**Combined Funders Application**

**2025**

The Combined Funders Application is accepted by all of the following funders:

* Washington State Housing Trust Fund
* City of Seattle Office of Housing
* King County Housing Finance Program
* Snohomish County Office of Housing and Community Development
* A Regional Coalition for Housing (ARCH)
* Washington State Housing Finance Commission for Low-Income Housing Tax Credits
* Alliance for Housing Affordability (AHA)
* City of Bellingham
* City of Spokane
* City of Tacoma/Tacoma Community Redevelopment Authority (TCRA)
* Skagit County
* South King Housing and Homelessness Partners

Please be certain to check with all intended funders to ensure that the correct edition and version of the Combined Funders Application is being used when responding to individual Solicitation for Applications or Notices of Funding Availability (NOFAs).

# Section 1: Project Summary

## 1.1 Overall Summary

This Section is to provide a project summary. Provide concise, direct answers. Details regarding the project are requested in **Section 2: Project Narrative**.

1. Provide a brief summary of the proposed project. Be sure to include details such as reason for particular site having been selected and history of the project to this point.
2. Is this application for a Phase of a larger project?

[ ]  - Yes

[ ]  - No

* 1. If yes:

Total number of phases

Total units when Project completed

1. In order of priority (highest to lowest), list by name all projects that the Applicant Organization is submitting for funding consideration during this funding round; state the rationale for this order (e.g., committed funding, local priority population). Please include all projects being submitted statewide.

**Complete the Excel CFA - Tab 1 Form**

|  |
| --- |
| * Form 1: Project Summary
 |

# Section 2: Project Narrative

## 2.1 Project Physical Characteristics

1. Does the project site contain existing structures?

[ ]  - Yes (continue to a)

[ ]  - No

* 1. How many existing structures?
	2. What is to be done with these structures?

[ ]  - Nothing (does not apply/not part of this project)

[ ]  - Demolish the structure(s)

[ ]  - Rehabilitate the structure(s) as part of this project

1. Provide a detailed description of the planned construction, rehabilitation, and/or other improvements.
2. Describe how the proposed project meets ADA and 504 accessibility requirements, indicating the number of accessible units and their size. If you plan to incorporate Universal Design elements in your project, please briefly describe these elements.

## 2.2 Displacement – Manufactured/Mobile Home Communities

1. Does the project include the closure/conversion of a manufactured/mobile home community?

[ ]  - Yes (continue to a.)

[ ]  - No – skip to **2.3 Non-Residential Space**

1. If yes, how many manufactured/mobile home lots (spaces) will be affected?
2. Has the landlord (community owner/representative) complied with the Notice of Opportunity to Compete to Purchase (RCW 59.20.320 through RCW 59.20.360) prior to selling the community for the project?

[ ]  - Yes (continue to a)

[ ]  - No (continue to b)

[ ]  - Not Applicable (Exempt) (continue to c)

1. If yes, include a copy of the Notice of Opportunity to Compete to Purchase as submitted to the Department of Commerce with the project application.
2. If no, contact the Manufactured/Mobile Home Relocation Assistance Program at omh@commerce.wa.gov or 800-964-0852.
3. If not applicable, include documentation that the landlord (community owner/representative) meets the criteria for non-applicability (RCW 59.20.340) or exception (RCW 59.20.360) from the Notice of Opportunity to Compete to Purchase.
4. Has the landlord (community owner/representative) complied with the two-year Notice of Closure/Conversion requirement (RCW 59.20.080 (1) (e) and RCW 59.21.030)?

[ ]  - Yes (continue to a)

[ ]  - No (continue to b)

[ ]  - Not Applicable (Exempt) (continue to c)

1. If yes, include a copy of the Notice of Closure/Conversion as submitted to the Department of Commerce with the project application.
2. If no, contact the Manufactured/Mobile Home Relocation Assistance Program at omh@commerce.wa.gov or 800-964-0852.
3. If not applicable, include documentation demonstrating the landlord (community owner/representative) meets the criteria for an exemption from the two-year Notice of Closure/Conversion requirement with the project application [(RCW 59.20.080 (1) (e) (i-iv))](https://app.leg.wa.gov/rcw/default.aspx?cite=59.20.080).

## 2.3 Non-Residential Space

1. Are any non-housing spaces included in the project? This could include such elements as office space for social services, early learning facilities, community meeting spaces, or commercial space.

[ ]  - Yes (continue to a)

[ ]  - No

* 1. List and describe. Ensure that these costs are accounted for on **Form 6A: Development Budget**
	2. Will the space be reserved for the exclusive use and/or support of the project’s residents?

[ ]  - Yes

[ ]  - No

**Note**: if you answered “No,” costs related to the space may be considered ineligible by certain funders. Please be sure to consult the policies of any funder to whom you are applying.

