

FY 2020 CDBG AND HOME REQUEST FOR PROPOSALS FOR PERMANENT HOUSING EVALUATION CRITERIA AND APPLICATION

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Applications will be reviewed and scored based on the following four evaluation criteria. Each criterion is assigned a maximum number of points as shown below.

Criterion 1 Demonstration of Need	0 – 20 Points
Criterion 2 Project Preparation, Innovation, and Collaboration	0 – 25 Points
Criterion 3 Management Capacity and Real Estate Experience	0 – 25 Points
Criterion 4 Capacity for Project Financing and Leveraging	0 – 30 Points
TOTAL	0 – 100 Points

FY 2020 CDBG AND HOME EVALUATION CRITERIA

1. DEMONSTRATION OF NEED

Maximum Points Possible: 20 Points

Proposal indicates which Consolidated Plan and Housing Blueprint objectives the applicant's project is designed to meet. All households must be low-income households (at or below 80% AMI), but proposal specifically focuses on Consolidated Plan Goals and Objectives 1 through 3.

1. To end homelessness in 10 years.
2. To provide affordable options to special needs populations.
3. To meet the affordable housing needs of low-income working families.

For the purposes of this RFP, special needs are defined as the following:

- Elderly persons ages 62 and older earning at or below 30% of AMI;
- Youth transitioning out of foster care earning at or below 60% of AMI;
- Homeless (or at-risk of homelessness) earning at or below 60% of AMI;
- Persons with disabilities (physical, mental, or sensory) earning at or below 60% of AMI;
- Veterans earning at or below 60% of AMI; and
- Survivors of domestic violence earning at or below 80% of AMI.

Category	Guidance	Points Available
Target Population	Proposal clearly describes the targeted population to be served and explains how their needs will be served through this project.	0 to 5
Target Household AMI	All households served must be at or below moderate income (80% or below AMI). Higher Points: 60% or below AMI Highest Points: 30% or below AMI	0 to 5
SNP: Elderly	Project will serve elderly persons ages 62 and up earning 30% or below AMI	0 to 1
SNP: Youth	Project will serve youth transitioning out of foster care earning 60% or below AMI	0 to 1
SNP: Homeless	Project will serve homeless or at-risk homeless residents earning 60% or below AMI	0 to 1
SNP: Disabilities	Project will serve persons with disabilities (physical, mental, or sensory) earning 60% or below AMI.	0 to 1
SNP: Veterans	Project will serve veterans earning 60% or below AMI.	0 to 1
SNP: Domestic Violence	Project will serve survivors of domestic violence earning 80% or below AMI.	0 to 1
Proximity to Public Transportation and Active Retail and Recreation	Project provides residents with direct access to public transportation as well as active retail and recreation.	0 to 2
Supportive Services and Case Management	Project provides for supportive services and adequate case management, if necessary.	0 to 2
Total		0 to 20

2. PROJECT PREPARATION, INNOVATION, AND COLLABORATION

Maximum Points Possible: 25 Points

Proposal provides evidence that the applicant is knowledgeable about housing in the proposed project area and has identified (or will identify) possible sites. Applicant will complete the acquisition, development, and rehabilitation of the project, as applicable, and be fully occupied no later than 24 months from the date of the FCRHA grant award.

Category	Guidance	Points Available
Housing Knowledge in Targeted Area	Proposal shows that applicant is knowledgeable about housing in proposed project area(s)/ neighborhood including extent of concentration of low-income residents and concentration of affordable housing.	0 to 5
Plan and Project Completion Timeline for Acquisition, Development, Rehabilitation, and Occupancy	<p>Proposal presents a clear and reasonable acquisition/development/rehabilitation and occupancy management plan for how to accomplish project goals. Projects proposing new construction must have a plan for completion.</p> <p>Proposal provides evidence that project will be completed and fully occupied within 24 months from the date of the FCRHA grant award and describes a realistic plan for occupancy to include prospective sources of eligible tenants. If in partnership with another organization or other resources to help recruit tenants, include written letter of support or agreement.</p> <p>Higher Points: Complete the acquisition and rehabilitation by June 30, 2020 and be fully occupied within 9 months from the date of the FCRHA grant award.</p> <p>Highest Points: Complete the acquisition and rehabilitation by April 24, 2020 and be fully occupied within 6 months from the date of the FCRHA grant award.</p>	0 to 10
Site Identification	<p>Applicant has identified a potential project site (address, tax parcel ID)</p> <p>Highest points: Signed contract.</p>	0 to 5
Project Innovation and Collaboration	Project is innovative in nature (green/energy efficiency standards, new housing structure technologies), integrates housing project management technology (HMIS, YARDI®), or project utilizes multiple resources and collaborates with other organizations in order to maximize benefit to the end consumer.	0 to 5
Total		0 to 25

