|  |  |  |
| --- | --- | --- |
| City Logo_2 color.tiff | City of Spokane Community, Housing, and Human Services Department 808 W. Spokane Falls Blvd #650Spokane, WA 99201 | RFP Coordinator:Paul Trautman, Program Managerptrautman@spokanecity.org(509)625-6325<https://my.spokanecity.org/chhs/funding-opportunities/> |

**Community, Housing, and Human Services Department (CHHS)**

**HOME Multifamily Housing Program**

**APPLICATION QUESTIONS**

**Fall 2019**

|  |
| --- |
| **Application Instructions** |
| This application has three parts: a Request for Proposals, these application questions, and Excel spreadsheets. Applicants are encouraged to study all parts for improved opportunity to succeed in this funding competition. Complete each of the following applicable question and forms. Please be concise. If a question is not applicable then identify “not applicable” or “N/A”.Provide one original printed application and one electronic copy to CHHS at the address shown above by the RFP deadline shown on the RFP document. Remember to include all necessary attachments. Emailed and/or mailed applications are accepted but not guaranteed as received by the RFP deadline. Faxed applications are not accepted. Keep a copy for your records. |

**Timeline** *The City reserves the right to revise this schedule.*

|  |  |
| --- | --- |
| August 5, 2019 | Multifamily Housing Program NOFA Released. Materials posted to <https://my.spokanecity.org/chhs/funding-opportunities/>. |
| **October 7, 2019 at 5:00 PM** | **Applications are due to CHHS.** **Late submittals will not be accepted.** |
| October – November 2019 | Applications reviewed.  |
| December 2019 (approximate) | Funding recommendations to CHHS Board and City Council. |

**Application Questions**

## Funding

[ ]  Check this box if you are applying for CHDO reserved funds. A CHDO is a CHHS-certified nonprofit organization with on-staff capacity to own, sponsor, and/or develop affordable rental housing.

[ ]  Check this box if your project includes commercial space. If so, identify the status and source of private funds to pay all costs for the commercial space. Commercial space is not HOME eligible.

|  |  |
| --- | --- |
|  |       |

Describe any unique, uncertain, bridge, complex, or donation funding planned for your project.

|  |  |
| --- | --- |
|  |       |

## Tax Credits

|  |
| --- |
| If your project will utilize Low Income or Historic tax credits then identify: Date of your tax credit application, application status (applied, awarded, declined), credit type (4%, 9%, historic), anticipated credits, anticipated equity, and points score.  |
|  |       |

## DUNS Number & City Business License

|  |
| --- |
| Provide your DUNS Number if you are not an individual. If you don’t have a DUNS Number or active SAM.gov registration then start this process at <http://fedgov.dnb.com/webform/>.  |
|  |       |

Provide your City Business License number.

|  |  |
| --- | --- |
|  |       |

## FHA Insurance

|  |
| --- |
| Will the Project have a loan insured by the Federal Housing Administration (FHA)?  |
|  |       |

## Funding Priority

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| An eligible project must propose at least one HOME unit that meets at least one City Multifamily Housing Program Funding Priority. Indicate which of the following City priorities apply to your project.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | City Priority | Number of City HOME Units  |
|  |  |
|  | [ ]  | Unit(s) at 30% AMI |  |  |
|  |  |
|  | [ ]  | Unit(s) at 50% AMI in City Target Investment Area or Centers & Corridors |  |  |
|  |  |
|  | [ ]  | 3 or more bedroom unit(s) at 50% AMI |  |  |

 |

## Project Description

|  |
| --- |
| Concisely describe your proposed project, including:* If a new construction project: describe the building features, amenities provided, and materials used.
* If an acquisition and/or rehabilitation project: describe the current building condition and amenities; how the project will increase housing affordability; rehabilitation scope of work; and how planned rehabilitation will satisfy Multifamily Housing Program Rehabilitation Standards.
* Identify if state and/or federal prevailing wages will apply to your project.
* What affordable housing demand will your project serve? Why this location?
* Describe current/planned handicap accessibility, including: elevator, accessible ground floor units, total number of Type “A” ADA accessible units, and total number of Section 504 units adaptable for sensory impaired.
* Will a special population be served (e.g., senior, special needs, etc)? Is licensing required and secured? Will the project be any form of non-permanent housing (e.g., transitional, treatment, etc.).
 |
|  |       |

