**City of Spokane**

**Multifamily Housing Program**

**2016 Fall APPLICATION**

This application uses forms from the Combined Funders Application (“CFA”), which is used by a number of Washington public funders. DO NOT use these forms when applying to another program that requires the CFA, as this one is based on an earlier version. The State expects to have its application available in mid-July; you may use its forms for the City’s application, but note that all of the information required by the State might not be required for the City when the City application is due. (If you prepare a State application, the City will want copies of attachments at that time.)

# Application Components:

The Combined Funders Application has four parts, all of which must be submitted for an application to be reviewed. The City’s requirements for assembly differ from others.

1. **Narrative Questions (this document)**

This is an MS Word document that contains the narrative questions portion of the application. The narrative questions are divided into “Sections.” For example, Section 1 is “Project Summary.”

1. **Project Workbook**

This is an MS Excel document that is divided into “Forms.” For example, Form 1A is “Project Summary*”* and Form 2A is “Building Information.” This document has also been locked and password protected, to protect its various equations from inadvertent editing.

1. **Common Attachments**

The Table of Contents of this document lists the attachments that are required behind each tab.

1. **City Addendum**

The funders who accept the Combined Funders Application each have requirements specific to their funding sources. For this reason, there is a separate addendum for each funder.

# Application Assembly:

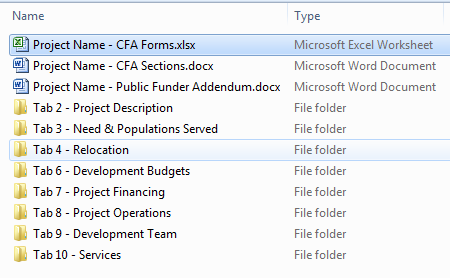
For the City, the Application must be submitted in both hard copy and electronic copy format by the application deadline to be considered “complete.” The hard copy should include the entire application, tabbed, with all required attachments. Pre-punch the top of the application, which we will sort into a working file. Do not spiral bind your application. The instructions for other funders are different, so refer to the Public Funders Application and other funder addenda for instructions.

1. **First Page:** The Table of Contents/Checklist goes in front of the tabbed sections. The City’s Addendum has City of Spokane Table of Contents/Checklist and Affidavits, which goes **immediately after** the Combined Funders Application Table of Contents/Self-Certification Checklist.
2. **Tabbed Sections:** For each tab,
   1. First, insert the responses to the narrative questions of that **Section**.
   2. Second, insert that tab’s relevant **Forms**. There is no need to add separator sheets between the various forms within a tab.
   3. Lastly, insert that tab’s **Addendum attachments**.

## Electronic Copy

Applicants must submit all of the application materials electronically on a USB flash drive or CD. Application documents submitted via email or over the internet will not be accepted.

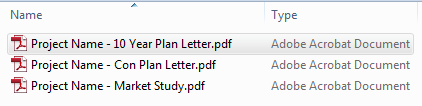
When compiling the CD or flash drive, please order folders according to the Application Checklist. Please refer to the following visual as a guide:



### Naming and file conventions

* Within each folder, name each attachment file with the project name and the name of the document as described on the Application Checklist.
* All files should be submitted in their original format – do not convert electronic documents to PDF format.
* Scanned copies of paper documents must be legible with reasonably-sized font and, when applicable, clear signatures and dates.
* PDF’s should be searchable whenever possible, and should not be submitted “locked.”
* Please create a folder if there are multiple files addressing a single checklist item.
* If an item is not applicable to your project, simply do not include it; do not create placeholder files for “n/a” items.

Please refer to the following visual as a guide:



# Table of Contents & Self-Certification Checklist

## Tab 1: Project Summary

|  |  |  |
| --- | --- | --- |
| **Section 1** |  | Project Summary |
| **Form 1A** |  | Project Summary |
| **Form 1B** |  | Unit Configuration and Affordability |

## Tab 2: Project Description

|  |  |  |
| --- | --- | --- |
| [**Section 2**](#_Section_2:_Project) |  | Project Narrative |
| **Form 2A** |  | Building Information |
| **Form 2B** |  | Square Footage Details |
| **Form 2C** |  | Evergreen Sustainable Development Standard v3.0 Checklist  \*For City: Not required. Submit if prepared for another lender |
| **Attachments** |  |  |
|  |  | Preliminary Drawings and Site Plan:   * For New Construction projects, include elevations, typical floor plans, descriptive building sections, site plan, and roof plan. * For projects that involve interior reconfiguration, exterior improvements, or newly constructed additions, include typical floor plans, primary elevations, descriptive building section, site plan and roof plan * For projects in existing buildings, provide current floor plans, for each floor if they differ |
|  | * Site Plan of off-site improvements |
|  | Documentation of Site Control |
|  | Title Report |
|  | Outline Specifications |
|  | Title Report |
|  | Photos of Proposed Site(s) |
|  | Phase I Environmental Site Assessment \* |
|  | Phase II Environmental Site Assessment *if recommended by Phase I\** |
|  | Limited survey for Asbestos, Lead and Mold, if Rehab of Existing\* |
| \*For City: Not required at time of application. May be required later. Submit if prepared for another funder. | |

## Tab 3: Need & Populations Served

|  |  |  |
| --- | --- | --- |
| [**Section 3**](#_Section_3:_Need) |  | Need & Populations Served |
| **Form 3** |  | Populations to be Served |
| **Attachments** |  |  |
|  |  | Market Study |

## Tab 4: Relocation

|  |  |  |
| --- | --- | --- |
| **Section 4** |  | Relocation |
| **Form 4** |  | Relocation Budget |
| **Attachments** |  |  |
|  |  | Tenant Relocation Plan |
|  | Samples of the General Information Notice issued to all current occupants\* |
|  | Drafts of Move-In Notices\* |
|  | Drafts of Notices re: displacement and benefits\* |
|  | Approval letter from local government agency with jurisdiction over tenant relocation issues\* |
|  | List of existing residential and commercial tenants (include all occupants, with or without leases). Include the following information:   * For residential occupants, include type of occupancy (renter vs homeowner), household size, unit size, and household income and rent information that is current as of the date of application. Vacant units should also be listed with the move-out date of the last tenant. * For commercial occupants, include name and type of business, length of occupancy, and current lease terms |
|  | For properties that are currently unoccupied, attach a list of all occupants who moved from the site within the past 90 days. Include the name of the business or household, the household size, and explain the reason for their move.  \*For City: Not required at time of application. Contact Paul Trautman 625-6329. |

