescue Mission	YWCA
Mental Health Cooperative	Oasis Center
Renewal House	Mary Parrish House
Mending Hearts	Salvation Army
Aphesis House	Dismas House
Hobson House	Magdalene Project
Next Door	Next Stage
Operation Stand Down	Samaritan Recovery Community
Welcome Home Ministries	Safe Haven Family Shelter
US Department of Veterans Affairs	

⁶ HUD 2011 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report
2013-2018 Consolidated Plan
Nashville-Davidson County, TN

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction:

Persons whose income is at or below 80 percent of the area median income and who have been medically diagnosed with HIV/AIDS are eligible to receive HOPWA-funded assistance. MDHA works closely with the United Way of Metropolitan Nashville to identify needs of the HIV/AIDS community and uses HOPWA funds to address gaps that cannot be met by United Way's various funds. MDHA allocates HOPWA entitlement funds to area nonprofit partners who provide affordable housing, education, case management, housing services such as rent and utility deposits, food and nutrition support, transportation assistance, outreach, and other client-related services to persons with HIV/AIDS. Fifty percent of 2012 program funds were allocated to rental assistance, and MDHA plans to maintain this level of allocation for the foreseeable program years. During the last program year, HOPWA program partners provided short-term rent, mortgage and / or utility payments (STRMU) to 264 households, assisting 400 persons living with HIV/AIDS and their family members. HOPWA funds were provided to 29 people for rent subsidies at permanent housing (PH). Program funds also were used to assist with needs other than housing. Program partners reported that 2,062 individuals were provided supportive services such as bus passes for transportation to medical appointments, assistance with utility payments, nutrition services such as home-delivered meals, and case management.

HOPWA Assistance Baseline Table

Type of HOPWA Assistance	Number of Units Designated or Available for People with HIV/AIDS and their families
TBRA	0
PH in facilities	29
STRMU	272
Short-Term or Transitional Housing facilities	0
PH placement	139

Table 40 – HOPWA Assistance Baseline

Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs:

The primary housing and supportive service needs of Metro Nashville's special needs subpopulations (the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS and their families, persons with alcohol or drug addiction, victims of domestic violence, and persons with a criminal record and their families) include affordable, safe housing opportunities in areas with access to transportation, commercial and job centers, and social services, and for education regarding fair housing rights and actions that can be taken in the event those rights are violated. Persons with disabilities often require accessible features and ground floor housing units. Available housing for this subpopulation is limited within Metro Nashville, thus limiting housing choice. Victims of domestic violence need safe housing, removal of barriers to relocation, and for perpetrators to be held accountable. MDHA recently adopted a strategic plan to address victim safety, batterer accountability, and domestic violence education and awareness. Persons with criminal records and their families may be disqualified from public housing or Section 8 rental assistance, and accordingly, assistance with housing for low-income members of this subpopulation must be provided by other nongovernmental organizations.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing:

Information gathered through a focus group of mental health service providers of Metro Nashville indicates that supportive housing is one of the greatest needs for people with mental health and substance abuse disorders after being discharged from inpatient treatment. Area hospitals have a positive reputation for staffing social workers to assist with locating and coordinating housing before discharge. Housing referrals are often made to Centerstone Community Mental Health Centers, Inc., a nonprofit that owns and operates supportive housing for people with mental health and substance abuse disorders. Centerstone provides community-living, group home type housing for those transitioning from inpatient care to more independent living situations.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e):

MDHA will make it a priority to increase the supply of affordable housing by: providing funding for the development of new units throughout Metro Nashville; where possible creating rental units through the adaptive reuse of existing sites and structures; giving priority funding to new projects that are in close proximity to grocery stores, public

transportation, and job centers; considering the viability of programs that provide rental subsidies to low income households to make existing units affordable; providing gap financing to private housing developers to help finance the increased development costs associated with building in neighborhoods well-served by community resources; providing down payment assistance to eligible low and moderate-income homebuyers; and supporting community efforts to develop a housing trust fund. MDHA also will focus on increasing the supply of accessible units for persons with disabilities.

Many of the supportive services for the special needs subpopulations are available through existing nongovernmental organizations. However, there is a strong need for greater collaboration and education among Metro Nashville's agencies and nonprofits in order to link persons with special needs to the network of services available more efficiently and comprehensively. MDHA will strengthen collaboration among the network of service providers by: facilitating the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of services, and spearhead community-wide solutions to local needs; supporting the expansion of HMIS (homeless management information systems) technology beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures; and encouraging collaboration among programs within the various MDHA departments.

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2)):

Duplicate Question:

MDHA will make it a priority to increase the supply of affordable rental housing by: providing funding for the development of new units throughout Metro Nashville; where possible creating rental units through the adaptive reuse of existing sites and structures; and giving priority funding to new projects that are in close proximity to grocery stores, public transportation, and job centers; MDHA also will focus on increasing the supply of accessible units for persons with disabilities.

Many of the supportive services for the special needs subpopulations are available through existing nongovernmental organizations. However, there is a strong need for greater collaboration and education among Metro Nashville's agencies and nonprofits in order to link persons with special needs to the network of services available more efficiently and comprehensively. MDHA will strengthen collaboration among the network of service

providers by: facilitating the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of services, and spearhead community-wide solutions to local needs; supporting the expansion of HMIS (homeless management information systems) technology beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures; and encouraging collaboration among programs within the various MDHA departments.

MA-40 Barriers to Affordable Housing

Negative Effects of Public Policies on Affordable Housing and Residential Investment:

During this planning period, MDHA is undertaking an Analysis of Impediments to Fair Housing Choice (AI), and one impediment listed in the AI is the scarcity of affordable rental units. As discussed in the AI, many obstacles exist to meeting Davidson County's affordable housing needs. The following points highlight some of these issues; however, because of the complex nature of housing issues, many other circumstances may exist which prevent the market from adequately providing affordable housing. Therefore, this list cannot be considered exhaustive but outlines some of the important obstacles to providing affordable housing in the Metro-Nashville area.

- High land and construction costs in certain areas decrease the ability of housing providers to build affordable housing. Interest rates are presently at record lows. However, future interest rate increases along with tighter lending practices will decrease the ability of low and moderate income householders to access structurally standard housing meeting the income and size requirements of the household.
- Appraisal values on properties are often lower than rehabilitation costs, making some projects financially infeasible.
- NIMBY-ism discourages development of affordable housing.
- Some property owners are unwilling or unable to maintain and improve housing conditions to levels determined to be decent, safe, and sanitary.
- Limited technical capacity and financial resources of nonprofit housing providers constrains their ability to meet affordable housing needs.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing:

Strategies and recommendations for overcoming this impediment and removing these barriers include:

- Continuing to develop partnerships with private housing developers and nonprofits to increase affordable rental housing for households at or below 60% AMI and units with 4 or more bedrooms.
- Developing an incentive program that encourages private-sector developers to include affordable units in their projects and advocate for the adoption of the program by Metro government.
- Extending the useful life of existing affordable housing through weatherization, maintenance, repair and rehabilitation programs.

MA-45 Non-Housing Community Development Assets

Economic Development Market Analysis

Business by Sector	Number of Workers	Number of Jobs	Total Workers	Total Jobs	Share of Workers	Share of Jobs	Jobs less workers
Agriculture, Mining, Oil & Gas Extraction	729	0	0	0	0	0	0
Construction	20,063	0	0	0	6%	0	0
Manufacturing	26,072	0	0	0	8%	0	0
Wholesale Trade	11,148	0	0	0	4%	0	0
Retail Trade	36,354	0	0	0	11%	0	0
Transportation and Warehousing	15,266	0	0	0	5%	0	0
Information	11,609	0	0	0	4%	0	0
Finance, Insurance, and Real Estate	22,732	0	0	0	7%	0	0
Professional, Scientific, Management Services	36,017	0	0	0	11%	0	0
Education and Health Care Services	71,317	0	0	0	23%	0	0
Arts, Entertainment, Accommodations	33,950	0	0	0	11%	0	0
Other Services	16,872	0	0	0	5%	0	0
Public Administration	14,387	0	0	0	5%	0	0
Total	316,516	0	0	0	100%	0	0

Table 41 - Business Activity

Source: LED

Labor Force

Total Population in the Civilian Labor Force	339,815
Civilian Employed Population 16 years and over	316,516
Unemployment Rate	6.86
Unemployment Rate for Ages 16-24	21.45
Unemployment Rate for Ages 25-65	4.57

Table 42 - Labor Force

Source: 2005-2009 ACS Data

Occupations by Sector

Management, business and financial	0
Farming, fisheries and forestry occupations	0
Service	0
Sales and office	0
Construction, extraction, maintenance and repair	0
Production, transportation and material moving	0

Table 43 - Occupations by Sector

Source: 2005-2009 ACS Data

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	203,578	69%
30-59 Minutes	83,154	28%
60 or More Minutes	9,120	3%
Total	295,852	100%

Table 44 - Travel Time

Source: 2005-2009 ACS Data

Education

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	24,651	3,362	17,771
High school graduate (includes equivalency)	59,998	5,259	20,818
Some college or Associate's degree	73,233	4,085	15,524
Bachelor's degree or higher	106,418	3,292	15,435

Table 45 - Educational Attainment by Employment Status

Source: 2005-2009 ACS Data

Educational Attainment by Age

	Age				
	18-24 yrs	25-34 yrs	35-44 yrs	45-65 yrs	65+ yrs
Less than 9th grade	1,735	4,746	4,029	5,724	7,303
9th to 12th grade, no diploma	8,915	9,485	8,765	13,056	9,033
High school graduate, GED, or alternative	18,107	24,139	21,064	40,902	20,730
Some college, no degree	25,450	23,609	17,226	29,994	12,784
Associate's degree	1,928	6,418	6,263	9,581	2,126
Bachelor's degree	9,306	32,670	21,283	28,464	8,325
Graduate or professional degree	414	12,908	11,133	18,906	6,705

Table 46 - Educational Attainment by Age

Source: 2005-2009 ACS Data

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	0
High school graduate (includes equivalency)	0
Some college or Associate's degree	0
Bachelor's degree	0
Graduate or professional degree	0

Table 47 – Median Earnings in the Past 12 Months

Source: 2005-2009 ACS Data

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

As depicted in the following chart, Davidson County's workforce is comprised of 80.7% private wage and salary workers, 11.9% government workers, 7.3% self-employed business owners, and 0.1% unpaid family workers. The largest sector of the workforce in Davidson County is educational services, and health care and social assistance, making up 25.5% of the total workforce. The second largest percentage of the workforce is retail trade at 12.6%, following very closely by arts, entertainment, and recreation, and accommodation and food services at 12.2%. The fourth largest percentage of the workforce is professional, scientific, and management, and administrative and waste management services at 9.9%. A detailed account of the workforce is included below:

Davidson County Industry Sector Percentages

Industry	Labor Force	Percent
Class of Worker		
Private Wage and Salary Workers	245,276	80.7%
Government Workers	36,116	11.9%
Self-employed in own not incorporated business workers	22,173	7.3%
Unpaid Family Workers	358	0.1%
Total Private Industry		
Civilian employed population 16 years and over	303,923	100%
Agriculture, forestry, fishing and hunting, and mining	1,007	0.3%
Construction	19,621	6.5%
Manufacturing	19,955	6.6%
Wholesale trade	7,549	2.5%

Industry	Labor Force	Percent
Retail trade	38,244	12.6%
Transportation and warehousing, and utilities	11,799	3.9%
Information	9,415	3.1%
Finance and insurance, and real estate and rental and leasing	19,974	6.6%
Professional, scientific, management, and administrative and waste management services	30,115	9.9%
Educational services, and health care and social assistance	77,468	25.5%
Arts, entertainment, and recreation, and accommodation, and food services	37,083	12.2%
Other services, except public administration	16,588	5.5%
Public Administration	15,105	5.0%

Source: 2010 American Community Survey 1-Year Estimates, U.S. Census Bureau

Describe the workforce and infrastructure needs of the business community:

With more than a quarter of Nashville's workforce employed in the education, health care, and social services sector, the local economy will depend on a strong pool of labor skilled in these particular industries. Additionally, some small business owners commented on the need for infrastructure improvements, subsidy or other capacity-building support when locating a business in a deteriorating neighborhood.

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create:

According to research by the Nashville Area Chamber of Commerce, "the Nashville area's economic outlook is one of the nation's strongest."⁷ The net employment outlook for

⁷ Miller, Janet. "Nashville Adds Jobs; Local Employment Outlook Among Nation's Best." <
http://www.nashvillechamber.com/homepage/newsevents/blog/janet_miller/11-06-17/Nashville_Adds_Jobs_Local_Employment_Outlook_Among_Nation_s_Best.aspx>

Nashville was 19%, indicating a job market with significant momentum. Additionally, technical services firm IQT, Inc. recently announced it was moving its corporate headquarters to Nashville, bringing 900 high-paying tech industry jobs to the region. While many communities across the nation are seeing only slow economic growth, Nashville has bounced back relatively quickly from the recession.

The new Music City Center is under construction and will open in 2013. This new facility comprises 16 acres of land and 1.2 million square feet. To date, more than 415 local vendors, contractors, and service providers have received work through the construction project. Construction of the Omni Hotel nearby has produced additional opportunities. When completed, these facilities will provide a number of new employment opportunities in the urban core.

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

The Nashville region is home to more than 100,000 students who attend the region's 21 higher education institutions, with 60 percent choosing to stay in the area after completing their education. This talented and highly-educated workforce serves the region well in terms of attracting job and business growth to the area.

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan:

The Nashville Career Advancement Center (NCAC) provides individuals with career development resources in order to produce a skilled workforce for businesses. Currently, NCAC offers various assessments, workshops and services to equip job seekers with the necessary skills to achieve self-sufficient employment. The work of NCAC can support the Consolidated Plan by increasing job readiness and job opportunities in priority neighborhoods, encouraging microenterprise, and offering job skills and work programs to youth.

Entrepreneur Guidance and Training, Inc. (EGT), operates a microenterprise and business lending program for low- and moderate-income persons. EGT's office is located near two public housing properties and it has operated programs targeting these residents. The work of EGT can support the Consolidated Plan by helping disadvantaged entrepreneurs develop successful business and encourage economic activity in LMI neighborhoods.

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

The Greater Nashville Regional Council prepares a CEDS that is updated each year to document economic development goals and priorities of the Greater Nashville Region, making projects eligible for EDA funding.

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth:

Major program goals for the 2011 CEDS included:

- Update Regional Development Strategy that will provide the region with a comprehensive approach toward multiple areas of planning and development
- Expand pedestrian, bicycle trails, and other forms of multi-modal transportation to meet demand and increasing populations
- Provide sewer and water to underserved and un-served areas of the region to promote economic development and serve commercial needs that facilitate job growth
- Develop infrastructure to meet escalating demand for regional convention center
- Establish region as alternative energy industrial center
- Develop industry specific facilities, specialized in high technology fields to meet escalating demand
- Advance economic growth in region through development of high-tech & sector specific businesses
- Regional disaster mitigation to facilitate economic recovery.

MA-50 Needs and Market Analysis Discussion

Are there any populations or households in areas or neighborhoods that are more affected by multiple housing problems?

Minority populations often experience a greater likelihood of having more housing problems and a greater cost burden than White residents. According to the 2012 FFIEC Census Report for Davidson County, census tracts 109.04, 127.01, 136.01, 136.03, 137.00, 138, 139, 142, 143, 144, and 148 all have over 90% minority populations and are low income.

Are there areas in the Jurisdiction where these populations are concentrated?

According to the 2012 FFIEC Census Report, Davidson County has a number of census tracts [109, 127, 128, 136, 139, 142, 143, 148, and 160] with high concentrations of African American populations ranging from 80% - 95% of the total tract population. Davidson County also has several census tracts [156, 157, 158, 173, 174, 175, 189] with high concentrations of Hispanic populations at 20% or higher of the total tract population.

What are the characteristics of the market in these areas/neighborhoods?

Overall, Davidson County has experienced a decrease in the median sales price of homes sold in the last five years. Davidson County has a diverse selection of neighborhoods and housing which include condominiums, historic districts, and suburban single-family subdivisions with over 60% of the housing stock built as 1-unit detached housing.

Are there any community assets in these areas/neighborhoods?

MDHA has received over \$40M in stimulus funding over the past four years for housing rehabilitation, weatherization, and construction activities. Some housing development efforts have been targeted in the census tracts listed above and additional investment and strategy is needed for an effective approach to stabilizing the overall community. Public infrastructure improvements have also been provided using these funds countywide. In order to sustain these community development and neighborhood stabilization investments, additional collaborative strategies should be developed and evaluated by the private and public sectors.

MDHA has established several redevelopment districts in urban neighborhood areas. The goal for redevelopment includes sustainable economic, environmental, aesthetic, public

safety, and historic preservationist aspects. While the specific goals in each neighborhood may vary, they each consist of mixed land use and housing affordable to resident with different income levels.

Are there other strategic opportunities in any of these areas?

MDHA has partnered with private developers to increase the opportunities for large-scale projects that encompass affordable housing units.

STRATEGIC PLAN

SP-05 Overview

Strategic Plan Overview:

The Strategic Plan outlined in the following sections addresses market conditions, the resources expected to be available to meet community needs, the structure in place for delivering services, goals, barriers to meeting the goals, and how those barriers may be overcome. The Strategic Plan also includes a discussion of public housing, homelessness and lead-based paint and describes MDHA's anti-poverty initiatives and plans to monitor performance and compliance.

SP-10 Geographic Priorities

Geographic Area:

1. Area Name:

Area Type:

- Identify the neighborhood boundaries for this target area.
- Include specific housing and commercial characteristics of this target area.
- How did your consultation and citizen participation process help you to identify this neighborhood as a target area?
- Identify the needs in this target area.
- What are the opportunities for improvement in this target area?

Are there barriers to improvement in this target area?

Significant issues identified during the planning process included the uneven distribution of community resources and the concentration of poverty. Many high-poverty neighborhoods are not able to leverage resources or attract investment that is necessary to stabilize the area, improve quality of life, and create opportunities. To help address this issue, MDHA will introduce a new “place-based” approach for targeting its community development efforts rather than distributing limited funds throughout the County.

During the five-year Consolidated Plan period, MDHA will develop and implement place-based strategies designed to revitalize “priority neighborhoods” more comprehensively and in a manner that will have a more lasting impact on residents. Areas that will be considered priority neighborhoods must be low- and moderate-income neighborhoods where at least 65% of households are at or below 80% AMI. These priority neighborhoods are indicated on the map below. Community development activities may include infrastructure improvements, new or improved public activities, economic development, enhanced public services, targeted home rehabilitation, and expanded housing options.

Because this is a new concept, MDHA will solicit significant public input in the development of the place-based strategy and receive assistance from a HUD-approved technical assistance provider. As the strategy is formalized and specific areas identified, MDHA will provide details in subsequent action plans or an amendment to an existing plan, in accordance with HUD regulations for substantial amendments and citizen participation.

An additional need based upon geographic limitations includes the addressing and expansion of homeless and special needs assistance. Most of these resources are currently

centrally located in the downtown, or urban core, area of the county. Continued efforts will be undertaken to ensure that these services are provided throughout the whole of the MDHA service area that will provide housing integration between transitional housing and permanent housing in the homeless and special needs populations.

The only program that is administered by MDHA that would lend itself to providing services to those that may not be located within the Nashville-Davidson County boundary is through the disbursement of HOPWA funding. This funding stream is distributed through the broader metropolitan area, including Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson Counties. HOPWA funds are not intended to be targeted towards a specific geographic area, but rather towards a specific population, which are those with HIV/AIDS and their families.

DAVIDSON COUNTY, TENNESSEE

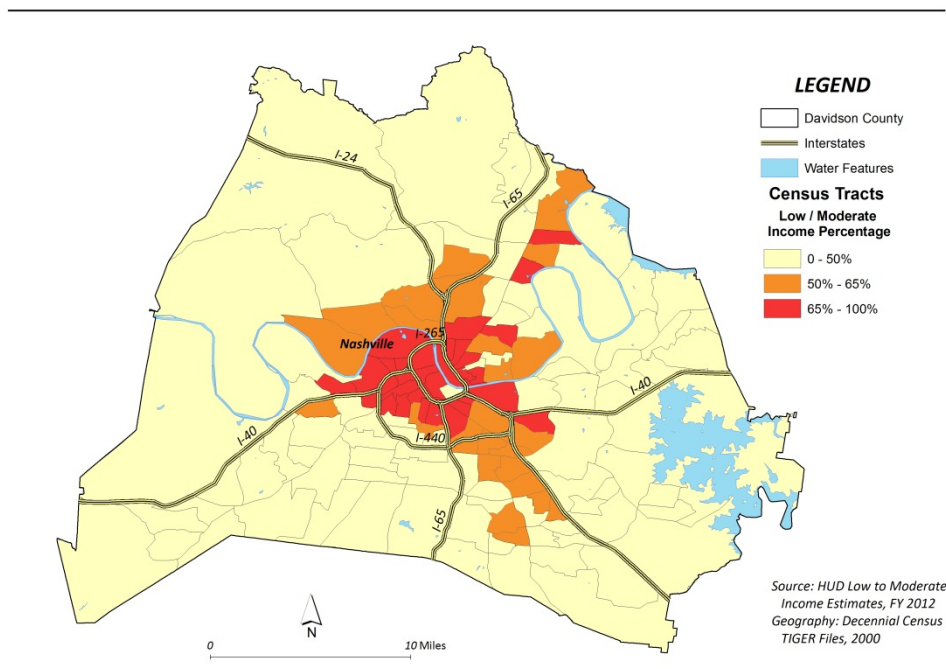


Table 48 - Geographic Priority Areas

SP-25 Priority Needs

Priority Needs Summary

Priority Need Name	Priority Level	Population	Goals Addressing
Increase Supply of Affordable Housing	High	Extremely Low Low Moderate Persons with Disabilities Families	Production of new units Rehabilitation of existing units
Strengthen Collaboration Among Network of Service Providers	High	Low/Mod	Planning
Increase Access to Healthy Food Choices	High	Low/Mod	Public Service Economic Development
Decrease Homelessness	High	Homeless	Outreach Emergency Shelter & Transitional Housing Rapid Re-Housing
Implement Place-Based Strategies for Community Development	High	Low/Mod	Acquisition Public Facilities Public Improvements and Infrastructure Economic Development Public Services Production of new units Rehabilitation of existing units
Provide Summer Programs for Youth and Children	Medium	Low/Mod Youth and Children	Public Services
Provide Housing Assistance for	Medium	HIV/AIDS	Housing Opportunities for

Persons with HIV/AIDS			Persons with AIDS
Affirmatively Further Fair Housing Choice	Medium	Low/Mod	Public Services

Table 49 – Priority Needs Summary

Narrative (Optional):

During the development of the Consolidated Plan, a number of priority needs were identified. The strategies for addressing these priority needs are summarized below.

1. Increase Supply of Affordable Housing

- Provide funding for the development of new rental units throughout Metro Nashville affordable to households at or below 60% AMI, with specific targets for the 0-30%, 31-50%, 51-60%, and 61-80% AMI categories and for units with 4+ bedrooms.
- Wherever possible, seek opportunities to create rental units through the adaptive reuse of existing sites and structures and through an emphasis on leveraging of resources. Innovation and creativity are important values for MDHA's developments and programs.
- Develop and implement an evaluation tool to be used when evaluating new projects that considers criteria such as proximity of the project site to healthy food options, proximity to public transportation, proximity to job opportunities, planned energy efficient measures and use of green building techniques, etc.
- Consider other opportunities (such as Tenant Based Rental Assistance) that provide rental subsidies to low income households to make existing units affordable.
- Advocate for an incentive program that encourages private-sector developers to include affordable units in their projects and advocate for the adoption of the program by Metro government.
- Provide gap financing, leadership, and expertise to affordable housing developers, particularly focusing on financing the increased development costs associated with building in neighborhoods well-served by community resources.
- Extend the useful life of existing affordable housing through weatherization, repair and rehabilitation programs and through homeowner education on home maintenance.