3. MANAGEMENT CAPACITY AND REAL ESTATE EXPERIENCE

Maximum Points Possible: 25 Points

Proposal demonstrates organizational capacity to successfully complete project activities and its objective(s), from acquisition, development, and rehabilitation through occupancy. Applicant will complete the development, acquisition, and rehabilitation of the project, as applicable, and be fully occupied no later than 24 months from the date of the FCRHA grant award. Applicant also demonstrates ability to meet ongoing 30-year affordability program requirements.

Category	Guidance	Points Available
Organizational Experience in Owning and Managing Real Estate	Proposal demonstrates successful track record as evidence of adequate organizational experience in owning and managing real estate. If the non-profit applicant does not have an established track record, the organization is partnered with another non-profit organization with applicable experience.	0 to 5
Staff Experience with Acquisition, Development and Rehabilitation Work	Description of staff involved and their expertise as it pertains to project activities.	0 to 5
Staff Experience with Proposed Project's Ongoing CDBG and HOME Compliance and Program Requirements	Description of staff involved and their expertise as it pertains to project activities relative to CDBG and HOME program compliance and program management.	0 to 5
Previous Project Completion Experience (acquisition, development, rehabilitation, and recruiting beneficiaries)	Proposal describes how the organization has previously met similar-type project completion deadlines in the last 5 years, including previous DHCD or CCFP affordable housing project awards, if applicable.	0 to 5
On-going Monitoring and Compliance Capacity	Applicant describes a plan for operating, monitoring, and preserving the property during the 30-year affordability period, specifically monitoring affordability, rent, income, and property standards in compliance with CDBG and HOME, as well as FCRHA requirements, as applicable. Evidence that there has been no past default with FCRHA loans with existing borrower applicants.	0 to 5
Total		0 to 25

4. CAPACITY FOR PROJECT FINANCING AND LEVERAGING

Maximum Points Possible: 30 Points

Proposal provides evidence that the organization is fiscally sound, estimated project costs are realistic, project financing and monthly operating plans are feasible, and financing sources are committed or secured. Proposal identifies additional resources other than county funds or county contributions that can help support the proposed project. Resources may include volunteers, in-kind contributions, cash donations, goods, supplies and services donations, grants and/or contracts. The project must be able to build and maintain adequate operating, maintenance, and capital replacement reserves.

Category	Guidance	Points Available
Fiscal Condition and Financing Stability	Applicant provides evidence of a sound fiscal condition, financial stability of their organization, and their ability to carry out this project.	0 to 5
Project Costs and Financing	Estimated project costs and financing are clearly described, documented, and reasonable for type of project.	0 to 5
Project Cash Flow and Pro Forma	Operating budget plans are feasible and show a positive annual cash flow that demonstrates ability to achieve 30-year affordability.	0 to 5
Leveraging	<p>Financing other than county funds has been committed or secured.</p> <p>Higher Points: Applicant's first lender has provided a pre-approval letter demonstrating that applicant can likely secure additional project financing. Between the first trust and any additional equity or other financing secured by the applicant, all other non-CDBG and non-HOME project financing sources have been identified in writing.</p> <p>Highest points: Applicant demonstrates additional written commitments of at least 20% of non-county resources to be used towards the total estimated project costs from all sources.</p>	0 to 10
Operating, Maintenance and Capital Replacement Reserves (post-closing)	The proposal describes how the organization will build and maintain adequate operating (if a vacancy occurs), maintenance, and capital replacement reserves during the 30-year affordability period.	0 to 5
Total		0 to 30

4. CAPACITY FOR PROJECT FINANCING AND LEVERAGING - MULTIFAMILY

Maximum Points Possible: 30 Points

Proposal provides evidence that the organization is fiscally sound, estimated project costs are realistic, project financing and monthly operating plans are feasible, and financing sources are committed or secured. Proposal identifies additional resources other than county funds or county contributions that can help support the proposed project. Resources may include volunteers, in-kind contributions, cash donations, goods, supplies and services donations, grants and/or contracts. The project must be able to build and maintain adequate operating, replacement, and maintenance reserves.

