

Attachment

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IPR PROGRAM PROJECT MANAGEMENT PLAN

INDOOR PLUMBING REHABILITATION LOAN PROGRAM

MANAGEMENT PLAN



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

Program Year 2016

ADMINISTRATIVE OVERSIGHT

1. List the names and titles of each member of your Rehab Oversight Board. Also, note who they represent (resident member, local government representative, etc.).

2. List the responsibilities of the Rehab Oversight Board.

3. List the names of the Program Administrator, Financial Manager, and Rehabilitation Specialist.

Program Administrator: _____

Financial Manager: _____

Rehab Specialist: _____

Lead Risk Assessor _____

(DPOR Lead License Number)

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

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

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

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

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

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

19. Describe your loan servicing plan. Identify who will receive and post monthly payments, describe the contents of the annual statement to be sent to borrowers, and how the status of a borrower's Ability-to-Pay will be periodically reviewed and updated.

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

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

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

26. Describe your complaint and appeal process.

SELF HELP

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

HOME MAINTENANCE EDUCATION

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

PRODUCTION SCHEDULE

37. List your planned schedule of production. Include a count of how many houses you estimate to rehab per locality, given your budget. No more than sixty-six percent (66%) of the units submitted can qualify under the “failed septic system” definition.

LEAD-BASED PAINT PROCEDURES

38. Describe your LBP procedures.

Chief Executive Officer

Date