- Provide down-payment assistance to eligible low and moderate-income homebuyers.
- Assist and participate with other community stakeholders in the design and implementation of a land bank to secure infill properties for future development as single-family housing.
- Support community efforts to develop a housing trust fund.

2. Strengthen Collaboration Among Network of Service Providers

- Facilitate the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of effort, and spearhead community-wide solutions to local needs.
- Support the expansion of HMIS technology beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.
- Review the work of various departments and divisions within MDHA and seek opportunities for collaborations between similar programs that could leverage greater services.

3. Increase Access to Healthy Food Choices

- Partner with public agencies and other organizations on healthy food initiatives.
- Support implementation of community gardens in low income areas.
- Consider providing funding to food pantries and other organizations to support the distribution of fresh and healthy food options.
- Support entrepreneurial activities that increase points of access to fresh and healthy food options within existing food deserts.
- Develop and implement an evaluation tool to be used when evaluating new MDHA-funded housing developments that considers criteria such as proximity of the project site to healthy food options.

4. Decrease Homelessness

- Provide funds (subject to applicable caps) to support street outreach efforts, rapid re-housing programs, and shelter operations.
- Provide funding to increase permanent supportive housing opportunities and work to create a stronger network of providers of supportive and mainstream services to individual clients.
- Use enhanced accomplishment data as a criterion in the evaluation of applications for ESG and Continuum of Care (CoC) funding.

- Encourage the efficient use of HMIS technology and support its expansion beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.
- Support efforts to integrate the management of ESG funds with the Continuum of Care.
- Strengthen the collaboration and capacity of homelessness service providers and advocacy organizations.

5. Develop and Implement Place-Based Strategies for Community Development

- Develop a place-based strategy to identify priority low income neighborhoods and target public and leverage private resources and support for infrastructure, economic development, housing and public services in those places.
- Support initiatives that increase walkability and improve the health of residents in low income areas.

6. Provide Summer Programs for Low- and Moderate-Income Children and Youth

- Provide funding to nonprofits and public agencies for the provision of summer activities for low- and moderate-income children and youth ages 6 to 18.
- Emphasize the inclusion of job skills or work programs.

7. Provide Housing Assistance for Persons with HIV/AIDS

- Provide funding to support case management, rent and utility deposits, and food and transportation needs.
- Provide funding for short-term rent and mortgage assistance.

8. Affirmatively Further Fair Housing Choice

- Increase the supply of affordable units.
- Increase the supply of housing units for people with disabilities.
- Increase fair housing education and build capacity for testing and enforcement of fair housing law.
- Support improved access to community resources.
- Continue to operate in compliance with expanded protected class definitions found in federal regulations.

SP-30 Influence of Market Conditions

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
New Unit Production	Increased Need for Affordable Housing Units
Rehabilitation	Age of Housing Stock
Acquisition, including preservation	Increase Need for Affordable Housing

Table 50 – Influence of Market Conditions

SP-35 Anticipated Resources

Expected Resources – Priority Table

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	Public-federal	-Acquisition -Admin and Planning -Economic Development -Housing -Public Facilities -Public Improvements -Public Services	\$4,694,678.00	\$250,000.00	n/a	\$4,944,678.00	\$14,530,497.88	CDBG funds utilized in priority neighborhoods under the “Place-based strategy” will leverage other federal, local, and private funds

HOME	Public-federal	-Acquisition -Homebuyer assistance -Homeowner rehab and reconstruction -Multifamily rental new construction -Multifamily rental rehab -New construction for ownership	\$1,855,995.00	\$225,000.00	n/a	\$2,080,995.00	\$4,383,117.79	Evaluation criteria for funding HOME criteria places heavy emphasis on financial capacity and ability to secure other funding. Match requirements will be met by requiring organizations to demonstrate at least 25% match as well as through land donations and in-kind.
ESG	Public-federal	-Financial Assistance -Overnight shelter -Rapid re-housing (rental assistance) -Rental Assistance Services -Transitional housing	\$310,953.00	n/a	n/a	\$310,953.00	\$734,346.60	All organizations applying for ESG funds must provide a 100% match of the funds they are seeking. MDHA administration match will be met by in-kind contributions.

HOPWA	Public-federal	-Financial Assistance -Housing -Case Management -Admin and Planning	\$852,786.00	n/a	n/a	\$852,786.00	\$2,693,457.95	HOPWA funds assist persons who have AIDS or are HIV+ and their families
Other – Continuum of Care Program	Public-Federal	-Permanent housing placement	\$1,936,161	n/a	n/a	\$1,936,161	\$7,744,644.00	Organizations applying for funds are required to match 25% of the funds received through dollars or in-kind
Other – Weatherization Assistance Program	Public-federal (DOE)	-Weatherization measures	\$435,651	n/a	n/a	\$435,651	\$0.00	WAP funds are used to provide weatherization measures

Table 51 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied:

On May 29, 2013, MDHA received notice of the 2013 formula allocations for Program year 1. Nashville received an unexpected increase in CDBG (10%) and HOME (4%) from the prior year's allocation. Unfortunately, the allocation for HOPWA was 5% less than the prior year and ESG experienced a significant reduction of 20%. The total amount of funding for the four formula grants is \$7,714,412.00. For anticipated allocations for the remainder of the Consolidated Plan, MDHA estimates reflect a 20% reduction each year HOME and ESG and a 10% reduction each year in CDBG & HOPWA. These budget estimates do not include program income estimates or match requirements. Budget estimates for Shelter Plus Care over the five-year period are level. The future of the Weatherization Assistance Program and its funding are not clear, and MDHA does not expect to receive additional funding.

In an attempt to offset any further reductions in funding amounts, MDHA will continue to investigate and make application for additional funding streams that remain consistent with MDHA's mission and those that will also further the goals of the Consolidated Plan. MDHA will also work with partner organizations to encourage each of them to leverage available funding sources and build capacity.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan:

MDHA owns vacant and improved property throughout the jurisdiction, which has been acquired over the years to address slum and blight. MDHA makes these properties available to Community Housing Development Organizations (CHDOs) to develop affordable housing and is investigating options to self-develop some of these properties for affordable housing or other community development projects that benefit LMI residents.

SP-40 Institutional Delivery Structure

Explain the institutional structure through which the jurisdiction will carry out its consolidated Institutional Structure:

As during previous planning periods, MDHA will continue to work with various agencies within Metro Nashville to ensure that services offered through entitlement grant programs receive maximum amounts of exposure and benefit. Several of these programs will be carried out through oversight by MDHA and work conducted through the issuance of sub-recipient agreements and/or developer agreements.

Table 52 - Institutional Delivery Structure

Responsible Entity	Responsible Entity Type	Role/Program Served	Geographic Area Served
MDHA/ qualified sub-recipient	Government/private contractor	Down Payment Assistance Program	Metro Nashville
MDHA	Government	Homeowner and Rental Rehabilitation Program	Metro Nashville
Developers and CHDO's	Private Developers/community organizations	Affordable Housing Program	Metro Nashville
MDHA/Metro Agencies	Government	Neighborhood Improvement Program	Metro Nashville
Qualified Non-Profit Organizations	Non-profits as selected by Review Committee through Competitive RFP Process	ESG and HOPWA	Metro Nashville
Qualified Sub-recipient	Sub-recipient organization	Business Technical Assistance and Microenterprise Program	Metro Nashville
Various Non-Profits and Public Agencies	Non-Profits and Public Agencies	Community Services Program	Metro Nashville

Strengths and Gaps in the Institutional Delivery System:

The Metro Nashville community has a number of qualified and experienced nonprofits that assist MDHA in the implementation of the Consolidated Plan. Many of the existing programs that are administered by MDHA have been redesigned for efficiency in the last several years as funding priorities have shifted. During this time, MDHA has continued to expand efforts to increase the number of opportunities for participation from outside organizations.

There are continuing needs to develop and encourage the participation of residential groups in the community development process. There are additional efforts to strengthen the capacity of Community Housing Development Organizations (CHDOs) to carry out housing development activities funded through MDHA.

Availability of services targeted to homeless persons and persons with HIV and mainstream services:

Homeless Prevention Services Summary

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Legal Assistance	Yes	Yes	Yes
Mortgage Assistance	Yes	No	Yes
Rental Assistance	Yes	Yes	Yes
Utilities Assistance	Yes	Yes	Yes
Street Outreach Services			
Law Enforcement	Yes	No	No
Mobile Clinics	No	No	No
Other Street Outreach Services	Yes	Yes	Yes
Supportive Services			
Alcohol & Drug Abuse	Yes	Yes	Yes
Child Care	Yes	No	
Education	Yes	No	
Employment and Employment Training	Yes	Yes	Yes
Healthcare	Yes	Yes	Yes
HIV/AIDS	Yes	No	Yes
Life Skills	Yes	Yes	Yes
Mental Health Counseling	Yes	Yes	Yes
Transportation	Yes	Yes	Yes

Table 53 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

MDHA serves as the lead agency for planning and coordinating the implementation of the Consolidated Plan. During the preparation of the Consolidated Plan, MDHA consulted with public and private agencies that provide services to homeless persons in all subcategories to include chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. Many of the services proposed in the strategic plan will be conducted by subrecipients and contractors under the direction of MDHA.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above:

MDHA continues to strengthen its working relationships with agencies that provide services to special needs populations including those persons experiencing homelessness. As funding priorities have shifted, many of the existing programs such as Homeowner and Rental Housing Rehabilitation which are administered by MDHA are being redesigned for efficiency. MDHA has many qualified and experienced nonprofit organizations that assist the jurisdiction in the implementation of the Consolidated Plan. In addition MDHA is also increasing its collaboration with local non-profit organizations to better serve the community. Metropolitan Social Services (MSS) provides a wide range of services to help residents of Metro Nashville who are in need. These services are provided for people in times of hardship and economic need. Some of the services provided include homeless services, referrals to other services, counseling, case management, and senior nutrition. The MSS is guided by a seven member commission that is appointed by the Mayor which displays an effort by elected officials in Metro Nashville to assist those in need.

Although MDHA has been successful at working with many of the non-profit organizations in the community, one of the major gaps in service delivery is the lack of coordination among service providers as evidenced through public meetings and the interview process. Organizations collaborate on a small scale but there is no system-wide collaboration mechanism in place to avoid duplication of services, inefficiencies, and lack of coordinated care. As no centralized network of social services exists, many residents struggle to determine which organization to contact when in need.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs:

The development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of effort, and spearhead

community-wide solutions to local needs is necessary to assist the community in overcoming this gap in services. Over the next five years, MDHA will support the expansion of HMIS technology beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures. MDHA will also support the efforts to integrate the management of the ESG program and the Continuum of Care as this will assist the community in utilizing limited resources efficiently and effectively. The collaboration of these homeless service providers will strengthen the collaborative effort in the community.

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement):

MDHA is not subject to a Section 504 Voluntary Compliance Agreement. However, comments received at public meetings and the results of the Fair Housing Survey indicate that Metro Nashville lacks sufficient housing for persons with disabilities. As part of the strategic priority to affirmatively further fair housing choice, MDHA will work to increase the number of accessible housing units for persons with disabilities.

Activities to Increase Resident Involvements:

MDHA provides multiple outlets for public housing residents to be involved. Two membership positions on the MDHA Board of Commissioners are filled by public housing residents. Residents may also serve on the Resident Advisory Board, and are encouraged to participate in their respective resident associations.

The Resident Services Division provides a variety of direct social services to the residents and coordinates services offered by other agencies. Service Coordinators are located at each public housing property to provide counseling, information, and referral services.

Is the public housing agency designated as troubled under 24 CFR part 902?

No. As of the latest assessment, for the fiscal year ending September 30, 2011, HUD's Public Housing Assessment System scored MDHA as a "high performer."

Plan to remove the 'troubled' designation:

N/A.

SP-55 Barriers to Affordable Housing

Barriers to Affordable Housing:

During this planning period, MDHA is undertaking an Analysis of Impediments to Fair Housing Choice (AI), and one impediment listed in the AI is the scarcity of affordable rental units. As discussed in the AI, many obstacles exist to meeting Davidson County's affordable housing needs. The following points highlight some of these issues; however, because of the complex nature of housing issues, many other circumstances may exist which prevent the market from adequately providing affordable housing. Therefore, this list cannot be considered exhaustive but outlines some of the important obstacles to providing affordable housing in the Metro-Nashville area.

- High land and construction costs in certain areas decrease the ability of housing providers to build affordable housing. Interest rates are presently at record lows. However, future interest rate increases along with tighter lending practices will decrease the ability of low and moderate income householders to access structurally standard housing meeting the income and size requirements of the household.
- Appraisal values on properties are often lower than rehabilitation costs, making some projects financially infeasible.
- NIMBY-ism discourages development of affordable housing.
- Some property owners are unwilling or unable to maintain and improve housing conditions to levels determined to be decent, safe, and sanitary.
- Limited technical capacity and financial resources of nonprofit housing providers constrains their ability to meet affordable housing needs.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing:

Strategies and recommendations for overcoming this impediment and removing these barriers include:

- Continuing to develop partnerships with private housing developers and nonprofits to increase affordable rental housing for households at or below 60% AMI and units

with 4 or more bedrooms.

- Developing an incentive program that encourages private-sector developers to include affordable units in their projects and advocate for the adoption of the program by Metro government.
- Extending the useful life of existing affordable housing through weatherization, maintenance, repair and rehabilitation programs.

SP-60 Homelessness Strategy

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs:

MDHA and the Emergency Solutions Grants review committee will continue to invest in street outreach activities, to the maximum extent allowable, during the next funding cycle. Park Center and the Mental Health Cooperative have applied for and been awarded program funds for street outreach activities. As outlined in Exhibit 1 for the Continuum of Care, Park Center utilizes a Vulnerability Index to identify homeless individuals living on the streets and prioritize them for services.

Because a significant percentage of individuals experiencing homelessness are also impacted by mental illness, Park Center piloted a project with the Metropolitan Homelessness Commission called the homeless outreach program. The program consists of two components, the SOAR for those receiving SSI/SSDI and Street Outreach. Coordinators for each program work together to help connect homeless persons with vital community resources and services in an effort to assist clients with returning to the community and living independently.

The Mental Health Cooperative (MHC) operates the PATH program for persons with serious mental illnesses who are homeless or at risk of becoming homeless. The organization utilizes a team of outreach workers, case managers and providers, and makes services available offsite via a mobile clinic and offices at local missions and shelters. The MHC also partners with local law enforcement and provides comprehensive services that include representative payee, transportation, and pharmacy.

Additionally, MDHA participates in the annual Point in Time Count of sheltered and unsheltered homeless persons during the month of January. This count allows the community to better utilize resources as it relates to homeless individuals.

Addressing the emergency and transitional housing needs of homeless persons:

Transitional homelessness refers to an instance of homelessness that occurs over a relatively short period of time and occurs as a result of economic hardship and/or temporary job loss. Emergency shelters and temporary housing are major components of the homeless service system in Metro Nashville. MDHA will continue to provide operational support to local nonprofit organizations that operate emergency shelters, to the maximum extent allowable. In addition to operational support for shelters, the MDHA

will also provide program funding for essential services including transportation costs (bus passes) and payments for identification. An increase in employment is the primary need among those experiencing homelessness. MDHA encourages organizations to implement job training programs and employment counseling services are available to their clients.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again:

MDHA has identified Rapid Re-Housing as a priority for the FY 2013 funding cycle. Obtaining permanent housing for these individuals and families will shorten the length of time spent in emergency and transitional shelters. According to the most recent Point in Time Count of homeless people in Metro Nashville conducted in January 2012, 1,846 persons were sleeping in either emergency shelters or transitional shelters. The most recent PIT Count for unsheltered homeless persons conducted in January 2011, 360 persons were unsheltered. MDHA estimates that 11,000 to 17,000 people each year are in need of safe, affordable, and permanent housing which justifies the focus on rapid re-housing as a top priority. There is a general consensus among shelter agencies that there is a greater need for re-housing than homelessness prevention. Agencies can target people currently utilizing their shelters or transitional programs. Historical data on these clients will provide these agencies with data to verify that individuals will likely remain housing-stable with the investment of HUD re-housing assistance.

The intended result of utilizing ESG funds to rapidly re-house homeless persons in and out of shelter in Metro Nashville is to reduce the number of homeless people in the city, across all subpopulations, including chronically homeless persons, veterans, families with children and homeless/runaway youth. MDHA encourages collaboration with local nonprofits to transition as many people as possible into permanent housing.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs:

MDHA has adopted the following discharge policies for specific sub-populations to decrease the risk that persons exiting institutions will enter into homelessness:

- **Foster Care Discharge Protocol: Formal Protocol**

Formal protocols are formalized and implemented through the Department of Children's Services. Foster youth are to be referred to Independent Living at age 14, in order to begin planning for the transition out of care. Child and family team meetings are scheduled 6 months before the youth ages out. This has been effective for preventing discharge to the streets. The Jim Casey Youth Opportunities Initiative, launched at Vanderbilt University in 2002 (now called Fostering Success), is working to create better futures for thousands of foster youth in Middle Tennessee who make the transition to adulthood without traditional family supports. Vanderbilt Child and Family Policy Center provides research, evaluation and overall program leadership for Fostering Success. Opportunity Passport is housed at Monroe Harding, a nonprofit agency in Nashville that is home to Youth Connections, a one-stop-shop for transitioning foster youth. This allows young people to secure necessities such as housing, transportation and jobs. The Nashville Career Advancement Center is partner for job training and placement. US Bank helps young people to establish bank accounts. The Oasis Center houses the Tennessee Youth Advisory Council led by young people to address critical issues facing foster care. United Way of Metropolitan Nashville leads the Community Partnership Board, which brings community leaders and resources to address systemic challenges facing foster youth.

- **Health Care Discharge Protocol: Initial Discussion**

Unlike some of the other systems highlighted in this section, very little advance notice is given to the health care system about when patients are expected to exit. Case managers and social workers do their best to assess needs and link to available services in the community. This is mirrored at the private health care providers in Nashville. There have been some initial discussions, but no developments of protocol. Partners involved in the discussion include the Campus for Human Development, Vanderbilt University, Metropolitan General Hospital, the Mayor's Commission to End Chronic Homelessness, and members of the Metropolitan Council.

- **Mental Health Discharge Protocol: Formal Protocol Implemented**

Formal protocols are implemented through the Tennessee Department of Mental Health and Developmental Disabilities. Additionally, the department partners with

Centerstone, a multi-county provider of community-based mental health services by allocating funds to prevent discharge into homelessness.

- **Corrections Discharge Protocol: Initial Discussion**

The State Department of Corrections is active in facilitating the Tennessee Reentry Collaborative a group that meets quarterly to discuss solutions for preventing homelessness for individuals leaving the prison system. The group includes stakeholders such as the State Board of Probation and Parole, the Tennessee Housing and Development Agency, The Next Door, the Rehabilitative Services division of the Tennessee Department of Corrections, the Alcohol & Drug Council, TriCor and the Veterans Administration. Policies have not been drafted or implemented to date. Within Metro Nashville's jail system, a Discharge Planner works to coordinate discharge, and lists of people due to be discharged are regularly sent electronically to case managers to coordinate and avoid discharge to the streets. Monthly meetings of discharge planners are held at the Criminal Justice Center; partners attending include the Davidson County Sheriff's Office, General Sessions Court, the Metro Public Health Department, the Metro Public Defender's Office, Urban Housing Solutions, Eckman/Freeman Associates and Centerstone, the nation's largest community-based behavioral health provider.

SP-65 Lead-Based Paint Hazards

Actions to address LBP hazards and increase access to housing without LBP hazards:

In January 2011, the Tennessee Department of Environment and Conservation was awarded \$4.5 million in grants by the U.S. Department of Housing and Urban Development to make improvements to homes impacted by lead-based paint.⁸ The grant money has North Nashville as a targeted use area for the next 3.5 years. There will be lead-safe training along with job readiness opportunities for 545 eligible residents. As part of the outreach, there is a public awareness campaign regarding childhood lead poisoning that will consist of community events, health screenings, pamphlets, brochures, as well as billboards.

How are the actions listed above related to the extent of lead poisoning and hazards?

Lead poisoning is the leading environmental hazard to children, creating devastating and irreversible health problems. The leading cause of lead-based poisoning is exposure to dust from deteriorating paint in homes constructed before 1978. This is due to the high lead content used in paint during that period, and particularly in homes built before 1950. Pre-1978 housing occupied by lower income households with children offers particularly high risks of lead exposure due to the generally lower levels of home maintenance among lower income households. This is an important factor since it is not the lead paint itself that causes the hazards, but rather the deterioration of the paint that releases lead-contaminated dust and allows children to peel and eat lead-contaminated flakes.

The risk factors for lead poisoning include:

- Living in a home built before 1950
- Living in a recently remodeled home originally built before 1978

In Davidson County: 43% of existing homes have been built since 1980; 44% of the homes were built between 1950 and 1979; and 13% of the housing stock was built before 1950.

⁸ *Lead-Safe Tennessee: State of Tennessee Lead Hazard Reduction Demonstration Program*. Tennessee Department of Environment and Conservation. <<http://www.tn.gov/environment/leadsafetn/>>

Davidson County Housing Stock

Year House Built	Total Units
Built 2005 or later	19,863
Built 2000-2004	23,323
Built 1990-1999	32,833
Built 1980-1989	45,869
Built 1970-1979	56,239
Built 1960-1969	37,200
Built 1950-1959	32,554
Built 1940-1949	14,832
Built 1939 or earlier	21,550
Total Units Built	284,263

Davidson County Housing Stock: [Source: American Community Survey 1-Year Estimates, 2010 US Census]

The U.S. Environmental Protection Agency's *"Report on the National Survey of Lead-Based Paint in Housing"* released in 1995 found that 83% of the nation's privately owned housing units built before 1980 had lead-based paint somewhere in the building.⁹ The survey found "no statistically significant differences in the prevalence of lead-based paint by type of housing, market value of the home, amount of rent payment, household income, or geographic region". Applying this percentage to the housing stock in Davidson County, 134,771 units in the area are likely to contain lead-based paint.

Metro Nashville Lead Summary Data

Year	# of Children Tested	Percent of Children Tested	Total Confirmed Cases of Elevated Blood Lead Levels (EBLL)	Percent of Children with Confirmed EBLL's	Total Housing Units	Pre-1950 Housing Units, 2010	% of Children < 6 Under Poverty	Estimated Population of Children < 6
2010	7,125	15.9%	11	.15%	284,263	36,382	25.2%	44,691
2009	6,580	13.9%	6	.09%	285,187	36,382	24.1%	47,402
2008	6,064	12.9%	6	.09%	283,739	36,382	16.4%	46,841
2007	5,549	12.3%	4	.07%	278,855	36,382	23.2%	45,208

Source: *Tennessee Childhood Lead Poisoning Prevention Program*. The University of Tennessee Institute of Agriculture. <http://fcs.tennessee.edu/lead/pdf/2012/20072011ScreeningTotals.pdf>

⁹ Report on the National Survey of Lead-Based Paint in Housing: Base Report. U.S. EPA/HUD, June 1995. <http://www.epa.gov/lead/pubs/r95-003.pdf>.