## 2.4 Neighborhood Notification

1. Is neighborhood notification required by one or more relevant jurisdiction?

[ ]  - Yes (continue to a)

[ ]  - No.

1. If yes, which one(s)?
2. Has the required neighborhood notification taken place?

[ ]  - Yes

[ ]  - No

1. Describe your outreach to the community, or relevant communities, in planning for this project. (e.g., outreach partnerships with community agencies, places of worship, community centers, stores that sell culturally specific products)
2. Describe what actions have been taken to communicate the project characteristics and progress with immediate neighbors and secure community support.
* If *no action* has been taken, provide details on the community engagement strategy including an outreach timeline, primary point of contact, and communication pathways.

## 2.5 Zoning

Is the project compatible with the current zoning of the project site?

[ ]  - Yes.

[ ]  - No (continue to a)

1. Describe the zoning discrepancy.
2. Outline the plan to address the zoning discrepancy, including at a minimum:
* Anticipated timeline
* Procedural steps and level of final approval of zoning change
* Contingency plans should the zoning discrepancy fail to be resolved.
* decision making parties

**Note**: TBD is not an acceptable response

### 2.5.1 Parking

1. Parking stalls

|  |  |  |
| --- | --- | --- |
|  | **Required**  | **Proposed** |
| Number of residential parking stalls: |  |  |
| Number of commercial parking stalls: |  |  |
|  |

1. Explain any differences between the required and proposed numbers of parking stalls in the project and provide detail on your plan to resolve the discrepancy.

## 2.6 Historical Elements

1. Are any existing structures at the site subject to historical preservation requirements?

[ ]  - Yes (continue to a)

[ ]  - No

[ ]  - Don’t know/Not Yet Addressed

1. How many historic structures are on site?
2. Which governing body/code has jurisdiction over the site?

[ ]  - US Department of the Interior – National Park Service (National Historic Register)

[ ]  - Department of Archaeology and Historic Preservation (Washington Heritage Register)

[ ]  - Other - Identify the entity with jurisdiction:

1. Describe the compliance plan to meet the historic preservation requirements including any necessary mitigation and how compliance will be documented.

## 2.7 Environmental Elements

### 2.7.1 If project involves acquisition and/or rehab of existing structure(s)

1. Complete the following table

|  |  |  |
| --- | --- | --- |
| **Limited Survey** | **Completion Date** | **Page number for conclusion** |
| Asbestos |  |  |
| Lead Based Paint |  |  |
| Mold |  |  |
|  |

1. State the conclusion and recommended further actions from the Limited Survey for Asbestos.
2. State the conclusion and recommended further actions from the Limited Survey for Lead Based Paint.
3. State the conclusion and recommended further actions from the Limited Survey for Mold.

### 2.7.2 Remediation/Abatement

1. List any identified environmental issues and describe how they will be abated or otherwise addressed. Issues to be addressed include, but are not limited to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).
2. Provide a timeline for the remediation.
3. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site?

[ ]  - Yes (continue to a)

[ ]  - No

[ ]  - Not Applicable

1. Provide details of the consultation.

If you answered “No” or “Not Applicable”, skip to **2.8 Site Control**

1. Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?

[ ]  - Yes

[ ]  - No

[ ]  - Not Applicable

If abatement of contamination is necessary, costs must be included in the designated Environmental Abatement – Building and/or Environmental Abatement – Land line items of **Form 6A: Development Budget**.

## 2.8 Site Control

1. Has site control been established for the project?

[ ]  - Yes.

[ ]  - No

If site control has not been established, what is the plan for establishing it? Be certain to note key dates.

1. What form of site control been established for the project?

[ ]  - Deed

[ ]  - Lease

[ ]  - Lease Option

[ ]  - Purchase Contract

[ ]  - Purchase Option

[ ]  - Other

1. If “other,” describe:
2. Are there any anticipated changes to the project site’s legal description? (e.g., sub-dividing, condominiumizing)

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe the changes necessary to the legal description
2. Is the proposed project site subject to any existing encumbrances, such as easements, restrictive covenants, use restrictions, or regulatory agreements?

[ ]  - Yes (continue to a)

[ ]  - No

[ ]  - Don’t know/Not yet determined

1. State the existing encumbrances:
2. Do the encumbrances create title concerns that may impact the ability to finance the project?

[ ]  - Yes (continue to i)

[ ]  - No.

* 1. Describe your plan for obtaining clear title or addressing the concerns
1. Will any existing use covenants or regulatory agreements continue as part of the project?

[ ]  - Yes (continue to i)

[ ]  - No.

1. Describe the post-refinancing status of the surviving use covenant(s) or regulatory agreement(s).

## 2.9 Other Potential Development or Timing Obstacles

1. Are there any known issues or circumstances related to the site, other than those previously identified in this application, that may delay the project?

