

# Essential Single Family Rehabilitation (ESFR) Loan Pool Portal Unit Complete and Project Closeout

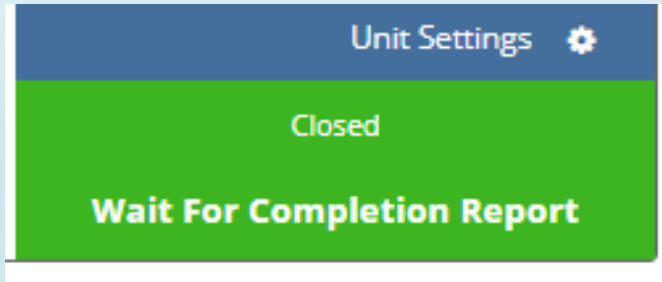


# Review of Portal Basics

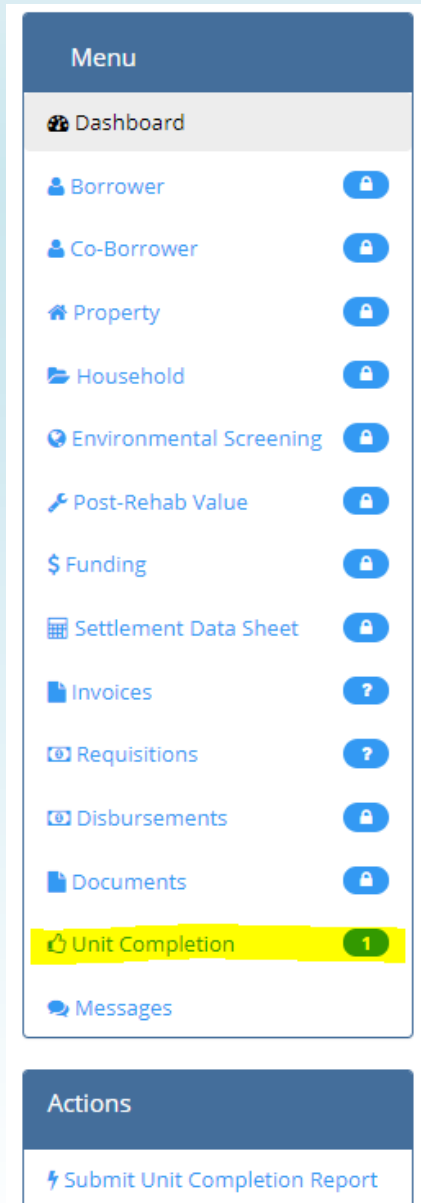
Settlement Data Sheets and loan closing details are submitted through the ESFR Loan Pool Portal (Portal)

- Website: <https://www.nchfa.org/LPPortal>
- The portal is optimized for Internet Explorer
- Usernames and Passwords will be emailed. We won't know your password, but can reset it.
- Messages come to everyone with a login by default.

# All the unit funds have been disbursed. Now what do I do?



When the Final Requisition is checked. The next step is Unit Completion. The Unit Status is Closed and Wait For Completion Report.



The Menu selection is Unit Completion and Actions is Submit Unit Completion Report.

# Unit Completion and Project Closeout

Edit General Contractor

**General Contractor \***

**Owner of Company \***

**Street Address \***

**City \***

Edit General Contractor

**General Contractor \***

**Owner of Company \***

**Street Address \***

**City \***

**State \***

**Zip \***

**License Number \***

**RRP Number \***

**Phone Number \***

**Federal Tax ID or SSN # \***

**Lead Paint Certified? \***

**Minority Business Enterprise? \***

**Women Business Enterprise? \***

**Section 3? \***

**Race \***

**Enter the General Contractor information. The General Contractor will have a dropdown list based on the invoices submitted. Enter Other Funding if applicable. Click Save.**

# Unit Completion and Project Closeout

**Menu**

- Dashboard
- Borrower
- Co-Borrower
- Property
- Household
- Environmental Screening
- Post-Rehab Value
- Funding
- Closing Attorney
- Closing Location
- Settlement Data Sheet
- Invoices
- Requisitions
- Disbursements
- Documents**
- Unit Completion
- Messages