## Property Information

Identify the current owner of the subject property(s). Describe the applicant’s site control and any site control expiration date. Describe existing/proposed onsite amenities.

|  |  |
| --- | --- |
|  |       |

Identify the nearest location of and distance to the following offsite services:

|  |  |  |
| --- | --- | --- |
|  | STA Bus Stop |       |
|  | Grocery Store |       |
|  | Park/Recreation Amenities |       |
|  | Service significant to project residents (e.g., health clinic, food bank, social service office, etc.) |       |

Concisely describe the project site, including:

* Does the project meet current zoning? Is a variance required? Will you meet onsite parking requirements?
* Are changes to parcel boundaries anticipated?
* How is this site adequately sized and located for this project?
* Was a Predevelopment Conference performed? If so, provide the Conference notes.
* Was the property previously developed? Must buildings be demolished? Are potentially historic properties affected?
* Is this site connected to adequate utilities?
* What are potential development obstacles?
* Has an environmental study been completed (attach the report)? Are there potential contaminants such as toxics, asbestos, or lead-based paint?

|  |  |
| --- | --- |
|  |       |

## Onsite Services/Rent Assistance

|  |  |  |
| --- | --- | --- |
| [ ]  Check this box if the project proposes to provide onsite services or project-based rent assistance. Onsite Services: Describe any planned onsite services, identify the funding source for services, identify the entity providing services, and describe that service entity’s commitment to the project. Identify the status, term, revenue, and expense of any contract for onsite services. Describe if any onsite service restricts occupancy to a specific tenant population. Include onsite services revenue and expense in the “Subsidies” and “Operating Pro Forma” tabs in the Excel spreadsheets.

|  |  |
| --- | --- |
|  |       |

 |

Project-Based Rent Assistance: Describe any planned project-based rent assistance and the entity providing these funds. Identify the status, term, and amount of any contract for project-based rent assistance. Describe if rent assistance restricts occupancy to a specific tenant population. Include project-based rent assistance revenue and expense in the “Subsidies” and “Operating Pro Forma” tabs in the Excel spreadsheets.

|  |  |
| --- | --- |
|  |       |

## Capital Needs Assessment (CNA)

|  |
| --- |
| If your project has 26 or more total units then a Capital Needs Assessment is required. Attach a CNA that includes a life cycle analysis and cost estimate for all building elements that covers the entire HOME period of affordability. |
|  |       |

## Relocation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Check this box if your project involves acquisition, renovation, and/or demolition of existing buildings. Are any buildings currently occupied? If so, provide a current tenant roll including unit numbers, occupant names, monthly rent, and tenant-paid utilities. Indicate if occupants are residential or commercial tenants.

|  |  |
| --- | --- |
|  |       |

If a building is occupied, will any current occupant be temporarily relocated or permanently Displaced from the property? If so, complete the Relocation tab in the Excel spreadsheets. Indicate if you have a relocation plan for this project and attach the plan.

|  |  |
| --- | --- |
|  |       |

 |

## City HOME Units

|  |
| --- |
| Identify the number of City HOME units in the project by their corresponding unit size (by bedrooms) and income level (30%, 50%, or 60% AMI).  |
| **List City HOME Units Only** | **Group Home** | **SRO** | **Studio** | **1 BR** | **2 BR** | **3 BR** | **4+ BR** | **TotalUnits** |
| **# Units at 30% AMI** |   |  |  |  |  |  |  |  |
| **Proposed Rents** | $ | $ | $ | $ | $ | $ | $ |  |
| **# Units at 50% AMI** |  |  |  |  |  |  |  |  |
| **Proposed Rents** | $ | $ | $ | $ | $ | $ | $ |  |
| **# Units at 60% AMI** |  |  |  |  |  |  |  |  |
| **Proposed Rents** | $ | $ | $ | $ | $ | $ | $ |  |
| **Total # HOME Units** |  |  |  |  |  |  |  |  |

Are any additional HOME units committed to Spokane County or Washington Commerce HOME funds? If so, indicate the number of these additional HYOME units and status of that HOME funding application.