**Note** that this refers to issues such as challenging topography/site access, and not whether funding has been secured.

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe the issues or circumstances and their proposed solutions or mitigation plans, including an estimated timeframe in which to accomplish these outcomes.

**Complete the Excel CFA - Tab 2 Forms, and ensure the information aligns with the answers provided above.**

|  |
| --- |
| * Form 2A: Building Information
 |
| * Form 2B: Square Footage Details
 |

# Section 3: Need & Populations Served

## 3.1 Populations to be Served

1. Concisely describe the population or populations the project is intended to serve. Include household sizes, inclusion of socially disadvantaged groups[[1]](#footnote-1), and any other characteristics as appropriate.
2. What barriers do you anticipate these populations encountering in accessing housing?
3. If the project intended to serve, in part or in full, one or more populations with special needs, describe the marketing, outreach and referral organizations that will ensure the projected occupancy will be achieved for each identified Special Needs population.
4. Will the project require licensing (e.g., for an Adult Family Home)?

[ ]  - Yes (continue to a)

[ ]  - No.

1. State which license is needed:
2. Current status of license:

[ ]  - Approved

[ ]  - Pending Approval - Date Expected:

[ ]  - Other - Describe:

1. Will the project provide services (e.g. job training, life skills training, supported employment)?

[ ]  - Yes. You must complete **Section 10**

[ ]  - No. (continue to a)

1. State your rationale for the project not providing services.

## 3.2 Projects Serving Persons Homeless at Entry

1. Will this project serve persons/households considered homeless at entry?

[ ]  - Yes

[ ]  - No - skip to **3.3 Marketing**

1. Will tenancy be time-limited?

[ ]  - Yes

[ ]  - No - skip to **3.3 Marketing**

* 1. Maximum length of tenancy: days [ ]  months [ ]
1. Will this project be listed in the local Homeless Management Information System (HMIS)?

[ ]  - Yes

[ ]  - No (continue to a).

* 1. Explain why not.
1. Explain how potential tenants will learn about or be referred to the project.
	1. Will Coordinated Entry be used?[[2]](#footnote-2)

[ ]  - Yes (continue to i.)

[ ]  - No.

* + 1. Units to be filled through Coordinated Entry:
1. Indicate all eligibility criteria for referral to the project. Please note that selecting “yes” for any criterion beyond “Homeless” or “Chronically Homeless” would exclude the project from being considered “low barrier” housing.

Yes No

[ ]  [ ]  Homeless

[ ]  [ ]  Chronically Homeless ([HUD definition](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/))

[ ]  [ ]  Drug & Alcohol Free

[ ]  [ ]  Must agree to participate in treatment (e.g., mental health, drug, and alcohol)

[ ]  [ ]  Must agree to participate in services (e.g., financial literacy, job readiness)

[ ]  [ ]  Must enroll or be enrolled in school or training program

[ ]  [ ]  Must agree to a work or volunteer requirement

1. If a criterion is used, but is not among those listed above, describe:
2. Describe why the indicated eligibility criteria are considered important to the project’s success.

## 3.3 Marketing

1. Is a Market Study required for this project?

[ ]  - Yes (continue to a)

[ ]  - No

* 1. Date the Market Study was completed:
	2. Provide the following Market Study data, and the page number where the data can be found in the Study:

|  |  |  |
| --- | --- | --- |
| **Rate** | **Value** | **Page Number** |
| Absorption |  |  |
| Capture |  |  |
| Vacancy |  |  |
|  |

1. What are achievable rents in the area? If a market study was not required, state what market data were used in determining achievable rents.
2. Explain how the differences between market rents and the rents to be charged by the project were determined.

**Complete the Excel CFA - Tab 3 Form, and ensure the information aligns with the answers provided above.**

|  |
| --- |
| * Form 3: Populations to be Served
 |

#

# Section 4: Relocation

## 4.1 Applicability

1. Does the project site have any current tenants, residential or commercial, even if it is vacant land?

[ ]  - Yes (continue to a)

[ ]  - No

1. If yes, describe the current tenants.
2. Date site control agreement was executed:
3. Did the project site have any tenants in the period from 90 days prior to the execution of the site control agreement up to the date this Application was submitted?

[ ]  - Yes

[ ]  - No

1. Has anyone moved from the project site since the site control agreement was executed?

[ ]  - Yes

[ ]  - No

If the answer to both Questions is **NO**, skip to **Section 5: Project Schedule**.

If the answer to either Question, or both, is **YES**, complete the remainder of this Section.