## Tab 5: Project Schedule

|  |  |  |
| --- | --- | --- |
| **Form 5** |  | Project Schedule |

## Tab 6: Development Budgets

|  |  |  |
| --- | --- | --- |
| [**Section 6**](#_Section_6:_Development) |  | Development Budget Narrative |
| **Form 6A** |  | Development Budgets |
| **Form 6B** |  | Development Budget Details |
| **Form 6C** |  | LIHTC Budget (Basis Calculation) (City: only if applying for tax credits) |
| **Form 6D** |  | LIHTC Calculation (City: only if applying for tax credits) |
| **Form 6E**  **Attachments** |  | Fee Schedule |
|  |  |
|  | 3rd Party Construction Cost Estimate\*  Should be broken down by Division, along either Building Systems or Materials |
|  |  | Capital Needs Assessment\*  Should include Narrative *and* Lifecycle Cost Analysis (including replacement Reserve analysis) |
|  |  | Appraisal or Property Tax Assessment |
|  |  | \*For City: Not required at time of application. May be required later. |

## Tab 7: Project Financing

|  |  |  |
| --- | --- | --- |
| [**Section 7**](#_Section_7:_Project) |  | Project Financing |
| **Form 7A** |  | Financing Sources |
| **Form 7B** |  | Estimate of Cash Flow During Development |
|  |  |  |
| **Attachments** |  |  |
|  |  | Funding Commitment Letters |
|  | Letters for Committed Donations (including Sponsor Donations) |
|  | Capital Campaign Plan, if funding includes a Capital Campaign |

## Tab 8: Project Operations

|  |  |  |
| --- | --- | --- |
| [**Section 8**](#_Section_8:_Project) |  | Project Operations |
| **Form 8A** |  | Proposed Rents and AMIs Served |
| **Form 8B** |  | Operating, Service and Rent Subsidy Sources |
| **Form 8C** |  | Operating Personnel Expenses |
| **Form 8D** |  | Service Expenses |
| **Form 8E** |  | Operating Pro Forma |
| **Form 8E(2)** |  | Operating Pro Forma (Alternate without Subsidy) |
| **Form 8F** |  | Operating Pro Forma Details |
| **Attachments** |  |  |
|  |  | Documentation of Utility Allowance calculations and schedule |

## Tab 9: Development Team

|  |  |  |
| --- | --- | --- |
| [**Section 9**](#_Section_9:_Development) |  | Development Team |
| **Form 9A** |  | Project Team |
| **Form 9B** |  | Identity of Interest Matrix |
| **Form 9C** |  | Project Sponsor Experience |
| **Form 9D** |  | Project Development Consultant Experience |
| **Form 9E** |  | Project Property Management Firm Experience |
| **Attachments** |  |  |
|  |  | Development Consultant Agreement (if applicable) |
|  | Signed board resolution authorizing application submittal (if applicable) |
|  | Secretary of State certification of existence (RCW 24.03) (if applicable) |
|  | Board Composition list (if applicable) |
|  | 501(c)3 letter of determination from IRS (if applicable) |
|  | Resumes of development team members |
|  | Audit reports with financial statements for the past three years (plus year to date statements from the most recent fiscal quarter) with the parent organization and subsidiaries broken out, in addition to consolidated totals. Include any management letters from the auditor. (not applicable to individuals) |
|  | Tax return forms for the last two years (e.g., 990s for nonprofits, 1040s for individuals) |

## Tab 10: Services

|  |  |  |
| --- | --- | --- |
| NOTE: *the City of Spokane does not require the items under this Tab to be completed unless the Project has included services as part of its application.* | | |
| [**Section 10**](#_Section_10:_Services) |  | Services |
| **Attachments** |  |  |
|  |  | Memorandum of Understanding |
|  | Examples of assessment tools used |
|  | Services funding commitment letters |
|  | On-site services partnership letter (*if applicable*) |

## Tab 11: LIHTC Scoring (required only if Project includes Tax Credit financing)

|  |  |  |
| --- | --- | --- |
| **Form 11A** |  | 9% LIHTC Scoring Synopsis |
| **Form 11B** |  | 4% LIHTC/Bond Scoring Synopsis  USE FORMS FROM UPDATED STATE APPLICATION WHEN AVAILABLE. |

|  |
| --- |
| ***If any item listed above is not checked, or is not applicable to your project, please reference the specific document and provide an explanation here.*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Self-Certification of Threshold Requirements**  I, [NAME], [TITLE (Authorized Official)] of [SPONSOR ORGANZIATION], acknowledge that I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.  **ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL**   |  |  |  |  | | --- | --- | --- | --- | | **Signature:** |  | **Title:** |  | | **Name:** |  | **Date:** |  | | **Organization:** |  | **Project:** |  | |  |  |  |  | |

|  |
| --- |
| **INSERT THE CITY’S PUBLIC FUNDER**  **ADDENDUM CHECKLIST AFTER THIS PAGE** |

# Section 1: Project Summary

## Overall Summary

|  |  |  |
| --- | --- | --- |
| 1. Please provide a concise summary description of the proposed project. Briefly touch on target population, tenant services (if applicable), project scale and any other significant project, program or design features. Explain why your organization has chosen to pursue this particular project in this location. What are the primary public benefits or opportunities provided by this project?  (Note: this is intended to be a comprehensive *summary* of your project. More details on particular aspects of your project can be provided below.) | | |
|  |  | |
|  | |  |

## Services Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Will this project provide general or community services (e.g. child care, case management, transportation) to residents? | | |  |  |
|  | 1. If yes, describe: | | | |
|  |  |  |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Will this project provide *supportive* services which, in whole or in part, are intended to be supportive of residents with special needs (e.g. who have a developmental disability or require mental health counselling ), and/or who were formerly homeless? |  |  |

*If you answered “yes” to Question 2, you must complete Form 8D, Service Expenses. If you answered “Yes” to Question 3, you must complete both Form 8D* and *Section 10, Supportive Services.*

## Tab 1 Forms

|  |
| --- |
| Please complete the following Excel Form and insert it behind Tab 1: |
| * Form 1A: Project Summary |
| * Form 1B: Unit Configuration and Affordability |

# 

# Section 2: Project Narrative

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Physical Characteristics  |  |  | | --- | --- | | 1. Provide a detailed description of the physical characteristics of the proposed project. Discuss planned construction, rehabilitation, and/or other improvements. | | |  |  | |  |  |  |  |  | | --- | --- | | 1. Describe how the design of the project will meet the particular needs of the project’s target population(s). Include descriptions of any on-site amenities, and relate how these contribute to the project’s ability to serve the targeted populations: | | |  | | |  |  | |

## Green Building Standards

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The Evergreen Sustainable Development Standard (ESDS) is required by most public funders in the State of Washington. The City does not require ESDS. Please indicate any Green Building Standards for which you plan to pursue certification: | | | | |
|  |  | Green Communities | | |
|  |  |  |  |
|  |  | Built Green – State the Level: |  |
|  |  |  |  |
|  |  | LEED – State the Type and Level: |  |
|  |  |  |  |
|  |  | Energy Star – State the Type: |  |
|  |  |  |  |
|  |  | Other – please name which Standard, and the extent to which you are pursuing it: | | |
|  |  |  | | |

|  |  |
| --- | --- |
| 1. If you are pursuing a standard beyond ESDS, please state why and indicate if it is required by another funder. | |
|  |  |

|  |  |
| --- | --- |
| 1. Please describe any uncommon design components or characteristics of the Project that contribute to improved energy performance, thermal comfort, a healthier indoor environment, increased durability and/or simplified maintenance requirements. | |
|  |  |
|  |  |