**Actions**

- Submit Unit Completion Report

**Consultant Agreement**  
(Optional)

**Before and After Rehab**  
(Optional)  
Pictures of the unit

**Next Step is to upload at least 5 before and 5 after photos of the rehab work that was completed. Menu selection is Documents. The Before and After Rehab is available to upload photos. This is best done by pasting photos into a PDF.**



# Unit Completion and Project Closeout

Menu

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- Settlement Data Sheet
- Invoices
- Requisitions
- Disbursements
- Documents**
- Unit Completion
- Messages

Actions

- Submit Unit Completion Report

Before and After Rehab (Required)

When the Before and After Rehab slot is green, select Actions-Submit Unit Completion Report.

# Unit Completion and Project Closeout

The screenshot displays the SFRLP system interface. At the top, a blue header contains 'Unit Settings' with a gear icon. Below it, a green bar indicates the unit status is 'Closed'. A white box highlights the 'Completion Report Review' option. The main header shows 'SFRLP' with the user 'omxnueho rukxexa', the unit ID 'SFRLP1515', and the address 'Hamilton, NC 27840 - Martin County'. A 'Unit Settings' button is also present. On the left, a 'Menu' sidebar lists various options, all of which are locked with a padlock icon. The 'Unit Completion' option is highlighted. The main 'Dashboard' area is divided into three sections: 'Loan Status' (showing 'Closed' with a green diagonal striped bar), 'General' (showing 'Loan Amount' as \$40,981 and 'Assigned Contact' as Mike Barnette), and 'Important Dates' (listing 'Date Reserved' as 03/02/2017, 'Date Approved' as 04/11/2017, 'Anticipated Closing Date' as 05/16/2017, and 'Date Unit Completed' as 09/24/2019).

When the unit is submitted the Status is Completion Report Review. After NCHFA staff reviews and accepts the completion, it becomes a Completed unit and all menu items are locked.

# Unit Completion and Project Closeout

Loan Pool Portal Units Projects 21 Mike Barnette

Completed Units  
Active Units  
Completed Units  
New Reservation

Show 10 entries Search:

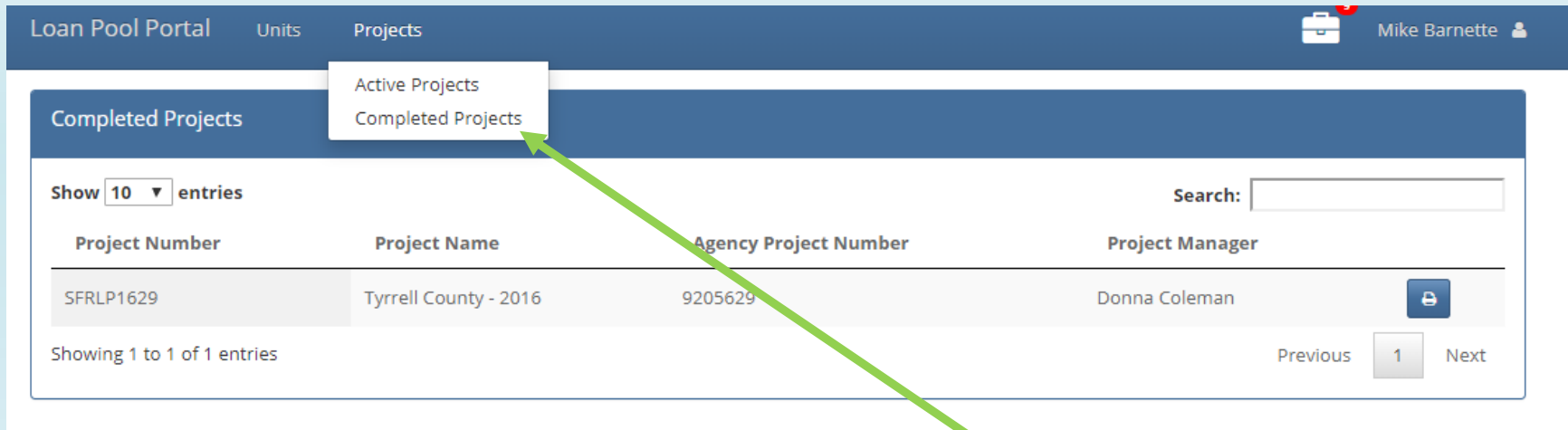
	Project Number	Agency Project Number	First Name	Last Name	Property Address	City	County	Program	Date Unit Completed
	SFRLP1515	9186571-001	omxnuheo	rukxexa		Hamilton	Martin	SFRLP	09/24/2019
	SFRLP1515	9186571-003	erip	pwidx		Oak City	Martin	SFRLP	06/19/2019
	SFRLP1515	9186571-005	dehfocuu	manliph		Robersonville	Martin	SFRLP	09/24/2019
	SFRLP1515	9186571-007	nivsavy	nwotliy		Williamston	Martin	SFRLP	04/03/2019
	SFRLP1515	9186571-009	keslikei	deuxkipf		Williamston	Martin	SFRLP	09/24/2019
	SFRLP1515	9186571-013	cygsee	jdols		Williamston	Martin	SFRLP	09/24/2019
	SFRLP1515	9186571-017	halevpa	rovdufr		Williamston	Martin	SFRLP	09/24/2019
	SFRLP1515	9186571-019	mokny	fjixk		Robersonville	Martin	SFRLP	09/24/2019
	SFRLPDR1718	9219426-009	vopvef	rkams		Williamston	Martin	SFRLPDR	05/20/2020
	SFRLPDR1718	9219426-027	krufvoy	swytab		Williamston	Martin	SFRLPDR	05/20/2020