1. Is there a local government entity that has jurisdiction over tenant relocation issues?

[ ]  - Yes

[ ]  - No

1. If yes, has the entity approved the tenant relocation plan?

[ ]  - Yes – Date the tenant relocation plan was approved:

[ ]  - No

1. What requirements or guidelines govern the project relocation plan? (check all applicable)

[ ]  - Uniform Relocation Act

[ ]  - Section104 [d] (if HOME or CDBG funded)

[ ]  - Washington State Department of Transportation

[ ]  - Mobile Home Relocation Assistance (RCW 59.21)

[ ]  - Other - Identify the governing requirements:

1. Who will handle relocation matters for this project?

[ ]  - Agency staff. Identify the Lead individual:

[ ]  - 3rd-party relocation consultant:

1. Describe the Applicant’s experience relocating residential and/or commercial occupants under any applicable codes (e.g., the Uniform Relocation Act, Section 104(d) of the Housing and Community Development Act of 1974, Chapter 20.84 of the Seattle Municipal Code, Chapter 59.21 RCW). If a Relocation Consultant will be used, identify the consultant, and describe their relevant experience.

## 4.2 Type of Relocation

1. State the approximate number of Residential tenants to be relocated:
2. Permanent relocation:
3. Temporary relocation:
4. State the approximate number of Commercial tenants to be relocated:
5. Permanent relocation:
6. Temporary relocation:
7. The site control agreement should include language that allows the Applicant Organization or the Relocation Consultant to obtain tenant income and rent information, and to give notices to existing and incoming tenants prior to acquiring the property. Is this language featured in the site control documentation or in an Addendum signed by Seller and Buyer?

[ ]  - Yes

[ ]  - No

1. Has information on all current occupants of the property, including both residential and commercial tenants, and occupants with or without leases, been collected?

[ ]  - Yes (continue to a)

[ ]  - No – Anticipated collection date for this information:

1. Does the information collected include a tenant survey for each unit or commercial space?

[ ]  - Yes

[ ]  - No

1. In the case of occupied rehabilitation projects, describe the income verification process and the strategy for addressing any current residents who may not be eligible to remain in the building.

## 4.3 Relocation Notices

1. Has a General Information Notice (GIN) been provided to all occupants (including both residential and commercial tenants, and occupants with or without leases) using the sample notices in HUD’s Handbook on relocation ([CPD 1378.0](https://www.hud.gov/hudclips/handbooks/cpd-1378-0)), or another approved format?

[ ]  - Yes

[ ]  - No

1. Have subsequent notices been drafted for immediate delivery to tenants in the event that this project is awarded funding? (i.e., Notice of Eligibility or Notice of Non-Displacement)

[ ]  - Yes

[ ]  - No

1. Is the applicant or property owner prepared to issue move-in notices[[3]](#footnote-3) to all new tenants that sign leases subsequent to this funding application?

[ ]  - Yes

[ ]  - No

**Complete the Excel CFA - Tab 4 Form, and ensure it aligns with the answers provided above.**

|  |
| --- |
| * Form 4: Relocation Budget
 |

# Section 5: Project Schedule

1. Explain your project’s timing, including the time it will take to secure all financing needed and to complete design and permitting, and how this affects the estimated construction close timing.

**Complete the Excel CFA - Tab 5 Form.**

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

#

# Section 6: Development Budget Narrative

## 6.1 Value of Project Site

1. Does the project’s development budget include funds for acquisition?

[ ]  - Yes

[ ]  - No - skip to **6.2 Capitalized Reserves**.

1. Project site current value (if more than one site, list each separately):
	1. How was value established?

[ ]  - Appraised

[ ]  - Assessed

* 1. Date of Appraisal/Assessment:
1. Project site purchase price (if more than one site, list each separately):
2. If the purchase price differs from the appraised/assessed value(s), explain how the purchase price was decided:
3. Does the purchase and sale agreement include any provisions for cost escalation or extension fees due to delays that could cause the purchase price to exceed the current appraised value?

[ ]  - Yes (continue to a)

[ ]  - No

1. If yes, describe the cost-escalation provisions:
2. Does the purchase agreement demonstrate compliance with voluntary acquisition procedures under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)?[[4]](#footnote-4)

[ ]  - Yes

[ ]  - No

1. List any extension fees or earnest money deposits provided for in the purchase agreement. (Such fees and deposits should be applicable toward the purchase price.)
2. If the property poses specific physical development challenges (e.g., steep slopes, easements, Recognized Environmental Conditions) that were not reflected in the appraisal, describe how these were factored into the property acquisition negotiation.

## 6.2 Capitalized Reserves

It is recommended that projects capitalize reserves to the following levels:

* Six (6) months of operating expenses
* One (1) year of replacement reserve deposits
1. Does the project development budget include capitalized reserves in the recommended amount?