## Non-Residential Space

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Yes | | No |
| 1. Does the project contain any non-residential space not dedicated for the sole use of the project’s residents (e.g. social service office space, commercial space or anything else included in the non-residential budget)? | | |  |  | |
|  |  | |
|  | 1. If so, will this space generate any income for the project? | |  | |  |
|  | 1. Please provide a description of the non-residential space, including whether the space is to be used for commercial or social service purposes, whom the intended tenant is, and how the space will be used. | |  | |  |
|  |  |  |  | | |
|  |  |  |  | | |
|  | 1. If the non-residential space is to be treated as a condominium separate from the residential project, please explain the ownership structure. | |  | |  |
|  |  |  |  | | |
|  |  |  |  | | |

## Neighborhood/Off-Site Amenities

|  |  |
| --- | --- |
| 1. Briefly describe the property location, neighborhood, transportation options, local services, and amenities adjacent to the property. In the case of scattered site rentals, if a site has not been identified, describe the characteristics of the location being sought and document the availability of applicable sites and the timeline for obtaining site control. | |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Please list nearest stores for daily necessities (food, household items, personal care items, *etc*.): | | | | | |
|  | |  |  |  | |
| Store Name | | Type | Address | | Distance from Project |
| 1. |  |  |  | |  |
| 2. |  |  |  | |  |
| 3. |  |  |  | |  |
| 4. |  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. For family and youth projects, please list nearest schools: | | | | |
|  | | | | |
| School Name | | Type | Address | Distance from Project |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Please list nearest parks and other recreational amenities (*e.g.* parks, sports fields, swimming pools): | | | | |
|  | | | | |
| Amenity Name | | Type | Address | Distance from Project |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

|  |
| --- |
|  |

|  |
| --- |
| 1. Please list nearest public transit stops and routes to the proposed development.   *Urban:* a 0.5-mile distance of combined transit services (bus, rail, & ferry).  *Rural / Tribal:* a 5-mile distance of the following transit options: 1) vehicle share program; 2) dial-a-ride program; 3) employer vanpool; and 4) public–private regional transportation |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Transit Stop Address | | Routes | Frequency of Service | In a High Capacity Transit Corridor Area? | | Distance from Project | | 1. |  |  |  | Yes | No |  | | 2. |  |  |  | Yes | No |  | | 3. |  |  |  | Yes | No |  | | 4. |  |  |  | Yes | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1. Please list nearest service providers not directly connected to the project (including neighborhood health clinics, behavioral health centers, food banks, social service offices, etc.): | | | | | |  | | | | | | Provider Name | | Type | Address | Distance from Project | | 1. |  |  |  |  | | 2. |  |  |  |  | | 3. |  |  |  |  | | 4. |  |  |  |  | |

## Neighborhood Notification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is neighborhood notification required? | | | |  |  |
|  | 1. If yes, by which jurisdiction or jurisdictions? | | |  |  |
|  |  | |  |  |  |
|  | | | | | |
|  |  | Has neighborhood notification taken place? | |  |  |

|  |  |
| --- | --- |
| 1. List the actions the project sponsor has taken or will undertake to garner community support for the project and communicate with the neighbors regarding project characteristics and progress: | |
|  | |
|  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

## Zoning

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 1. What is the current zoning of the project site(s)? |  | | | | | |
|  | | Is the proposed project consistent with the zoning status of the site(s)? | | Yes  No |
|  | |  | |
|  | 1. If current zoning is not consistent, explain: | | | |
|  |  | |  | |
|  |  | |  | |
|  | 1. Please outline the steps that will be taken to address zoning issues and include the time frame needed to resolve these issues: | | | |
|  |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | 1. How many parking stalls are required for your project by current zoning? | | | | |  | Number of residential parking stalls: |  |  | |  |  |  | |  | Number of commercial parking stalls: |  | | | | | |
| 1. How many parking stalls are proposed in your project design? | | | | |
|  |  | Number of residential parking stalls |  |

|  |  |
| --- | --- |
| 1. Please explain any differences between the required number of parking stalls and what is proposed in your project. | |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | Do you plan to charge for residential parking separately from rent? | Yes  No |
|  |  |

## Existing Structures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Does the site contain existing structures? | | | | | Yes  No |
|  | |  | | | | |
|  | 1. If yes, how many? | | | |  |
|  |  | | | | | | |
|  | 1. What is to be done with them? | | | | | | |
|  |  | |  | Demolish | | | |
|  |  | |  | Rehab | | | |
|  |  | |  | Nothing (does not apply/not part of this project) | | | |
|  |  | | | | | | |
|  | 1. Please give a brief description of the condition of any buildings to be rehabilitated: | | | | | | |
|  |  | |  | | | | |

|  |  |
| --- | --- |
| 1. If your project involves rehabilitation, describe how you determined the proposed scope of work. Consult Paul Trautman at 509.625.6329 to get information on the HOME Multifamily Rehabilitation Standards. | |
|  |  |

Yes No

|  |  |  |
| --- | --- | --- |
| 1. Does the site have any existing tenants including commercial tenants? |  |  |

*If yes, please complete Section 4, Relocation*

## Historical Elements

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | Yes | | No |
| 1. Are any on-site structures subject to historical preservation requirements? | | | | | | | |  | |  |
|  | 1. If yes, how many? | | | | |  |  | | | |
|  | | |  | | | | | |  | | |  |
|  | | b. | | | | | | | | | |  | |  |  |
|  | |  | |  | National Historic Register | | | | | | |
|  | |  | |  | State Department of Archaeology and Historic Preservation | | | | | | |
|  | |  | |  | Other, describe: | | | | | | |
|  | |  | |  |  | | | | | | |
|  | |  | | | | | | | | | |
|  | | c. Briefly state how you plan to comply with applicable historic preservation requirements: | | | | | | | | | |
|  | |  | |  | | | | | | | |

## Environmental

|  |  |
| --- | --- |
| Are there any environmental concerns relating to your site? If yes, explain. An Environmental Site Assessment may be required, if not already prepared for another lender. | |
|  |  |

The Housing Trust Fund requires an ESA. For information regarding the required Phase I ESA and Limited Survey, see Sections [205.4.1](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx) and [205.5](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx), respectively, of the Housing Trust Fund [Handbook](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/Handbook.aspx).