Showing 1 to 10 of 17 entries Previous 1 2 Next

Completed units can be viewed by selecting Units-Completed Units. These units will be visible for five years after project completion.




# Unit Completion and Project Closeout



Loan Pool Portal   Units   Projects    Mike Barnette 

Completed Projects   **Active Projects**  
Completed Projects

Show  entries   Search:

Project Number	Project Name	Agency Project Number	Project Manager
SFRLP1629	Tyrrell County - 2016	9205629	Donna Coleman 

Showing 1 to 1 of 1 entries   Previous  Next

**Completed Projects can be viewed by selecting Projects-Completed Projects. These projects will be visible for five years after project completion.**

# Unit Completion and Project Closeout

Loan Pool Portal   Units   Projects   Mike Barnette

Completed Projects   Active Projects  
Completed Projects

Show  entries   Search:

Project Number	Project Name	Agency Project Number	Project Manager
SFRLP1629	Tyrrell County - 2016	9205629	Donna Coleman

Showing 1 to 1 of 1 entries   Previous  Next

**A Disbursement Report can be downloaded to view all unit funding for a project, either completed or active.**

# Unit Completion and Project Closeout

## Example of Disbursement Report

Project Name	Project Number	Unit Number	Borrower Name	Loan Status	Grant Amount	Loan Amount	Payee	Check Date	Check Number	Disbursement Status
Tyrrell County-2013	SFRLP1327	4		Closed	\$11,650.00		TYRRELL COUNTY	7/12/2016	A046858	Complete
				Closed		\$27,115.00	TYRRELL COUNTY	7/12/2016	A046858	Complete
				Unit Total	\$11,650.00	\$27,115.00				
		Project Total: SFRLP1327	\$11,650.00	\$27,115.00						
Member Total				\$11,650.00	\$27,115.00					

**This report will be helpful to complete the Certification of Completion and Final Cost (CCFC) report at the project completion.**

# Unit Completion and Project Closeout

## Items needed for Project Completion

- Certification of Completion and Final Cost (CCFC).
- Human interest story focusing on one of the homeowners assisted.
- Funding Agreement Modification-if project costs are greater than the original Funding Agreement.
- Section 3 Report-if project costs are greater than \$200,000.