[ ]  - Yes

[ ]  - No (continue to a)

1. If no, how does it differ?

[ ]  - No reserves capitalized

[ ]  - Reserves capitalized below recommendation

[ ]  - Reserves capitalized above recommendation

1. Provide a rationale for the difference

## 6.3 Contracting

1. Do the submitted budgets incorporate Prevailing Wage requirements?

[ ]  - Yes (continue to a)

[ ]  - No

1. Identify the wage rates used: (check all that may apply)

[ ]  - State Prevailing Wage – Residential

[ ]  - State Prevailing Wage – Non-Residential

[ ]  - Davis-Bacon – Residential

[ ]  - Davis-Bacon – Non-Residential

1. Explain how the applicability of state or federal prevailing wage rates were determined.
* Be explicit about what assumptions were made when determining wage rates.
* If the Washington State Department of Labor & Industries provided a determination of wage rates for this project, include documentation of the determination as an attachment.
* If prevailing wage requirements are believed not to apply, clearly state your rationale.
* If different prevailing wages will be required for different parts of the project, explain.
1. Describe the process used to solicit bids and select construction contractors (general and subcontractors), consultants, and other professional services to secure competitive fees. Be sure that this process complies with the bidding and selection requirements of the project’s proposed funding sources (as selected in **Form 7: Financing Sources**).

## 6.4 Capital Needs Assessment

1. Does your project include a rehabilitation scope of work?

[ ]  - Yes

[ ]  - No - skip to **6.5 Construction Cost Estimate**.

Applications for most Rehabilitation projects are required to submit a third party Capital Needs Assessment (CNA) as an attachment.

* When funding includes Low Income Housing Tax Credits (LIHTCs), then the project must comply with the CNA requirements in the WSHFC Policies (Chapter 4, Section 4.17.5 of the 2024 9% Policies and/or Chapter 4, Section 4.11 of the 2024 4%/Bond Policies).
* When funding includes other public funding sources, or combines other public funding sources with LIHTCs, consult the State Housing Trust Fund Handbook (Chapter 2, Section 205.10).
1. Describe how it was decided which elements to address now, and how elements indicated as needing to be addressed over the next 5 years will be addressed.
2. If elements in the CNA are not included in the project’s scope of work, explain why not, and whether the applicant intends to address the issues in future scopes of work
3. Identify any elements of the project’s scope of work that were not included in the CNA, and explain why they were included.
4. State the level of replacement reserve funding recommended by the CNA:
	1. Recommended capitalization:
	2. Recommended annual deposit:
5. If the amounts listed are not reflected in the project’s Development Budget (**Form 6A**) or Operating Pro Forma (**Form 8D**), state why not:

## 6.5 Construction Cost Estimate

*For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder from whom funding is being sought*

1. Describe the relationship between the Developer and the firm responsible for providing the Construction Cost Estimate submitted with your project.
2. Total Construction Cost Estimate:
3. If the project construction hard cost in the development budget (**Form 6A**) deviates from the construction estimate, explain why. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied, or any other factor in the budget that deviates from the Construction Cost Estimate. Identify the rationale when using an alternate escalation factor.

## 6.6 Cost Control and Allocation

1. Describe any cost drivers that are known or suspected to significantly affect the project’s cost.
* *Note: Additional information may be requested if the project’s costs significantly exceed those of comparable projects.*
1. List any Total Development Cost waivers anticipated to be needed from a project funding source, and provide reasons to believe a waiver can be obtained.
2. If parking is required by zoning (see **Section 2.5.1**), or is included in the project for other reasons, describe efforts to design parking with minimal cost impact to the project. (Note: If you are intending to charge residents for parking, then parking construction costs must be excluded from the eligible basis for tax credits. (**Form 6C: LIHTC Budget**.)
3. If non-residential space is included in the proposed design, as identified in **2.3 Non-Residential Space**, describe the method used to allocate development costs to non-residential financing.

**Complete the Excel CFA - Tab 6 Forms, and ensure the information aligns with the answers provided above.**

|  |
| --- |
| * Form 6A: Development Budgets
 |
| * Form 6B: Development Budget Details
 |
| * Form 6C: LIHTC Budget (Basis Calculation) – *if applicable*
 |
| * Form 6D: LIHTC Calculation – *if applicable*
 |
| * Form 6E: Fee schedule
 |

# Section 7: Project Financing

## 7.1 Financing Structure & Assumptions

1. Does this project involve any nonstandard financing details or structures, including any variances from a funder’s standard financing terms?