|  |  |
| --- | --- |
| 1. Phase I ESA Completed (date, mm/dd/yyyy): |  |

|  |  |
| --- | --- |
| 1. Limited Survey Completed (date, mm/dd/yyyy): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Provide the page number from the Phase 1 ESA/Limited Survey that confirms the presence or absence of the following: | | | | | | |
|  | | | | | | |
|  |  | Present | Absent | Page Number | Not Determined |  |
|  | | | | | | |
|  | Asbestos |  |  |  |  |  |
|  | | | | | | |
|  | Lead-based paint |  |  |  |  |  |
|  | | | | | | |
|  | Mold |  |  |  |  |  |
|  | | | | | | |
|  | Wetlands |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Did the Phase I ESA recommend a Phase II be completed? | | |  |  |
|  | 1. If yes, explain the issues that triggered this requirement . | |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 1. If you have environmental issues identified in your Phase 1 or Phase II, including identified or potential asbestos, lead-based paint, mold, wetlands or Underground Storage Tanks (USTs), describe how each will be abated or managed, and provide an estimate of cost (note: this cost estimate should be included in your development budget). If applicable, please describe any conversations with the Washington State Department of Ecology to date, whether you plan to pursue a No Further Action (NFA) letter and if applicable, a timeline for the hazardous material remediation and receipt of the NFA. | |
|  |  |

## Site/Parcel Characteristics

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has Site Control been established? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Will the proposed project be sited on leased land? |  |  |

*If yes, you must provide the Lessor’s information on Form 9A*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What is the form of site control? (*check only one*) | | | | | |
|  |  | Deed | |  | Lease |
|  |  |  | |  |  |
|  |  | Purchase Contract | |  | Lease Option |
|  |  |  | |  | |
|  |  | Purchase Option | |
|  |  |  | |
|  |  | Other. Describe: | |
|  |  |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Are there any anticipated changes to the project’s legal description? | | |  |  |
|  | 1. If yes, describe: | |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 1. What is the square footage of the proposed project parcel? |  |
| *Be sure to include all Sites in your calculation* |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | Yes | | No |
| 1. Is the proposed project site subject to any existing encumbrances, such as encroachments, restrictive covenants, use restrictions, or regulatory agreements? | | | | |  |  | |
|  |  | |
|  | 1. If yes, do these encumbrances impair the ability to provide clear title? | | | |  |  | |
|  |  | i. | If yes, describe how clear title can be obtained: | |  | | |
|  |  |  |  |  |  | | |
|  |  |  |  |  |  | | |
|  | 1. Will any existing use covenants or regulatory agreements remain in place with the refinancing? | | | |  |  | |
|  |  | i. | Describe their status post-refinancing. | |  | | |
|  |  |  |  |  |  | | |

## Tab 2 Forms

|  |
| --- |
| Please complete the following Excel Forms and insert them behind Tab 2: |
| * Form 2A: Building Information |
| * Form 2B: Square Footage Details |
| * Form 2C: Evergreen Standard Checklist (if doing one) |
| **NOTES Regarding the Evergreen Sustainable Development Standard**:   1. Copies of the Evergreen Sustainable Development Standard Form can be downloaded from the Commerce Dept’s Housing Trust Fund [Evergreen Sustainable Development Standard webpage](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/EvergreenSustainableDevelopment.aspx) |

# Section 3: Need & Populations Served

## Population Narrative

|  |  |
| --- | --- |
| 1. Describe the target population(s) to be served. Include the expected AMI range, household sizes, housing challenges, *etc*. | |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | 1. If the proposed project is intended, in part or in full, to serve specific Special Needs populations, describe the outreach that will be undertaken to ensure the projected occupancy will be achieved *for each identified Special Needs population*. | | | |  |  | |  1. Describe existing partnerships or specific activities that will be undertaken to improve health, education, and employment outcomes for project tenants. | |
|  |  |

## Community Priorities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Does this project meet the objectives of any of the local, state or federal plans listed below?   (check all that apply) | | | | | | |
|  | |  | | Consolidated Plan | | |
|  | |  | |  | | |
|  | |  | | Local plan to end homelessness | | |
|  | |  | |  | | |
|  | |  | | Regional Support Network (RSN) | | |
|  | |  | |  | | |
|  | |  | | Comprehensive Plan/Housing Element | | |
|  | |  | |  | | |
|  | |  | | Local Target Area Plan. Describe: | | |
|  |  | |  | |  |  |
|  | |  | |  | | |
|  | |  | | Other. Describe: | | |
|  |  | |  | |  |  |

|  |  |
| --- | --- |
| 1. Please list the ways in which your project will meet the plan(s) checked. If none of the plans apply, describe how your project will fulfill a perceived need for affordable housing in the community. Be specific. | |
|  |  |

## Market Study

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | Yes | No |
| 1. Is a market study required for this project? | | | | | | | | |  |  |
|  | 1. If a market study is required, provide the information requested below: | | | | | | | | | |
|  |  | Date of market study (mm/dd/yyyy) | |  | | |  | | | |
|  | | | | | | | | | | |
|  |  | Absorption Rate |  | | Page Number: |  | |  | | |
|  |  |  |  | |  |  | |
|  |  | Capture Rate |  | | Page Number: |  | |
|  |  |  |  | |  |  | |
|  |  | Vacancy Rate |  | | Page Number: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Complete the following table using data provided in your market study: | | | | | | |
|  | | | | | | |
| **Bedrooms** (*indicate number of bedrooms and square footage in each unit size*) | | **Income Level** (*indicate income level for each unit size*) | **Proposed** **Rents in Project by Unit Size** | **Maximum Allowable Restricted Rents** | **Unrestricted Market Rents** | **Achievable Restricted Rents** |
| **#Bedrooms** | **Square Feet** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. Please explain how the project rents have been determined. | |
|  |  |

|  |  |
| --- | --- |
| 1. If your project contains units **NOT** restricted to homeless individuals and/or homeless families please describe the market demand for the proposed units referencing specific data from the Market Study, current or changing neighborhood characteristics, similar projects or other relevant data | |
|  |  |

## Tab 3 Form

|  |
| --- |
| Please complete the following Excel Form and insert it behind Tab 3: |
| * Form 3: Populations to be Served |

# Section 4: Relocation

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Does this project involve the acquisition, demolition, or rehabilitation of any existing structures? |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Does the project site have any current tenants, residential or commercial, even if it is vacant land? | | |  |  |
|  | 1. If yes, Describe: | |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Did the project site have any tenants in the period from 90 days prior to the execution of the Site Control Agreement up to the date this Application was submitted? | |  |  |
|  | 1. Has anyone moved *since* the Purchase and Sale agreement was executed? |  |  |

