**Rental Housing Development at CHHS Property**

**2016 Spring**

**APPLICATION**

Note that this Application only relates to rental housing development at 2418 E 4th, 611 S Scott, and 1808 E 1st, which are currently owned by the City. A separate application must be completed for each property. The property may not be used for commercial, industrial, or agricultural purposes. Any common areas will be restricted to tenant use.

This application uses forms from the Combined Funders Application, which is used by a number of Washington public funders. These forms have been modified, so DO NOT use these forms if you are applying to another program that requires the Combined Funders Application. The forms were designed for multi-unit projects with complex financing, so only complete that which logically applies to a small project. Some forms, such as those related to Relocation or Low-Income Housing Tax Credits, have been moved to the end of the Excel workbook and should not be completed. (In the workbook, these tabs are labeled with an NA after them, for “not applicable”, and include 2C NA, 4 NA, 6C NA, 6D NA, 7B NA, 11A NA, 11B NA and Definitions.)

# Application Components:

The Application has four parts, all of which must be submitted for an application to be reviewed:

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.” The file has had “Restrict Editing” enabled –commonly referred to as “locked” - to facilitate the proper functioning of checkboxes and dropdown menus. There is no password – you may unlock the document freely if you so wish.

1. **Project Workbook**

This is an MS Excel document that is divided into “Forms.” For example, Form 1A is “Project Summary*”* and Form 1B is “Unit Configuration and Affordability.” 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 use the Combined Funder Application have additional needs specific to their funding sources. This information is attached as a separate addendum

# Application Assembly:

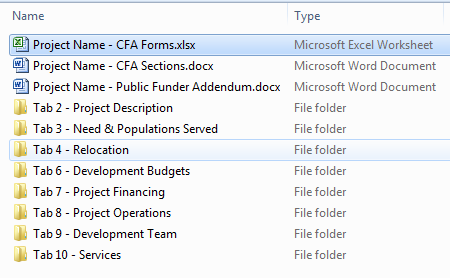
The Application must be submitted in both hard copy and electronic copy format by the application deadline to be considered “complete.” The hard copy should include the entire application, tabbed, with all required attachments. Pre-punch the top of the application, which we will sort into a working file. Do not spiral bind your application.

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**.
   4. Note: The original application had 11 parts. Sections 4 and 11 and Forms 4 and 11 are not used in this application. The numbering has not been changed due to the interdependencies of the worksheet formulas.

## 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.

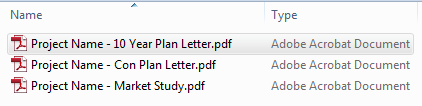
When compiling the CD or flash drive, please order folders according to the Application Checklist. Please refer to the following visual as a guide:



### 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

|  |  |  |
| --- | --- | --- |
| **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 |
| **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 |
|  | Documentation of Site Control |
|  | Title Report |
|  | Outline Specifications |
|  | Site Plan of Off-Site Improvements, if any |
|  | Limited survey for Asbestos, Lead and Mold, if Rehab of Existing |
|
|
|
|
|  |  |

## Tab 3: Need & Populations Served

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

## Tab 4: Relocation (This Tab is not applicable for this application.)

## 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** |  | Not applicable for this application. |
| **Attachments** |  |  |
|  |  | 3rd Party Construction Cost Estimate |
|  | Capital Needs Assessment (if available) |
|  |  |

## Tab 7: Project Financing

|  |  |  |
| --- | --- | --- |
| [**Section 7**](#_Section_7:_Project) |  | Project Financing |
| **Form 7A** |  | Financing Sources |
| **Attachments** |  |  |
|  |  | Funding Commitment Letters |
|  | Letters for Committed Donations (including Sponsor Donations) |
|  |  |

## 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) |
|  | 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. |
|  | Tax return 990 forms for the last two years |

## Tab 10: Services

|  |  |  |
| --- | --- | --- |
| NOTE: *the City of Spokane (City) 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 |
|  | Services funding commitment letters |
|  | On-site services partnership letter (*if applicable*) |

## Tab 11: LIHTC Scoring (required only if Project includes Tax Credit financing) (This Tab is not applicable for this application)

|  |
| --- |
| ***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:** |  | |  |  |  |  | |