|  |
| --- |
|       |

## Project Utilities

For the HOME-assisted units, indicate the energy source and who pays for each of the following utilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **HOME Unit Utilities** | **Tenant Pays** | **Owner Pays** | **Energy Source****Electric Natural Gas Other** |
| **Heating** |  |  |   |  |  |
| **Cooking** |  |  |  |  |  |
| **Water Heating** |  |  |  |  |  |
| **General Electric** |  |  | X |  |  |
| **Water/Sewer/Garbage** |  |  |  |  |  |
| **Range Supplied By:** |  |  |  |  |  |
| **Refrigerator Supplied By:** |  |  |  |  |  |

Identify the source of utility costs shown in your Operating Pro Forma Excel spreadsheet. For example, HUD Utility Model, actual costs, engineer’s estimate, or recent project (cite address and project similarities).

|  |
| --- |
|       |

#

# Project Plans

## Affirmative Marketing Plan

[ ]  Check this box if this project proposes 5 or more HOME-assisted housing units.

Projects with 5 or more HOME-assisted units must provide an Affirmative Marketing plan describing methods to encourage rental applications from low-income households less likely to apply for high-quality yet affordable housing. Attach your Affirmative Marketing Plan to this application, if applicable.

Applicants are encouraged to complete form HUD-935.2a “Affirmative Fair Housing Marketing Plan” available at <https://www.hud.gov/sites/documents/935-2A.PDF>.

Applicants can also create their own Affirmative Marketing plan that includes, at minimum:

* Efforts to attract minority applicants
* Methods to advertise vacancies including displaying “EHO” or HUD’s Fair Housing logotype
* Identify the location where you will display HUD’s Fair Housing poster
* Marketing strategies to reach applicants less likely to apply for high-quality yet affordable housing
* Affirm project’s commitment to accept all forms of public rent assistance
* Sources of Fair Housing training for project management staff

## Management Plan

All projects must have a management plan describing how the sponsor will manage property maintenance, project finances, and HOME affordable housing compliance. How will project ownership interact with project management, building maintenance, and project finances? Describe how management complies with Fair Housing and nondiscrimination laws, include project lease terms/house rules, and how property management will address rent collection. Identify employees or positions with management responsibility. Attach your Management Plan to this application.

## Tenant Selection Plan

All projects must have a tenant selection plan describing how the project will advertise vacancies, keep/maintain a tenant wait list, criteria to identify qualified tenants, communicate with non-English-speaking applicants, and fill vacant units with the first qualified wait list applicant. The Tenant Selection plan can be incorporated into a project’s Affirmative Marketing Plan or Management Plan. Attach your Tenant Selection Plan to this application.

# Personal Financial Statement

# PERSONAL FINANCIAL STATEMENT AS OF       (date)

**This form should be completed if the Applicant is an individual, sole proprietorship, or partnership with individuals as partners.** CORPORATIONS DO NOT COMPLETE THIS FORM. The Co-Borrower section and all other Co-Borrower questions must be completed and the appropriate space(s) checked if another person will be jointly obligated with the Applicant. Please provide information about your spouse if you are married and living in Washington, Idaho, or another community property state, or if your spouse will jointly own the property. Married couples with marital property held as separate property should designate which is community property and which is separate property. Separate forms should be submitted for each person who is listed as an owner of the property. Other comparable forms can be used.

# APPLICANT OTHER PARTY INFORMATION

|  |  |
| --- | --- |
| Name of individual as: [ ]  Borrower, or [ ]  Partner of Borrowing Entity       | Name of Individual: [ ]  as Co-Borrower: [ ]  Not as Co-Borrower:       |
| Current Address:            | Current Address:            |
| Previous Address (if current is less than 2 years):            | Previous Address (if current is less than 2 years):           |
| Phone: Residence:       Business:       | Phone: Residence:       Business:       |
| Employer:       | Employer:       |
| Years with Employer:    | Years with Employer:    |
| Position:       | Position:       |