# CERTIFICATION OF COMPLETION AND FINAL COST (REQUIRED)

NORTH CAROLINA HOUSING FINANCE AGENCY  
**ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL PROGRAM**  
**CERTIFICATION OF COMPLETION AND FINAL COST**

*(Please Type or Print Legibly in Ink AND Please round to the nearest dollar)*

Member Organization:		Date of Report:	
Funding Agreement #:		Program Completion Date:	
Report Prepared by:		Phone Number:	

**A. ACCOUNT BALANCES**

**1. Receipts:**

a. Amount of total ESFRLP Program funding allocation	_____
b. Sum of HOME-funded ESFRLP Program monies drawn from IDIS	_____
c. Sum of other Program income (recapture/loan defaults, etc.)	_____ (+) _____
d. Total receipts ( <i>&amp; plus c.</i> )	_____ (=) _____

**2. Disbursements by Member of HOME-funded ESFRLP Program monies:**

a. Rehabilitation hard costs	_____
b. Rehabilitation soft costs	_____ (+) _____
c. Total of disbursements ( <i>&amp; plus b plus c.</i> )	_____ (=) _____

**3. Balance of ESFRLP funds in local ESFRLP Account (i.e. minus 2.d.) (Return to NCHFA)**

\_\_\_\_\_

**B. CUMULATIVE PRODUCTION**

**1. Dwelling units rehabilitated:**

County Served			Total Funds (ESFRLP + Other Leverage-d)		
Number of Completed Units			Avg. Funds (ESFRLP + Other Leverage-d)		
ESFRLP Funds Disbursed					
Hard	Soft	Total	Hard	Soft	Total
<b>Total</b>					
<b>Average</b>					

**2. Total other funds leveraged for Hard Costs (only Hard Costs), by source:**

Other Leveraged Funds Disbursed for Hard Costs							
CDBG	USDA HPG	USDA 504	W.A.P	HOME	Owner Cost.	Local govt.	Total

**WARNING - Total Other Leveraged Hard Costs in Table B.1. and B.2. are not equal**

For NC Housing Finance Agency Use Only						
Assigned Case Manager	Date Received?	CCFC signed?	Human Interest Story Rec'd?	Monitoring Status?	Okay to Closeout	Date checked by Case Manager

*Page 1 of 2*

NORTH CAROLINA HOUSING FINANCE AGENCY  
**ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL PROGRAM**  
**CERTIFICATION OF COMPLETION AND FINAL COST**

*(Please Type or Print Legibly in Ink)*

Date of Report: \_\_\_\_\_ Member: \_\_\_\_\_

**C. CERTIFICATIONS** *(Please check the box beside each applicable statement.)*

1. All dwelling units rehabilitated under the direction of the Member with ESFRLP assistance now meet HUD's Housing Quality Standards and the Agency ESFRLP Rehabilitation Criteria and contain no imminent threats to the occupants of the unit or the structural integrity of the unit.

2. All Program-funded rehabilitation work was inspected, as required, by State building code enforcement officers.

3. All required security documents have been properly executed, recorded and submitted to the Agency pursuant to the Program regulations.

4. All Agency concerns stemming from its monitoring of the Member's ESFRLP Project (as stated in a letter from the Agency) have been resolved.

5. Unit Completion Reports have been submitted for all activity accounts that were set-up in the HUD Integrated Disbursement & Information System (DIS), leaving a DIS balance of zero (0).

6. *(Please check a. or b.)*

a. All audit reports or financial statements (as per P.G. 3.8.) have been submitted to the Agency covering each fiscal year in which Program funds were on hand or,

b. All required audit reports or financial statements have been submitted except that covering the current fiscal year. Said current-year document will be submitted as soon as it is made available to the Member. (Estimated date: \_\_\_\_\_)

7. If the figure entered at line A.3 of this Certification of Completion and Final Cost is greater than zero (0), a check in the amount there shown, made out to the North Carolina Housing Finance Agency, accompanies this document.

8. All dwelling units rehabilitated with program funds have a post rehabilitation value of less than 95 percent of the median purchase price for the type of single-family housing for the jurisdiction as determined by HUD.