Category	Guidance	Points Available
Fiscal Condition and Financing Stability	Applicant provides evidence of a sound fiscal condition and financial stability of their organization.	0 to 5
Development Characteristics	Universal design, Earthcraft or LEED Certified in up to 10% of the units.	0 to 5
Project Cash Flow and Pro Forma	Operating budget plans are feasible and show a positive cash flow of operating revenue for 15 years and will achieve this throughout the 30-year affordability period.	0 to 5
Project Costs and Financing Leveraging	<p>Estimated project costs and financing are clearly described. Financing other than county funds has been committed or secured.</p> <p>Documentation identifies proposed project financing. More points given if there is existing subsidies in the project.</p> <p>Higher Points: Applicant's first lender has provided a pre-approval letter demonstrating that applicant can likely secure additional project financing. Between the first trust and any additional equity or other financing secured by the applicant, all other non-CDBG and non-HOME project financing sources have been identified in writing.</p> <p>Highest points: Applicant demonstrates additional commitments of 3:1 leveraging or at least 20% of non-county resources to be used towards the total estimated project costs from all sources.</p> <p>Applicant provides subsidy layering analysis to be reviewed.</p>	0 to 10
Operating, Maintenance and Capital Replacement Reserves	The proposal describes how the organization will build and maintain adequate operating (if a vacancy occurs), maintenance, and capital replacement reserves during the 30-year affordability period.	0 to 5
Total		0 to 30

APPLICATION INSTRUCTIONS

Application Submission

Applications must be received by the Fairfax County Department of Housing and Community Development, 1st floor reception desk, 3700 Pender Drive, Fairfax, Virginia, 22030 by 4:00 p.m., Friday, September 6, 2019.

- **Late applications will not be considered.** Allow extra time for hand deliveries due to traffic and building security procedures.
- **Any application submitted with an unsigned Application Cover Sheet will not be accepted.**
 1. Submissions by facsimile machine or e-mail will not be accepted.
 2. Applicants are required to submit one original and five (5) copies of the application along with requested worksheets and attachments for each proposed project.
 3. To maintain the application's print quality, the applicant should not use colored, textured, heavy weight or tabbed paper.
 4. Application responses should be typewritten according to the following specifications:
 - i. Where narrative response is requested, the written response should be in a legible font size of 12 point or larger and limited to the number of pages indicated.
 - ii. Where completion of worksheets is indicated, the responses should be made on the worksheets provided.
 - iii. Narrative responses and requested attachments should be placed in the sequence indicated in the Application Components section.
 5. Attachments (other than narratives and worksheets):
 - i. All attachments should be on 8½ by 11-inch or 8½ by 14-inch white paper for submission.
 - ii. Attachments are not subject to the page limits for narrative responses.
 6. Applicants may submit one or more project proposals; however, each proposal must be submitted separately with all requested forms and attachments, no spiral binding.

Questions

For additional information, contact Kehinde Walker, Senior Program Manager at 703-246-5117 or Malia Stroble, Real Estate Finance and Grants Management Division Administrative Assistant at 703-246-5170 (TTY: 711).

APPLICATION COMPONENTS

The response for each component is to be in a written narrative, on an application worksheet, and/or through an attachment as instructed in the Application Components. Each of the following Application Components is to be submitted in the following sequence.

A. Application Cover Sheet

Each application must include a FY 2020 Application Cover Sheet – Worksheet A. Applicant's executive director or designee authorized to legally bind the applicant organization must sign each Application Cover Sheet. The total proposed funding request amount should be listed on the Application Cover Sheet. Applicants that submit jointly with other non-profit organizations should designate one organization as the application contact. This organization will complete and sign the Application Cover Sheet. Joint organization applications are to be indicated on the Application Cover Sheet and each participating organization is to be listed where requested.

NOTE: Unsigned Application Cover Sheets will result in the rejection of the application.

B. Application Summary Sheet

Each application must include an Application Summary Sheet – Worksheet B. The information on the Application Summary Sheet provides a concise project description. Use the space provided and do not attach additional pages.

C. Demonstration of Need (Maximum 20 Points)

This section of the proposal describes affordable housing needs that the project will address and clearly defines the client population to be served.