# FINANCIAL PROFILE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assets | Current Value | Liabilities | Balance Owing | **Minimum Monthly Payments** | Term Remaining |
| **Cash** | $       | **Mortgage Loans/Rent\*** | $       | $       |        |
| **Listed Stocks/Bonds (attach schedule)** | $       | **Bank Loans** | $       | $       |        |
| **Unlisted Stocks/Bonds (attach schedule)** | $       | **Bank Cards** | $       | $       |        |
| **Loans/Accounts Receivable** | $       | **Other Credit Cards** | $       | $       |        |
| **Cash Value of Life Insurance** | $       | **Other Loans (list or attach schedule)** | $       | $       |        |
| **Principal Residence** | $       | $       | $       | $       |        |
| **Other real estate (complete or attach schedule)** | $       | $       | $       | $       |        |
| **Vehicle(s)** | $       | $       | $       | $       |        |
| **Other personal property** | $       | $       | $       | $       |        |
| **Other Assets (describe)** | $       | Total Liabilities | $       | $       |        |
|  | $       | **Net Worth** | $       | $       |        |
| Total Assets | $       | **Total Liabilities & Net Worth** | $       | $       |        |

\*PROVIDE DETAIL ON NEXT PAGE

**SCHEDULE OF REAL ESTATE OWNED**

**(If additional properties owned, attach separate schedule)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address of Property** | **Type of Property** | **Present Market Value** | **Amount of Liens/****Mortgage** | **Gross Rental Income** | **Mortgage Payments** | **Taxes, Insurance, Maint, etc.** | **Net Rental Income** |
|  | **Personal Residence** |  |  | **N/A** |  |  | **N/A** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

OTHER INFORMATION

|  |
| --- |
| * If married and residing in a community property state, have you entered into a separate or community property agreement with your spouse? Yes [ ]  No [ ]
* Are any of the listed assets held in trust? Yes [ ]  No [ ]
* Do you have any contingent liabilities? Yes [ ]  No [ ]
* Have you ever declared bankruptcy? Yes [ ]  No [ ]
* Are you a defendant in a legal action or suit? Yes [ ]  No [ ]
* Are you a guarantor on any debt? Yes [ ]  No [ ]
* If you answered “yes” to any of the above questions, please explain:

      |

I have answered the questions on this financial statement fully and truthfully. I understand that you may check my credit record regarding any statements I have made. I give all my creditors permission to give credit reporting agencies and other creditors information relating to any credit you may grant me. All information given is as of this date unless otherwise stated.

Signature: Date:

Other Party Signature: Date:

# CHHS Pre-Award Risk Assessment

**All applicants must complete this risk assessment. Provide responses for the project sponsor.**

Project Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Systems

1. Does sponsor’s organization/entity have experience managing grant funds, loans, or other types of financial assistance? Y/N

If so, list the type of funds managed (Federal, State, Local, or Foundation) and how many years managing each type.

1. Has sponsor changed key staff or positions in the past 12 months?

Executive Management Y/N
Financial Y/N
Program Y/N

1. Has sponsor changed business systems in the past 12 months?

Financial system Y/N
Policies & Procedures Y/N

Data Collection Y/N

1. Does sponsor have policies and procedures for the following? (if yes, attach)

Procurement Y/N
Drug Free Work Place Y/N
Conflict of Interest Y/N
Financial Management\* Y/N
Property/Equipment Management and Disposition Y/N
Retention of Records Y/N
Equal/Civil Rights Y/N

\*Financial Management Policy and procedure include those specific to recording financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions, and maintenance of accounting records.

Audit Reports and Findings

1. Did sponsor expend $750,000 or more in federal grant funds in the previous fiscal year?
2. Has sponsor had a Single Audit or other financial audit in the last 12 months? If yes, attach full audit report including corrective action plans as applicable.
3. Did sponsor have any monitoring visits by funders other than the City in the last 12 months? If yes, attach a copy of the report(s).

Financial Stability

1. Does sponsor have an accounting system in place to segregate expenditures by funding source?
2. Does sponsor’s accounting system produce a budget vs. expenditures report?
3. Does sponsor maintain central files for grants, loans, or other types of financial assistance?
4. Does sponsor have a system for tracking employee time and effort distributions specifically by cost objective/activity?
5. Does sponsor allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.

Performance History

* + - 1. Has sponsor been awarded other grants, loans or other types of financial assistance in the past 12 months? Y/N

If yes, from what entity and how much? Please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Conflict of Interest Disclosure

I recognize that the City may disqualify a project based upon a conflict of interest, which has not been fully disclosed and/or addressed to the satisfaction of the City.