[ ]  - Yes (continue to a)

[ ]  - No

* 1. Describe the financing details or structures:
1. If the project includes bridge, construction, or permanent financing from a private lender, state the basis for the funding assumptions identified in **Form 7: Financing Sources**. Be sure to identify which lenders are being considered to provide financing.
2. If the project includes tax credit equity, identify the pricing assumptions and the reason supporting these assumptions included in **Form 6D: LIHTC Calculation**.
3. List which investors are being considered for this project and their projected tax credit pricing. (add lines as necessary)

|  |  |  |
| --- | --- | --- |
| **#** | **Investor** | **Price per Credit** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  |

## 7.2 Potential Funding Conflicts

1. Are you aware of any potential areas of conflict among the funding sources included in this project’s financing?

[ ]  - Yes (continue to a)

[ ]  - No

1. Explain the nature of the conflict(s):
2. Describe how the conflict(s) will be mitigated.

## 7.3 Capital Campaigns

1. Does the project include a capital campaign as a source of funds?

[ ]  - Yes

[ ]  - No (Skip to **Section 8: Project Operations**)

1. Will there be a capital campaign consultant?

[ ]  - Yes (continue to a)

[ ]  - No

1. Provide the capital campaign consultant’s name, company, and a brief explanation of their experience with similar capital campaigns.
2. Explain the capital campaign strategy for this project.
3. What is the status of the fundraising for the capital campaign?
4. What is the funding contingency plan should the capital campaign fall short? If the contingency plan involves sources of bridge financing, provide details.

**Complete the Excel CFA - Tab 7 Form, and ensure the information aligns with the answers provided above.**

|  |
| --- |
| * Form 7 Financing Sources
 |

# Section 8: Project Operations

## 8.1 Calculation of Utility Allowances

1. Choose one of the provided options for determining annual utility allowance. If your project is seeking funds from multiple public funders, please be aware that not all methodologies are accepted by all funders. Check with funders before making your selection.

[ ]  - Public Housing Authority Utility Allowance

[ ]  - Multifamily Housing Utility Analysis

[ ]  - HUD and USDA-RD regulated properties approved utility allowance

[ ]  - Completed HUD Utility Schedule Model

[ ]  - Utility Company Estimate

[ ]  - Low Income Housing Tax Credit Agency Estimate

[ ]  - Energy Consumption Model

## 8.2 Rent Restrictions

1. Is the project New Construction?

[ ]  - Yes, skip to **8.3 Rental Assistance/Operating Subsidy**

[ ]  - No

1. Is there an existing rent restriction requirement on the project?

[ ]  - Yes (continue to a)

[ ]  - No

1. State the current requirements:
2. State when the rent restriction will expire:

## 8.3 Rental Assistance/Operating Subsidy

1. Does the project operating budget depend on Rent Assistance for viability?

[ ]  - Yes, Rent Assistance

[ ]  - Yes, Operating Subsidy

[ ]  - No - skip to **8.4 Other Project Income**

1. Outline the Applicant Organization’s plan for the securing of such subsidies, and the source and process for securing the subsidy commitments .
2. Should the project fail to secure rental assistance /operating subsidy, what is the plan to maintain the project as viable affordable housing?

## 8.4 Other Project Income

1. Will any nonresidential space in the project generate income for the project?

[ ]  - Yes. Ensure that this income is accounted for on **Form 8D: Operating Pro Forma.**

[ ]  - No

1. Will tenants be charged for residential parking separately from rent?

[ ]  - Yes

[ ]  - No

## 8.5 Resident Screening

1. Indicate all program screening criteria.

Yes No

[ ]  [ ]  Minimum Income Requirement

[ ]  [ ]  Identification (i.e., photo ID, passport)

[ ]  [ ]  Proof of U.S. Residency Status

[ ]  [ ]  Credit check required – must pass a threshold

[ ]  [ ]  Criminal Record screening – must pass a threshold

1. If a credit check and/or criminal record criterion is used, state the threshold(s) for entry.
2. If a criterion is used, but is not among those listed, describe.
3. State why the selected screening criteria are considered important to the success of the program.
4. What house rules will residents have to follow to keep their housing (e.g., curfews, visitors, overnight guests)? Describe why these rules are necessary for the success of this program.

**Complete the Excel CFA - Tab 8 Forms, and ensure the information aligns with the answers provided above.**

|  |
| --- |
| * Form 8A Proposed Rents and AMIs Served
 |
| * Form 8B Operating, Service, and Rent Subsidy Sources
 |
| * Form 8C Operating and Service Expenses
 |
| * Form 8D Operating Pro Forma
 |
| * Form 8E Operating Pro Forma Details
 |

# Section 9: Development Team

## 9.1 Organization Basics

1. Indicate the Applicant Organization Type:

[ ]  - Local Government

[ ]  - Local Housing Authority

[ ]  - Nonprofit Organization

[ ]  - Federally-recognized Indian Tribe

[ ]  - For-Profit Entity

[ ]  - Other – Specify type:

1. If the applicant organization is new to affordable housing development, has experienced critical staff turnover, or has assumed more direct development responsibility since the last completed project, describe how development team staff are being supported and trained in their new roles.
2. Does the applicant organization and/or its partnering service provider currently participate in the local Homeless Management Information System (HMIS)?