1. Complete Worksheet C: Demonstration of Need. Identify the priority household populations the applicant's project is designed to serve.
2. Provide a narrative on no more than two (2) typewritten pages that lists and responds to each request for information in the order presented below. Document your source(s) of information. Clearly label your narrative and place directly after Worksheet C.
 - a. Describe the population, community and number to be served by the proposed project, including the type of affordable housing that will result from this project.
 - b. Does this project serve special needs populations? If yes, describe special needs population to be served as below:
 - Elderly persons ages 62 and older earning at or below 30% of AMI
 - Youth transitioning out of foster care earning at or below 60% of AMI
 - Homeless (or at-risk of homelessness) earning at or below 60% of AMI (Of these, how many were chronically homeless?)
 - Persons with disabilities (physical, mental, or sensory) earning at or below 60% of AMI
 - Veterans earning at or below 60% of AMI
 - Survivors of domestic violence earning at or below 80% of AMI

- c. Is the project subsidized with project-based assistance through a federal, state or local rent assistance program? Explain in detail how the rent will be subsidized.
- d. Describe how this project will provide access to public transportation and neighborhood amenities such as desirable retail and recreation.
- e. Describe the need to be addressed and whether supportive services and adequate case management for the targeted population will also be provided or leveraged. If services are leveraged, provide a written letter of support or agreement, and clearly label as an attachment.

D. Project Preparation, Innovation, and Collaboration (Maximum 25 Points)

This section addresses status of the proposed project and whether the proposed project acquires, develops, or rehabilitates existing affordable units within the areas of greatest need or targeted areas as designated by Fairfax County. Proposal provides evidence that applicant is prepared to proceed with acquisition, development, or rehabilitation.

1. Complete Worksheet D1: Targeted Areas.
2. Complete Worksheet D2: Project Preparation, Innovation and Collaboration. Provide a narrative on no more than six (6) typewritten pages that provides details on the items below. Clearly label narrative and any requested attachments, and place behind Worksheet D2.
 - a. Provide a narrative that lists and responds to each request for information in the order presented below.
 - For what purposes are you requesting this funding?
 - Outcome to be achieved (include description of all units, both CDBG and HOME) and why this is a need in Fairfax County or one of the Participating Jurisdictions, as applicable (Town of Clifton, Vienna, Herndon and the City of Fairfax)
 - Reasonable and clear plan for acquisition/development/rehabilitation.
 - Affirmative fair housing marketing plan.
 - Project activities or services that address proposed outcomes.
 - Meet Energy Star standards?
 - Meet Section 504 accessibility standards?
 - Compliance with Section 3 regulations, if triggered?
 - b. Present a detailed, realistic work plan that describes how project goals will be accomplished and includes: an estimated project timeline, start date, milestones to be accomplished during the funding period, anticipated property closing date, when funds will be completely expended, and estimated project completion date that reflects when unit(s) will be occupied.
 - c. Provide information on how your organization plans to find tenants to occupy units in a timely manner. Include written letters of support or agreement, if applicable.

- d. Provide details if the proposal is innovative in nature utilizing new housing solutions, new green/energy efficiency standards, or new building [housing?] technologies. See HUD's Innovative Housing Showcase https://www.hud.gov/Innovative_Housing. If the project will be managed utilizing housing software such as the Homeless Management Information System (HMIS) or the YARDI© Property Management System, or others of the like, please specify here.
- e. If the proposal is a collaboration with other organizations, explain how the project will be jointly conducted, identify roles and responsibilities of each participating party, and describe the proposed project and beneficiaries who will benefit from the collaboration. Include a letter of agreement between the collaborating organizations.

E. Management Capacity & Experience in Real Estate (Maximum 25 Points)

Applicant describes the project activities, from acquisition, development, and rehabilitation, as applicable, through occupancy, and how these will be accomplished within a specified time period, preferably by April 24, 2020 or within 24 months from the date of the FCRHA grant award.