*If you answered No to both Questions 2* and *3, skip to Section 5. If you answered “Yes” to either or both, please continue.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is there a local government entity that has jurisdiction over tenant relocation issues? | | |  |  |
|  |  | If yes, has the entity approved the plan? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What requirements or guidelines govern your relocation plan? (check all applicable) | | | | | |
|  |  | | Uniform Relocation Act | | |
|  | | | | |  |
|  |  | | Section104 [d] (if HOME or CDBG funded) | | |
|  | | | | |  |
|  |  | | Washington State Department of Transportation | | |
|  | | | | |  |
|  |  | | Other. Specify: | | |
|  |  |  | |  | |

|  |  |
| --- | --- |
| 1. Describe your agency’s experience relocating residential and/or commercial occupants under any applicable codes (*e.g.*, the Uniform Relocation Act, Section 104(d) of the Housing and Community Development Act of 1974, Chapter 20.84 of the Seattle Municipal Code). If you plan to use a relocation consultant, describe their relevant experience. | |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Who will handle relocation matters for this project? | | | | | | | |
|  | |  | | Agency staff. State Lead individual’s name: | |  | |
|  | |  | |  | | | |
|  | |  | | 3rd-party relocation consultant. Describe consultant’s relevant experience: | | | |
|  |  | |  | |  | |  |

## Type of Relocation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Enter the number of tenants to be relocated | | | | | | | |
|  | Residential | None | Permanent |  | Temporary |  |  |
|  | | | | | | | |
|  | Commercial | None | Permanent |  | Temporary |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | | No |
| 1. Have you included provisions in your site control agreement that enable you to obtain tenant income and rent information, and to give notices to existing and incoming tenants prior to closing? |  |  | |
|  |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you collected information on all current occupants of the property, including both residential and commercial tenants, and occupants with or without leases? |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Have existing tenant incomes been verified? | | |  |  |
|  | 1. If this information has not yet been collected, when would it be available? | |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 1. Explain the income verification process and the strategy for addressing any current residents who are not eligible to remain in the building. | |
|  |  |

## Relocation Notices

For projects subject to an established local relocation policy:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you provided General Information Notices to all occupants using the sample notices in HUD’s Handbook on relocation (including both residential and commercial tenants, and occupants with or without leases) or another approved format? |  |  |
|  |  |
|  |  |
|  | Yes | No |
| 1. Have you prepared subsequent notices to be provided to tenants immediately upon notification of award of funding? (i.e., Notice of Eligibility or Notice of Non-Displacement) |  |  |
|  |  |
|  |  |
|  | Yes | No |
| 1. Is the applicant or property owner prepared to issue move-in notices to all new tenants that sign leases subsequent to this funding application? |  |  |
|  |  |

## Tab 4 Form

|  |
| --- |
| Please complete the following Excel Form and insert it behind Tab 4: |
| * Form 4: Relocation Budget |

# Section 5: Project Schedule

## Potential Development Obstacles

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Are there any known issues or circumstances that may delay the project? | | |  |  |
|  | 1. If yes, list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues: | |  | |
|  |  |  |  | |

## Tab 5 Form

|  |
| --- |
| Please complete the following Excel Form and insert it behind Tab 5: |
| * Form 5: Project Schedule |

# 

# Section 6: Development Budget Narrative

## Value of Project Site

|  |  |
| --- | --- |
| 1. Date of Appraisal (mm/dd/yyyy): |  |

|  |  |
| --- | --- |
| 1. Project Site current appraised value: |  |

|  |  |
| --- | --- |
| 1. Project Site purchase price: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is the purchase price at or below fair market value, supported by an appraisal? | | |  |  |
|  | 1. If no, explain: | |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Does the purchase and sale agreement include any provisions for cost escalation that could cause the purchase price to exceed the current appraised value? | | |  |  |
|  |  |
|  | 1. If yes, explain: | |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Applicants to public funders should presume that Federal funds will be included in any Award made. Does the purchase agreement demonstrate compliance with voluntary acquisition procedures under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)? |  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe any extension fees or earnest money deposits provided for in the purchase agreement. (Such fees and deposits should be applicable toward the purchase price.) | | | |
|  |  | |
|  | |  | |

|  |  |
| --- | --- |
| 1. If the property poses specific physical development challenges (ex., steep slopes, easements, Recognized Environmental Conditions) that were not reflected in the appraisal, describe how these were factored into the property negotiation. | |
|  | |
|  |  |

## Capitalized Reserves

|  |  |
| --- | --- |
| 1. Explain the reasons for, and amounts of, any proposed capitalized reserves in excess of 6 months of operating expenses or one year of replacement reserve deposits. | |
|  |  |

## Contracting

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Yes | No |
| 1. Do the submitted budgets take into account Prevailing Wage? | | | | |  |  |
|  | 1. If so, what wage rates were used? (*check only one*) | | | |  |  |
|  | |  | | Prevailing Wage – Non-Residential |  |  |
|  | | | | | | |
|  | |  | | Prevailing Wage – Residential |  |  |
|  | | | | | | |
|  | |  | | Davis-Bacon – Non-Residential |  |  |
|  | | | | | | |
|  | |  | | Davis-Bacon – Residential |  |  |
|  | | | | | | |
|  | 1. Discuss how you determined whether state or federal prevailing wage rates applied or did not apply. If you have received a determination from the Washington State Department of Labor & Industries regarding Prevailing Wage, include documentation of the determination as an attachment. Be explicit about what assumptions you were making in determining what wage rates apply | | | |  |  |
|  |  | |  | |  | |

|  |  |
| --- | --- |
| 1. Describe the process used by your agency for soliciting bids from and selecting construction contractors, consultants, and other professional services to secure competitive fees. Make sure that your proposal complies with the requirements of the funding proposed in your application | |
|  |  |

|  |  |
| --- | --- |
| 1. What is the project’s proposed WMBE utilization goal? Describe how you plan to address WMBE and Section 3 goals in your procurement process for construction and non-construction contractors. Please include specifics regarding bid structure, advertising, outreach, etc. If you have already selected members of the development team prior to application (e.g., development consultants, architects, etc.), describe how WMBE and Section 3 considerations were factored into the contracting process. | |
|  |  |

## Capital Needs Assessment

If you are applying for Low Income Housing Tax Credits (LIHTC), you must comply with the Capital Needs Assessment (CNA) requirements in the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2015application/c.policies.pdf) (Chapter 4, Section 4.17.5). If you are applying for other public funding, or are combining other public funding with LIHTC’s, consult the definition in the State Housing Trust Fund [Handbook](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/Handbook.aspx) (Chapter 2, [Section 205.10](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx#205.10)).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Recommended capitalization of replacement reserves: | $ |  | Page Number |  |
|  | | | | |
| 1. Recommended annual contribution to replacement reserves: | $ |  | Page Number |  |
|  |  |  |  |

## Construction Cost Estimate

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified public funder has not yet adopted a formal Cost Policy, refer to the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2015application/c.policies.pdf) (Chapter 3, Section 3.2, *et seq*.) and to the State Housing Trust Fund Handbook (Chapter 2, [Section 205.9](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx)).