According to the table above, which includes data from the U.S. Census for 2007-2010, there were 27 confirmed lead poisoning cases recorded during this four year period. The high number in 2010 may be attributed to the May 2010 Flood which resulted in the flooding/damage of homes in the area.

How are the actions listed above integrated into housing policies and procedures?

MDHA policies and procedures call for full compliance with the lead-based paint regulations at 24 CFR Part 35. Contractors, subrecipients, and other community partners are advised of the lead-based paint regulations and MDHA works with them to ensure inspection, testing, and abatement of lead hazards wherever necessary. Contractors participating in the Homeowner Rehab and Weatherization Assistance Program are required to obtain RRP (Renovation, Repair, and Painting) certification. Additionally, MDHA distributes information and literature on lead hazards to households who may be at risk of exposure.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs, and Policies for reducing the number of Poverty-Level Families:

From 2008 to 2011, the poverty rate in Davidson County rose from 17.0% to 19.3% (2.3 percentage points), according to the American Community Survey 1-year Estimate. Nationally, the poverty rate rose from 13.2% to 15.9% (2.7 percentage points), and in Tennessee from 15.5% to 18.3% (2.8 percentage points). This rise is not surprising in light of the recession that began in 2007 and officially ended in 2009, but the effects of which are still being felt due to stubbornly high unemployment rates. The rise in poverty could have been worse in Davidson County but for anti-poverty assistance programs provided through public-private partnerships.

Part of Metro Nashville's ongoing anti-poverty efforts is to provide job training, employment, and contract opportunities for government housing residents and low- or very-low income residents in compliance with the regulatory requirements of HUD's Section 3 program. Section 3 aims to help residents obtain the skills and employment needed to become self-sufficient and to provide opportunities for qualified, low-income business owners to receive preference in bidding on HUD-funded contracts in their neighborhoods.

In addition, MDHA's Rental Assistance Department offers a Family Self Sufficiency Program which funds strategies to help families obtain decent employment that will lead to economic independence and self-sufficiency. The types of services offered include life skills training, case management to assist persons in getting enrolled in GED and other educational programs, job training and placement, and homeownership counseling. These services enable participants to increase income, reduce or eliminate the need for public assistance, achieve economic independence and homeownership. During 2011, 18 participants obtained stable employment, 13 participants eliminated their need for welfare benefits, 7 participants no longer required Section 8 rental assistance, and 1 participant achieved homeownership.

In 2008, the Metropolitan Action Commission and the Nashville Chamber Public Benefit Foundation began a public-private partnership initiative with the goal of reducing poverty in Metro Nashville by 50% in 10 years. With the support of the Mayor's office and input from nearly 300 residents and 65 nonprofit organizations and metro agencies (including MDHA), the Poverty Reduction Initiative Plan was adopted. The Plan focuses on seven key areas: child care, economic opportunity, food, health care, housing, neighborhood

development, and workforce development.¹⁰ Metropolitan Social Services, tasked with monitoring and coordinating implementation of the Plan's goals, created the Nashville Poverty Council to track and review progress and to give guidance to the process. A major challenge to implementing the Plan's recommendations is that there is no specific source of funding for the Poverty Reduction Initiative.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan:

Some of the jurisdiction's poverty reduction programs and the affordable housing programs detailed in this plan are managed by MDHA, allowing for strong coordination of program offerings, performance goals, and policies. As previously described, MDHA's Family Self Sufficiency Program helps families obtain decent employment that will lead to economic independence and self-sufficiency. Many Self Sufficiency Program participants feed into affordable housing programs, such as down-payment assistance and other homeownership programs. In addition, MDHA hopes to address the impact of concentration of poverty through the new placed-based strategy.

¹⁰ The Poverty Reduction Initiative Plan is available at: <http://www.nashville.gov/mayor/docs/news/NashvillesPovertyReductionPlan.pdf>. Supplemental documents are available at: http://www.nashville.gov/sservices/planningcoordination/pov_ini_docs.asp.

SP-80 Monitoring

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements:

MDHA is responsible for ensuring that the federal funds it manages are in compliance with federal guidelines. MDHA's performance monitoring activities include onsite monitoring, desk reviews, and technical assistance for recipient agencies.

In an effort to ensure long-term compliance with program requirements and comprehensive planning requirements, all subrecipients, contractors, grantees, etc., enter into a contractual agreement with MDHA. These agreements include a detailed scope of services with measurable objectives. The federal general provisions, along with reference to the appropriate OMB Circulars, are included in contractual agreements to ensure compliance. The budget line items must be reflective of the goals and objectives.

MDHA's Community Development Department staff conducts on-site monitoring of recipient agencies on an annual basis. MDHA staff will evaluate agencies' programmatic and fiscal management policies. MDHA staff utilize the HUD Monitoring Desk Guide to determine CDBG and HOME compliance. Additionally, recipients are required to provide periodic reports on their achievement of contractual objectives as a requirement for reimbursement.

MDHA's Community Development Department will continue to evaluate its monitoring plan to ensure grant programs are in accordance with local program policies and procedures and Federal regulations and to develop appropriate internal controls. Staff will conduct an annual risk assessment to identify high-risk agencies or programs and develop a quarterly monitoring schedule and is in the process of developing formal monitoring protocol.

In addition to staff monitoring, Community Development programs may be selected for review by the Agency's internal and external auditors.

Expected Resources

AP-15 Expected Resources

Introduction:

One of the reasons MDHA elected to undertake a new Consolidated Plan two years early is to address the impact of severe budget cuts that have occurred in recent years. Since 2009, funding for CDBG has decreased by twenty-one percent (21%), and funding for HOME has decreased forty-five percent (45%). Because the cuts affect the scope of services that can be provided, a new Consolidated Plan will allow the City to identify the most pressing needs and develop the most effective strategies to meet those needs for the next five years.

On May 29, 2013, MDHA received notice of the 2013 formula allocations for Program year 1. Nashville received an unexpected increase in CDBG (10%) and HOME (4%) from the prior year's allocation. Unfortunately, the allocation for HOPWA was 5% less than the prior year and ESG experienced a significant reduction of 20%. The total amount of funding for the four formula grants is \$7,714,412.00. For anticipated allocations for the remainder of the Consolidated Plan, MDHA estimates reflect a 20% reduction each year HOME and ESG and a 10% reduction each year in CDBG & HOPWA. These budget estimates do not include program income estimates or match requirements. Budget estimates for Shelter Plus Care over the five-year period are level. The future of the Weatherization Assistance Program and its funding are not clear, and MDHA does not expect to receive additional funding.

Expected Resources – Priority Table

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	Public-federal	-Acquisition -Admin and Planning -Economic Development -Housing -Public Facilities -Public Improvements -Public Services	\$4,694,678.00	\$250,000.00	n/a	\$4,944,678.00	\$14,530,497.88	CDBG funds utilized in priority neighborhoods under the “Place-based strategy” will leverage other federal, local, and private funds

HOME	Public-federal	-Acquisition -Homebuyer assistance -Homeowner rehab and reconstruction -Multifamily rental new construction -Multifamily rental rehab -New construction for ownership	\$1,855,995.00	\$225,000.00	n/a	\$2,080,117.79	\$4,383,117.79	Evaluation criteria for funding HOME criteria places heavy emphasis on financial capacity and ability to secure other funding. Match requirements will be met by requiring organizations to demonstrate at least 25% match as well as through land donations and in-kind.
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ESG	Public-federal	-Financial Assistance -Overnight shelter -Rapid re-housing (rental assistance) -Rental Assistance Services -Transitional housing	\$310,953.00	n/a	n/a	\$310,953.00	\$ 734,346.60	All organizations applying for ESG funds must provide a 100% match of the funds they are seeking. MDHA administration match requirement will be met through in-kind contribution
HOPWA	Public-federal	-Financial Assistance -Housing -Case Management -Admin and Planning	\$852,786.00	n/a	n/a	\$852,786.00	\$2,693,457.95	HOPWA funds assist persons who have AIDS or are HIV+ and their families
Other – Continuum of Care Program	Public-Federal	-Permanent housing placement	\$1,936,161	n/a	n/a	\$1,936,161	\$7,744,644	Organizations applying for funds are required to match 25% of the funds received through dollars or in-kind
Other – Weatherization Assistance Program	Public-federal (DOE)	-Weatherization measures	\$435,651	n/a	n/a	\$435,651	\$0.00	WAP funds are used to provide weatherization measures

Table 54 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied:

In an attempt to offset any further reductions in funding amounts, MDHA will continue to investigate and make application for additional funding streams that remain consistent with MDHA's mission and those that will also further the goals of the Consolidated Plan. MDHA requires partner organization to demonstrate financial capacity and ability to leverage other funds and will also work with its partners to build capacity.

The HOME program requires a 25% match of the total HOME funds drawn down for project costs. This match requirement will be met by requiring partners to provide at least a 25% match on projects, by the value of donated land or improvements, or by other eligible methods as provided in the HOME regulations. The match requirement was waived for Nashville-Davidson County for the 2010 and 2011 Program Years due to the flood and declaration as a Federal Disaster Area.

To meet the ESG match requirement, all organizations applying for funding must provide a 100% match of the funds they are seeking. This and the MDHA administration match requirements may be satisfied by cash, the value of the time and services provided, or other eligible methods as provided by the ESG regulations.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan:

MDHA owns vacant and improved property throughout the jurisdiction, which has been acquired over the years to address slum and blight. MDHA makes these properties available to Community Housing Development Organizations (CHDOs) to develop affordable housing and is investigating options to self-develop some of these properties for affordable housing or other community development projects that benefit LMI residents.

AP-20 Annual Goals and Objectives

CDBG Budget and Annual Goals

See Appendix E for additional information on each activity

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)	Priority #	Allocation Budget (Estimate)	Program Income Budget (Estimate)	Performance Indicator	Annual Goal
<u>Eligible Activities</u>					
Acquisition	5	\$ 75,000.00	\$ -	Properties	5
Administration & Planning*	All	\$ 852,474.00	\$ 5,000.00	N/A	N/A
Economic Development: Microenterprise Assistance, Commercial Rehab, Business Assistance	3, 5	\$ 352,057.50	\$ 100,000.00	Businesses	5
Housing: Homeowner Rehab (<80% AMI)	1, 5	\$ 1,000,000.00	\$ 125,000.00	Housing Units	80
Public Facilities: Infrastructure Improvements, Neighborhood Facilities, Homeless Shelters	4, 5	\$ 1,000,000.00	\$ -	Facilities	5
Public Services: Fair Housing, Healthy Food Initiatives, Summer Youth**	3, 6, 8	\$ 500,000.00	\$ -	Persons	2000
Other: Section 108 Loan Repayment	N/A	\$ 482,841.50		N/A	N/A
Unprogrammed***		\$ 432,305.00			
TOTAL		\$4,694,678.00	\$ 250,000.00		
*Subject to 20% cap of Entitlement Allocation & PI					
**Subject to 15% cap of Entitlement Allocation & PI					
***Unprogrammed funds in the amount of \$432,305.00 constitute the unexpected increase from the estimated allocation. MDHA will issue a substantial amendment in the summer of 2013 and solicit public comment for proposed uses of the funds.					

Table 55

HOME Budget and Annual Goals***

See Appendix E for additional information on each activity

HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)	Priority #	Allocation Budget	Program Income Budget (Estimate)	Performance Indicator	Annual Goal
<u>Eligible Activities</u>					
Acquisition	1, 5, 8	\$ 54,080.00	\$ -	Properties	3
Administration*	1, 5, 8	\$ 185,599.00		N/A	N/A
Homebuyer (Downpayment) Assistance (<80% AMI)	1, 5	\$ -	\$ 225,000.00	Persons	20
Homeowner Rehab (<80% AMI)	1, 5	\$ 178,416.00	\$ -	Housing Units	6
New Construction - Homeownership (<80%)**	1, 5	\$ 260,000.00	\$ -	Housing Units	2
New Construction - Rental (<30% AMI)**	1, 5, 8	\$ 312,000.00	\$ -	Housing Units	5 (incl. 1 family)
New Construction - Rental (31-50% AMI)**	1, 5, 8	\$ 208,000.00	\$ -	Housing Units	4 (incl. 1 family)
New Construction - Rental (51-60% AMI)**	1, 5, 8	\$ 140,400.00	\$ -	Housing Units	3 (incl. 1 family)
Rental Rehab (<60%)**	1, 5, 8	\$ 517,500.00	\$ -	Housing Units	10
TOTAL		\$ 1,855,995.00	\$ 225,000.00		
*Subject to 10% of Allocation & PI					
**Includes 15% Set-Aside for CHDO Activities					
***Allocations include 3.5-4% increases in funding than previously estimated.					

Table 56

ESG Budget and Annual Goals***

See Appendix E for additional information on each activity

EMERGENCY SOLUTIONS GRANT (ESG)	Priority #	Allocation Budget	Required Match	Performance Indicator	Annual Goal
<u>Eligible Activities</u>					
Administration*	4	\$ 23,321.00	\$ 23,321.00	N/A	N/A
Emergency Shelter: Operation, Essential Service**	4	\$ 148,745.00	\$ 148,745.00	Persons	2096
Street Outreach**	4	\$ 24,999.00	\$ 24,999.00	Persons	477
HMIS	4	\$ 10,000.00	\$ 10,000.00	Persons	2300
Rapid Re-Housing: Housing Relocation & Stabilization Services	4	\$ 103,888.00	\$ 103,888.00	Persons	97
TOTAL		\$ 310,953.00	\$ 310,953.00		
*Subject to 7.5% cap of Allocation.					
**Total for Emergency Shelter & Street Outreach is subject to 60% cap of Allocation.					
***Allocations are based upon actual awards for 2013 Program Year.					

Estimated HOPWA Budget and Annual Goals**

See Appendix E for additional information on each activity

HOUSING OPPORTUNITIES FOR PERSONS WITH HIV/AIDS (HOPWA)	Priority #	Allocation Budget (Estimate)	Performance Indicator	Annual Goal
<u>Eligible Activities</u>				
Administration*	7	\$ 73,436.00	N/A	N/A
Supportive Services	7	\$ 390,641.00	Households	1,564
Short-term Rent, Mortgage, and/or Utility Payments	7	\$ 240,855.00	Households	275
Rent Subsidies	7	\$ 147,854.00	Households	35
TOTAL		\$ 852,786.00	Households	1,599
*Includes MDHA administration budget of \$25,584.00.				
**Allocations are based upon actual awards for 2013 Program Year.				

AP-35 Projects

Introduction:

The Strategic Plan outlined eight (8) priorities identified during the extensive planning process and the strategies for addressing these priorities.

1. Increase Supply of Affordable Housing

- Provide funding for the development of new rental units throughout Metro Nashville affordable to households at or below 60% AMI, with specific targets for the 0-30%, 31-50%, 51-60%, and 61-80% AMI categories and for units with 4+ bedrooms.
- Wherever possible, seek opportunities to create rental units through the adaptive reuse of existing sites and structures and through an emphasis on leveraging of resources. Innovation and creativity are important values for MDHA's developments and programs.
- Develop and implement an evaluation tool to be used when evaluating new projects that considers criteria such as proximity of the project site to healthy food options, proximity to public transportation, proximity to job opportunities, planned energy efficient measures and use of green building techniques, etc.
- Consider other opportunities (such as Tenant Based Rental Assistance) that provide rental subsidies to low income households to make existing units affordable.
- Advocate for an incentive program that encourages private-sector developers to include affordable units in their projects and advocate for the adoption of the program by Metro government.
- Provide gap financing, leadership, and expertise to affordable housing developers, particularly focusing on financing the increased development costs associated with building in neighborhoods well-served by community resources.
- Extend the useful life of existing affordable housing through weatherization, repair and rehabilitation programs and through homeowner education on home maintenance.
- Provide down-payment assistance to eligible low and moderate-income homebuyers.
- Assist and participate with other community stakeholders in the design and implementation of a land bank to secure infill properties for future development as single-family housing.

- Support community efforts to develop a housing trust fund.

2. Strengthen Collaboration Among Network of Service Providers

- Facilitate the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of effort, and spearhead community-wide solutions to local needs.
- Support the expansion of HMIS technology beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.
- Review the work of various departments and divisions within MDHA and seek opportunities for collaborations between similar programs that could leverage greater services.

3. Increase Access to Healthy Food Choices

- Partner with public agencies and other organizations on healthy food initiatives.
- Support implementation of community gardens in low income areas.
- Consider providing funding to food pantries and other organizations to support the distribution of fresh and healthy food options.
- Support entrepreneurial activities that increase points of access to fresh and healthy food options within existing food deserts.
- Develop and implement an evaluation tool to be used when evaluating new MDHA-funded housing developments that considers criteria such as proximity of the project site to healthy food options.

4. Decrease Homelessness

- Provide funds (subject to applicable caps) to support street outreach efforts, rapid re-housing programs, and shelter operations.
- Provide funding to increase permanent supportive housing opportunities and work to create a stronger network of providers of supportive and mainstream services to individual clients.
- Use enhanced accomplishment data as a criterion in the evaluation of applications for ESG and Continuum of Care (CoC) funding.
- Encourage the efficient use of HMIS technology and support its expansion beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.

- Support efforts to integrate the management of ESG funds with the Continuum of Care.
- Strengthen the collaboration and capacity of homelessness service providers and advocacy organizations.

5. Develop and Implement Place-Based Strategies for Community Development

- Develop a place-based strategy to identify priority low income neighborhoods and target public and leverage private resources and support for infrastructure, economic development, housing and public services in those places.
- Support initiatives that increase walkability and improve the health of residents in low income areas.

6. Provide Summer Programs for Low- and Moderate-Income Children and Youth

- Provide funding to nonprofits and public agencies for the provision of summer activities for low- and moderate-income children and youth ages 6 to 18.
- Emphasize the inclusion of job skills or work programs.

7. Provide Housing Assistance for Persons with HIV/AIDS

- Provide funding to support case management, rent and utility deposits, and food and transportation needs.
- Provide funding for short-term rent and mortgage assistance.

8. Affirmatively Further Fair Housing Choice

- Increase the supply of affordable units.
- Increase the supply of housing units for people with disabilities.
- Increase fair housing education and build capacity for testing and enforcement of fair housing law.
- Support improved access to community resources.
- Continue to operate in compliance with expanded protected class definitions found in federal regulations.

During Program Year 1, MDHA will undertake the projects listed under Annual Goals and Objectives (and more fully described in Appendix E) to implement these strategies.

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs:

Allocation priorities were based upon the Needs Assessment undertaken as part of the planning process and demand for projects and services in the past. For example, the demand for homeowner rehabilitation greatly exceeds available funding, and it will continue to receive a majority of CDBG funding. Addressing housing needs of the very low income, persons with disabilities will be a priority, and low income families.

Because of needs identified during the planning process, MDHA will target funds for new activities or expanded programs. For example, new ESG regulations limit the amount of funding that can be available for emergency shelters. Homeless assistance providers and advocates have expressed great concern. As a result, a portion of CDBG funding will be available for homeless shelters. Although MDHA has used CDBG funds for community gardens, additional funding and programs will be available to address lack of healthy food options on a larger scale.

A “Place-Based Strategy” for community development will be designed to address the impact of concentrations of poverty and disinvestment in low income areas. CDBG funds for public facilities and infrastructure improvements, as well as some affordable housing activities, will be targeted for areas where at least 65% of residents have incomes at or below 80% AMI. Because this is a new concept, one of the challenges will be the development of the Strategy and identification of specific areas. There are a number of areas that meet the criteria, and funding is limited. During Program Year 1, MDHA will work with the public and with a HUD-approved technical assistance provider to develop and formalize the Strategy.

AP-50 Geographic Distribution

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed:

During the five-year Consolidated Plan period, MDHA will develop and implement place-based strategies designed to revitalize “priority neighborhoods” more comprehensively and in a manner that will have a more lasting impact on residents. Areas that will be considered priority neighborhoods must be low- and moderate-income neighborhoods where at least 65% of households are at or below 80% AMI. These priority neighborhoods are indicated on the map below. Community development activities may include infrastructure improvements, new or improved public activities, economic development, enhanced public services, targeted home rehabilitation, and expanded housing options.

An additional need based upon geographic limitations includes the addressing and expansion of homeless and special needs assistance. Most of these resources are currently centrally located in the downtown, or urban core, area of the county. Continued efforts will be undertaken to ensure that these services are provided throughout the whole of the MDHA service area that will provide housing integration between transitional housing and permanent housing in the homeless and special needs populations.

The only program that is administered by MDHA that would lend itself to providing services to those who may not be located within the Nashville-Davidson County boundary is through the disbursement of HOPWA funding. This funding stream is distributed through the broader metropolitan area, including Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson Counties. HOPWA funds are not intended to be targeted towards a specific geographic area, but rather towards a specific population, which are those with HIV/AIDS and their families.

DAVIDSON COUNTY, TENNESSEE

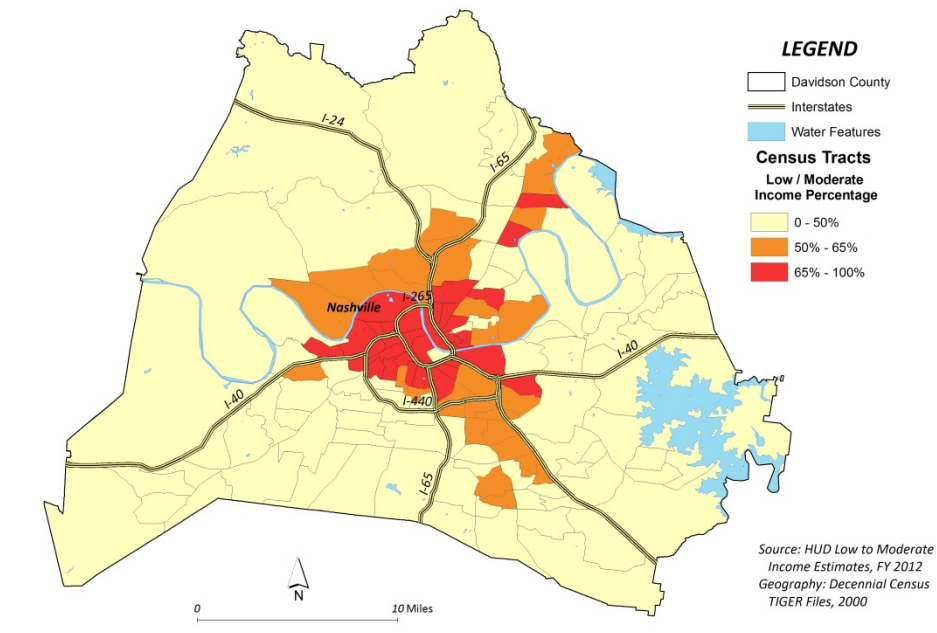


Table 57 - Geographic Priority Areas

Rationale for the priorities for allocating investments geographically:

A significant issue identified during the planning process is the uneven distribution of community resources. Many high-poverty neighborhoods are not able to leverage resources or attract investment that is necessary to stabilize the area, improve quality of life, and create opportunities. To help address this issue, MDHA will introduce a new approach – Place-Based Strategy – for targeting its community development efforts rather than distributing limited funds throughout the County.

AP-55 Affordable Housing

Introduction:

Scarcity of affordable rental units was an impediment identified in the Analysis of Impediments to Fair Housing Choice and was a common thread among all discussions during the planning period. The greatest need is among households with very low incomes, persons with disabilities, and families. As a result, affordable housing programs are designed to address these needs.

Note: Housing assistance, as discussed in this section, does not include emergency shelter, transitional shelter, or social services.