1. Provide a narrative labelled Worksheet E of no more than five (5) typewritten pages. The narrative should list and respond to each request for information in the order presented below.
 - a. Provide evidence of a successful track record of adequate organizational experience in owning and managing real estate. If the non-profit applicant does not have an established track record, describe how the organization has partnered with another non-profit organization with applicable experience.
 - b. Provide details of how your organization's experience relates to the proposed affordable housing project, including successful leasing of units.
 - c. Provide a description of staff that will be involved in this project and their expertise as it pertains to the proposed activities. Describe who will be the designated HOME and CDBG compliance staff and describe their expertise with these federal programs.
 - d. Provide information on the last five years of HCD- or CCFP-funded projects similar to the proposed projects and the timeline of activities from start to project completion and whether or not your organization met proposal timeline goals. If your organization did not have an HCD- or CCFP-funded project in the last five years, describe other experience with similar type projects in the last five years.
 - e. Provide a plan for how the project will operate, monitor, and preserve the property during the 30-year affordability period in order for the project to remain in compliance with CDBG and HOME, as well as FCRHA requirements, as applicable.

F. Capacity for Project Financing and Leveraging (Maximum 30 Points)

Applicant provides evidence of its fiscal condition and financial stability. Applicant clearly describes estimated project costs and financing plan, and includes documentation to support project feasibility and a positive monthly operating budget.

Present evidence of financing other than county funds that has been committed or secured, or demonstrate evidence of additional non-county commitments that are available to or attainable by the applicant that will significantly support the project. Resources may include volunteers; in-kind contributions; cash donations; good, supplies and services donations; as well as grants or contracts.

The project should be able to build and maintain adequate operating and maintenance reserves to ensure the long-term sustainability of the project.

1. Complete Worksheet F.
2. Respond to each request for information in the order presented below. Provide no more than two (2) typewritten pages of narrative, and any additional supporting documents. Clearly label as Attachments and place directly after Worksheet F.
 - a) Indicate whether any other county contributions, including a request for rehabilitation funds, project-based vouchers, or other awards are anticipated to support this project. Explain their commitment status and include a commitment letter, if available. County awards may include loans, cash grants or contracts. Other county contributions may include space, utilities, equipment, staff or services.
 - b) Describe any non-county resources, including cash, that have been leveraged and are committed or secured. Only non-county resources will be considered leverage.
 - c) Provide a statement describing the fiscal condition and stability of your organization, and how the additional units proposed in this project will impact your organization's cash flow situation.
 - d) Indicate whether the project collaborated with other nonprofits or organizations to further leverage resources through costs or services that will benefit the end resident.
3. Provide a current organization-wide budget, including an unaudited income and expenses statement for the most recent completed fiscal year and most recent fiscal month, year to date. Clearly label as an Attachment.
4. Provide a current organization portfolio debt service performance report. Clearly label as an Attachment.
5. Provide three (3) most recently-ended annual audited financial statements and auditor's opinion and management letter, if issued. Audits must be conducted by an independent licensed certified public accountant. Applicants should note that an A-133 audit (Single Audit) is required by Federal regulations if total federal dollars expended in any fiscal

year of the organization exceeds \$750,000 from all sources. If a Single Audit is required, include it in the submission. If an audit(s) is not available, please explain why. Clearly label as an Attachment.

6. If the project involves an acquisition, provide a pro-forma analysis of the project's financial performance for at least the first 5 years of the affordability period, including rental income (within affordability guidelines), expenses, and deposits to reserves. Use Worksheet G or submit your own pro-forma with similar-type information and label as Worksheet G.
7. Describe how the organization will build and maintain adequate operating, maintenance, and capital replacement reserves during the 30-year affordability period. Clearly label as an Attachment.
8. For multifamily project consisting of 6 to 30 units, see the scoring criteria for multi-family projects.

If an applicant is awarded grant funds, the organization will be required to cooperate with Fairfax County and the FCRHA to periodically review the organization's annual financial operations, as requested. In addition, the organization will be required to maintain a separate FCRHA reserve account associated with the housing units acquired and/or rehabilitated through this grant award.

APPLICATION CHECKLIST

A. FY 2020 APPLICATION COVER SHEET

- ☐ Worksheet A

B. APPLICATION SUMMARY SHEET

- ☐ Worksheet B

C. DEMONSTRATION OF NEED

- ☐ Worksheet C
- ☐ Attachment (population served, supportive services)

D. PROJECT PREPARATION, INNOVATION, AND COLLABORATION

- ☐ Worksheet D1
- ☐ Attachment (proposed project area)
- ☐ Worksheet D2
- ☐ Attachment, if applicable (site map)
- ☐ Attachment, if applicable (signed contract)
- ☐ Attachment, if applicable (cost estimate for rehabilitation work)
- ☐ Attachment (project details)
- ☐ Attachment, if applicable (collaboration)

E. MANAGEMENT CAPACITY & EXPERIENCE IN REAL ESTATE

- ☐ Worksheet E

F. CAPACITY FOR PROJECT FINANCING AND LEVERAGING

- ☐ Worksheet F
- ☐ Attachment (county and non-county resources, fiscal condition, cash flow)
- ☐ Attachment (organization budget)
- ☐ Attachment (portfolio debt service performance report)
- ☐ Attachment (three (3) most recent annual audited financial statements)
- ☐ Worksheet G, if applicable
- ☐ Attachment (loan pay-back information, reserves)

WORKSHEET A – FY 2020 APPLICATION COVER SHEET

PLEASE READ AND SIGN BELOW.