[ ]  - Not Applicable

[ ]  - Yes

[ ]  - No (continue to a)

1. By when will HMIS participation begin?
2. If the applicant/provider does not intend to participate in HMIS, explain why not.

## 9.2 Organizational History

1. Has the Applicant Organization completed development on one or more affordable housing projects within the last 5 years?

[ ]  - Yes (continue to a)

[ ]  - No

1. Provide the following:
	1. Number of Projects:
	2. Number of Units Placed In Service:
2. Describe the last three significant projects completed by the Applicant 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.
* Note that this does not necessarily pertain to housing projects but is intended to address the Applicant Organization’s project management capacity.
1. Describe the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles.
2. Is the Applicant Organization currently engaged in project Workouts with public funders involved in any of its projects currently under contract?

[ ]  - Yes (continue to a)

[ ]  - No

1. List the projects in workout and provide a brief summary of the reason for the workout status.
2. If you have tax credit projects that have exited their partnerships or are within two years of exiting their partnerships, please describe your transition plan for continued affordability, or explain how you intend to develop one.
3. If the Applicant 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 the situation was resolved.

## 9.3 Organizational Oversight

1. Describe how the organization’s governing structure ensures an effective role for its board of directors. In particular, describe how board members’ biographies illustrate the diversity of skills needed to ensure the success of the project.
2. Describe your organization’s track record on housing for groups most impacted by housing affordability in the surrounding area.
3. How does this project help fulfill the goals and objectives of the Applicant Organization’s mission and/or align with current and historical operations and activities?
4. If partnering with another organization on this project, how does this project help fulfill the goals and objectives of the mission project Partner? Describe the partnership relationship, including responsibilities and financial obligations, and how this will be specified.

## 9.4 Organizational Finances

1. When was the Applicant Organization last audited?
2. In the Applicant’s last audit, were there any findings?

[ ]  - Yes (continue to a)

[ ]  - No

1. If YES, Describe the nature of the findings.
2. Have these findings been resolved?

[ ]  - Yes

[ ]  - No

* 1. If the findings have not been resolved, please describe the plan to resolve the findings in future.
* **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.

## 9.5 Project Ownership

1. Proposed Ownership Structure (*check all that apply*)

**Simple**

[ ]  - Nonprofit

[ ]  - Local Unit of Government

[ ]  - Nonprofit Single Asset Entity

**Partnership**

[ ]  - Limited Liability Corporation (LLC)

[ ]  - Limited Partnership (LP)

[ ]  - Limited Liability Partnership (LLLP)

[ ]  - Other Corporation

[ ]  - Joint Venture

[ ]  - Other – describe:

1. Current Ownership - Existing Housing Only (*check all that apply*):

[ ]  - Privately Owned

[ ]  - Publicly Owned

[ ]  - Owned by Applicant

[ ]  - Other – Describe:

If you indicated in Question 18 that the project ownership is to be a partnership, complete **9.5.1** and/or **9.5.2.** If ownership is to be Simple (i.e. not involving a partnership), skip to **9.6 Property Management**.

### 9.5.1 Tax Credit Partnerships

1. What is the legal status of the Ownership Entity for the completed project?

[ ]  - Currently Exists

[ ]  - To Be Formed

1. Provide the following details for the Ownership Entity. If the entity has not yet been formed, please provide estimates:
2. Formation date:
3. State in which Formed:
4. Fiscal year start/end:
5. Accounting method:

[ ]  - Cash

[ ]  - Accrual

### 9.5.2 Other Partnerships

1. State the ownership percentages of each of the members of the partnership, and briefly state their duties as they relate to the project
2. If applicant is a new/emerging organization partnering with an existing/experienced organization, describe how the applicant’s agency with regard to decision making will be established and maintained
3. Why was this structure decided upon?

[ ] [ ]

## 9.6 Property Management

1. Describe the working relationship between property operations staff and services staff, if any.
2. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided:
3. Explain the marketing strategy and the tenant selection process, including the creation and management of any waiting lists
4. Describe the operations staffing plan for the project. Include at a minimum the types and number of staff positions and the hours operations staff will be on site. If any operational services will be contracted, which services will be contracted and who will supervise those contracts?
5. Describe the owner organization’s property management experience, or that of the proposed property management entity, as it relates to working with the proposed population identified in Section 3: Need and Populations Served.
6. Describe the experience of the owner, or that of the selected property management firm, with income verification including information collected, required documentation, and third party verifications.
7. Will management staff be located on site?