One Year Goals for the Number of Households to be Supported	
Homeless	75
Non-Homeless	142
Special Needs	Included in "Non-Homeless"
Total	217

One Year Goals for the Number of Households Supported Through	
Rental Assistance	104*
Production of New Units	14
Rehab of Existing Units	96
Acquisition of Existing Units	3
Total	217

*HOPWA & ESG Rapid Re-Housing

Discussion:

A summary of affordable housing activities to be undertaken this program year is listed below:

- **Homeowner Rehab:** Due to excessive demand for assistance, priority will be given to homeowners whose incomes are at or below 50%, persons with disabilities, and the elderly (age 62+).
 - Assistance provided with CDBG funding will be limited to the following: heat/air, roof repair, plumbing, and accessibility. Assistance will be in the form of a grant.
 - Assistance provided with HOME funding will involve large-scale rehabilitation or reconstruction and must meet Housing Quality Standards. Assistance will be in the form of a no interest loan that will be forgiven on a pro rata basis for a specified period of time as long as the owner occupies the property.
- **Rental Rehab:** Assistance will be provided to landlords to rehabilitate substandard rental property to correct code violations. Assistance will be in the form of 3% loan, repayable over the affordability period. All loans will be subject to underwriting review by MDHA staff. Units must be occupied by tenants with incomes at or below 60% AMI. In projects with 5 or more HOME-assisted units, at least 20% of the units must serve households at or below 50% AMI.
- **New Construction:** During the Program Year, MDHA will make available funding opportunities for or elect to undertake development of affordable housing for rent or homeownership. Financial assistance may be in the form of predevelopment loans, construction loans, and permanent financing. Eligible uses of funds may include acquisition, site preparation, construction, and soft costs. New construction projects must meet HOME Site and Neighborhood Standards. All projects are subject to underwriting by MDHA.
 - **Rental Projects:** All rental projects must serve households with incomes at or below 60% AMI. In projects with 5 or more units, at least 20% of the units must serve households with incomes at or below 50% AMI. As indicated in the Annual Goals and Objectives for HOME, priority is established for projects serving households at or below 30% AMI and large families.
 - **Homeownership:** Homes must be sold to households with incomes at or below 80% AMI. However, if homes are not sold within 6 months of completion, the home must be rented to a household at or below 80% AMI.

- **Acquisition**: MDHA may utilize HOME funds to acquire property in a designated priority neighborhood for affordable housing as part of a place-based strategy.
- **Downpayment Assistance**: Financial assistance may be made available to first-time homebuyers of the purchase of the home. Household income must not exceed 80% AMI, and recipients must complete housing counseling.
- **Rental Assistance**: Rental assistance is available through the HOPWA program and ESG Rapid-Rehousing program.

AP-60 Public Housing – 91.220(h)

Introduction:

MDHA's Asset Management Department oversees Metro Nashville's public housing stock, including the administration and maintenance of 5,399 public housing units which provide housing for more than 14,000 persons. In 2012, MDHA instituted a smoking-cessation program and smoke-free buildings at all seven of its properties designated for the elderly and persons with disabilities.

MDHA's Rental Assistance Department administers the Section 8 Housing Choice Voucher and Moderate Rehabilitation Programs. In 2012, MDHA provided rental assistance through the voucher program to over 6,500 households. The Rental Assistance Department strives to reach an annual utilization rate of at least 99% of all issued vouchers. In 2011, there were 1,446 landlords participating in the voucher program. To provide more housing choices for its eligible voucher recipients, the Department has set a goal to recruit at least 25 new property owners to the voucher program each year. For the fiscal year ending in September 2012, the Department brought in 169 new owner participants.

MDHA has consistently been rated as a High Performer by HUD in the management of its public housing and voucher programs.

Actions planned during the next year to address the needs to public housing:

As evidenced by the number of applicants on the waiting list for Section 8 rental assistance and the lack of available units for public housing for families, the most immediate need of those qualified to receive public housing or rental assistance is an increased supply of available rental units.

MDHA has established the following goals to address the needs of its public housing population: Increase the number of public housing households to 453; audit 20% of all public housing resident files annually to reduce instances of income discrepancies and inaccurate rent calculations; and attract at least 25 new property owners to the Housing Choice Voucher program. MDHA also aims to increase the number of participants in the Family Self-Sufficiency program and establish new partnerships annually with agencies that promote aspects of family self-sufficiency (homeownership, budget management, career development, job training and readiness) in order to help families transition to economic independence and thereby reduce the demand for public housing assistance.

Actions to encourage public housing residents to become more involved in management and participate in homeownership:

MDHA provides multiple outlets for public housing residents to be involved. Two membership positions on the MDHA Board of Commissioners are filled by public housing residents. Residents may also serve on the Resident Advisory Board, and are encouraged to participate in their respective resident associations.

The Resident Services Division provides a variety of direct social services to the residents and coordinates services offered by other agencies. Service Coordinators are located at each public housing property to provide counseling, information, and referral services.

MDHA's Family Self-Sufficiency Program combines MDHA and private resources to support residents in transitioning out of public assistance and attaining home ownership and financial independence. The type of services received enable families to increase their income, reduce or eliminate the need for government assistance, achieve higher education and job training, and progress in achieving economic independence and housing sufficiency. MDHA aims to increase the number of Family Self-Sufficiency Voucher households to 150.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance:

As of the latest assessment, for the fiscal year ending September 30, 2011, HUD's Public Housing Assessment System scored MDHA as a "high performer."

AP-65 Homeless and Other Special Needs Activities

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including:

MDHA will support the following goals and actions for reducing and ending homelessness. Annual Goals and Objectives are listed on Page 122.

1. Provide funds (subject to applicable cap) to support street outreach efforts, rapid re-housing programs, and shelter operations.
2. Provide funding to increase permanent supportive housing opportunities and work to create a stronger network of providers of supportive services.
3. Use the presence and strength of support services as a criterion in the evaluation of applications for ESG and CoC funding.
4. Encourage the efficient use of HMIS technology and support its expansion beyond homeless service providers as a way to link the various services provided by Metro nonprofits and agencies and standardize performance measures.
5. Support efforts to integrate the management of ESG funds with the Continuum of Care
6. Strengthen the collaboration and capacity of homelessness service providers and advocacy organizations.

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs:

The MDHA and the Emergency Shelter Grants review committee will continue to invest in street outreach activities during the next funding cycle. Park Center and the Mental Health Cooperative have applied for and been awarded program funds for street outreach activities.

Because a significant percentage of individuals experiencing homelessness are also impacted by mental illness, Park Center piloted a project with the Metropolitan Homelessness Commission called the homeless outreach program. The program consists of two components, the SOAR for those receiving SSI/SSDI and Street Outreach. Coordinators for each program work together to help connect homeless persons with vital community resources and services in an effort to assist clients with returning to the community and living independently.

The Mental Health Cooperative (MHC) operates the PATH program for persons with serious mental illnesses who are homeless or at risk of becoming homeless. The organization utilizes a team of outreach workers, case managers and providers, and makes services available offsite via a mobile clinic and offices at local missions and shelters. The MHC also partners with local law enforcement and provides comprehensive services that include representative payee, transportation, and pharmacy.

Additionally, the MDHA participates in the annual Point in Time Count of sheltered and unsheltered homeless persons during the month of January. This count allows the community to better utilize resources as it relates to homeless individuals.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again:

MDHA has identified Rapid Re-Housing as a priority for the FY 2013 funding cycle. Obtaining permanent housing for these individuals and families will shorten the length of time spent in emergency and transitional shelters. According to the most recent Point in Time Count of homeless people in Metro Nashville conducted in January 2012, 1,846 persons were sleeping in either emergency shelters or transitional shelters. The most recent PIT Count for unsheltered homeless persons, conducted in January 2011, found 360 persons who were unsheltered. MDHA estimates that 11,000 to 17,000 people each year are in need of safe, affordable, and permanent housing which justifies the focus on rapid re-housing as a top priority. There is a general consensus among shelter agencies that there is a greater need for re-housing than homelessness prevention. Agencies can target people currently utilizing their shelters or transitional programs. Historical data on these clients will provide these agencies with data to verify that individuals will likely remain homeless.

The intended result of utilizing ESG funds to rapidly re-house homeless persons in and out of shelter in Metro Nashville is to reduce the number of homeless people in the city, across all subpopulations, including chronically homeless persons, veterans, families with children and homeless/runaway youth. MDHA encourages collaboration with local nonprofits to transition as many people as possible into permanent housing.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs:

MDHA has adopted the following discharge policies for specific sub-populations to decrease the risk of persons exiting institutions will not enter into homelessness:

- **Foster Care Discharge Protocol: Formal Protocol**

Formal protocols are formalized and implemented through the Department of Children's Services. Foster youth are to be referred to Independent Living at age 14, in order to begin planning for the transition out of care. Child and family team meetings are scheduled 6 months before the youth ages out. This has been effective for preventing discharge to the streets. The Jim Casey Youth Opportunities Initiative, launched at Vanderbilt University in 2002 (now called Fostering Success), is working to create better futures for thousands of foster youth in Middle Tennessee who make the transition to adulthood without traditional family supports. Vanderbilt Child and Family Policy Center provides research, evaluation and overall program leadership for Fostering Success. Opportunity Passport is housed at Monroe Harding, a nonprofit agency in Nashville that is home to Youth Connections, a one-stop-shop for transitioning foster youth. This allows young people to secure necessities such as housing, transportation and jobs. The Nashville Career Advancement Center is partner for job training and placement. US Bank helps young people to establish bank accounts. The Oasis Center houses the Tennessee Youth Advisory Council led by young people to address critical issues facing foster care. United Way of Metropolitan Nashville leads the Community Partnership Board, which brings community leaders and resources to address systemic challenges facing foster youth.

- **Health Care Discharge Protocol: Initial Discussion**

Unlike some of the other systems highlighted in this section, very little advance notice is given to the health care system about when patients are expected to exit. Case managers and social workers do their best to assess needs and link to available services in the community. This is mirrored at the private health care providers in Nashville. There have been some initial discussions, but no developments of

protocol. Partners involved in the discussion include the Campus for Human Development, Vanderbilt University, Metropolitan General Hospital, the Mayor's Commission to End Chronic Homelessness, and members of the Metropolitan Council.

- **Mental Health Discharge Protocol: Formal Protocol Implemented**

Formal protocols are implemented through the Tennessee Department of Mental Health and Developmental Disabilities. Additionally, the department partners with Centerstone, a multi-county provider of community-based mental health services by allocating funds to prevent discharge into homelessness.

- **Corrections Discharge Protocol: Initial Discussion**

The State Department of Corrections is active in facilitating the Tennessee Reentry Collaborative a group that meets quarterly to discuss solutions for preventing homelessness for individuals leaving the prison system. The group includes stakeholders such as the State Board of Probation and Parole, the Tennessee Housing and Development Agency, The Next Door, the Rehabilitative Services division of the Tennessee Department of Corrections, the Alcohol & Drug Council, TriCor and the Veterans Administration. Policies have not been drafted or implemented to date. Within Metro Nashville's jail system, a Discharge Planner works to coordinate discharge, and lists of people due to be discharged are regularly sent electronically to case managers to coordinate and avoid discharge to the streets. Monthly meetings of discharge planners are held at the Criminal Justice Center; partners attending include the Davidson County Sheriff's Office, General Sessions Court, the Metro Public Health Department, the Metro Public Defender's Office, Urban Housing Solutions, Eckman/Freeman Associates and Centerstone, the nation's largest community-based behavioral health provider.

AP-70 HOPWA Goals

See Page 127 and Appendix E for HOPWA Goals and Objectives for Program Year 1.

MDHA will issue a Request for Proposals from project sponsors that is publicized via an advertisement in *The Tennessean* newspaper and emailed to all prior-year sponsors, as well as any additional agencies who indicate interest. Prospective agencies will have approximately 1 month after this notification to apply for funding.

AP-75 Barriers to Affordable Housing

Actions planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment:

Despite new challenges associated with local and state economic conditions, the major obstacles to comprehensively meeting the needs of a primarily low-income population are continuing underinvestment, lack of job center locations, proliferation of food deserts, and increasing developments without affordability standards.

While measures have been taken to increase partnerships with local service providers, there is still a need to facilitate the development of a collaborative network of service providers. This would increase the availability of news and information, reduce duplications of service, and allow for larger community involvement.

In addition to mitigating the issues mentioned above, MDHA will continue to actively participate in dialogue regarding re-zoning, stormwater management, sustainability, and other regulatory issues affecting affordable housing development. MDHA will also explore incentives to encourage affordable housing development. MDHA will actively work with community leaders to address concerns about potential developments. Furthermore, MDHA will undertake efforts to affirmatively further fair housing to ensure housing choice is available throughout the county including holding educational events throughout the community and continuing to ensure that fair housing is a priority among all activities undertaken by MDHA.

AP-85 Other Actions

Actions planned to address obstacles to meeting underserved needs:

To help remove obstacles to meeting underserved needs and improve service delivery, MDHA will facilitate the development of a regional social service collaborative to coordinate the work of social service organizations, disseminate news and information, eliminate duplication of effort, and spearhead community-wide solutions to local needs. MDHA also will support the expansion of HMIS technology beyond homeless service providers as a way to link the various categories of services provided by Metro nonprofits and agencies and to standardize performance measures. Finally, MDHA will review and analyze the work of its various departments and divisions and find opportunities for collaboration between similar programs that could leverage greater services.

Actions planned to reduce lead-based paint hazards:

In January 2011, the Tennessee Department of Environment and Conservation was awarded \$4.5 million in grants by the U.S. Department of Housing and Urban Development to make improvements to homes impacted by lead-based paint.¹¹ The grant money has North Nashville as a targeted use area for the next 3.5 years. There will be lead-safe training along with job readiness opportunities for 545 eligible residents. As part of the outreach, there is a public awareness campaign regarding childhood lead poisoning that will consist of community events, health screenings, pamphlets, brochures, as well as billboards.

Actions planned to reduce the number of poverty-level families:

Part of Metro Nashville's ongoing anti-poverty effort is to provide job training, employment, and contract opportunities for government housing residents and low- or very-low income residents in compliance with the regulatory requirements of HUD's Section 3 program. Section 3 aims to help residents obtain the skills and employment needed to become self-sufficient and to provide opportunities for qualified, low-income business owners to receive preference in bidding on HUD-funded contracts in their neighborhoods.

¹¹ *Lead-Safe Tennessee: State of Tennessee Lead Hazard Reduction Demonstration Program*. Tennessee Department of Environment and Conservation. <<http://www.tn.gov/environment/leadsafetn/>>

In addition, MDHA's Rental Assistance Department will continue to offer a Family Self Sufficiency Program, which funds strategies to help families obtain decent employment that will lead to economic independence and self-sufficiency. The types of services offered include life skills training, case management to assist persons in getting enrolled in GED and other educational programs, job training and placement, and homeownership counseling. These services enable participants to increase income, reduce or eliminate the need for public assistance, achieve economic independence and homeownership.

MDHA also will continue to support and collaborate with Metropolitan Social Services and its Nashville Poverty Council, in implementing the Poverty Reduction Initiative Plan.

During the five-year period, MDHA proposes to develop and implement a place-based strategy for addressing community development needs in areas with a high concentration of poverty.

AP-90 Program Specific Requirements

Community Development Block Grant Program

Introduction: Projects planned with CDBG funds are listed on Page 122.

Reference: 24 CFR Part 570

Total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed: 0

Amount of proceeds from Section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the Strategic Plan: 0

Amount of surplus funds from urban renewal settlements: 0

Amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan: 0

Amount of program income from float-funded activities: 0

Total Program Income: 0

Amount of urgent need activities: 0

Estimated % of CDBG funds that will be used for activities that benefit low- and moderate-income persons 90%

HOME Investment Partnerships Program

Introduction: HOME funds will be used to create affordable housing opportunities for low- and moderate-income households. Fifteen percent (15%) of HOME will be set-aside annually for Community Housing Development Organizations (CHDOs) to undertake affordable housing.

Reference: 24 CFR Part 92

Description of other forms of investment being used beyond those identified in Section 92.205: N/A

Description of guidelines that will be used for resale of HOME funds when used for homebuyer activities as required in 92.254: See below.

Description of guidelines that will be used for resale or recapture to ensure that the affordability of units acquired with HOME funds: See below.

Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b): N/A

HOME RESALE/RECAPTURE PROVISIONS

I. BACKGROUND

Section 215 of the HOME statute establishes specific requirements that all HOME-assisted homebuyer housing must meet in order to qualify as affordable housing. Specifically, all HOME-assisted homebuyer housing must have an initial purchase price that does not exceed 95 percent of the median purchase price for the area, be the principal residence of an owner whose family qualifies as low-income at the time of purchase, and be subject to either resale or recapture provisions. The HOME statute states that resale provisions must limit subsequent purchase of the property to income-eligible families, provide the owner with a fair return on investment, including any improvements, and ensure that the housing will remain affordable to a reasonable range of low-income homebuyers. The HOME statute also specifies that recapture provisions must recapture the HOME investment from available net proceeds in order to assist other HOME-eligible families. The PJ utilizes the resale/recapture methods for HOME homebuyer programs in accordance with 24 CFR 92.254(a)(5).

The HOME rule at §92.254(a)(5) establishes the resale and recapture requirements HOME PJs must use for all homebuyer activities. These provisions are imposed for the duration of the period of affordability on all HOME-assisted homebuyer projects through a written agreement with the homebuyer, and enforced via lien, deed restrictions, or covenants running with the land. The resale or recapture provisions are triggered by any transfer of title, either voluntary or involuntary, during the established HOME period of affordability.

When undertaking HOME-assisted homebuyer activities, including projects funded with HOME program income, the PJ must establish resale or recapture provisions that comply with HOME statutory and regulatory requirements and set forth the provisions in its Consolidated Plan. HUD must determine that the provisions are appropriate. The written resale/recapture provisions that the PJ submits in its Annual Action Plan must clearly describe the terms of the resale/recapture provisions, the specific circumstances under which these provisions will be used, and how the PJ will enforce the provisions.

II. DEFINITIONS

- Development Subsidy – a development subsidy is defined as financial assistance provided by the PJ to offset the difference between the total cost of producing a housing unit and the fair market value of the unit. When provided independently and absent any additional subsidy that could be classified a direct subsidy, development subsidy triggers resale.

- Direct Subsidy – a direct subsidy is defined as financial assistance provided by the PJ that reduces the purchase price for a homebuyer below market or otherwise subsidizes the homebuyer [i.e. down-payment loan, purchase financing, assistance to CHDO to develop and sell unit below market, or closing cost assistance]. A direct subsidy triggers recapture.
- Net Proceeds – the sales price minus superior loan repayment (other than HOME funds) and any closing costs.

III. PERIOD OF AFFORDABILITY

The HOME rule at §92.254(a)(4) establishes the period of affordability for all homebuyer housing. How the PJ calculates the amount of HOME assistance in each unit and therefore the applicable period of affordability varies depending on whether the unit is under resale or recapture provisions.

a. Period of Affordability Under Resale Provisions

Under resale, §92.254(a)(5)(i) of the HOME rule states that the period of affordability is based on the total amount of HOME funds invested in the housing. In other words, the total HOME funds expended for the unit determines the applicable affordability period. Any HOME program income used to assist the project is included when determining the period of affordability under a resale provision.

b. Period of Affordability Under Recapture Provisions

For HOME-assisted homebuyer units under the recapture option, the period of affordability is based upon the HOME-funded Direct Subsidy provided to the homebuyer that enabled the homebuyer to purchase the unit. Any HOME program income used to provide direct assistance to the homebuyer is included when determining the period of affordability.

The following table outlines the required minimum affordability periods.

If the total HOME investment (resale) or Direct Subsidy (recapture) in the unit is:	The Period of Affordability is:
Under \$15,000	5 years
Between \$15,000 and \$40,000	10 years
Over \$40,000	15 years

IV. RESALE PROVISIONS

The PJ's Resale Provisions shall ensure that, when a HOME-assisted homebuyer sells his or her property, either voluntarily or involuntarily, during the affordability period,

1. The property is sold to another low-income homebuyer who will use the property as his or her principal residence;
2. The original homebuyer receives a fair return on investment, (i.e., the homebuyer's downpayment plus capital improvements made to the house); and
3. The property is sold at a price that is "affordable to a reasonable range of low-income buyers."

a. Applicability

When provided independently and absent any additional subsidy that could be classified a direct subsidy, development subsidy triggers Resale Provisions. The PJ shall apply the Resale Provisions to projects receiving development subsidies only, with no direct subsidy to the homebuyer. In the event the PJ provides a development subsidy (i.e. the difference between the total cost of producing the unit and the fair market value of the property) to CHDOs or subrecipients and a direct subsidy is subsequently provided to the homebuyer, only the direct subsidy shall be considered and the Recapture (not Resale) Provisions shall be applied.

b. Effect

The HOME rule at §92.254(a)(3) requires that all HOME-assisted homebuyer housing be acquired by an eligible low-income family, and the housing must be the principal residence of the family throughout the Period of Affordability. Under Resale Provisions, if the housing is transferred, voluntarily or otherwise, during the Period of Affordability, it must be made available for subsequent purchase only to a buyer whose household qualifies as low-income, and will use the property as its principal residence.

c. Fair Return on Investment

The PJ's Resale Provisions shall ensure that, if the property is sold during the period of affordability, the price at resale provides the original HOME-assisted homebuyer a fair return on investment (including the original homebuyer's initial investment and any capital improvement). The value of capital improvements is defined by the PJ as the actual, documented costs of permanent structural improvements or the restoration of some aspect of a property that either will enhance the property value or will increase the useful life of the property. Capital improvements are generally non-recurring expenses, such as the cost of an addition, a remodel, or a new roof.

Repairs and regular maintenance are not capital improvements. To be considered by the PJ in determining fair return on investment, the actual costs of the capital improvements must be documented with receipts, cancelled checks, or other documents acceptable to the PJ.

The PJ shall consider a fair return on investment achieved when the original homebuyer (now the seller) receives from the sale a percentage return on investment based on the change in the Median Sale Price for the Metropolitan Statistical Area, as published periodically by HUD with the FHA Mortgage Limits (also known as the “203(b) limits”).

$$\begin{aligned} \text{Fair Return} &= (\text{initial investment} \\ &+ \text{value of improvements}) \times \frac{\text{Median Sale Price}^c}{\text{Median Sale Price}^i} \end{aligned}$$

Where Median Sale Price^c is the current area median sale price at the time of resale and Median Sale Priceⁱ is the initial area median sale price at the time of the homeowner’s original purchase transaction.

For example, in 2009 an eligible homebuyer purchases a house that has received a HOME development subsidy and is subject to Resale Provisions. The homebuyer provides \$5,000 for a downpayment and in 2011 spends \$10,000 to remodel and upgrade the kitchen. In 2012 the homeowner sells the home. In 2009 the median sale price for the area was \$250,000 and in 2012 the figure is \$268,000. In this example, the fair return on investment is \$16,080.

$$\text{Fair Return} = (\$5,000 + \$10,000) \times \frac{\$268,000}{\$250,000}$$

The fair return to the homeowner is paid out of proceeds from the sale of the home; if the home is sold at a loss and no proceeds are available, the homeowner shall not be entitled to any return. If proceeds are insufficient to provide the full amount of the calculated fair return, the homeowner shall receive a return only up to the amount of available proceeds.

d. Continued Affordability

In addition to ensuring that the HOME-assisted homebuyer receives a fair return on his or her investment, the PJ's Resale Provisions shall ensure that the housing under a Resale Provision will remain affordable to a reasonable range of low-income homebuyers. Accordingly, the PJ shall ensure that the sales price of a home resold under Resale Provisions is within the maximum mortgage capacity of a target population of potential buyers with incomes ranging from 50% to 80% of the Area Median Income (AMI). More specifically, the PJ defines "affordable to a reasonable range of low-income homebuyers" as housing with a sales price not exceeding three times the low-income limit (80% AMI) for the Metropolitan Statistical Area corresponding to a household size equivalent to the number of bedrooms in the home.

