

**BEP Notice 19-115** 

# To: All BEP Recipients with Active Awards/Projects From: Department of Asset Preservation Date: April 24, 2019 Re: Amendment of the Blight Elimination Program Waiver Moratorium & Waiver Form

On November 29, 2018, IHCDA issued BEP Notice 18-110: Release of Amended BEP Waiver Form & Site Evaluation Matrix (SEM) for 2019. The Notice stated that the Waiver Form and SEM had been amended for use in the 2019 calendar year and established that ALL Waiver Requests were to be <u>postmarked</u> no later than Monday, April 29, 2019, and that a moratorium on the submission of ALL BEP Waiver Request types would go into effect April 30, 2019.

Upon further review and consideration, the following two Waiver Request types are excluded from the April 30, 2019 Moratorium. Recipients may continue to submit End-use Modification Requests and Tier Override Requests. The following deadlines apply to these two request types:

•	Exceed the \$15,000 Allowance for a Tier One Property	Postmark by September 30, 2019
•	Modify the End-use of an approved Property	Postmark by December 31, 2019

The BEP Waiver Form has been modified to correspond to this BEP Notice. The new Waiver Form is attached to the Notice and can be identified by the margin tag "Released with 19-115: Required for use on or after April 30, 2019". Recipients may not alter or edit the Waiver Form in any way. Failure to use the new BEP Waiver Form on and after April 30, 2019 will result in an automatic denial of the request.

## IHCDA will not entertain the following Waiver Request types postmarked on or after April 30, 2019:

•	Remove a Program Partner;	Postmark by April 29, 2019
•	Add a Program Partner;	Postmark by April 29, 2019
٠	Remove a property from the Project;	Postmark by April 29, 2019
•	Add a property to the Project; and,	Postmark by April 29, 2019
•	Add a property to the Project using surplus funds.	Postmark by April 29, 2019

Any untimely submission of the above five request types will be automatically declined upon arrival.

## [NEW WAIVER FORM ATTACHED]



ADDRESS 30 South Meridian Street, Suite 900, Indianapolis, IN 46204 PHONE 317 232 7777 TOLL FREE 800 872 0371 WEB www.ihcda.IN.gov



EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY



Indiana Housing & Community Development Authority

Waiver #\_\_\_\_\_ For IHCDA Use Only

## Blight Elimination Program Waiver Form Form Approved for Use April 30, 2019

IHCDA Place Stamp Here

NOTICE: TIER OVERRIDE REQUESTS MUST BE POSTMARKED NO LATER THAN SEPTEMBER 30, 2019. END-USE MODIFICATION REQUESTS MUST BE POSTMARKED NO LATER THAN DECEMBER 31, 2019. ANY AND ALL REQUESTS NOT TIMELY POSTMARKED WILL BE AUTOMATICALLY DECLINED UPON ARRIVAL.

On this \_\_\_\_\_ day of \_\_\_\_\_ 2019, Blight Elimination Program ("BEP") Recipient, \_\_\_\_\_ ("Recipient"), seeks a waiver to modify the terms of its BEP Application (the "Application") and Recipient and Program Partner Agreement (the "Agreement"). All capitalized terms not defined herein shall carry the definitions contained in the Application or the Agreement.

The Recipient believes that it is in the best interests of the Project and necessary to facilitate the BEP goals described in the Application that it obtain a waiver from certain agreed terms in the Application and the Agreement. Recipient requests a waiver to do one or more of the following acts (each, a "Requested Modification"):

- 1) \_\_\_\_\_modify the end use for a property approved to be included in the Project; and/or
- 2) \_\_\_\_\_exceed the \$15,000.00 allowance for a Tier One property.

The Recipient acknowledges that this Waiver Form is a request to amend the terms of the Application and the Agreement and not an actual amendment of either such documents. In order for any Requested Modification to become effective, it must be agreed to by IHCDA. No amendments to either the Application or the Agreement will be effective unless they are agreed under the terms therein.

## Instructions:

Mark the Requested Modification(s) above and provide the documentation necessary for each request. The waiver form may be used as a check list by placing an "X" or " $\checkmark$ " next to each required item provided in the instructions below. All necessary documentation must be provided with this Waiver Form and **mailed to the attention of the Blight Elimination Program**. No emailed, faxed, or photocopied waiver requests will be accepted. Refer to BEP Notice 16-67 for questions on document requirements. Recipient may use one Waiver Form for one or more request types.

<u>Modification of the end use of a property approved for the Project</u>: In support of modifying the designated end use of a property included in the Project, Recipient shall attach the following documentation to this Waiver Form:

- (a) a narrative detailing the reason(s) why Recipient seeks to modify the end use of the property; and
- (b) an original signed letter from the Program Partner agreeing to facilitate the new end use of the property, if approved.

**Request a Tier Override (exceed the \$15,000.00 Tier 1 cap)**: In support of its request to exceed the Tier One cap, Recipient shall attach the following documentation to this Waiver Form:

- \_\_\_\_(a) a narrative detailing the reason(s) why Recipient seeks to exceed the \$15,000.00 Tier One cap;
- \_\_\_\_(b) a list of ALREADY SUBMITTED CLAIMS (both pending and approved) with corresponding Claim Number/Receipt Number; and
- (c) invoice(s) or quote(s) for UNCLAIMED expenses that will result in an overage of the \$15,000.00 Tier One cap.

## Submitted on the date first written above.

Recipient:			
Ву:			
Printed name:			
Title:			