# Section 1: Project Summary

## HOME units

|  |  |
| --- | --- |
| 1. Specifically identify the HOME units and proposed income levels in your project. Provide the units size (by bedroom count) and income level targeted (e.g., 30% AMI, 50% AMI, or market) for each unit size. For example, 1) 2 three-bedroom units, including one at or below 30% AMI and one at or below 50% and 2) 1 four-bedroom unit at or below 50% AMI. This information must match the assumptions in the operating budget. | |
|  |  |

## DUNS Identifier

|  |  |
| --- | --- |
| 1. Provide your DUNS Identifier, if you are not an individual. If you do not have a DUNS Identifier at the time of application, it is required for federal funding and must be obtained before your loan is documented. You may request a number at: <http://fedgov.dnb.com/webform/> Contact Paul Trautman at 509.625.6325 for assistance. Successful applicants will also have to register on the federal System for Award Management at [www.sam.gov](http://www.sam.gov). | |
|  |  |

## FHA Insurance

|  |  |
| --- | --- |
| 1. Will the Project have a loan insured by the Federal Housing Administration (FHA)? If yes, provide detail. | |
|  |  |

## Community Housing Development Organization

|  |  |
| --- | --- |
| 1. If you are a nonprofit housing developer, have you ever qualified as a Community Housing Development Organization (CHDO)? If so, note when the CHDO was last certified and by what HOME participating jurisdiction(s). Contact Melora Sharts at 509.625.6840 for the application to qualify as a CHDO under the HOME regulations. Note that CHDO requirements recently changed and a CHDOs must be recertified each time it is allocated funds. | |
|  |  |

## Tab 1 Forms

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

# Section 2: Project Narrative

|  |  |
| --- | --- |
| 1. Please provide a concise summary description of the proposed project. Briefly touch on target population, tenant services (if applicable), and any other significant project, program or design features. 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.) | |
|  |  |

|  |  |
| --- | --- |
| 1. Provide a detailed description of the proposed design, construction, rehabilitation, and/or other improvements. Include a description of how the design of the project will meet the needs of targeted populations. | |
|  |  |

|  |  |
| --- | --- |
| 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. | |
|  |  |

## 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. | |
|  |  |

## On-Site Amenities

|  |  |
| --- | --- |
| 1. Please describe any on-site amenities, including any project characteristics that address special needs of the population you intend to serve: | |
|  |  |

## Neighborhood/Off-Site Amenities

|  |  |
| --- | --- |
| 1. Briefly describe the property location, neighborhood, transportation options, local services, and amenities adjacent to the property. | |
|  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1. For family and youth projects, please list nearest schools: | | | |
| School Name | Grades | Address | Distance from Development |
| 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 Development |
| 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?[[1]](#footnote-1) | Distance from Development |
| 1. |  |  | Yes  No |  |
| 2. |  |  | Yes  No |  |
| 3. |  |  | Yes  No |  |
| 4. |  |  | Yes  No |  |

## Potential Development Obstacles

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. 7. | Are there any known issues or circumstances that may delay the project? | | | Yes  No |
|  |  | | |
|  | 1. If yes, list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues: | |  | |
|  |  |  | | |

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

## 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Rehabilitation Standards. | |
|  |  |

## Historical Elements

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

## Environmental

|  |  |
| --- | --- |
| 1. 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. | |
|  |  |

## 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) |

## Tab 2 Attachments

|  |  |  |
| --- | --- | --- |
|  |  | Preliminary Drawings and Site Plan:   * For New Construction projects, include elevations, typical floor plans, descriptive building sections, site plan, and roof plan. |
|  | Title Report, if available |
|  | Outline Specifications |
|  | Photos of Proposed Site(s) |
|  | Site Plan of Off-Site Improvements |
|  |  |
|  |  |

# Section 3: Need & Populations Served

## Population Narrative

|  |  |
| --- | --- |
| 1. Describe the target population(s) to be served. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe existing partnerships or specific activities that will be undertaken to improve health, education, and employment outcomes for project tenants. | |
|  |  |