For example, if the low-income limit or (80% AMI) for a household of three in the PJ's jurisdiction is \$49,200, the maximum resale price for a three bedroom house subject to Resale Provisions in the PJ's jurisdiction is \$147,600, or three times the low-income limit.

e. Imposing Resale Provisions

A clear, detailed written agreement, executed before or at the time of sale, ensures that all parties are aware of the specific HOME requirements applicable to the unit (i.e., period or affordability, principal residency requirement, terms and conditions of either the resale or recapture requirement). The HOME written agreement must be a separate legal document from any loan instrument and must, at a minimum, comply with the requirements at §92.504(c)(5) of the HOME rule. If the PJ provides HOME funds to a subrecipient or CHDO to develop and sell affordable housing, the PJ must prepare and execute the agreement with the buyer, or be a party to the agreement along with the entity it funded.

While mortgage and lien documents are used to secure repayment of the HOME subsidy, these documents are not sufficient to enforce the Resale Provisions. Separately recorded deed restrictions, covenants running with the land, or other similar mechanisms must be used to impose the Resale Provisions (§92.254(a)(5)(i)(A)) in HOME-assisted homebuyer projects under the resale option. The purpose of these enforcement mechanisms is to secure and retain the affordable re-use of the property, while providing a fair return to the seller.

f. Foreclosure

In HOME-assisted homebuyer projects, the affordability restrictions imposed by deed restrictions, covenants running with the land, or other similar mechanisms

may terminate upon foreclosure, transfer in lieu of foreclosure or assignment of an FHA insured mortgage to HUD. In such cases, the termination of the affordability restrictions does not satisfy the requirement that the property remains qualified as affordable housing under §92.254 for the period of affordability.

Consequently, for HOME-assisted homebuyer housing under a Resale Provision, if the affordability is not preserved by a subsequent purchase at a reasonable price by a low-income homebuyer who will use the property as its principal residence, and who agrees to assume the remainder of the original affordability period, the PJ shall repay the full amount of the HOME investment.

V. RECAPTURE PROVISIONS

Unlike the resale approach, the PJ's Recapture Provisions permit the original homebuyer to sell the property to any willing buyer during the period of affordability while the PJ is able to recapture all or a portion of the HOME-assistance provided to the original homebuyer.

a. Applicability

Recapture Provisions are the PJ's preferred mechanism for securing HOME Program investments and are generally applicable to all PJ homebuyer activities, unless circumstances otherwise require Resale Provisions be used. Specifically, Recapture Provisions are always used in cases involving a Direct Subsidy to a homebuyer. Recapture provisions cannot be used when a project receives only a Development Subsidy and is sold at fair market value, because there is no direct HOME subsidy to recapture from the homebuyer. Instead, Resale Provisions must be used in this case.

b. Effect

If a homeowner chooses to sell or use the property for non-eligible HOME Program activities during the Period of Affordability, the full amount of the HOME Program Direct Subsidy (specifically excluding the amount of any Development Subsidy) shall be recaptured and repaid to the PJ provided that net proceeds are sufficient. MDHA may choose to forgive a portion of the HOME Program Direct Subsidy subject to recapture on a pro-rata basis over the affordability period. If net proceeds are insufficient to repay the total HOME investment due, only the actual net proceeds will be recaptured. In the event that net proceeds are zero (as is usually the case with foreclosure), the recapture provision still applies, but there are no funds to recapture. Recaptured funds shall be returned to the PJ HOME Trust Fund to be reinvested in other affordable housing for low to moderate income persons.

c. Imposing Recapture Provisions

A clear, detailed written agreement, executed before or at the time of sale, ensures that all parties are aware of the specific HOME requirements applicable to the unit (i.e., period or affordability, principal residency requirement, terms and conditions of either the resale or recapture requirement). The HOME written agreement must be a separate legal document from any loan instrument and must, at a minimum, comply with the requirements at §92.504(c)(5) of the HOME rule. If the PJ provides HOME funds to a subrecipient or CHDO to develop and sell affordable housing, the PJ must prepare and execute the agreement with the buyer, or be a party to the agreement along with the entity it funded.

The written agreement between the homebuyer and the PJ, as well as mortgage and lien documents are all used to impose the Recapture Provisions in HOME-assisted homebuyer projects under the recapture option. The purpose of these enforcement mechanisms is to ensure that the PJ recaptures the Direct Subsidy to the HOME-assisted homebuyer if the HOME-assisted property is transferred. Unlike the resale option, deed restrictions, covenants running with the land, or other similar mechanisms are not required by the HOME rule to be used in homebuyer projects under the recapture option.

d. Foreclosure

In HOME-assisted homebuyer projects, the affordability restrictions imposed by deed restrictions, covenants running with the land, or other similar mechanisms may terminate upon foreclosure, transfer in lieu of foreclosure or assignment of an FHA insured mortgage to HUD. In such cases, the termination of the affordability restrictions does not satisfy the requirement that the property remains qualified as affordable housing under §92.254 for the period of affordability.

Consequently, homebuyer housing with a Recapture Provision is not subject to the affordability requirements after the PJ has recaptured the HOME funds in accordance with its written agreement. If the ownership of the housing is conveyed pursuant to a foreclosure or other involuntary sale, the PJ shall attempt to recoup any net proceeds that may be available through the foreclosure sale. The PJ is subject to the limitation that when there are no net proceeds or net proceeds are insufficient to repay the HOME investment due, the PJ may only recapture the actual net proceeds, if any.

VI. REFINANCING POLICY

The PJ shall carefully review all requests for subordination on a case-by-case basis in order to protect its interests and the interests of the homebuyer. The conditions under which the PJ will agree to subordinate to new debt are as follows:

1. The refinancing must be necessary to reduce the owner's overall housing costs, or
2. The refinancing must otherwise make the housing more affordable, AND
3. Refinancing for the purpose of taking out equity is not permitted.

Upon receipt of a subordination request from a lender or homebuyer, the PJ will review the terms of the refinancing to determine whether the above criteria are met. The PJ may require additional documentation from the homeowner or lender in order to make its determination. Once complete information is received, a subordination decision is made within 15 business days.

VII. MONITORING RESALE & RECAPTURE PROVISIONS

For HOME-assisted homebuyer projects, the PJ shall perform ongoing monitoring of the principal residency requirement during the period of affordability. Confirmation that the buyer is using the property as his or her principal residence may be accomplished by verifying that the buyer's name appears on utility company records or insurance company records for the home. In addition, postcard or letters mailed with "do not forward" instructions may demonstrate whether the buyer is receiving mail at the home.

Failure to comply with the resale or recapture requirements means that:

1. the original HOME-assisted homebuyer no longer occupies the unit as his or her principal residence (i.e., unit is rented or vacant), or
2. the home was sold during the period of affordability and the applicable resale or recapture provisions were not enforced.

In cases of noncompliance under either resale or recapture provisions, the PJ must repay to its HOME Investment Trust Fund in accordance with §92.503(b), any outstanding HOME funds invested in the housing. The amount subject to repayment is the total amount of HOME funds invested in the housing (i.e., any HOME development subsidy to the developer plus any HOME downpayment or other assistance (e.g., closing costs) provided to the homebuyer) minus any HOME funds already repaid (i.e., payment of principal on a HOME loan). Any interest paid on the loan is considered program income and cannot be counted against the outstanding HOME investment amount.

VIII. APPROVAL OF CHDO & SUBRECIPIENT PROVISIONS

CHDOs and Subrecipients carrying out development and/or homebuyer activities on behalf of the PJ shall be contractually bound to apply and implement these same Resale and Recapture Provisions, verbatim. As such, review and approval of the PJ's Provisions shall constitute an effective review and approval of the provisions used by the PJ's CHDOs and subrecipients.

Emergency Solutions Grant

1. Include written standards for providing ESG assistance (may include as attachment)

The standards for assistance below are based on discussions with homeless service providers and reflect the need to develop comprehensive, coordinated, and effective policies to target subpopulations of the homeless community for assistance. The MDHA allocates funding to many different nonprofit organizations and relies heavily on the input of these organizations to develop program guidelines that are effective at reducing homelessness.

Evaluating client eligibility for assistance under ESG

Homeless service providers will utilize an intake form with specific questions to determine eligibility. The form will include demographic information, verification of annual income or lack thereof, certification of homelessness, and any existing support networks to assist the client in moving out of the shelter and into permanent housing. The standard intake application will be used by all agencies providing services under the ESG program. The form will include the following:

1. A table that lays out a client's support request. The table could specify the expense by category (rent or mortgage payment, and individual utilities), how much in a dollar amount per category is requested from ESG, and how much in terms of a percentage of the expense category is requested from ESG.
2. A required documentation checklist for all sources of income, proof of need, etc. As mentioned above in *Discussion of Funding Priorities*, providers prefer to know the homeless population they are serving, to best ascertain eligibility. They have proposed a minimum requirement of 60-days' stay at programs, with a preference for 90 days. For any applicants referred to a funded provider by an agency that is not a sub-grantee of ESG funds, there must be a written reference documenting need and verifying income. The client should have a case manager in place; the agency with which the client's case manager is affiliated should commit to continue to provide case management services for that client throughout the time the client is receiving ESG assistance.

3. A client accepted for assistance should agree to a Housing Stability Plan, developed by the client with the case manager, to help ensure stability following ESG assistance (for example, agree to complete a budgeting/personal financial management class or move to more affordable housing). The plan should set specific goals within a specific timeline. If the client does not follow through on fulfilling the housing stability plan, no further ESG assistance should be provided. Several agencies give admission priority to pregnant women; such priority status is being considered for ESG assistance recipients as well.

Coordination among homeless service providers

Homeless service providers will attend quarterly meetings for ESG funded agencies to discuss challenges and successes in an effort to deliver streamlined services for clients. As a model, HPRP quarterly meetings were helpful for service providers to share experiences and insights, revisiting procedures, and keeping everyone on task to make the best use of the funds within the HUD-designated timeframe.

HMIS will also be used as a mechanism to increase coordination and avoid duplication of services. The MDHA is currently developing a formal collaborative process that involves a central provider of financial assistance, central intake process, ongoing case management, and a system to make appropriate referrals.

In addition, many agencies are expected to participate in conversations on the intake form for a local central or coordinated process, not just for ESG funding, but to access general homeless services and housing. This will be required in the upcoming HUD regulations for Continuum of Care funds.

Prioritizing homelessness prevention assistance and rapid re-housing assistance

MDHA has made rapid re-housing a priority for ESG program funds. Individuals served with these program funds will enter the program via emergency and transitional agencies that are already receiving ESG funding and through targeted referral sources. MDHA is currently developing policies for determining which participants are ready to be re-housed. MDHA has decided not to utilize program funds to assist persons with Homelessness Prevention in this funding cycle.

Rent and utility costs for program participants receiving rapid rehousing assistance

MDHA will subsidize housing costs 100% with ESG program funds initially and as the client earns more income the subsidy will be decreased accordingly. The participant will have an increasing obligation for rent and utilities each month. MDHA will also place a limit on the monthly housing expense that is available for an eligible client. This ensures that housing can be sustained following ESG assistance. The HUD Fair Market Rents will be used to determine if available housing is within affordability standards.

Program length of time and amount limits

MDHA encourages organizations to provide rental assistance for a period of 4-6 months; however will allow some flexibility for service providers to determine their limits. The portion of the participants' housing costs assisted will gradually decline, from up to 100% initially, to as low as 10% in the last month of assistance. It is anticipated that the case manager will be in touch at least every month to discuss progress and gauge the need for continuing assistance.

Program Assistance Limits

A maximum amount of \$2,500 in total direct housing assistance has been suggested in initial discussions with service providers. Assistance may take the form of rental assistance and/or utilities. Participants may come back for additional assistance within the 6-month time frame, but the total period of assistance (all intervals combined) should not exceed the 6-month limit.

- 2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.**

The jurisdiction does not currently have a centralized system for assessing the housing and service needs of homeless people. An ad hoc committee of the CoC Governing Committee will be forming over the spring to discuss various options for this centralization, in order to prepare for the requirement expected in the CoC consolidation requirements issued by HUD.

- 3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).**

MDHA will issue a Request for Proposals for ESG funds that is publicized via an advertisement in *The Tennessean* newspaper and emailed to all prior-year grantees, as well as any additional agencies who indicate interest. Prospective agencies will have approximately 1 month after this notification to apply for funding.

The MDHA then schedules a pre-proposal conference to solicit questions related to the request for proposals. Questions asked at this conference and those submitted to the MDHA by the deadline will be answered in writing and sent to all agencies in the form of an amendment to the RFP.

Proposal copies will be mailed to members of the ESG Review Committee, comprised of members representing:

1. The Nashville Coalition for the Homeless;
2. The local Emergency Food & Shelter Program board;
3. A local foundation; and
4. A homeless/formerly homeless representative.

This committee is staffed by MDHA's Homeless Coordinator, who facilitates the local Continuum of Care process and administers formula funding for HOPWA & ESG program. The committee will review and score all applications using an ESG tool that includes a matrix of performance expectations.

Homeless participation requirement

One of the five members of the ESG Review Committee is formerly homeless. Her participation serves to inform the process of the homeless perspective as well as to help the committee direct any changes in ESG policies.

4. Describe performance standards for evaluating ESG.

The Performance Committee of the local CoC Governance Committee is revising a list of performance standards for programs supported by CoC funds. This committee will be briefed on the new Emergency Solutions Grants regulations and asked to draft a list of related performance standards. As much as possible, these will relate to both local and national goals to reduce homelessness, and will include:

- Timely & accurate collection of both required and optional HMIS data elements

- Proposed versus actual number of individuals & families served
- Outcomes such as increased housing stability, shortened stays in emergency and/or transitional shelter, facilitated access to affordable permanent housing
- Regular grant expenditures.

In addition, the RFP will request information from service agencies about how best to target assistance to homeless people who need related ESG assistance most, and to identify the barriers that stand in the way of homeless persons moving to housing and remaining stable. Re-housing funds from this second allocation are anticipated to ease the transition into permanent housing for up to 75 individuals or families. Of this number, 95% (or 71 participants) will still be connected to case management and remain in housing at exit. HUD acknowledges in its various notices that these standards will evolve over time and that ESG subrecipients will have increasing access to HMIS. In Nashville, agencies using ESG funds from past years have collected basic demographic and financial data for an annual report submitted to MDHA. However, they have not been asked to collect and report on length of stay for shelter residents, and other more substantial indicators of performance in the new ESG. Beginning with this allocation and the coinciding second allocation of 2011 funds, this data will be required via contracts with agencies that are awarded funds and entered into HMIS.

APPENDIX A
Citizen Comments

Summary of Public Comments Received and MDHA Responses

Below is a summary of comments received at public hearings on the Consolidated Plan and Program Year 1 Annual Action held on December 3, 2012, and January 10, and January 29, 2013. Attached are written comments received during the public comment. MDHA responses to public comments are provided herein.

Comments received on the initial draft at the Public Hearing held on December 3, 2012:

- Regarding the Consolidated Plan executive summary, were funds set aside specifically for housing for the population falling below the 80% AMI level?
 - Response: Yes, increasing the supply of affordable housing is a high priority identified in the Consolidated Plan.
- The Annual Action Plan does not appear to be included in the Consolidated Plan/Action Plan document. When will the Annual Action Plan be updated?
 - Response: The Annual Action Plan is part of the document. Because HUD now uses an electronic format for the documents, the printed versions may not resemble previous plans the public is accustomed to seeing. Additionally, the Action Plan is typically associated with funding for specific projects, but those amounts will not be known until 2013.
 - *MDHA incorporated this comment into the revised draft to provide more details in the Annual Action Plan.*
- A request was made to MDHA asking that funding allocations be placed on their website immediately as it becomes known to them.
 - Response: Funding percentages can be substituted for actual allocation amounts and be shown in the document so funding levels are visible.
 - *MDHA incorporated this comment into the revised draft and provided budget estimates in dollars for program activities. MDHA will make final allocations public when received from HUD.*
- Will target numbers for each activity be set? Will they be shown to the public?
 - Response: The goals for each activity will most certainly be made public as they are available.
 - *MDHA incorporated this comment into the revised draft and provided annual goals for each activity.*
- Are there going to be single-family rental activities for HOME?
 - Response: Yes, they were inadvertently left out of the document and will be added.
 - *MDHA incorporated this comment into the revised draft and provided information on and budgets for HOME activities, including single-family rental.*

- Are there priorities within the place-based funding allocations? If so, how are the priorities defined and how do they determine where funding goes?
 - Response: Areas receiving priority for place-based funding allocations will be those areas where 65% or more of the households are low or moderate income.
- How does MDHA plan to increase access to healthy food options?
 - Response: Primarily through partnerships; community gardens; funding for food pantries; entrepreneurial activities; developmental implementation tool. Increasing this activity goes along with the goals and activities set forth by the Mayor's Office.
- Is the Plan proposing to spread funds out or to concentrate them in certain parts of the City?
 - Response: The place-based approach is designed to target funding in areas where there are areas with high concentrations of poverty.
 - *MDHA incorporated this comment into the revised draft and provided a map of areas which would be eligible for place-based investment. Additional information on the place-based approach was provided.*
- How are the places to receive funding under place-based activities identified?
 - Response: Pages 81-82 of the Consolidated Plan/Action Plan sets the criteria for neighborhoods eligible for place-based approaches. The determination process includes outreach to neighborhood stakeholders and is not a unilateral approach.
- It is hard to comment on what we currently do not know. How can MDHA not be aware of the specific areas to receive place-based investments?
 - Response: MDHA is working with a HUD Technical Assistance provider on a process to define these areas. Once identified, the residents of the affected neighborhoods will be involved in determining what improvements are most needed.
 - *MDHA incorporated this comment into the revised draft and provided a map of areas which would be eligible for place-based investment. Additional information on the place-based approach was provided.*
- During this process, did MDHA or the Consultant reach out to neighborhood organizations or Community Action Agencies?
 - Response: Yes, both types of organizations were consulted during the week when the charrette was conducted and this included meetings held in various neighborhoods as well.

- Exactly how does MDHA propose to facilitate the development of a regional collaborative organization as mentioned in this plan? “Facilitate” is a term frequently used, but it’s not clear what it means.
 - Response: In this case, “facilitate” is used to imply applications of MDHA’s time and energy, but not necessarily its direct financial resources, to convene and spur on the process.
- Does MDHA and/or the Consultant review neighborhood plans?
 - Response: It is important that MDHA review neighborhood plans to help efforts in those areas as well as reviewing “sub-area” plans.
- What would be some examples of place based strategies?
 - Response: Some examples could be streetscape or sidewalk improvements, façade improvements, or public safety programs. Actual strategies would be determined in consultation with the affected residents.
- How does a priority shift take place towards familial homelessness needs?
 - Response: Continuums of Care should begin reviewing and prioritizing these areas.
- Does visitability cover furthering fair housing?
 - Response: Yes and does so through various building and construction codes including ADA Accessibility codes.
- How does Section 8 handle codes different than MDHA?
 - Response: Metro takes precedence although Section 8 may have additional requirements to couple with those used by MDHA.

Comments received on the revised draft at the Public Hearing held on January 10, 2013:

- Are the 0-30%, 31-50% and 51-60% brackets in the HOME Budget meant to be tiered? If money is not spent in the proper category; is a substantial amendment required?
 - Response: The < on two line items is a text error and will be corrected.
 - *MDHA incorporated this comment and deleted the < symbol on the line items for New Construction – Rental (31-50%) and New Construction – Rental (51-60%) on page 123.*
- How does MDHA release funds throughout the year?
 - Response: Funds are released through competitive procurement, such a requests for proposals.

- Does MDHA look at preserving low income housing as a mechanism to satisfy the priority to create low income houses?
 - Response: Preserving low income housing is critical to stabilizing neighborhoods and helping low- and moderate-income persons remain in their homes.
- Will the document be revised prior to going before the board for board approval with the additional comments received today at the public hearing?
 - Response: The document will not be revised; it will go before the board as written. However, comments received and MDHA responses will be included in the appendix to the document and the Board will vote on the document as written including the appendix.
 - *To clarify, the document will remain substantially in the form presented. MDHA has incorporated citizen comments into the draft, and MDHA responses contained in this Appendix identify comments that have been incorporated (as well as those comments not incorporated).*
- The MDHA board does not read the document. Public comments will not be heard and residents should address their concerns to HUD.
 - Response: The board members are provided with a copy of the document prior to the Board meeting and are given an opportunity to ask questions for clarification prior to the Board meeting. Public comments are taken very seriously and all comments are considered.
- How will fair housing education organizations be chosen?
 - Response: Agencies will be competitively procured to provide education, outreach, and testing.
- There are not enough funds provided to Metro Nashville or any other city to make a significant impact in low and moderate income communities.
- Regarding the place-based strategies, will multiple neighborhoods be funded in the same year?
 - Response: In regards to placed-based strategies, communities have been identified that meet certain low and moderate income conditions. As a result these communities have been targeted for potential place-based investment. It is not expected that available funding will be sufficient to work with more than one neighborhood per year.
- Do priorities have the same weight or are some more important than others?
 - The Priority Needs Summary is provided on pages 90 and 91.

- Will Family Self Sufficiency programs continue?
 - Response: These programs are not funded with consolidated plan resources.
- The previous CDBG project near the TSU Bridge was not an appropriate use of CD Action Grant funds and those funds could have been better used.
 - Response: The project was an eligible use of CDBG funds.
- What is the relationship between the Consolidated Plan/Action Plan and the Analysis of Impediments?
 - The requirement of jurisdictions to “Affirmatively Further Fair Housing” is a condition of receiving this type of funding. Jurisdictions are required to certify that they will Affirmatively Further Fair Housing and maintain records showing how they have complied with this requirement. These documents can be linked by using Consolidated Plan resources to ameliorate impediments.
- Does HUD require reports?
 - Response: HUD requires an annual report called the Consolidated Annual Performance Evaluation Report (CAPER).
- What is a CAPER?
 - Response: A CAPER is an annual report submitted to HUD detailing the activities of the prior year.
- In reference to the proposed ESG budget, what is the \$10,000 for HMIS used for? Does it include salary or software?
 - Response: The allocation for HMIS was set aside for salary for an MDHA employee.
 - Follow-up Comment: I object to that use of the HMIS funds.
 - *MDHA did not incorporate this comment and has chosen to retain this budget line item for HMIS.*

Comments received on the revised draft at the Public Hearing held on January 29, 2013:

- The HOPWA allocation figures look incorrect. Could Rent Subsidies and Short Term Rent/Mortgage/Utilities be flipped?
 - Response: We will look into it and will confirm.
 - *MDHA incorporated this comment and corrected the HOPWA figures. The corrected HOPWA figures are provided on page 125.*
- Where is the CDBG money going? To have a 1-year action plan, we need to know. All that is known is that money will most likely be allocated to certain census tracts. We need to be able to comment on where the money is allocated.