[ ]  - Yes (continue to a)

[ ]  - No

1. Indicate the form of management:

[ ]  - Resident Manager(s) - Number of units:

[ ]  - Management office (Business Hours Only)

[ ]  - Management office (24hr)

[ ]  - Other – Describe:

1. If NO, describe the Applicant Organization’s service area and how this project fits within the organization’s property management capacity:
2. If the owner organization has conducted a portfolio analysis, provide a summary of projected capital needs for the next ten years and indicate anticipated sources of funding (e.g., replacement reserves, refinancing strategies, capital campaigns, public funder requests). If an analysis has not been conducted, please describe any plans for developing one.

**Complete the Excel CFA - Tab 9 Forms, and ensure the information aligns with the answers provided above.**

|  |
| --- |
| * Form 9A Project Team
 |
| * Form 9B Identity of Interest Matrix
 |
| * Form 9C Project Applicant Experience
 |
| * Form 9D Project Development Consultant Experience
 |
| * Form 9E Project Property Management Firm Experience
 |

# Section 10: Services

*NOTE: If another agency or agencies will provide services, attach MOUs documenting roles and responsibilities.*

## 10.1 General Services

1. Will this project provide general or community services (e.g., early learning facility, childcare, case management, transportation) to residents?

[ ]  - Yes

[ ]  - No – skip to **10.2 Services for Residents with Special Needs**

1. Describe the services to be provided.

## 10.2 Services for Residents with Special Needs

1. Will this project provide services which, in whole or in part, are intended to be supportive of residents with special needs (e.g., who have a developmental disability or require mental health counselling)?

[ ]  - Yes

[ ]  - No – skip to **10.3 Homelessness Prevention Services**

1. Will services be provided on-site by another agency or agencies?

[ ]  - Yes - Service Provider information is required on **Form 9A: Project Team**.

[ ]  - No

1. List which services will be provided on site and which will be provided off site, and note the proposed source of services funding:
2. For services which are to be provided off-site, describe how access to the services by residents will be facilitated by the owner organization and/or service providing partner organization(s).

## 10.3 Homelessness Prevention Services

1. Will this project provide services which, in whole or in part, are intended to prevent residents who were formerly homeless returning to homelessness?

[ ]  - Yes

[ ]  - No – skip to **10.4 Service Resources**

1. Will services be provided on-site by another agency or agencies?

[ ]  - Yes - Service Provider information is required on **Form 9A: Project Team**.

[ ]  - No

1. For services which are to be provided off-site, describe how access to the services by residents will be facilitated by the owner organization and/or service providing partner organization(s).
2. Name and describe any service model that will be utilized and why/how it helps to promote housing stability for the target population(s).
3. How will the service needs of tenants be assessed? Describe the form or tool, if any, used to assess and determine service needs.
4. If the case management or services model pursues outcomes other than, or in addition to housing stability and self-sufficiency, describe them.

## 10.4 Service Resources

1. Will this project depend on outside service resources (financial and/or non-financial)?

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe the resources and process and timeframe for securing funding commitments needed to support services costs. Indicate clearly whether each is financial or non-financial.
2. Describe the owner organization’s approach to sustaining and funding services over time. How will increasing service costs or the loss of a service or operating funding source be addressed?

## 10.5 Time-Limited Housing

1. If permanent housing is not provided by the project, describe exit planning. Specifically, describe what will be done, and by whom, to assist households in time-limited housing transition to permanent housing. Please note that some funders will only fund permanent housing. Review each public funder’s Solicitation for Applications/NOFA for the most current requirements.

## 10.6 Performance Measures

1. List the intended service outcomes and how the outcomes will be measured.
2. How will the collected service data be used by the Applicant Organization to inform the program, including how resident feedback is incorporated into the process? Include any timelines and procedures.
3. Describe what procedures the Applicant Organization has, or will have, in place to ensure data quality. Be sure to include any timelines.
4. If the Applicant Organization is serving homeless residents, describe how the project proposal is aligned with the [Federal HEARTH Act performance outcomes](https://files.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf), as adopted by the project area’s local Continuum of Care (CoC).

# End of CFA Sections

1. A socially disadvantaged group is a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities. See [13 CFR 124.103(a)](https://www.ecfr.gov/current/title-13/chapter-I/part-124/subpart-A/subject-group-ECFR4ef1291a4a984ab/section-124.103) [↑](#footnote-ref-1)
2. Participation in the local Coordinated Entry system is required by most capital and service funders when providing housing for homeless households. Review each public funder’s Solicitation for Applications/NOFA for the most current requirements. [↑](#footnote-ref-2)
3. The “move-in notice” explains that redevelopment is planned that could lead to permanent relocation, in which case the tenant waives rights to relocation benefits as a condition of what could be shorter-term tenancy due to planned redevelopment [↑](#footnote-ref-3)
4. This includes the issuance of Notices of Disclosure to Seller with Purchase Offer, Disclosure to Seller After Purchase has been Executed, and Disclosure to Seller of Fair Market Value [↑](#footnote-ref-4)