**As chief operating officer of the Member**  
**I certify that the information contained**  
**in this report is complete and accurate.**

\_\_\_\_\_  
 Authorized signature                      Date

*Page 2 of 2*



# SECTION 3: SUMMARY REPORT >>>>TO NCHFA

## Section 4.2.7

Section 3 reporting required- this is a document which covers the entire Project

**Section 3 Summary Report ESFRP**  
Subrecipients use this form to provide NCHFA the information necessary to complete the HUD-60002 report.

Subrecipient Name: \_\_\_\_\_  
 Project Number: ESFRP  
 Contact Person: \_\_\_\_\_  
 Length of Grant: NA  
 Date Report Submitted to NCHFA: \_\_\_\_\_  
 Subrecipient Address (city, state, zip): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Reporting Period: NA  
 Program Code-Name: 6-HOME-State Administered  
 Total Amount of Award \_\_\_\_\_  
 Calculated amount over \$200,000 \_\_\_\_\_

**Part I. Employment and Training** (Columns B, C, and F are mandatory fields.) Hiring by Subrecipient

A. Job Category	B. Number of New Hires	C. Number of New Hires that are Sec.3 Residents	D. % of Section 3 New Hires	E. % of Total Staff Hours for Section 3	F. Number of Section 3 Trainees
Professionals				NA	
Technicians				NA	
Office/Clerical				NA	
Officials/Managers				NA	
Sales				NA	
Craft Workers (skilled)				NA	
Operatives (semiskilled)				NA	
Laborers (unskilled)				NA	
Service Workers				NA	
Other				NA	
<b>Total</b>				NA	
If "Other", list the type(s) of jobs:					

Is there anything you want to write as explanation for your responses in Part I, or any supplemental information you'd like to provide? If you anticipate HUD or a state reviewer may be dissatisfied with your efforts, or with the results of those efforts, then include an explanation of everything you did to encourage there to be new positions filled by Section 3 residents, so that your organization can be defended against claims that you are not complying with the spirit of Section 3.

**Part II. Contracts Awarded**

1. Construction Contracts:

NA A. Total dollar amount of all construction contracts awarded on the project  
 NA B. Total dollar amount of construction contracts awarded to section 3 businesses  
 NA C. Percentage of the total dollar amounts that was awarded to Section 3 businesses  
 NA D. Total number of Section 3 businesses receiving construction contracts.

Page 1 of 2

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2. Non-Construction Contracts: Professional Services

NA A. Total dollar amount of all non-construction contracts awarded on the project  
 NA B. Total dollar amount of non-construction contracts awarded to section 3 businesses  
 NA C. Percentage of the total dollar amounts that was awarded to Section 3 businesses  
 NA D. Total number of Section 3 businesses receiving non-construction contracts.

Is there anything you want to write as explanation for your responses in Part II, or any supplemental information you'd like to provide? If you anticipate HUD or a state reviewer may be dissatisfied with your efforts, or with the results of those efforts, then include an explanation of everything you did to encourage there to be new positions filled by Section 3 residents, so that your organization can be defended against claims that you are not complying with the spirit of Section 3.

**Part III. Summary of Efforts**

Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low- and very low-income persons, particularly those who are recipients of government assistance for housing. (Enter YES for all that apply. Enter NO, if it does not apply.)

Recruited low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or similar methods.
Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
Coordinated with Youthbuild Programs and administered in the metropolitan area in which the Section 3 covered project is located.

Is there anything you want to write as explanation for your responses in Part III, or any supplemental information you'd like to provide? If you anticipate HUD or a state reviewer may be dissatisfied with your efforts, or with the results of those efforts, then include an explanation of everything you did to encourage there to be new positions filled by Section 3 residents, so that your organization can be defended against claims that you are not complying with the spirit of Section 3.

In the space below, please provide a detailed narrative describing the specific actions that were taken by you to comply with the requirements of Section 3 and meet the minimum numerical goals for employment and contracting opportunities. You may submit additional information outside this form, if useful.

Page 2 of 2

# Portal Problems?

If you have any problems with portal operations or any stage of the Settlement Data Sheet submission process, please contact:

Mark Lindquist

[mwlindquist@nchfa.com](mailto:mwlindquist@nchfa.com)

919-501-4263

Or your case manager.