- Response: As explained in the Plan, these determinations are in the development process. MDHA is working with HUD on how to select neighborhoods. The Plan further explains how the public will have an opportunity to comment.
- What reserve funds are available in CDBG?
 - Response: There are no reserve funds. All funds have been allocated.
- That's not my understanding. What funds are set aside, but not allocated in CDBG?
 - Response: All funds are allocated. Some funds may not be expended due to projects not being complete.
- How does the CDBG budget address affordable housing? How many units will be created?
 - Response: CDBG funds cannot be used to create new housing, but funds are used for rehabilitation. The annual goal is to rehab 80 units of affordable housing.
- What is MDHA going to do about homelessness? I'm upset about abandoned buildings seen around Nashville that could become new housing. What are the plans for next year?
 - Response: One way to address abandoned homes is the money set aside each year for nonprofit organizations called CHDOs. Organizations can apply for funds to purchase, renovate, and rent abandoned buildings. In HOME, we focus on the most vulnerable populations based on low income, elderly, or disabled. Homeless is included in very low income.
- Is there an RFP still available for nonprofit organizations who are trying to renovate low income areas?
 - Response: No. Two funding opportunities for CHDOs were provided during 2012. MDHA will announce another funding opportunity for CHDOs in the spring and will certify/recertify organizations wishing to obtain CHDO status. A CHDO must meet HUD requirements annually. MDHA will be doing Technical Assistance to nonprofit organizations that have not met those requirements, as well as existing organizations, and then will release funding. Other funding is available throughout the year that you do not have to be a CHDO to apply for, which is annually set aside.
- Research has to be done, but it is possible to place clients with criminal histories in affordable housing. People are able to be placed based on explanations of felonies, and advocacy letters, and appeal processes. There is a lot of housing that will accept these tenants.

- Response: There are a lot of affordable housing advocates and groups discussing issues such as this. In the Consolidated Plan, one of the priorities is to better network them together and create a more collaborative group.
- A woman who lost her home in flood stated that she has been trying to purchase or bid on foreclosures. Every home she tried to get was occupied by renters due to flippers coming in snatching up homes. This drives up rent costs. How can this be stopped?
 - Response: MDHA cannot police that; however, we are proposing in the new plan to set aside some CDBG funds to make a competitive grant to a Fair Housing Agency to do testing in areas that may have lending discrimination or other fair housing violations.
- On Charlotte Street, homes that were supposed to be priced based on income are based on fair market value. Shouldn't homes be based on a person's income and not value? Why are affordable properties so expensive?
 - Response: The goal is to create housing options in the area. This area has done that for low income all way to market rates and given opportunities to buyers. Only 40 properties are market rate, and 186 units are income based. There is a waiting list.
- Foreclosures are going for \$30,000 and with only \$10,000 in repair costs can qualify as Section 8 housing. A house cannot be built for \$40,000 and these are being bought up by investors and rented for \$800 or more per month. There are excellent opportunities for low income housing in these areas.
- Is it public information to see who is awarded grants?
 - Response: Yes. A public information request can be made to the MDHA for that information.
- When you go to areas such as Viridian, there is affordable housing set aside, however, poor people and homeless people are not living there. Instead, a lot of Vanderbilt students live there who are not really low income.
- \$1 million of UDAG money, was supposed to go to a pocket of poverty for affordable housing and economic development; none has gone for Affordable Housing. Over the years that MDHA has received the UDAG money, evidence of it being invested in affordable housing has not been seen.
 - Response: For clarification, the funding source discussed is not part of this Consolidated Plan, which is why it is not presented.
- Just remember that you will be judged for rejecting the poor.

- What can be done about the vacant units sitting in Nashville?
 - Response: RFPs are issued and affordable housing developers can receive funding to acquire and rehab these properties.
- Would vacant units acquired and renovated under such a program be required to be owner or renter occupied?
 - Response: MDHA is focusing on rental due to the fact that we cannot assist more than 80% of median income through HOME and mortgages for people in that range are hard to obtain. Rental has to be to persons 60% or below, and MDHA has been targeting to 30-50% or below. Affordability restrictions must run with the land, which means that even if a property is sold the restriction remains in place until it expires.
- Do organizations apply for Shelter Plus Care through MDHA? Who gets those funds?
 - Response: Shelter Plus Care funds go to MDHA, and then MDHA administers money as homeless people are placed into housing. This is all public information.
- Are there any allocations for Cayce planning revitalization?
 - Response: No.
- What is your target goal for the programs, such as the number of new rental units?
 - Response: The annual goals are included in the budget estimates for program, and goal for new rental units is included in the HOME budget on page 123. Leverage is key to transforming the investment into greater numbers of units. Greater subsidies are required for units targeted to those with lower incomes.
- Are planned new construction units Project-Based or Section 8 Housing ?
 - Response: MDHA is not doing project based rental assistance. Vouchers cannot be refused at HOME-funded projects.
- How is rent set in these types of developments?
 - Response: HOME has rent limit regulations, based on low HOME rents and high HOME rents. HUD developed the calculations which are included in an exhibit for the developer. High HOME rents are based on 65% AMI and low is at 50% AMI. These are flat rents, inclusive of utilities.
- The TV series “Nashville” is receiving \$13.4 million in incentives, yet the Plan for ESG funds is only for \$375,000. The State should address issues, not TV shows.
 - Response: To clarify, ESG funds are from HUD and are part of the Consolidated Plan process; MDHA cannot control incentives offered by the state.

- If someone 30% AMI or less gets job and exceeds the income limit, what happens with his living situation?
 - Response: HUD has provisions that address this. Developer would have to make adjustments to keep compliant.
- Does the allocation of CDBG funds for place-based investments require a Public Hearing?
 - Response: Yes.
- When will that be?
 - Response: MDHA is in the beginning of development for that strategy, so no time is set. If between now and fall, there will be a substantial amendment to this plan. Otherwise, it will be incorporated into the 2014 Annual Action Plan and can be addressed in that public hearing process.
- How were public hearings conducted for projects completed in the past and how many hearings were involved?
 - Response: MDHA staff will be glad to make an appointment and review past projects with interested parties.
- The Annual Action Plan is incomplete without the inclusion of actual project proposals.
 - Response: The Annual Action Plan provides budget estimates for activities for each of the four federal programs.
- The \$10,000 allocated under ESG for payroll for the HMIS Director is concerning. I don't believe it is an eligible expense.
 - Response: *MDHA did not incorporate this comment and has chosen to retain this budget line item for HMIS. The ESG regulations specifically include HMIS as an eligible activity, and HMIS is crucial for reporting to HUD.*
- Government buildings should look like government buildings. Why not use the money spent on high-end finishes and architectural details for housing in the City instead?
 - Response: CDBG have not been used for government buildings.
- Is there a meeting to listen to Metro Council?
 - Response: Metro Council meetings open to public or constituents can talk to their council members.

- CDBG Funds should be going to affordable housing and there should be a detailed plan. The projects previously done are not what the people want. Sidewalk improvements are not acceptable.
 - Response: Place-based strategies are a priority, and the even distribution of community resources is also a priority listed in the Plan. The intent is to bring the whole neighborhood up.
 - Follow-up Comment: Landscape improvements should not be made using HUD money.
- The public has to have some idea of what MDHA is going to do with the money. The process has some defects in notifying people of Public Hearings.
 - Response: Budgets for each of the four programs is included in the Annual Action Plan. Notices of the public hearings were widely publicized, as explained in the Citizen Participation section of the Plan.
- My problem is that nothing in the Plan will be changed. Change can be still done. \$10,000 can be removed from HMIS and no amendment would be needed.
 - Response: *To clarify, the substantial amendment language contained in the Citizen Participation Plan applies to approved plans. During the draft phase, MDHA can and has incorporated citizen comments into the draft. For example, citizen comments from the December 3, 2012, public hearing led to a significant revision to the draft. MDHA responses contained in this Appendix identify comments that have been incorporated (as well as those comments not incorporated).*
- Any change to the plan would require an amendment. But MDHA has the discretion to make changes without triggering another public hearing. This system hinders community input because MDHA has no intention of making any changes to the plan.
 - *See response above.*

Written comments received:

I am submitting comments regarding the proposed 2013-2018 Consolidated Plan. My previous comments in prior years did not result in any change to the Consolidated Plan. A major problem that I encountered was that the plan was already approved at the MDHA Board level and the Metro Council prior to the closing of the public comment period. I am glad this Consolidated Plan is having two public hearings along with a 43 day public comment period before final action is taken. I think this process works better for all concerned and is in compliance with HUD regulations (Exhibit 1).

The intent of the public comment period is to give a chance for the public to alter or amend the plan. There was some concern that the proposed plan cannot be amended without a further public hearing. This is not the case. A public hearing would only be necessary if there were an amendment to its APPROVED plan whenever it makes one of the decisions as specified in Exhibit 2. We are in a stage of the proposed plan and proposed activities and changes can be made based upon the public comments.

There is a confusing section on page 164 of the Consolidated Plan that mentions criteria for substantial amendments (Exhibit 3). This section refers to an approved plan, not a proposed plan. I hope that revisions to the Consolidated Plan will be made based on the public comments.

I also think it would be helpful if meeting packet materials were made available at the public hearings.

Affordable Housing

It appears that the term affordable housing has little meaning in Nashville. Most jurisdictions look at housing needs based on household income and cost burden. Household income levels are based on Area Median Income (AMI) divided into the following categories:

Less than 30% of AMI	Extremely low income (ELI)
Between 30% and 50% of AMI	Very Low Income (VLI)
Between 50% and 80% of AMI	Low Income (LI)
Between 80% and 120% of AMI	Moderate Income (MI)
Over 120% of AMI	High Income (HI)

Cost burden is defined as the percentage of the household income that is required for housing costs. The categories include: not cost burdened (less than 30% of income), cost burdened (between 30% and 50% of income), and severely cost burdened (over 50% of income). The Consolidated Plan on page 32 states that "the most common form of housing problem in Davidson County is cost burden."

According to the "Analysis of Impediments to Fair Housing Choice"(AI) issued by MDHA on 11/19/12, it states in the last paragraph on page XV that "some developers and Metro staff support inclusion of affordable housing in new projects but would define it as housing affordable to people with incomes up to 120% or even 150% of AMI." This is way outside the parameters of what most people would consider affordable housing. If this is going on, this should be discontinued immediately. No government expenditures should go to any project under this unrecognized definition of affordable housing.

In the affordable housing section on page 132 of the plan, it lists one year goals for the number of households to be supported that totals 217. Of this number, 75 are homeless and 142 are non-homeless. The housing for the homeless at a rate of 75 per year is substantially below the number

designated in Nashville's Ten Year Plan to End Homelessness. That plan intended to create housing opportunities for 1,800 individuals or families for 10 years.

Recently, there was a new development called Ryman Lofts, which is a 60 unit development in the Rolling Mill Hill neighborhood of Nashville. While I agree this is an affordable housing project, because prospective applicants have to be at 60% AMI, it is troubling that only people will be accepted for this housing opportunity if they can demonstrate some type of musical affiliation. This type of specific housing is not a type of housing that I am in favor because it lacks diversity and denies other individuals or groups that can meet the income requirements.

Furthermore, page 65 of the Consolidated Plan quotes the "out of reach" report which states that "49% of Davidson County residents are unable to afford a two bedroom rental unit at the fair market rate as assessed by HUD." Also, the report indicates "a minimum wage worker must work 103 hours per week to afford the current fair market rate for a 3 bedroom apartment."

It appears the primary allocation for affordable housing in this plan is the HOME program. It is unfortunate that this amount is so small but it could be combined with other funds such as the CDBG and the UDAG loan repayment funds from the Renaissance Hotel/office space adjacent to the Nashville Convention Center. For example, there is one million dollars that is earmarked for a pocket of poverty that is part of a \$66 million incentive package for HCA related entities (Exhibit 4).

CDBG

It is very difficult to comment on the CDBG allocation because MDHA has not put forward a project list. One concern that I have is that there are no target areas mentioned, just a notice that MDHA will introduce "place based" approach for targeting its community development efforts. To assist in this area, poverty rates need to be reported for specific neighborhoods, not for larger areas. I sure hope we don't see CDBG money going to further infrastructure improvements such as the lighted buffalo statues in the median on Dickerson Pike and the Black History displays on Jefferson Street at the I-40 underpass which are poorly sited.

I think it would be enlightening if there was a section reviewing what had been accomplished from the last Consolidated Plan. It would also be good to know what priorities have changed over the last 5 years. It is my understanding, based upon a question at the public hearing that no funds will be going to revitalization of Cayce Homes.

CDBG money should focus more on implementation, and not on planning. The \$852,474 for administration and planning seems high given the program year one allocation \$4,262,373.

The plan should state the percentage of CDBG funds, including Section 108 guaranteed loans, that principally benefits low and moderate income families or persons.

On page 117 of the Consolidated Plan, it states that "since 2009, CDBG funds have decreased 21%". That may be true, but the 2012 Consolidated Plan lists an entitlement of \$3,876,896 whereas the 2013 is listed as \$4,262,373. That is an increase. The 2012 Consolidated Plan CDBG allocations were to the following:

1. Neighborhood improvement program \$364,184.50
2. Community Economic development program \$100,000
3. Community Services program \$400,000
4. Homeowner emergency rehabilitation \$1,750,000
5. Section 108 Loan Repayment \$487,711.50
6. Planning and Administration \$775,000

The Homeowner Rehabilitation program of CDBG in the 2012 plan would allocate approximately 20% of CDBG funds to this program to rehab a total of 500 units over 5 years or 100 units per year with a grant up to \$10,000 per occupant. The 2013 Consolidated Plan would cover only 80 units per year.

On page 129 of the Proposed Consolidated Plan, it states in paragraph one that "the demand for homeowner rehabilitation greatly exceeds funding, and it will continue to receive a majority of the CDBG funding." However, I am not aware of any meeting during the public comment period or within the consultant report that lists this as a top priority.

Paragraph two in this section refers to CDBG funds being used for community gardens. I would think funding for these types of programs should go through the Agriculture Department or Health Department but not a HUD anti-poverty program.

Since it is undisputed that CDBG funds can be allocated for unoccupied rental rehab, I strongly suggest a greater allocation for this purpose. The consultant's report by WFN Consulting lists the scarcity of affordable housing as a top priority.

ESG

I object to a \$10,000 HMIS allocation that will be used as a salary supplement for the HMIS system administrator who happens to be an MDHA employee. I question whether this is an eligible expense since this money will stay within MDHA. MDHA is the grant administrator for these funds and any allocation of monies should not go to any MDHA employee. MDHA takes its administration fee from these funds and that covers their expenses.

It would be more proper if the HMIS system administrator worked for Metro Social Services because we would not have this issue.

It is my position that since there is a 60% cap on money for shelter operations and street outreach, I recommend that these limited amount of funds go for shelter operations which is the greatest need. This has been my consistent position for years as evidenced in my comments in previous Consolidated Plans.

Reserves

On page 9 entitled "Evaluation of Past Performance" it states that "MDHA has consistently satisfied program mandates and expended funds in a timely manner." I have concerns that MDHA is holding excess reserves and there are some transparency issues because the public does not know the amount of public funds that MDHA has in its accounts (Exhibit 5). For example, it wasn't until recently that I

became aware that MDHA had large amounts of funds from the UDAG loan repayment that could be used for affordable housing in a pocket of poverty. The same could be said for the CDBG program.

Consent Decree

Nashville is under a consent decree with the US Department of Justice regarding fair housing opportunities. There was an ordinance that was recently passed at Metro Council that agreed that it would provide reasonable accommodation to various groups to be in compliance with federal law.

I have reason to believe that Nashville may not be in compliance with federal law. It is unclear to me that this outstanding issue has been resolved and an exit plan that would release the city from this decree would be premature at this time.

It is my position that the city of Nashville not be released from the consent decree but that this is held in abeyance until further information is provided by the city.

Exhibit 1 HUD from Letter

Exhibit 2 Federal Regulations Document

Exhibit 3 Consolidated Plan page 164

Exhibit 4 Metro Ordinance of 1990

Exhibit 5 HUD Office of Community Planning and Development Document

comments@nashville-mdha.org

EXHIBIT 1



U. S. Department of Housing and Urban Development

Knoxville Field Office, Region IV
John J. Duncan Federal Building
710 Locust Street, Suite 300
Knoxville, Tennessee 37902 - 2526

June 12, 2012

Mr. Steve Reiter
P.O. Box 23862
Nashville, TN 37202

Dear Mr. Reiter:

SUBJECT: Complaint – Metropolitan Government of Nashville – Davidson County
Violation of Public Comment Period for Consolidated Plan/Annual Action Plan

This letter is in response to your letter to the Office of Inspector General (OIG), dated April 27, 2012, regarding the above subject. Because the Consolidated Plan/Annual Action Plan is under the jurisdiction of the Office of Community Planning and Development (CPD) for the Department, your letter was forwarded to me for a response.

In your letter, you alleged and enclosed documentation regarding the Metropolitan Development and Housing Agency (MDHA), the lead agency for the Metropolitan Government, was taking final action, such as approval of the 2011 and 2012 Consolidated Plans/Annual Action Plans, prior to the completion of the public comment periods. The submitted documentation included copies of: MDHA Board Meeting and Metro Council Minutes, the Notice of the 2011 Public Hearing, your electronic messages to affiliated MDHA personnel and Federal grant review members, local resolutions approving the Plans, and your comments regarding the Plans.

This Office has reviewed your submitted documentation and has followed up with obtaining copies of the approved Resolutions regarding the Plans' approval. In addition, this Office has reviewed the submitted Plans in question. Based on our review, we concur in your allegation that the Metropolitan Government, including its lead agency, MDHA, is in noncompliance with the Consolidated Plan regulations in regards to considering citizen comments on the development of the Plan and amendments and taking final approval action prior to completion of the 30 days to receive public comments.

From the documentation reviewed and verified, final approvals of the 2011 and 2012 Plans were completed prior to the end of the public comment periods. The 2011 Plan was approved by resolution and signed by the Mayor on December 22, 2010, and the 2012 Plan was approved by resolution and signed by the Mayor on December 21, 2011. The end of the public comment period was January 3, 2011, and December 27, 2011, respectively for 2011 and 2012. Each resolution noted that the public comment period is underway. Also, it should be noted that for the 2012 Plan, the comment period was for 35 days, which is longer than minimal requirement of 30 days.

As a result of the noncompliance and since both Plans are underway, the Metropolitan Government will be required to provide an additional 13 days to its comment period for

EXHIBIT 1

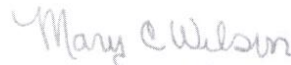
2

considering the 2013 Consolidated Annual Action Plan, which is for 43 days. In addition, to ensure that those citizen comments received on the last day of the comment period are considered, the Metropolitan Government will be required to establish a minimum wait time of three days after the public comment period has ended before final approval action is taken. This will ensure that the Plan(s) is not approved until the comment period is completed and any comments received are adequately considered. I understand that the Metropolitan Government and MDHA have already revised the approval process based on your comments. These corrective actions have been developed in consultation with the Entitlement Communities Division in our Department's headquarters. The Metropolitan Government and MDHA will be officially contacted by this Office regarding the noncompliance.

Thank you for bringing this matter to our and the Metropolitan Government's attention and I am sure you will see a more concerted effort in the area of citizen participation and consideration of public comments.

If you have any questions, please do not hesitate to contact me at (865) 545-4391.

Very sincerely yours,



Mary C. Wilson, Director
Office of Community Planning
and Development

cc
Honorable Karl Dean
Mayor, Metropolitan Government of
Nashville – Davidson County
Phil Ryan, Executive Director, MDHA

EXHIBIT 2

ELECTRONIC CODE OF FEDERAL REGULATIONS

e-CFR Data is current as of January 28, 2013

Title 24: Housing and Urban Development
PART 91—CONSOLIDATED SUBMISSIONS FOR COMMUNITY PLANNING AND DEVELOPMENT PROGRAMS
Subpart F—Other General Requirements

§ 91.505 Amendments to the consolidated plan.

(a) *Amendments to the plan.* The jurisdiction shall amend its approved plan whenever it makes one of the following decisions:

- (1) To make a change in its allocation priorities or a change in the method of distribution of funds;
- (2) To carry out an activity, using funds from any program covered by the consolidated plan (including program income), not previously described in the action plan; or
- (3) To change the purpose, scope, location, or beneficiaries of an activity.

(b) *Criteria for substantial amendment.* The jurisdiction shall identify in its citizen participation plan the criteria it will use for determining what constitutes a substantial amendment. It is these substantial amendments that are subject to a citizen participation process, in accordance with the jurisdiction's citizen participation plan. (See §§ 91.105 and 91.115.)

(c) *Submission to HUD.* (1) Upon completion, the jurisdiction must make the amendment public and must notify HUD that an amendment has been made. The jurisdiction may submit a copy of each amendment to HUD as it occurs, or at the end of the program year. Letters transmitting copies of amendments must be signed by the official representative of the jurisdiction authorized to take such action.

(2) See subpart B of this part for the public notice procedures applicable to substantial amendments. For any amendment affecting the HOPWA program that would involve acquisition, rehabilitation, conversion, lease, repair or construction of properties to provide housing, an environmental review of the revised proposed use of funds must be completed by HUD in accordance with 24 CFR 574.510.

(Approved by the Office of Management and Budget under control number 2506-0117)

For questions or comments regarding e-CFR editorial content, features, or design, email ecfr@nara.gov.
For questions concerning e-CFR programming and delivery issues, email webteam@gpo.gov.

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=8afa98a561d8c26bf5ac3534c2252879...> 1/30/2013

EXHIBIT 3

development needs, proposed activities, and review of program performance. At least one of these hearings is held before the proposed plan is published for comment.

Upon request, MDHA will provide for translation services to meet the needs of non-English speaking residents.
MDHA will also take whatever actions are appropriate to serve the needs of persons with disabilities.

Public Comments

MDHA will provide a period of at least 42 days to receive comments from citizens on each proposed plan. MDHA will consider any comments or views of citizens received in writing, or orally at the public hearings, in preparing the final adopted plan. A summary of these comments or views shall be attached to the final adopted plan.

Plan Amendments

In the course of administering the four federal programs, MDHA may need to amend the Consolidated Plan or an annual action plan. When the amendment is significant and meets the criteria set forth below, the change will be considered a substantial amendment and MDHA will undertake additional actions to ensure citizens have an opportunity to comment. Records of all amendments will be maintained at MDHA for public review and will be fully described in the annual performance report submitted to HUD.

Criteria for Substantial Amendments

If a plan amendment meets any of the following criteria, MDHA will consider the amendment to be substantial and undertake the additional steps described in this section to ensure public participation:

- a change in funding allocation priorities described in the Consolidated Plan,
- a new program not previously described in an annual action plan,
- a change in the use of federal funds from one eligible program to another, or
- a budget amendment for any program of more than twenty-five percent (25%).

Public Notice & Publication

In the case of any proposed substantial amendment, MDHA will publish a public notice in *The Tennessean* and at least one weekly minority newspaper a minimum of two weeks before each public hearing and public comment period. The notice will include a summary of the amendment and a list of the locations where copies of the amendment may be examined. MDHA will also maintain a mailing list of interested parties and send information regarding the amendment to all members of the mailing list.

EXHIBIT 4

ORDINANCE NO. 090-1112

AN ORDINANCE ALLOCATING PAYMENTS FROM THE CAPITOL MALL URBAN DEVELOPMENT ACTION GRANT (UDAG)

WHEREAS, the agreements between the Metropolitan Government and the Nashville Convention Center Hotel stipulate that payments shall be paid to the Metropolitan Government in accordance with the Capitol Mall Urban Development Action Grant (UDAG); and

WHEREAS, such income must be allocated to eligible community and economic development activities directly benefitting residents of the UDAG Pocket of Poverty; and

WHEREAS, the Metropolitan Development and Housing Agency (MDHA) has been designated to administer the collection and expenditure of such payments in accordance with the UDAG agreement and federal regulations pertaining thereto.