Total Funding Requested \$_____

Non-profit Organization Name:

Address:

Contact Person:

Telephone:

Fax:

Federal Tax ID:

Identify if the application(s) is being submitted jointly with other organizations:

☐ Yes (List other organization(s) by name):

☐ No

[SIGN BELOW, UNSIGNED COVERSHEETS/APPLICATIONS WILL NOT BE ACCEPTED]

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this proposal is accurate. By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish the items or services, subject to final negotiation and acceptance by Fairfax County, and subsequent contract award.

Executive Director (or name of representative) – Signature

Print Name

Title/Date

**DEADLINE FOR SUBMISSION FOR CONSIDERATION OF FUNDING IS:
4:00 P.M., Friday, September 6, 2019**

SUBMIT ORIGINAL AND FIVE (5) COPIES TO:
Fairfax County Department of Housing and Community Development
First Floor Reception Desk
3700 Pender Drive, Fairfax, VA 22030

WORKSHEET B – APPLICATION SUMMARY SHEET

Project Title:

Funding Requested: Acquisition: \$ _____ Rehabilitation: \$ _____
(The Selection Advisory Committee will determine whether to fund with CDBG and/or HOME)

Total Funding Requested \$ _____

Project Type (please mark all that apply):

Estimated total # of units to be acquired: _____

Estimated total # of units to be developed: _____

Estimated total # of units to be rehabilitated: _____

Unit Type (please check all that apply):

- ☐ Multi-Family (maximum 30 units)
- ☐ Condominium
- ☐ Single family detached
- ☐ Townhouse
- ☐ Other: Specify _____

Anticipated Service Area Neighborhood or Street Boundaries:

Magisterial/Supervisor District(s):

Tax Map(s) #:

Brief Project Description:

WORKSHEET C – DEMONSTRATION OF NEED

Indicate the objectives that the applicant's project is designed to meet. All households must be low income households (at or below 80% AMI), but indicate very low income (at or below 50% AMI), extremely low income (at or below 30% AMI), or special needs population for objective #3.

Specific Housing Objectives

The table below shows the specific objectives to meet the four goals outlined in Appendix 1. Evaluate the project. Include information from this worksheet in the typewritten narrative.

Objective Number	Objective Description	Yes/No
1	Provide affordable housing units/rental subsidies to homeless individuals and families	
2	Provide housing units affordable to persons with physical or mental disabilities, including persons with HIV/AIDS	
3	Provide housing units affordable to households with very low (<50 percent AMI) to extremely-low incomes (<30 percent AMI), including low-income working families and other special needs populations	If yes, 30% AMI = ____% of Project Units 50% AMI = ____% of Project Units Special Needs population:_____
4	Provide sufficient workforce housing through land use policy	
5	Provide sufficient workforce housing through private sector partnerships	
6	Preserve existing Public Housing by ensuring greater sustainability	
7	Promote resident self-sufficiency	
8	Foster coordination and partnerships	

WORKSHEET D1 – TARGETED AREAS

Attach a map or project narrative with the following information about the proposed project area consisting of a 10 mile radius. Clearly label the map or narrative and place directly after Worksheet D1.

1. Demographics and affordable housing
 - a. Concentration of low-income residents
 - b. Concentration of affordable housing
 - c. Minority concentration

2. Estimated total # of new affordable rental housing units in project will produce: _____

WORKSHEET D2 – PROJECT PREPARATION, INNOVATION AND COLLABORATION

Number of years organization has been in operation: _____ Date Incorporated: _____

Number of years organization has been in housing development: _____

Total number of units:

Produced: _____
Rehabilitated: _____
Owned: _____
Managed: _____
Constructed: _____

Estimate percentage of above total housing units produced that served very low and low-income persons:

30% of median and below _____
50% of median and below _____
60% of median and below _____
80% of median and below _____

Number of employees/volunteers in organization: _____
full-time employees _____
part-time employees _____
volunteers _____

Number of employees/volunteers to work on this project: _____
full time _____
part time _____
volunteers _____

Type of Proposed Project (Check One):

Project acquires, develops, or rehabilitates existing affordable units (Check One):

☐ Yes ☐ No

Please check **Yes** or **No**, as appropriate, for the proposed project and provide attachments as indicated in the sequence below. Clearly label requested attachments and place directly after Worksheet D2.