## Special Needs

|  |  |
| --- | --- |
| 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*. | |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | If Special Needs populations will be served, will the project require licensing? | | | | | Yes  No |
|  |  | | | | |
|  | 1. If yes, current status of license: | | | | | |
|  |  |  | Approved | | | |
|  |  |  | Pending approval, date expected (mm/dd/yyyy) | mm/dd/yyyy |
|  |  |  | Other (please explain) | | | |
|  |  |  |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Is your organization working with a referral service entity on this project? | | | Yes  No |
|  | | |  | |
|  |  | | |  | |
|  | 1. State the name of the referral entity: | | |  | |

|  |  |
| --- | --- |
| 1. If a working arrangement with a referral service entity has not been established, briefly state why not. | |
|  |  |

## Homeless

|  |  |  |
| --- | --- | --- |
|  | Will this project serve homeless individuals and/or families? | Yes  No |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Does your organization and/or your partnering service provider currently participate | | | | |  | Yes  No  n/a |
| in your local Homeless Management Information System? | | | |  | |
|  |  |  | | | | |
|  | 1. If not, when do you expect to begin? (mm/dd/yyyy) | |  | |

## Services

|  |  |  |
| --- | --- | --- |
|  | Will this project provide services (e.g. child care, case management, transportation)? | Yes  No |
|  |  |

*If yes, you must complete the Services portion of this application (Tab 8: Form 8D and Tab 10: Section 10)*

## 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 |
|  |  | 10 Year Plan to End Homelessness |
|  |  | Regional Support Network (RSN) |
|  |  | Comprehensive plan/Housing element |
|  |  | Other: |
|  |  |  |
| 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

|  |  |  |
| --- | --- | --- |
|  | Is a market study being done, or has one been done, for this project? | Yes  No |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. If a market study has been done, provide the information requested below: | | | | | | | | | | | |
|  |  | Date of market study (mm/dd/yyyy): | | | | 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. Please describe the market demand for the proposed units referencing specific data from the Market Study, current or changing neighborhood characteristics, waiting lists, 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 |

## Tab 3 Attachments

|  |  |  |
| --- | --- | --- |
|  |  | Market Study, if available |
|  |  |
|  |  |

# Section 4: Relocation (Not applicable for this application.)

# Section 5: Project Schedule

## Tab 5 Form

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

# 

# Section 6: Development Budget Narrative

## Development Budget Narrative

|  |  |
| --- | --- |
| 1. Please provide a narrative description regarding the development budget. Please explain the choices the development team has made around cost as they relate to both opportunities for savings and long-term project sustainability. | |
|  |  |

|  |  |
| --- | --- |
| 1. Describe the sponsor’s strategy for managing the use of any proposed contingencies. | |
|  |  |

|  |  |
| --- | --- |
| 1. Explain the reasons for any proposed capitalized reserves in excess of 6 months of operating expenses. | |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Do the submitted budgets take into account Prevailing Wage? | | | Yes  No  n/a |
|  |  | | |
|  | 1. If so, what wage rates were used? | |  | |
|  |  | | | |
|  | 1. If not, or if Prevailing Wage rates were determined not to apply, explain why not. 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. Describe how you plan to address WMBE and Section 3 goals in your procurement process for construction and non-construction contractors. 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. | |
|  |  |

## Construction Cost Estimate

|  |  |
| --- | --- |
| 1. 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. | |
|  |  |

|  |  |
| --- | --- |
| 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. RESPONSE NOT NEEDED FOR THIS APPLICATION. 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? | |
|  |  |

*\*\* Note that 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. Owners are expected 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.*

|  |  |
| --- | --- |
| 1. If you request more that the local program’s per unit limits, explain your need for additional local funds. | |
|  |  |

## 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 5C: Fee schedule-NOT NEEDED FOR THIS APPLICATION |

## Tab 6 Attachments

|  |  |  |
| --- | --- | --- |
|  |  | 3rd Party Construction Cost Estimate |
|  | Capital Needs Assessment and Lifecycle Cost Analysis |
|  | Appraisal or Property Tax Assessment |

# 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 7. What lenders have you spoken with about this project or about current loan terms? | |
|  |  |
|  | |
|  |  |

## 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? | |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Will there be a capital campaign consultant? | | Yes  No |
|  |  | |
|  |  | | |
|  | 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. | | |
|  |  |  | |

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

## Alternative Funding Sources

1. RESPONSE NOT NEEDED FOR THIS APPLICATION. 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. RESPONSE NOT NEEDED FOR THIS APPLICATION. List funding sources you applied for that you did not receive. Describe why the funding application was unsuccessful.