NOW, THEREFORE, BE IT ENACTED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

SECTION 1. The funds received from payments related to the Nashville Convention Center Hotel and the Capitol Mall UDAG are hereby allocated in equal proportions to affordable housing activities and economic development activities, all to be of direct benefit to the residents of the UDAG Pocket of Poverty in accordance with federal regulations.

SECTION 2. MDHA is hereby authorized to administer such funds upon appropriation by the Metropolitan Council promoting affordable housing and economic development in accordance with the attached program.

SECTION 3. This ordinance shall take effect from and after its passage, the welfare of the Metropolitan Government of Nashville and Davidson County requiring it.

RECOMMENDED BY:

Gerald F. Nicely
Gerald F. Nicely
Executive Director, MDHA

INTRODUCED BY:

Reel Wells

APPROVED AS TO AVAILABILITY
OF FUNDS:

Charles E. Cardwell
Charles E. Cardwell
Director of Finance

JP. Carson North

Member(s) of Council

APPROVED AS TO LEGALITY OF
FORM AND COMPOSITION:

Samuel L. Carroll
MDHA Attorney



EXHIBITS

U.S. Department of Housing and Urban Development Office of Community Planning and Development CPD Cross Program Funding Matrix NASHVILLE-DAVIDSON, TN



Program Area	Grant Type	Funding Year	Amount Awarded	Encumbered but Unspent by Grantee*	Unencumbered by Grantee*	Recapture Risk*	Eligible Activities	Statutory/Reg Requirement for Obligations & Expenditures
Formula Programs								
Community Development Block Grant (CDBG)	Formula	2011	\$4,508,020				* Public Facilities/ Improvements	Obligations: CDBG tracks funds associated with an activity rather than obligations. Expenditures: An entitlement must have no more than 1.5 times its annual award prior to the end of its grant year. State CDBG requirement is for timely distribution of funds to local governments, not timely expenditure. Per CDBG regs, older funds are exhausted prior to spending new funding.
		2010	\$5,393,336				* Housing/ Rehabilitation	
		2009	\$4,984,105				* Public Services (capped at 15%)	
		Total:	\$14,885,461	\$3,006,972	\$1,028,341	\$1,904,127 (01/31/2013)	* Economic Development	
HOME Investment Partnerships Program (HOME)	Formula	2011	\$2,880,319				* Acquisition	Obligations: Under 24 CFR 92.500(d)(1): Commitments: within 2 years. CHDO reservation: within 2 years. Expenditures: within 5 years.
		2010	\$3,263,718				* New Construction	
		2009	\$3,270,421				* Rehabilitation	
		Total:	\$9,414,458	\$2,133,336	\$3,922,580	2008 Funds to Expend by 04/30/2013 \$0	* Tenant-Based Rental Assistance	
							* Administration (Capped at 10%)	

* Numbers reflect the information entered by the grantee into HUD, DRCG, and other HUD reporting systems. Numbers are as of the date this matrix was published and change on a regular basis.
DATE: 10/24/2012

MDHA Response to Written Comments:

Consolidated Plan Process

The Citizen is correct in stating the intent of the public comment period is to give the public a chance to alter or amend the plan. Citizen comments have been incorporated in the plan. In addition, the Citizen is correct in stating that the language regarding criteria for a substantial amendment was confusing, and MDHA has clarified the language.

Affordable Housing

MDHA uses HUD's definition of affordable housing, and all housing activities undertaken with Consolidated Plan resources will be utilized for persons/households at or below 80% AMI. Increasing the supply of affordable housing is a priority of the Consolidated Plan, and HOME is the funding source for the creation of new affordable housing. Rental housing will target households at 60% or below AMI, with a particular focus on households at or below 30% AMI. CBDG funds will be utilized for homeowner rehab, which helps homeowners make necessary repairs so they can remain in their homes. Priority will be given to persons at or below 50% AMI, elderly, or disabled. Given the continuing reduction of federal funds, it is critical that these resources be leveraged to maximize the impact. MDHA continues to explore other funding and partnership opportunities to create leverage.

CDBG

CDBG funds are used to benefit low- and moderate-income households and areas, as stated in the Plan. In this Plan, MDHA introduced a new concept – place-based strategy – to focus CDBG investment in areas with high concentrations of poverty. As stated in the plan, the concept is in development and the public will have an opportunity for comment. Neighborhood improvements are eligible activities under CDBG that go a long way in stabilizing and revitalizing neighborhoods and addressing the uneven distribution of community resources, which was identified as an impediment in the AI.

The allocation for planning and administration is within the 20% regulatory cap. Accomplishments are reported in the Consolidated Annual Performance Evaluation Report (CAPER) which is available on MDHA's website. In addition, a public hearing and public comment period on the CAPER is held each year.

The homeowner rehab program is of great demand and has a waiting list. The average cost of a rehab case has increased in the past year, and the annual goal is based on the current average. MDHA has allocated funds for rental rehab through the HOME program.

ESG

The use of ESG funds for HMIS is an eligible activity, which was specifically included in the new ESG regulations. HMIS is critical for reporting to HUD and assessing program accomplishments, which are necessary to receive funding. The HMIS Coordinator performs these functions, as well as training and technical assistance to users, and does not provide grant management or oversight that would be considered as “administration”.

MDHA agrees that the 60% cap for shelter and street outreach has left a great need, as MDHA had historically funded these activities at a higher level. To help address this need, CDBG funds have been allocated for shelters.

Reserves

All prior year appropriations for the Consolidated Plan programs have been allocated for activities. Commitments are not reflected in the federal reporting system for a variety of reasons: MDHA is awaiting approval from HUD that an environmental review is complete, procurement for a project is underway, an agreement needs to be executed, or application for assistance needs to be approved. Further, several projects are underway so all funds have not been expended.

Consent Decree

The Metropolitan Government has complied with the provisions of the Consent Decree, which expired on February 5, 2013. Information regarding Metro’s compliance may be obtained by contacting Metro Legal.

APPENDIX B

Citizen Participation Plan

Introduction

The Citizen Participation Plan is designed to provide for and encourage citizen involvement in the development, implementation and evaluation of housing and community development programs in Metropolitan Nashville-Davidson County, Tennessee. While the processes contained in this Citizen Participation Plan may be used to address a broad range of public and private resources, this Plan is specifically designed to meet the citizen participation requirements for the Consolidated Plan for housing and community development needs of Metropolitan Nashville- Davidson County. Completion of the Consolidated Plan is required by the U.S. Department of Housing and Urban Development in order for Metropolitan Nashville-Davidson County to receive federal funds allocated through the Community Development Block Grant (CDBG), the HOME Investment Partnerships Program (HOME), the Emergency Solutions Grant (ESG), and the Housing Opportunities for Persons with AIDS (HOPWA) Program.

As the lead agency responsible for the preparation and administration of the Consolidated Plan, the Metropolitan Development and Housing Agency (MDHA) has the primary responsibility for developing and implementing the Citizen Participation Plan. Per the federal regulations found at 24 CFR 91, the citizen participation plan must provide for and encourage citizens to participate in the development of the Consolidated Plan, the annual action plan, any substantial amendments to the Consolidated Plan, and the annual performance report. The plan is designed especially to encourage participation by low- and moderate-income persons, particularly:

- those living in slum and blighted areas,
- in areas where CDBG funds are proposed to be used,
- residents of predominantly low- and moderate-income neighborhoods,
- residents of public and assisted housing developments, and
- residents of targeted revitalization areas in which the developments are located.

MDHA will follow its citizen participation plan to the greatest extent possible. The requirements for citizen participation do not restrict the responsibility or authority of MDHA for the development and execution of its Consolidated Plan. MDHA will provide citizens with a reasonable opportunity to comment on amendments to the citizen participation plan and will make the citizen participation plan public. The citizen participation plan must be in a format accessible to persons with disabilities, upon request.

The Community Development Department of MDHA is the point of contact for all questions, comments, complaints, and requests for technical assistance. The Community Development

Department can be contacted by telephone at 615-252-8505 or by e-mail at comments@nashville-mdha.org. Please address all correspondence to:

MDHA Development Department
Attn: Consolidated Plan
P.O. Box 846
Nashville, TN 37202

MDHA will maintain a mailing list to keep interested parties informed with updates regarding the Consolidated Plan. To be added to the mailing list call 615-252-8505.

The Consolidated Plan & Annual Action Plan

Every five years MDHA develops a long-term strategic plan called the Consolidated Plan. The Consolidated Plan guides the programs that MDHA will undertake each year. In addition to the Consolidated Plan, MDHA must prepare an annual action plan that describes the actions to be taken in a specific program year. To ensure public participation in the development of the Consolidated Plan and annual action plan, MDHA will hold a public hearing, accept public comment, and issue public notices for the Consolidated Plan and for each annual action plan.

Public Notice & Publication

MDHA will publish a public notice in a non-legal section of *The Tennessean* and at least one weekly minority newspaper a minimum of two weeks before each hearing and public comment period. MDHA will also publish a notice on its website. The notice will include a general summary and the location where copies of the entire plan may be obtained. MDHA will also send the notice to all members of the Consolidated Plan mailing list. Notices will also be distributed to all active affordable housing forums/groups, public housing Resident Associations, HUD gaps group and other homeless advocacy groups, and interested parties and groups.

MDHA is required to publish each proposed plan in a manner that affords citizens, public agencies, and other interested parties a reasonable opportunity to examine its contents and to submit comments. MDHA will provide a reasonable number of free copies of the plan to citizens and groups that request it. The Consolidated Plan will be provided in alternate formats. Copies of each plan will be available for review at MDHA and on the MDHA website at: www.nashville-mdha.org/consolidated_plan.php.

Public Hearings

MDHA will hold at least one public hearing per year during the development of the Annual Action plan. The purpose of the public hearings is to obtain citizens' views, respond to proposals, and answer questions. The hearings will address housing and community

development needs, proposed activities, and review of program performance. At least one of these hearings is held before the proposed plan is published for comment.

Upon request, MDHA will provide for translation services to meet the needs of non-English speaking residents. MDHA will also take whatever actions are appropriate to serve the needs of persons with disabilities.

Public Comments

MDHA will provide a period of at least 42 days to receive comments from citizens on each proposed plan. MDHA will consider any comments or views of citizens received in writing, or orally at the public hearings, in preparing the final adopted plan. A summary of these comments or views shall be attached to the final adopted plan.

Plan Amendments

In the course of administering the four federal programs, MDHA may need to amend the Consolidated Plan or an annual action plan. When the amendment is significant and meets the criteria set forth below, the change will be considered a substantial amendment and MDHA will undertake additional actions to ensure citizens have an opportunity to comment. Records of all amendments will be maintained at MDHA for public review and will be fully described in the annual performance report submitted to HUD.

Criteria for Substantial Amendments

If a plan amendment meets any of the following criteria, MDHA will consider the amendment to be substantial and undertake the additional steps described in this section to ensure public participation:

- a change in funding allocation priorities described in the Consolidated Plan,
- a new program not previously described in an annual action plan,
- the deletion of an activity described in the Consolidated Plan,
- a budget amendment for any program of more than twenty-five percent (25%), or
- a substantial amendment is required by HUD.

Public Notice & Publication

In the case of any proposed substantial amendment, MDHA will publish a public notice in *The Tennessean* and at least one weekly minority newspaper a minimum of two weeks before each public hearing and public comment period. The notice will include a summary of the amendment and a list of the locations where copies of the amendment may be examined. MDHA will also maintain a mailing list of interested parties and send information regarding the amendment to all members of the mailing list.

Public Comments

MDHA will provide a period of at least 42 days to receive comments on the substantial amendment before the amendment is implemented. MDHA will consider any comments or views of citizens received in writing, or orally at public hearings, if any, when adopting the amendment. MDHA will attach a summary of these comments and MDHA's response to the final adopted amendment.

Performance Reports

Each year MDHA must submit a Consolidated Annual Performance and Evaluation Report (CAPER) to HUD. This report is due 90 days after the close of the program year. To ensure public participation in the review of the performance report, MDHA will hold a public hearing, accept public comment, and issue public notices.

Public Notice & Publication

MDHA will publish a public notice in *The Tennessean* and at least one weekly minority newspaper a minimum of two weeks before each hearing and public comment period. MDHA will also maintain a mailing list of interested parties and send information to all members of the mailing list. MDHA will provide a reasonable number of free copies of the performance report to citizens and groups that request it. Copies of each report will be available for review at MDHA and on the MDHA website at: www.nashville-mdha.org/consolidated_plan.php.

Public Hearings

MDHA will hold at least one public hearing per year during the preparation of the annual report. The purpose of the public hearings is to obtain citizens' views, answer questions, address housing and community development needs, and review program performance.

Upon request, MDHA will provide for translation services to meet the needs of non-English speaking residents. MDHA will also take whatever actions are appropriate to serve the needs of persons with disabilities.

Public Comments

MDHA will provide a period of at least 15 days to receive comments on the annual report before the report is submitted to HUD. MDHA will consider any comments or views of citizens received in writing, or orally at public hearings, if any, when preparing the final report. MDHA will attach a summary of these comments and MDHA's response to the final annual report.

Information

In addition to providing participation in the development of plans and the review of the annual report, MDHA will provide citizens, public agencies, and other interested parties with reasonable and timely access to information and records relating to the Consolidated Plan and the use of federal funds. MDHA will provide access to records for the current program year and previous five program years. This information includes, but is not limited to, the citizen participation plan, the Consolidated Plan as adopted, annual action plans, performance reports, and any substantial amendments. MDHA will make these records available in a form accessible to persons with disabilities, upon request. Most records are maintained at MDHA in the Community Development Department, located at 712 South Sixth Street.

Records may be reviewed by appointment during regular business hours.

MDHA will also provide citizens with reasonable and timely access to local meetings held in regard to the Consolidated Plan and the activities undertaken as part of the Consolidated Plan.

Technical Assistance

MDHA must provide for technical assistance to groups representative of persons of low- and moderate-income that request such assistance in developing proposals for funding assistance under any of the programs covered by the Consolidated Plan. To request technical assistance, contact the Development Department using the contact information listed in the Introduction.

Complaints

MDHA will maintain a file that documents all citizen complaints and MDHA's response for any complaints related to the Consolidated Plan, amendments, and performance report. MDHA will provide a substantive written response to every written citizen complaint within 15 working days of the receipt of the complaint. In addition, MDHA will consider these complaints when evaluating program performance as part of the annual report to HUD. Address all complaints to the Community Development Department address given in the Introduction.

Displacement

Displacement occurs when an individual, family, partnership, association, corporation, or organization moves from their home, business, or farm, or moves their personal property as a direct result of a federally-funded acquisition, demolition or rehabilitation. Generally, displacement does not include persons displaced temporarily from their dwelling for less

than 12 months while it is being rehabilitated. Displaced persons and entities are eligible for relocation assistance under federal law.

As a part of this plan, MDHA is required to describe its plans to minimize displacement of persons and to specify the types and levels of assistance MDHA will make available to persons displaced. To minimize displacement, MDHA will avoid the acquisition and demolition of occupied structures. When displacement is necessary and unavoidable, MDHA will offer the following types of assistance.

For Residential Displacements

- Provide relocation advisory services to displaced tenants and owner occupants
- Provide a minimum 90 days written notice to vacate prior to requiring possession
- Reimburse for moving expenses
- Provide payments for the added cost of renting or purchasing comparable replacement housing.

For Nonresidential Displacements (businesses, farms, and nonprofit organizations)

- Provide relocation advisory services
- Provide a minimum 90 days written notice to vacate prior to requiring possession
- Reimburse for moving and re-establishment.

APPENDIX C

Affirmative Marketing Plan

In accordance with the regulations of the HOME Program, Section 92.351, and in furtherance of Metropolitan-Davidson County's commitment to non-discrimination and equal opportunity in housing, Metropolitan Development and Housing Agency (MDHA) has adopted affirmative marketing procedures and requirements for HOME-assisted housing containing five (5) or more housing units (they do not apply to families with Section 8 with tenant based rental assistance). These affirmative marketing steps consist of actions to provide information and otherwise assist eligible persons from all racial, ethnic and gender groups in the housing market area to obtain housing units purchased, constructed, or rehabilitated under the HOME Program. MDHA will periodically assess the affirmative marketing program to determine the success of affirmative marketing actions and any necessary corrective actions. The assessment will occur at least annually as MDHA evaluates its housing programs, as a part of the preparation of the Consolidated Annual Performance and Evaluation Report [CAPER].

These affirmative marketing requirements and procedures include:

1. Informing the public, potential homeowners, tenants, Subrecipients/CHDOs/owners about Federal Fair Housing Laws and Affirmative Policies. Metropolitan Development and Housing Agency and its Subrecipients/CHDOs/owners will inform the general public by:
 - By having a section of the MDHA website devoted to providing information on the Federal Fair Housing Laws and MDHA's Affirmative Market Procedures;
 - Sponsoring the annual Tennessee Fair Housing Matters Conference;
 - Posting Fair Housing informational material in all MDHA offices and properties;
 - Posting Fair Housing information material in all Metropolitan-Davidson County public offices and libraries;
 - Having an MDHA Fair Housing dedicated phone number where the public can call to obtain information on Fair Housing; and by

- Reserving a portion of its CDBG public service funds to be awarded as a competitive Fair Housing Grant to an organization that will carry out a comprehensive fair housing testing program in Metro Nashville to perform, to specifically include an investigation of probable discrimination in mortgage lending and possible steering by real estate agents in areas where data indicated racial segregation. An additional component of the grant will be for the organization to launch a robust public interest campaign to increase public awareness of housing discrimination and of the process for filing a complaint and increase opportunities for representation of victims of discrimination in the pursuit of legal recourse.
 - Using the equal housing logo or phrase in all informational materials.
2. All Subrecipients/CHDOs/owners participating under the HOME Program must adhere to the following requirements and practices in order to carry out MDHA's affirmation marketing procedures and requirements:
- a. Subrecipients/CHDOs/owners developing HOME-assisted housing with more than five (5) units will be required to provide MDHA with an Affirmative Marketing Plan. Affirmative marketing differs from general marketing activities as it specifically targets potential tenants and homebuyers who are least likely to apply for the housing, in order to make them aware of available affordable housing opportunities. The plan for each project will summarize what segment of the populations it is targeting and specific actions it will take to market to those populations. Specific actions include use of commercial media, social media, neighborhood outreach, and marketing through local organizations such as community organizations, places of worship, employment centers, fair housing groups, and housing counseling agencies.
 - b. Distribute information to potential owners and tenants about Federal Fair Housing Laws and MDHA's Affirmative Marketing Policy.
 - c. Use the Equal Housing Opportunity logo and non-discrimination standard statement on all advertising for the property and on all tenant/owner applications.
 - d. Visibly display a Fair Housing Poster in the office where tenants/owners will pick up applications.

- e. Maintain records that describe/document actions taken by the owners/management agents to affirmatively market units and records to assess the results of the affirmative marketing actions.
- f. Subrecipients/CHDOs/owners selected for HOME Program participation must execute an Agreement assuring compliance with Program requirements which will be applicable for the duration of the affordability time period.

3. **Documentation of Affirmative Marketing Activities:**

MDHA, each Subrecipient/CHDO, and all participating property owners shall maintain records in their respective place of businesses.

a. **Owners**

Owners must keep records describing actions to affirmatively market units assisted under the HOME Program, as well as records to assess the results of these actions. Records to be maintained include:

- a. Copies of any advertisements for vacancies; method of advertising, etc., dates of advertisements;
- b. Copies of information forwarded to organizations and groups serving lower income and minority families and individuals;
- c. A log of contacts made to inform the community and potential residents of housing opportunities;
- d. The racial, ethnic and gender characteristics of potential homeowners, tenants, and rental property owners for the 90 days following acquisition/rehabilitation, as required by 24 CFR Part 92.351; and
- e. Information from tenants/owners on how they were informed that units were available.

b. **Subrecipients/CHDOs:**

Each Subrecipient/CHDO must maintain the following records of its marketing efforts and those of project owners with whom it works:

- 1) Copies of project owner advertisements and copies of all Subrecipient/CHDO advertisements; method of advertising; and dates of advertising;

- 2) Samples of project owner information, and copies of Subrecipient/CHDO information, forwarded to organizations and groups serving lower income and minority families and individuals;
- 3) A copy of Subrecipient/CHDO and project owner contact logs made to inform the community and potential residents of housing opportunities; and
- 4) The racial, ethnic and gender characteristics of potential homeowners, tenants, and rental property owners for the 90 days following acquisition/rehabilitation, as required by 24 CFR 92.351.
- 5) Information from tenants/owners on how they were informed that units were available.

c. MDHA will maintain/monitor records from each Subrecipient/CHDO/owner.

All project records shall be made available to Metropolitan Development and Housing Agency upon request.

4. MDHA will evaluate the success of affirmative marketing actions, and take corrective actions where affirmative marketing requirements are not met. The effectiveness of MDHA's Affirmative Marketing efforts will be assessed as follows:
 - a. Examination of records required of Subrecipients/CHDOs/owners on actions they have taken to affirmatively market the available units and compare these records to the program's requirements. If MDHA finds the required actions have been carried out as specified, it will judge the owners to have made good faith efforts to carry out the program requirements;
 - b. MDHA will assess whether or not tenants from a variety of income levels and minority groups have applied for occupancy and have become tenants/owners of the HOME assisted units. If it finds that this variety is present, or substantial outreach efforts were made and no such diversity is present, it will judge the owner to be in compliance with program requirements. However, if MDHA finds that a diversity of tenants/owners is not present and the affirmative marketing efforts were insufficient, it will review the Subrecipients/CHDOs/owner's procedures and determine what changes would make the affirmative marketing more effective.

MDHA will ask subrecipients/CHDOs/owners, and other pertinent organizations for their analysis and suggestions concerning its affirmative marketing practices.

MDHA will take corrective actions if it finds any potential homeowners, tenants, and owners of rental properties fail to carry out the program requirements, or fail to maintain the records on applicants and tenants in accordance with Section 92.351. If, after discussions on ways to improve affirmative marketing with Subrecipients/CHDOs/owner, performance does not improve; MDHA will consider disqualifying the Subrecipients/CHDOs/owner from future participation in the HOME Program.

MDHA will carry out the assessment of activities and prepare a written report on the affirmative marketing efforts in time to report results in the Consolidated Annual Performance and Evaluation Report [CAPER] prepared annually. Pertinent information will also be placed in the Annual Action Plans prepared by MDHA and submitted to HUD.

APPENDIX D

Deadline Extension Approval



U. S. Department of Housing and Urban Development

Knoxville Field Office, Region IV
John J. Duncan Federal Building
710 Locust Street, Suite 300
Knoxville, Tennessee 37902-2526

February 5, 2013



Phil Ryan, Executive Director
Metropolitan Development and
Housing Agency
P.O. Box 846
Nashville, TN 37202

Dear Mr. Ryan:

SUBJECT: Notification of Approval to Extend Submittal Deadline of the Five Year Consolidated Plan

This letter is in response to the January 28, 2013, letter regarding the above subject matter. It is understood that the Metropolitan Development and Housing Agency (MDHA), as the lead agency of Nashville-Davidson County programs, is in the process of developing a new Five Year Consolidated Plan and Year One Annual Action Plan. Also, MDHA is currently in the process of updating the Analysis of Impediments to Fair Housing Choice. These actions were deemed necessary due to the numerous changes and events that have impacted MDHA and Nashville-Davidson County over the past three years, including two historic natural disasters in April and May 2010.

Based on the review of request letter, MDHA held a public hearing on December 3, 2012, in which comments received during the public hearing requires that MDHA make significant changes to the drafted plan. Thus, MDHA elected to allow the public additional time to comment on the revisions and held two additional public hearings on January 10, 2013, and January 29, 2013. The public comment period was also extended to February 4, 2013, which was required by this Office to clear an issued finding.