|  |  |
| --- | --- |
| 1. 3rd party Total Construction Cost estimate: |  |

|  |  |
| --- | --- |
| 1. Base construction contract identified in Form 6A: |  |

|  |  |
| --- | --- |
| 1. Detail how your construction cost estimate aligns with the Development Budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied, or any other factor in your budget that deviates from the Construction Cost Estimate. Where an alternate escalation factor is applied, state the rationale for its use. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe any notable cost drivers that significantly affect your cost per unit. Note: you may be asked to provide additional information if your costs significantly exceed those of comparable projects. Note any features or upgrades that differ from standard construction methods and add to costs. The City may ask for additional information to ensure costs are necessary and reasonable. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe specific measures taken to reduce the development cost of the project. To the extent possible, quantify savings achieved by the adoption of each measure. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe what design choices have been or will be made to promote efficient use of space, and long-term physical and operational efficiency. Note where the project builds upon previous design work, if applicable. | |
|  |  |

|  |  |
| --- | --- |
| 1. If the proposed project does not maximize the development capacity of the site, please explain the necessity or advantage of under-building | |
|  |  |

|  |  |
| --- | --- |
| 1. If parking is required by zoning or included in the project for other reasons, please describe any efforts to design parking with minimal cost impact to the project. If a tax credit project, are the parking construction costs included in eligible basis, and are parking rents charged in addition to rent and included in the maximum tax credit rent calculations? | |
|  |  |

|  |  |
| --- | --- |
| 1. If non-residential space is included in the proposed design, describe the method used to allocate development costs to non-residential financing. | |
|  |  |

*\*\* HOME requires that budgets be reviewed to ensure costs are necessary and reasonable. This includes the construction cost per unit, as well as the total development cost per unit. Developer return is also assessed. The City expects owners to contribute their own funds for at least 10% of the project’s cost. The HOME maximum subsidy per unit is limited by statute. Local funding levels for the Multifamily Housing Program are below the federal maximum and depend upon the area median income (AMI) level that will be served. The following are the current (2016) federal and City maximum HOME per-unit subsidy amounts.*

*:*

*Max federal Max City Max City*

*HOME limit 30% AMI unit 50% AMI unit*

*0 bedrooms $140,107 $30,000 $10,000*

*1 bedroom $160,615 $30,000 $10,000*

*2 bedrooms $195,304 $60,000 $10,000*

*3 bedrooms $252,662 $100,000 $75,000*

*4+ bedrooms $277,344 $120,000 $100,000*

*In some cases, the City might exceed the local program limits, but can never exceed the HOME limits. See the Program Description for additional information.*

*\*\* For projects using Low-Income Housing Tax Credits, note that all public funders will review development budgets in relation to the Washington State Housing Finance Commission’s (WSHFC) Total Development Cost per Unit Limits, but may consider other factors to evaluate whether development costs are reasonable. WSHFC’s 2016 limits are shown below. Please consult the WSHFC for its 2017 limits.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TDC per Unit Limit Schedule | Studio | One Bedroom | Two Bedroom | Three Bedroom | Four+ Bedroom |
| King County/Seattle | $237,510 | $274,890 | $292,110 | $327,600 | $260,880 |
| Pierce and Snohomish Counties | $228,574 | $266,643 | $282,377 | $317,772 | $350,054 |
| Metro Counties | $221,130 | $249,480 | $273,000 | $315,000 | $347,000 |
| Balance of State | $160,380 | $180,576 | $204,682 | $265,864 | $292,561 |

\*Total Development Cost excludes the cost of land and capitalized reserves.

|  |  |
| --- | --- |
| 1. If your project’s Total Development Costs (TDC) exceed the maximum TDC Limits established by the Washington State Housing Finance Commission, please explain. | |
|  |  |

## Tab 6 Forms

|  |
| --- |
| Please complete the following Excel forms and insert them behind Tab 6: |
| * Form 6A: Development Budgets |
| * Form 6B: Development Budget Details |
| * Form 6C: LIHTC Budget (Basis Calculation) |
| * Form 6D: LIHTC Calculation |
| * Form 6E: Fee schedule |

# 

# Section 7: Project Financing

|  |  |
| --- | --- |
| 1. Please describe any unique financing details or structures as they pertain to this application, including any variances from a funder’s standard financing terms. | |
|  |  |

|  |  |
| --- | --- |
| 1. If your project includes bridge, construction or permanent financing from a private lender, please state the basis for your assumptions included in Form 7A. What lenders have you spoken to about this project or current loan terms? | |
|  |  |

|  |  |
| --- | --- |
| 1. If your project includes ***tax credit equity***, please state your pricing assumptions and the basis for those assumptions included in Form 6D. What investors have you spoken to about this project and its projected tax credit pricing? | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe your “holding” and “exit strategy” should this project not receive necessary funding: | |
|  |  |

## Capital Campaigns

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 1. If the project is proposing a capital campaign as a source of funds, please explain the capital campaign strategy for this project.  What is the status of the fundraising?  What is the contingency plan for funding should the capital campaign fall short?  What is the sponsor organization’s track record with past capital campaigns? | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | Yes | No | | 1. Will there be a capital campaign consultant? | | |  |  | |  | | | | | |  | 1. If yes, please provide the consultant’s name, company and a brief explanation of their experience with similar capital campaigns | |  |  | |  |  |  |  | | |  | | | | | |  | 1. If no, who at your organization is responsible for the campaign, and what is their experience with similar capital campaigns. | |  |  | |  |  |  |  | | |

## Alternative Funding Sources

1. List funding sources you considered apply for, but which you ultimately did not, or will not apply. Why did you eliminate this funding source(s)?

|  |  |
| --- | --- |
|  |  |

1. List funding sources you applied for that you did not receive. Describe why the funding application was unsuccessful.

|  |  |
| --- | --- |
|  |  |

1. Identify the number and unit size for the HOME-assisted units in your project. If you are applying to multiple HOME funders (City, County, State), describe the number and unit size of the HOME units you propose for each lender.

|  |  |
| --- | --- |
|  |  |

## Tab 7 Forms

|  |
| --- |
| Please complete the following Excel forms and insert them behind Tab 7: |
| * Form 7A Financing Sources |
| * Form 7B Estimate of Cash Flow During Development |

# 

# Section 8: Project Operations

## Rental Assistance

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Are any existing low income housing units currently receiving rental assistance? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Do you have a commitment for rental assistance to housing units in the project? |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. If yes to either of the above, indicate the type of rental assistance: | | | | | |  | |
|  |  | | Section 8 New Construction / Substantial Rehabilitation | | | | |
|  | | | | |  | | |
|  |  | | Section 8 Project-Based Assistance | | | | |
|  | | | | |  | | |
|  |  | | Rural Development (RD) 515 Rental Assistance | | | | |
|  | | | | |  | | |
|  |  | | Other (Specify): | | | | |
|  | |  | |  | | |  |

|  |  |
| --- | --- |
| 1. Number of housing units receiving rental assistance: |  |

|  |  |
| --- | --- |
| 1. Number of years remaining on rental assistance contract: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is the project currently required to restrict rents? | | | |  |  |
|  | 1. If yes, date restriction is set to expire (mm/dd/yyyy): |  |  | | |