1. Do you have a site(s) identified? If yes, provide location site map(s) for the project(s). Include as an Attachment. ☐ Yes ☐ No
2. If the site is identified, do you anticipate the property requiring a rezoning/special use permit for your proposed project? ☐ Yes ☐ No
3. Do you have a signed contract? If yes, provide a copy. Include as an Attachment. ☐ Yes ☐ No

4. Has total project financing been identified for this project? ☐Yes ☐No

5. Is project ready for implementation? ☐Yes ☐No

Identify the condition of the housing units to be acquired, developed, or rehabilitated (Check One):

- ☐ No rehabilitation needed, units have been inspected and meet county codes and standards;
- ☐ Minor rehabilitation required (total rehabilitation costs below \$20,000 per unit);
- ☐ Substantial rehabilitation required (total rehabilitation costs \$20,000 or more per unit).

Do you have schematics and a preliminary site plan for the project? ☐Yes ☐No

Do you have detailed cost estimates for rehabilitation work? If yes, submit one copy and identify source of estimates. Include as attachment. ☐Yes
☐No

Do you have an engineering report detailing property condition? ☐Yes ☐No

Has an appraisal been completed for the property? ☐Yes ☐No

If yes, what is the appraised value of the property? \$ _____

What is the assessed value of the property? \$ _____

WORKSHEET E – MANAGEMENT CAPACITY & EXPERIENCE IN REAL ESTATE

[narrative]

WORKSHEET F – ESTIMATED PROJECT COSTS AND FINANCING

1. Estimated Project Costs:

	Per Unit	Total
Acquisition	\$	\$
Development	\$	\$
Rehabilitation	\$	\$
Other (e.g., financing, insurance, legal)	\$	\$
Total Estimated Project Cost	\$	\$

2. Project Financing: (If additional space is needed, insert additional page(s) following this one, and clearly label as Worksheet F, Continued.)

Proposed CDBG and HOME Funds:

\$

Equity

Source:	Amount: \$	Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	Amount: \$	Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	Amount: \$	Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Equity:	\$	

Loans

1st Trust: \$	at %IRR* for months	Source: Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
2nd Trust: \$	at %IRR* for months	Source: Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
3rd Trust \$	at % IRR* for months	Source: Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Loans:	\$	

**TOTAL PROJECT
FINANCING:**

\$

CDBG and HOME as % of Total Project Financing:

%

* IRR-Internal rate of return also known as the effective interest rate.

Rental Worksheet:

Occupancy Income Limits:

Total # Units in Proposed Project:

Affordable Units

- # units at or below 30% AMI:
- # units at or below 50% AMI:
- # units at or below 60% AMI:
- # units at or below 80% AMI:

Market Rate Units

- # units at market rate:

PROPOSED RENT SCHEDULE:

UNIT TYPE	TOTAL NO. OF UNITS BY TYPE	RENT	UTILITIES	INCOME SERVED AS PERCENT OF AMI

Does the project involve any temporary or permanent relocation? (Check One):

☐Yes ☐No

If yes, describe the project's relocation plan (e.g., description of impacted households, budget, schedule):

WORKSHEET G – PROJECT PRO-FORMA (can be put into EXCEL)

	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
<i>Budgeted Rent</i>					
<i>Less: Vacancy Loss (5%)</i>					
<i>Effective Gross Income</i>					
<i>Operating Expenses</i>					
<i>Real Estate Taxes</i>					
<i>Management Fees</i>					
<i>Maintenance & Repairs</i>					
<i>HOA Fees</i>					
<i>Insurance</i>					
<i>Utilities</i>					
<i>Miscellaneous</i>					
<i>Total Operating Expenses</i>					
<i>Net Income</i>					
<i>Less: RHA Reserves*</i>					
<i>Net Operating Cash Flow</i>					
* Calculated as (Net Income - \$200) x 25%					