       I hereby certify that there are not conflicts of interest in the proposed project.

       I hereby disclose the following conflict(s) of interest. I have listed all conflicts

 of interest regarding this project here or on an additional sheet.

 1. Name of individual

 Relationship to sponsor/owner/project

 Relationship to City/County

 2. Name of individual

 Relationship to sponsor/owner/project

 Relationship to City/County

 3. Name of individual

 Relationship to sponsor/owner/project

 Relationship to City/County

 Signature Date

 **AGREEMENT OF INDIVIDUALS WITH A CONFLICT OF INTERESTS**

 Individual(s) with a Conflict of Interest **must** sign below.

 I have read and understand the information regarding conflicts of interest contained in the Multifamily Housing Program RFP and agree to abide by any additional requirements to address any conflict of interest.

 1) Individual Date

 2) Individual Date

 3) Individual Date

 4) Individual Date

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

# Recommended Attachments

Attach the following documents, as applicable.

## Project Documents

[ ]  Funding commitment letters

[ ]  Market Study

[ ]  Development Consultant Agreement

[ ]  Resumes of Management and Development Team Members

## Property Information

[ ]  Appraisal

[ ]  Title Report

[ ]  Construction Cost Estimate

[ ]  Capital Needs Assessment

[ ]  Documentation of Site Control

[ ]  Phase I Environmental Site Assessment, if available

[ ]  Limited surveys for asbestos, lead, or mold for acquisition projects, if available

[ ]  Site Plan and Drawings

## Organization Documents

[ ]  Board resolution or minutes authorizing this application

[ ]  501(c)(3) if a nonprofit organizations

[ ]  City Business License

[ ]  Affirmative Marketing Plan or Form HUD935.2a

[ ]  Management and Tenant Selection Plan(s)

[ ]  Tenant Lease and House Rules

## Financial Documents

[ ]  Audit reports for last two fiscal years

[ ]  Tax returns for two most recent tax years

# Applicant Assurances

The undersigned has applied to City for federal HOME Program financing, as indicated in this Application, and is to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this Application and the attachments are true and made for the purpose of obtaining the loan. Verification and other relevant information may be obtained from any source named in this Application and/or in attachments. The City is authorized to discuss and/or show this Application and information contained herein, or in the exhibits and attachments hereto, with any necessary party referenced herein and/or involved in the Multifamily Housing Program.

The undersigned agrees to comply with all applicable Multifamily Housing Program, local, state, and federal requirements. The undersigned assumes responsibility for obtaining bids and selecting and utilizing contractors. Consideration of businesses owned by minority, women, and Section 3 Business Concern is required (CHHS can provide a listing of these businesses). The City may review contractor selection procedures and contracts prior to execution to ensure federal compliance. The project cannot contract with contractors on the SAM.gov list of debarred, suspended, and ineligible contractors. The City does not warrant the performance of any contractor.

The undersigned understands that the Application and other materials submitted may be disclosed if required by the Washington Public Disclosure Act, Chapter 42.17 RCW.

This is an Application for financing, not a binding contract. This Application may be denied, set aside pending receipt of additional information, or recommended for approval. Financing terms offered may differ from those that were requested. A commitment for financing, if issued by City, will only be expressed in a separate written conditional loan commitment after full consideration of this application and incorporation of the recommendations of an advisory committee(s).

Failure to comply with all terms of the Agreements during the period of affordability may result in repayment of all City/federal funds received for the project.

Original signature of authorized official.

Signature Title       Date

*The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.*

*We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, creed, sex, age, marital status, national origin, or handicap.*

# Application Survey

The following questions are intended to help us improve our application process. Please indicate your agreement/disagreement with the following statements. Your responses will not impact the evaluation of your application in any way. Feel free to provide additional information or suggestions. You may also contact the RFP Coordinator with your questions, comments, or suggestions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| The application instructions were clear. |  |
|  |  |
| The application questions were easily understood |  |
|  |  |
| I was able to receive the assistance I needed from City staff to complete the application. |  |
|  |  |
| I had adequate time to prepare the application prior to the deadline. |  |
|  |  |
| Given program requirements, the application process was reasonable. |  |

Additional Comments:

|  |
| --- |
|       |