## Tab 8 Forms

|  |
| --- |
| Please complete the following Excel Forms and insert them behind Tab 8: |
| * Form 8A Proposed Rents and AMIs Served |
| * Form 8B Operating, Service, and Rent Subsidy Sources |
| * Form 8C Operating Personnel Expenses |
| * Form 8D Service Expenses |
| * Form 8E Operating Pro Forma |
| * Form 8E(2) Operating Pro Forma (Alternate Without Subsidy) |
| * Form 8F Operating Pro Forma Details |

# Section 9: Development Team

## Development Personnel

|  |  |  |
| --- | --- | --- |
| 1. List the names of key members of the sponsor organization’s development team, their titles and their years of experience in affordable housing below. | | |
|  | | |
| **Name** | **Title**  (*e.g., executive director, project manager.*) | **Years’ Experience in Affordable Housing** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 1. Please explain the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe how project functions will be delineated across the development team to avoid redundancy and duplication of fees. | |
|  |  |

|  |  |
| --- | --- |
| 1. If your organization is new to development, has experienced staff turnover or you have chosen to take on more direct development responsibility since your last completed project, please describe how you are supporting and training development team staff in their new roles. | |
|  |  |

## Organizational History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Sponsor Organization Type (*check only one*): | | | | | |
|  |  | | Local Government | | |
|  | | | | |  |
|  |  | | Local Housing Authority | | |
|  | | | | |  |
|  |  | | Nonprofit Organization | | |
|  | | | | |  |
|  |  | | Federally-Recognized Indian Tribe | | |
|  | | | | |  |
|  |  | | Regional Support Network (per RCW 77.24) | | |
|  | | | | |  |
|  |  | | For-Profit Entity | | |
|  | | | | |  |
|  |  | | Other. Specify: | | |
|  |  |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Has the sponsor organization developed affordable housing projects previously? | | | |  |  |
|  | 1. Years of Experience |  |  | | |
|  | | | | | |
|  | 1. Number of Projects |  |  | | |
|  | | | | | |
|  | 1. Number of Units Placed In Service |  |  | | |

|  |  |
| --- | --- |
| 1. Describe the last three development projects completed by your organization, including whether the projects were completed within the planned timeframe and budget, any challenges experienced, hurdles overcome, lessons learned, and any subsequent process improvements initiated. | |
|  |  |

|  |  |
| --- | --- |
| 1. If the operation of the project depends on operating subsidy and /or rental subsidy, describe your organization’s track record in securing such subsidies. Any subsidy should be documented on Form 8B. | |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is the sponsor organization currently engaged in any project workouts? | | | |  |  |
|  | 1. If yes, please list any projects in workout, and provide a brief summary of the reason for the workout status. | | |  |  |
|  | | | | | |
|  | Project Name | | Reason for Workout |  | |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |

|  |  |
| --- | --- |
| 1. If your organization has been party to a foreclosure, deed in lieu of foreclosure, or an active pending foreclosure in the last 10 years, identify the project and explain both the circumstances and how it was resolved with the lender. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe how your organization’s by-laws and articles of incorporation (or other governing documents) ensure an effective role for the board of directors. In addition, describe how board members’ biographies illustrate the diversity of skills needed for the board to effectively oversee the success of the project. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe the experience and cultural competencies of your development team, management team and Executive Director. Where organizational leadership is not representative of the diversity of populations being served, please describe efforts to increase this capacity, whether through intentional outreach, meaningful partnerships or professional internship opportunities. | |
|  |  |

|  |  |
| --- | --- |
| 1. How does this project help fulfill the goals and objectives of your mission and/or align with current and historical operations and activities? | |
|  |  |

|  |  |
| --- | --- |
| 1. If partnering with another organization on this Project, how does this project help fulfill the goals and objectives of your mission project Partner? | |
|  |  |

|  |  |
| --- | --- |
| 1. When was the Sponsor organization last audited? (mm/dd/yyyy) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. In the Sponsor’s last audit, were there any findings? | | | |  |  |
|  | 1. If yes, describe the nature of the findings: | | |  |  |
|  |  |  | |  |  |
|  | | | | | |
|  |  | Have these findings been resolved? | |  |  |
|  |  | i. If not, what is your plan for resolution? | |  |  |
|  |  |  |  |  | |

*Note: If applicants are proposing to develop or operate housing through partnerships, please respond to questions pertaining to capacity on behalf of the partner assuming primary ownership responsibility and financial risk for the project.*

|  |  |
| --- | --- |
| 1. Describe the trends illustrated by the last **three** years of organizational financial audits. Include any additional narrative to explain financial ratios that may appear to be cause for concern. | |
|  |  |

|  |  |  |
| --- | --- | --- |
| 1. List by name all projects your organization is submitting an application for in this Round, in order of priority (highest to lowest). State your rationale for this order (e.g., committed funding, local priority population). | | |
|  | | |
| Project Name | | Rationale for Priority |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

## Project Ownership

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Proposed Ownership Structure (check all that apply) | | | | | | | |
|  |  | Nonprofit | |  |  | Community Housing Development Organization (CHDO) | |
|  | | | | | | | |
|  |  | Limited Liability Corporation (LLC) | |  |  | Nonprofit Single Asset Entity | |
|  | | | | | | | |
|  |  | Limited Partnership | |  |  | Other Corporation | |
|  | | | | | | | |
|  |  | Limited Liability Partnership (LLP) | |  |  | Joint Venture | |
|  | | | | | | | |
|  |  | Local Unit of Government | |  | | | |
|  | | | |
|  |  | Other (Describe): | |
|  |  |  |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What is the legal status of the ownership entity for the project? | | | | | |
|  |  | Currently Exists |  | | |
|  |  | To Be Formed |  | | |
|  |  | 1. If to be formed, estimated formation date (mm/dd/yyyy): | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Current Ownership - Existing Housing Only (*check only one*): | | | | | |
|  |  | Privately Owned (see RCW 43.185.070 [2]) | | | |
|  | | | |  | |
|  |  | Publicly Owned | | | |
|  | | | |  | |
|  |  | Owned by Sponsor | | | |
|  | | | |  | |
|  |  | Other. Specify: | | | |
|  |  | |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Ownership Entity for completed project | | | | | | | | | |
|  | Name: |  | | | | | | | |
|  | | | | | | | | | |
|  | Address: |  | | | | | | | |
|  | | | | | | | | | |
|  | City: |  | | | State: |  | | ZIP Code: |  |
|  | | | | | | | | | |
|  | Phone: |  | Email: |  | | | | | |
|  | | | | | | | | | |
|  | Fax: |  | Federal Identification Number: | | | |  | | |

|  |  |
| --- | --- |
| 1. State where Ownership Entity was/will be Incorporated/Formed: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Fiscal Year (start month to end month): |  | to |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Accounting Method of ownership entity: (*check only one*) | | | |
|  |  | Cash | |
|  | | |  |
|  |  | Accrual | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Individuals/Organizations that comprise the ownership entity (if known at time of application): | | | | | | |
|  | | | | | | |
| Name | | Address | Phone | Entity Type | Federal ID # | % Ownership |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is the relationship between the ownership entity and sponsor expected to change over time? | | |  |  |
|  |  |
|  | 1. If yes, describe how : | |  |  |
|  |  |  |  |  |