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

1. RESPONSE NOT NEEDED FOR THIS APPLICATION. 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 NOT NEEDED FOR THIS APPLICATION. |

## Tab 7 Attachments

|  |  |  |
| --- | --- | --- |
|  |  | Funding Commitment Letters |
|  | Letters for Committed Donations (including Sponsor Donations) |
|  | Capital Campaign Plan, if funding includes a Capital Campaign |

# 

# Section 8: Project Operations

## Rental Assistance

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

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

|  |  |  |
| --- | --- | --- |
| 1. If yes to either of the above, indicate the type of rental assistance: | | |
|  |  | Section 8 New Construction / Substantial Rehabilitation |
|  |  |  |
|  |  | Section 8 Certificates |
|  |  |  |
|  |  | 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: |  |

## 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 |

## Tab 8 Attachment

|  |  |  |
| --- | --- | --- |
|  |  | Documentation of utility allowance calculations and schedule |

# 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 of development tasks since your organization last completed a housing development project, please describe how you are supporting and training development team staff in their new roles. | |
|  |  |

## Organizational History

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Sponsor Organization Type: | | |  |
|  | If other, please specify: | | |
|  |  |  | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Is the sponsor organization currently engaged in any project workouts? | | | | Yes  No |
|  |  | | | |
|  |  | |  | | |
|  | 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 an effective board. | |
|  |  |

|  |  |
| --- | --- |
| 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) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Were there any findings? | | | | Yes  No |
|  |  | | | |
|  | 1. If so, please describe the nature of the findings: | | | | |
|  |  | |  | | |
|  |  | | | |  |
|  |  | Have these findings been resolved? | | | Yes  No |
|  |  | | |
|  |  | | 1. 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. |  |  |
| 4. |  |  |

## 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): | | |
|  |  |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 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): | | | | mm/dd/yyyy |
|  | | | |  | | |
|  |  | | | | | |
|  |  | |  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Ownership Entity | | | | | | | | | |
|  | Name: |  | | | | | | | |
|  |  |  | | | | | | | |
|  | Address: |  | | | | | | | |
|  |  |  | | |  |  | |  |  |
|  | City: |  | | | State: |  | | Zip Code: |  |
|  |  |  |  |  | | | | | |
|  | Phone: |  | E-mail: |  | | | | | |
|  |  |  |  | | | |  | | |
|  | Fax: |  | Federal Identification Number: | | | |  | | |

|  |  |
| --- | --- |
| 1. State of Incorporation/Formation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Fiscal Year: |  | to |  |

|  |  |
| --- | --- |
| 1. Accounting Method of Partnership |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Is the relationship between the ownership entity and sponsor expected to | | | |  | Yes  No  n/a |
| change over time? | | |  | |
|  | 1. How will the relationship change? | | | | |
|  |  |  | | | |

## Property Management

|  |  |
| --- | --- |
| 1. Describe the working relationship between 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 your organization’s experience with income verification including information collected, required documentation, and third party verifications. | |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Will management be provided on site? | | | | | Yes  No |
|  | |  | | | | |
|  | 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. 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 |

## Tab 9 Attachments

|  |  |  |
| --- | --- | --- |
|  |  | Development Consultant Agreement |
|  | Signed board resolution authorizing application submittal (if applicable) |
|  | Secretary of State certification of existence (RCW 24.03) |
|  | 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. |
|  | Tax return 990 forms for the last two years |

# Section 10: Services (when applicable)

|  |  |
| --- | --- |
| 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, Question 6 you indicated that your organization is working with a referral agency, describe their focus and service areas: | |
|  |  |

|  |  |
| --- | --- |
| 1. If in Section 3, Question 6 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[[2]](#footnote-2) (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. | |
|  |  |

## Tab 10 Attachments

|  |  |  |
| --- | --- | --- |
|  |  | Memorandum/Memoranda of Understanding |
|  | Services funding commitment letter(s) |
|  | On-Site Services Partnership Letter (if applicable) |

Section 11: LIHTC Scoring – Not applicable for this application.

1. [↑](#footnote-ref-1)
2. Up to 24 months for Transitional housing [↑](#footnote-ref-2)