For these reasons mentioned above, this Office has approved your request to extend the deadline to submit Nashville-Davidson County's Five Year Consolidated Plan, Year One Annual Action Plan, and Analysis of Impediments from February 15, 2013, to March 25, 2013.

If you have any questions, please contact John Baldwin, Senior Community Planning and Development Representative, at (615) 515-8515.

Very sincerely yours,

Mary C. Wilson

Mary C. Wilson, Director
Office of Community Planning
and Development

APPENDIX E
Planned Activities

Activity	CDBG: Acquisition
Description	Acquisition of vacant or abandoned properties in Target Area(s) for use benefitting residents of a primarily residential area and at least 65% of those residents are LMI persons or for housing to be occupied by LMI persons.
Estimated Amount- 2013 Annual Allocation	\$75,000
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Areas where at least 65% of households are at or below 80% AMI as indicated on the map on page 131.
Performance Indicator	Properties
Annual Goal	5
Method of Distribution	Acquisition will occur as part of a “place-based” strategy for a particular neighborhood. Specific areas and projects have not been identified. MDHA is working with a HUD-approved technical assistance provider in developing the place-based strategy. As the strategy is formalized and specific areas and projects identified, MDHA will provide details in subsequent action plans or in an amendment to an existing action plan, in accordance with HUD regulations for substantial amendments and citizen participation.

Activity	CDBG: Administration & Planning
Description	Program administration and overall program management, coordination, monitoring, reporting, and evaluation. Development of the annual action plan, citizen participation, and annual assessments. Planning includes studies, analysis, data gathering, preparation of plans, and identification of actions that will implement plans. During the 2013 Program Year, planning will include working with HUD technical assistance providers on the development of place-based strategies.
Estimated Amount- 2013 Annual Allocation	\$852,474
Estimated Amount- Program Income	\$5,000
National Objective	N/A
Priority Need(s) Addressed	In addition to overall administration and planning activities, the following priorities will be addressed: <ul style="list-style-type: none"> • Priority #2: Strengthen collaboration among network of service providers • Priority #5: Develop and implement place-based strategies for community development.
Target Areas	N/A
Performance Indicator	N/A
Annual Goal	N/A
Method of Distribution	N/A

Activity	CDBG: Economic Development: Microenterprise Assistance
Description	Microenterprise assistance to a commercial enterprise that has five or fewer employees, one or more of whom owns the enterprise and is LMI, to increase points of access to fresh and healthy food options within existing food deserts. Financial assistance will be in the form of a grant.
Estimated Amount-2013 Annual Allocation	\$115,000
Estimated Amount-Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #3: Increase access to healthy food options.
Target Areas	Metro Nashville census tracts identified as food deserts by the USDA's Economic Research Service. <i>See map on page 58.</i>
Performance Indicator	Businesses
Annual Goal	5
Method of Distribution	Program will be administered by a subrecipient organization selected through a Request for Proposals as the most responsive and responsible proposal.

Activity	CDBG: Economic Development: Commercial Rehab
Description	A range of financing options to businesses located in Targeted Area(s) to make façade improvements and to correct code violations to their property. Forms of assistance may include deferred payment and low-interest loans. The terms of the loan will vary based on the amount of assistance. The maximum loan amount is \$50,000. All assistance is subject to underwriting review to determine the appropriate amount of assistance. Eligible costs include labor, materials, supplies and soft costs related to the rehabilitation. Landscaping, sidewalks, and driveways are eligible when the costs of such work is incidental to other rehabilitation of the property. This program will be administered by MDHA and/or a subrecipient and funds will be allocated on a first-come, first-serve basis to qualified projects.
Estimated Amount- 2013 Annual Allocation	\$137,057.50
Estimated Amount- Program Income	\$100,000
National Objective	LMI
Priority Need(s) Addressed	Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Areas where at least 65% of households are at or below 80% AMI as indicated on the map on page 131.
Performance Indicator	Businesses
Annual Goal	5
Method of Distribution	Commercial Rehab will occur as part of a “place-based” strategy for a particular neighborhood. Specific areas and projects have not been identified. MDHA is working with a HUD-approved technical assistance providers in developing the place-based strategy. As the strategy is formalized and specific areas and projects identified,

	MDHA will provide details in subsequent action plans or in an amendment to an existing action plan, in accordance with HUD regulations for substantial amendments and citizen participation.
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Activity	CDBG: Economic Development: Business Assistance
Description	Technical assistance and training provided directly to owners of a microenterprise on topics such as business planning or accounting.
Estimated Amount- 2013 Annual Allocation	\$100,000
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #3: Increase access to healthy food options.
Target Areas	Metro Nashville census tracts identified as food deserts by the USDA's Economic Research Service. <i>See map on page 58.</i>
Performance Indicator	Businesses
Annual Goal	This activity will be undertaken with Microenterprise Assistance, which has an annual goal of assisting 5 businesses.
Method of Distribution	Program will be administered by a subrecipient organization selected through a Request for Proposals as the most responsive and responsible proposal.

Activity	CDBG: Housing: Homeowner Rehabilitation
Description	Assistance to homeowners for repair/rehab of owner-occupied units. Assistance will be in the form of a grant and will be limited to the following repairs or improvements: heat/air, roof repair, plumbing, electrical, and accessibility. Priority will be given to homeowners whose incomes are at or below 50% AMI, persons with disabilities, and the elderly (age 62+).
Estimated Amount- 2013 Annual Allocation	\$1,000,000
Estimated Amount- Program Income	\$125,000
National Objective	LMI
Priority Need(s) Addressed	Priority #1: Increase supply of affordable housing.
Target Areas	Countywide
Performance Indicator	Housing units
Annual Goal	80
Method of Distribution	By application; funds will be allocated on a first-come, first-serve basis to eligible households until funding is exhausted.

Activity	CDBG: Public Facilities: Infrastructure Improvements
Description	Infrastructure improvements (construction and installation) including, but not limited to, streets, curbs, and water and sewer lines, in Targeted Area(s).
Estimated Amount-2013 Annual Allocation	\$0
Estimated Amount-Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Areas where at least 65% of households are at or below 80% AMI as indicated on the map on page 131.
Performance Indicator	Facilities
Annual Goal	1
Method of Distribution	Neighborhood Improvements will occur as part of a “place-based” strategy for a particular neighborhood. Specific areas and projects have not been identified. MDHA is working with a HUD-approved technical assistance providers in developing the place-based strategy. As the strategy is formalized and specific areas and projects identified and a budget developed, MDHA will provide details in subsequent action plans or in an amendment to an existing action plan, in accordance with HUD regulations for substantial amendments and citizen participation.

Activity	CDBG: Public Facilities: Neighborhood Facilities
Description	Facilities owned by a nonprofit or public agency including, but not limited to, community centers, youth centers, senior centers, and parks. Facilities must be open to the general public during normal working hours. Expansion and/or rehabilitation of existing facilities are eligible activities, and eligible costs include energy efficiency improvements and accessibility improvement. Operation and maintenance costs are ineligible.
Estimated Amount- 2013 Annual Allocation	\$0
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Areas where at least 65% of households are at or below 80% AMI as indicated on the map on page 131.
Performance Indicator	Facilities
Annual Goal	1
Method of Distribution	Neighborhood Facilities occur as part of a “place-based” strategy for a particular neighborhood. Specific areas and projects have not been identified. MDHA is working with a HUD-approved technical assistance providers in developing the place-based strategy. As the strategy is formalized and specific areas and projects identified and a budget developed, MDHA will provide details in subsequent action plans or in an amendment to an existing action plan, in accordance with HUD regulations for substantial amendments and citizen participation.

Activity	CDBG: Public Facilities: Homeless and Other Shelters
Description	Facilities for persons with special needs, such as facilities for the homeless, domestic violence shelters, or group homes for the disabled. Expansion and/or rehabilitation of existing facilities are eligible activities, and eligible costs include energy efficiency improvements and accessibility improvement. Operation and maintenance costs are ineligible.
Estimated Amount-2013 Annual Allocation	\$1,000,000
Estimated Amount-Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #4: Decrease homelessness.
Target Areas	Countywide
Performance Indicator	Facilities
Annual Goal	5
Method of Distribution	Projects will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff and a representative of the Metro Homelessness Commission and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted. However, projects that receive a score of 60 or less will not be eligible for funding.

Activity	CDBG: Public Services: Fair Housing
Description	Fair housing counseling, outreach, and education; conduct complaint-based and targeted testing.
Estimated Amount- 2013 Annual Allocation	\$75,000
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #8: Affirmatively further fair housing.
Target Areas	Census tracts in which the income of 51% of the households is at or below 80% LMI. <i>See page 131.</i>
Performance Indicator	Persons
Annual Goal	300
Method of Distribution	Program will be administered by a nonprofit organization selected through a Request for Proposals as the most responsive and responsible proposal. Proposals will be evaluated by a Review Committee comprised of MDHA staff and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for the Proposal with the highest score.

Activity	CDBG: Public Services: Healthy Food Initiatives
Description	Public service and outreach/education campaign on making healthy food choices.
Estimated Amount- 2013 Annual Allocation	\$25,000
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority #3: Increasing access to healthy food choices.
Target Areas	Metro Nashville census tracts identified as food deserts by the USDA's Economic Research Service. <i>See map on page 58.</i>
Performance Indicator	Persons
Annual Goal	200
Method of Distribution	Program will be administered by a nonprofit organization selected through a Request for Proposals as the most responsive and responsible proposal. Proposals will be evaluated by a Review Committee comprised of MDHA staff and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for the Proposal with the highest score.

Activity	CDBG: Public Services: Summer Youth Program
Description	Summer youth programs provided by nonprofit organizations and public agencies from June 1 through July 31. These programs enhance participants' academic, artistic, and athletic interests, as well as promote job skills development and healthy lifestyles, to help prepare Metro Nashville's youth to become successful adults.
Estimated Amount-2013 Annual Allocation	\$400,000
Estimated Amount-Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	Priority 6: Provide summer programs for low- and moderate-income children and youth.
Target Areas	Countywide
Performance Indicator	Persons
Annual Goal	1,400
Method of Distribution	Programs will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff and a community representatives and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for programs according to their overall rank until funding is exhausted. However, programs that receive a score of 60 or less will not be eligible for funding.

Activity	CDBG: Section 108 Loan Repayment
Description	Funds will be used to make principal and interest payments on a Section 108 loan.
Estimated Amount- 2013 Annual Allocation	\$482,841.50
Estimated Amount- Program Income	\$0
National Objective	N/A
Priority Need(s) Addressed	N/A
Target Areas	N/A
Performance Indicator	N/A
Annual Goal	N/A
Method of Distribution	N/A

Activity	HOME: Acquisition
Description	Acquisition of vacant or abandoned properties in Target Area(s) to create affordable housing opportunities through new construction or rehabilitation of an existing structure.
Estimated Amount-2013 Annual Allocation	\$54,080
Estimated Amount-Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #1: Increase supply of affordable housing • Priority #5: Develop and implement place-based strategies for community development • Priority #8: Affirmatively further fair housing
Target Areas	Areas where at least 65% of households are at or below 80% AMI as indicated on the map on page 131.
Performance Indicator	Properties
Annual Goal	3
Method of Distribution	Acquisition will occur as part of a “place-based” strategy for a particular neighborhood. Specific areas and projects have not been identified. MDHA is working with a HUD-approved technical assistance provider in developing the place-based strategy. As the strategy is formalized and specific areas and projects identified, MDHA will provide details in subsequent action plans or in an amendment to an existing action plan, in accordance with HUD regulations for substantial amendments and citizen participation.

Activity	HOME: Administration
Description	Provide grant compliance and oversight of HOME-funded programs. Program administration costs include staff and related costs required for overall program management, coordination, monitoring, reporting, and evaluation.
Estimated Amount- 2013 Annual Allocation	\$185,599.00
Estimated Amount- Program Income	\$0
National Objective	N/A
Priority Need(s) Addressed	N/A
Target Areas	N/A
Performance Indicator	N/A
Annual Goal	N/A
Method of Distribution	N/A

Activity	HOME: Homebuyer (Downpayment) Assistance
Description	Financial assistance to first-time homebuyers for the purchase of a home. Household income must not exceed 80% AMI, and recipients must complete housing counseling.
Estimated Amount- 2013 Annual Allocation	\$0
Estimated Amount- Program Income	\$225,000
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #1: Increase supply of affordable housing • Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Countywide
Performance Indicator	Persons
Annual Goal	20
Method of Distribution	The program will be administered by MDHA or a subrecipient that is qualified and has experience with similar programs. MDHA/subrecipient will accept applications as long as funding is available. Funds will be allocated on a first-come, first-serve basis to eligible households until funding is exhausted.

Activity	HOME: Homeowner Rehab
Description	Assistance to homeowners for large-scale rehabilitation or reconstruction of owner-occupied units. Rehab/reconstruction must meet Housing Quality Standards. Assistance will be in the form of a no interest loan that will be forgiven on a pro rata basis for a specified period of time as long as the owner occupies the property. Priority will be given to homeowners whose incomes are at or below 50% AMI, persons with disabilities, and the elderly (age 62+).
Estimated Amount-2013 Annual Allocation	\$1178,416.00
Estimated Amount-Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #1: Increase supply of affordable housing • Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Countywide
Performance Indicator	Housing units
Annual Goal	6
Method of Distribution	By application; funds will be allocated on a first-come, first-serve basis to eligible households until funding is exhausted.

Activity	HOME: New Construction (Homeownership)
Description	Funding for development of affordable housing for housing to be sold to households with incomes at or below 80% AMI. However, if homes are not sold within 6 months of completion, the home must be rented to a household at or below 80% AMI. Financial assistance may be in the form predevelopment loans, construction loans, and permanent financing. Eligible uses of funds include acquisition, site preparation, construction, and soft costs. All projects will be subject to underwriting by MDHA.
Estimated Amount- 2013 Annual Allocation	\$260,000.00
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #1: Increase supply of affordable housing • Priority #5: Develop and implement place-based strategies for community development.
Target Areas	Countywide
Performance Indicator	Housing units
Annual Goal	2
Method of Distribution	MDHA may elect to undertake development and/or procure developers, including CHDOs, through a competitive process. MDHA will announce at least one funding opportunity for CHDOs during the program year.

Activity	HOME: New Construction – Rental Housing
Description	Funding for development of affordable housing for rent to households with incomes at or below 60% Financial assistance may be in the form predevelopment loans, construction loans, and permanent financing. Eligible uses of funds include acquisition, site preparation, construction, and soft costs. All projects will be subject to underwriting by MDHA and must meet HOME Site and Neighborhood Standards.
Estimated Amount- 2013 Annual Allocation	<ul style="list-style-type: none"> • Households <30% AMI: \$312,000.00 • Households 31-50% AMI: \$208,000.00 • Households 50-60% AMI: \$140,500.00
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #1: Increase supply of affordable housing • Priority #5: Develop and implement place-based strategies for community development • Priority #8: Affirmatively further fair housing.
Target Areas	Countywide
Performance Indicator	Housing units
Annual Goal	<ul style="list-style-type: none"> • Households <30% AMI: 5 units, including 1 family • Households 31-50% AMI: 4 units, including 1 family • Households 50-60% AMI: 3 units, including family
Method of Distribution	MDHA may elect to undertake development and/or procure developers, including CHDOs, through a competitive process. MDHA will announce at least one funding opportunity for CHDOs during the program year.

Activity	HOME: Rental Rehab
Description	Assistance to landlords to rehabilitate substandard rental property to correct code violations. Assistance will be in the form of a 3% loan, repayable over the affordability period. Units must be occupied by tenant with incomes at or below 60% AMI. In projects with 5 or more HOME-assisted units, at least 20% of the units must serve households at or below 50% AMI.
Estimated Amount- 2013 Annual Allocation	\$517,500.00
Estimated Amount- Program Income	\$0
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #1: Increase supply of affordable housing • Priority #5: Develop and implement place-based strategies for community development • Priority #8: Affirmatively further fair housing.
Target Areas	Countywide
Performance Indicator	Housing units
Annual Goal	10
Method of Distribution	By application; funds will be allocated on a first-come, first-serve basis to eligible households until funding is exhausted. CHDOs may propose to undertake rental rehab. MDHA will announce at least one funding opportunity for CHDOs during the program year.

Activity	ESG: Administration
Description	Provide grant compliance and oversight of ESG-funded programs. Program administration costs include staff and related costs required for overall program management, coordination, monitoring, reporting, and evaluation.
Estimated Amount- 2013 Annual Allocation	\$23,321.00
Required Match (Estimated)	\$23,321.00
National Objective	N/A
Priority Need(s) Addressed	N/A
Target Areas	N/A
Performance Indicator	N/A
Annual Goal	N/A
Method of Distribution	N/A

Activity	ESG: Emergency Shelter: Operation, Essential Service
Description	<ul style="list-style-type: none"> • <u>Shelter Operations</u>, including maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocation, and furnishings. The interim ESG rule adds to the list of eligible shelter activities the costs of supplies and motel/hotel stays in certain cases. <p>ESG funds may be used for emergency shelters only. A transitional facility will only be eligible to receive ESG funds if EITHER:</p> <p>It meets BOTH of the following criteria under the new <i>emergency shelter</i> definition:</p> <p>(a) its primary purpose is to provide a temporary shelter for the homeless</p> <p>in general or for specific populations of the homeless; and</p> <p>(b) it does not require occupants to sign leases or occupancy agreements;</p> <p>OR</p> <p>It received funds under a FY 2010 ESG grant and met the criteria under the former emergency shelter definition (“any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless”).</p> <ul style="list-style-type: none"> • <u>Essential Services</u>, such as case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.
Estimated Amount- 2013 Annual Allocation	\$148,745.00
Required Match (Estimated)	\$148,745.00
National Objective	LMI

Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #4: Decrease homelessness.
Target Areas	Countywide
Performance Indicator	Persons
Annual Goal	2,096
Method of Distribution	Projects will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, homeless advocates, and representatives of affordable housing agencies and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

Activity	ESG: Street Outreach
Description	Reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, and transportation.
Estimated Amount- 2013 Annual Allocation	\$24,999.00
Required Match (Estimated)	\$24,999.00
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #4: Decrease homelessness.
Target Areas	Countywide
Performance Indicator	Persons
Annual Goal	477
Method of Distribution	Projects will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, homeless advocates, and representatives of affordable housing agencies and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

Activity	ESG: HMIS
Description	Costs of participating in an existing HMIS of the Continuum of Care where the project is located.
Estimated Amount- 2013 Annual Allocation	\$10,000.00
Required Match (Estimated)	\$10,000.00
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #4: Decrease homelessness.
Target Areas	Countywide
Performance Indicator	Persons
Annual Goal	2,300
Method of Distribution	Funds will be retained by MDHA for related costs.

Activity	ESG: Rapid Re-housing: Housing Relocation & Stabilization Services
Description	Services and direct housing assistance to help people who are homeless move quickly into permanent housing and achieve stability in that housing. Eligible costs include utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.
Estimated Amount- 2013 Annual Allocation	\$103,888.00
Required Match (Estimated)	\$103,888.00
National Objective	LMI
Priority Need(s) Addressed	<ul style="list-style-type: none"> • Priority #4: Decrease homelessness.
Target Areas	Countywide
Performance Indicator	Persons
Annual Goal	97
Method of Distribution	Projects will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, homeless advocates, and representatives of affordable housing agencies and will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

Activity	HOPWA: Administration
Description	Provide grant compliance and oversight of HOPWA-funded programs. Program administration costs include staff and related costs required for overall program management, coordination, monitoring, reporting, and evaluation.
Estimated Amount- 2013 Annual Allocation	\$73,436.00 (includes \$25,584.00 for MDHA administrative costs)
National Objective	N/A
Priority Need(s) Addressed	Priority #7: Provide housing assistance for persons with HIV/AIDS
Target Areas	MSA
Performance Indicator	N/A
Annual Goal	N/A
Method of Distribution	\$25,584 will be retained by MDHA. The remaining \$47,852.00 will be awarded to selected Sponsors. Sponsors will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve persons living with HIV/AIDS, or individuals that are knowledgeable about various aspects of housing services. Proposals will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

Activity	HOPWA: Supportive Services
Description	Services supporting the housing stability of program participants. Supportive services include, but are not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals.
Estimated Amount- 2013 Annual Allocation	\$390,641.00
National Objective	N/A
Priority Need(s) Addressed	Priority #7: Provide housing assistance for persons with HIV/AIDS
Target Areas	MSA
Performance Indicator	Households
Annual Goal	1,564
Method of Distribution	Sponsors will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve persons living with HIV/AIDS, or individuals that are knowledgeable about various aspects of housing services. Proposals will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

Activity	HOPWA: Short-term Rent, Mortgage, and/or Utility Payments
Description	Time- limited housing assistance designed to prevent homelessness and increase housing stability for a period of up to 21 weeks in any 52-week period. The amount of assistance varies per client depending on funds available, tenant need, and program guidelines. Rent and mortgage assistance payments must be reasonable and represent actual housing costs.
Estimated Amount- 2013 Annual Allocation	\$240,855.00
National Objective	N/A
Priority Need(s) Addressed	Priority #7: Provide housing assistance for persons with HIV/AIDS
Target Areas	MSA
Performance Indicator	Persons
Annual Goal	650
Method of Distribution	Sponsors will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve persons living with HIV/AIDS, or individuals that are knowledgeable about various aspects of housing services. Proposals will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

Activity	HOPWA: Rent Subsidies
Description	Project tenant-based rental assistance, including assistance for shared housing arrangements.
Estimated Amount- 2013 Annual Allocation	\$147,854.00
National Objective	N/A
Priority Need(s) Addressed	Priority #7: Provide housing assistance for persons with HIV/AIDS
Target Areas	MSA
Performance Indicator	Households
Annual Goal	35
Method of Distribution	Sponsors will be selected for funding through a Request for Proposals. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve persons living with HIV/AIDS, or individuals that are knowledgeable about various aspects of housing services. Proposals will be evaluated in accordance with the evaluation criteria contained in the RFP and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/3/2013	Applicant Identifier 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY																												
5. APPLICANT INFORMATION Legal Name: Metropolitan Government of Nashville-Davidson County Organizational DUNS: 078-217-668 Address: Street: 100 Metro Courthouse City: Nashville County: Davidson State: Tennessee Zip Code 37201 Country: USA		Organizational Unit: Department: Metropolitan Development and Housing Agency Division: Community Development Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James Middle Name: L. Last Name: Thiltgen Suffix: Email: jthiltge@nashville-mdha.org Phone Number (give area code): 615-252-8410 Fax Number (give area code): 615-252-3677																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 62-0694743		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other Other (specify) City/County Metropolitan Government																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CDBG/HOME/HOPWA/ESG 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nashville-Davidson County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Consolidated Plan Programs for Housing and Community Development																													
13. PROPOSED PROJECT Start Date: 4/01/2013 Ending Date: 3/31/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: TN District 5 b. Project: TN District 5																													
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">7,714,412</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>475,000</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>8,189,412</td> <td>.00</td> </tr> </table>		a. Federal	\$	7,714,412	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$	475,000	.00	g. TOTAL	\$	8,189,412	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	7,714,412	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$	475,000	.00																												
g. TOTAL	\$	8,189,412	.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Honorable First Name: Karl Middle Name: Last Name: Dean Suffix: b. Title: Mayor c. Telephone Number (give area code): 615-862-6000 d. Signature of Authorized Representative:  e. Date Signed: 6/7/13																													