## Property Management

|  |  |
| --- | --- |
| 1. Describe the working relationship between property operations staff and services staff, if any. | |
|  |  |

|  |  |
| --- | --- |
| 1. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided: | |
|  |  |

|  |  |
| --- | --- |
| 1. Explain your marketing strategy and the tenant selection process, including the establishment and management of any waiting lists. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe the operations staffing plan for the project. What and how many staff positions will you have? What hours will operations staff be on site? If you are contracting for any operational services, what services and who will supervise those contracts? | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe the project team’s experience with income verification including information collected, required documentation, and third party verifications. | |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Yes | No |
| 1. Will management staff be located on site? | | | | |  |  |
|  | 1. If yes, form of management: | | | |  |  |
|  | |  | | Resident Manager(s) - Number of units: |  |  |
|  | | | | | | |
|  | |  | | Management office (Business Hours Only) |  |  |
|  | | | | | | |
|  | |  | | Management office (24 hr) |  |  |
|  | | | | | | |
|  | |  | | Other, Describe: |  |  |
|  | | | | | | |
|  | 1. If no, describe your service area and how this project fits within your organization’s capacity. | | | |  | |
|  |  | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If the completed project will be managed by the sponsor organization, list the names of key property management staff, their titles and their years of experience in affordable housing. | | | |
|  | | | |
| Name | | **Title**  (*e.g., project manager, intake staff*) | **Years’ Experience in Affordable Housing** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

|  |  |
| --- | --- |
| 1. Describe your property management experience, or that of your proposed property manager entity, as it relates to working with the proposed population. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe your organization’s approach to asset management and long-term portfolio planning. Include details on your methods of the following. Be certain to include the name(s) of staff responsible:  * **tracking** operational/dashboard performance * **assessment** and projections of your properties using Capital Needs Assessments and reserve analyses; and * **portfolio** preservation planning. i.e., your priorities and financial plan to achieve those goals. Include examples of successful recapitalization strategies you’ve utilized and major improvements to buildings in your portfolio that you’ve accomplished. | |
|  |  |

|  |  |
| --- | --- |
| 1. If you have conducted a portfolio analysis, provide a summary of projected capital needs for the next ten years and indicate anticipated sources (e.g., replacement reserves, refinancing strategies, capital campaigns, public funder requests). If you have not conducted such an analysis, please describe any plans you may have for developing one. | |
|  |  |

## Tab 9 Forms

|  |
| --- |
| Please complete the following Excel forms and insert them behind Tab 9: |
| * Form 9A Project Team |
| * Form 9B Identity of Interest Matrix |
| * Form 9C Project Sponsor Experience |
| * Form 9D Project Development Consultant Experience |
| * Form 9E Project Property Management Firm Experience |

# 

# Section 10: Services

(Complete when applicable. This Section has been reworked, but revisions are not final, so not included here. You may substitute a more recent version.)

|  |  |
| --- | --- |
| Describe your organization’s approach to sustaining and funding supportive services over time if your organization has projects needing supportive services for special needs populations. | |
|  |  |

## Intake and Transition

|  |  |
| --- | --- |
| 1. If in Section 3, you indicated that your organization is working with a referral agency, describe their focus and service areas: | |
|  |  |

|  |  |
| --- | --- |
| 1. If in Section 3, you indicated that your organization is NOT working with a referral agency, describe how individuals and families will find out about your program: | |
|  |  |

|  |  |  |
| --- | --- | --- |
| 1. If your organization intends to serve homeless individuals and families, indicate your expected client source (check all that apply): | | |
|  |  | Streets |
|  |  |  |
|  |  | Shelters |
|  |  |  |
|  |  | Hospitals |
|  |  |  |
|  |  | Jails |
|  |  |  |
|  |  | Other (please explain): |
|  |  |  |

|  |  |
| --- | --- |
| 1. Specify any imposed time limit on tenancy[[1]](#footnote-1) (number of months) |  |

|  |  |
| --- | --- |
| 1. Explain how time-limited households will transition into permanent housing. | |
|  |  |

## Case Management & Other Services

|  |  |
| --- | --- |
| 1. How will the needs of clients be assessed? | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe your case management or services model and how it leads to housing stability and self-sufficiency for the client. Include how you will measure the efficacy of the services provided. | |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What are the proposed staffing levels (case manager to household ratio)? Your answer should match the staffing levels proposed in Form 10. | | | | | |
|  |  |  | case managers to |  | households |

|  |
| --- |
| 1. If services will be provided by another agency or agencies, provide the following information for each agency. Add additional tables if necessary. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: |  | | | | | | |
|  |  | | | | | | |
| Address: |  | | | | | | |
|  |  | | |  |  |  |  |
| City: |  | | | State: |  | Zip Code: |  |
|  |  | | |  |  | | |
| Phone: |  | | | Email: |  | | |
|  | |  | | | | | |
| Contact Person and Title: | | |  | | | | |
|  | |  | | | | | |
| Provider Role/Responsibility | | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: |  | | | | | | |
|  |  | | | | | | |
| Address: |  | | | | | | |
|  |  | | |  |  |  |  |
| City: |  | | | State: |  | Zip Code: |  |
|  |  | | |  |  | | |
| Phone: |  | | | Email: |  | | |
|  | |  | | | | | |
| Contact Person and Title: | | |  | | | | |
|  | |  | | | | | |
| Provider Role/Responsibility | | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: |  | | | | | | |
|  |  | | | | | | |
| Address: |  | | | | | | |
|  |  | | |  |  |  |  |
| City: |  | | | State: |  | Zip Code: |  |
|  |  | | |  |  | | |
| Phone: |  | | | Email: |  | | |
|  | |  | | | | | |
| Contact Person and Title: | | |  | | | | |
|  | |  | | | | | |
| Provider Role/Responsibility | | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Will your organization be participating with the local homeless coordinated | | |  | Yes  No |
|  | entry/assessment system? | |  | |
|  |  | | | | |
|  | 1. If No, describe how coordination of services will be handled. | | | | |
|  |  |  | | | |

## Cultural Competency

|  |  |
| --- | --- |
| 1. Explain how your organization will provide culturally competent services that meet the needs of the proposed population. | |
|  |  |

# Section 11: LIHTC Scoring

## Tab 11 Forms

|  |
| --- |
| If applicable, please complete the following Excel Forms and insert them behind Tab 11: |
| * Form 11A 9% LIHTC Scoring Synopsis |
| * Form 11B 4% LIHTC and Bond Scoring Synopsis |

1. Up to 24 months for Transitional housing [↑](#footnote-ref-1)