# Affordable Housing Fund (AHF-TC) Application

This application form should be used for projects seeking City of Madison AHF-TC funds. Please format for logical page breaks. Applications must be submitted electronically to the City of Madison Community Development Division by **noon on August 15, 2023**. Email to: [cddapplications@cityofmadison.com](mailto:cddapplications@cityofmadison.com)

## Applicant INFORMATION

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| Proposal Title: |  | | | | | | | | |
| Amount of Funds Requested: | $ | | Type of Project: | | | New Construction | Acquisition/Rehab | | |
| Name of Applicant: |  | | | | | | | | |
| Mailing Address: |  | | | | | | | | |
| Telephone: |  | | Fax: | |  | | | | |
| Admin Contact: |  | | Email Address: | |  | | | | |
| Project Contact: |  | | Email Address: | |  | | | | |
| Financial Contact: |  | | Email Address: | |  | | | | |
| Website: |  | | | | | | | | |
| Legal Status of Maj. Owner: | For-profit | Non-profit | | LIHTC Application:  4% only | | | | 4+4% | 9% |
| HOME-ARP Set-Aside: | Yes | No | |  | | | |  |  |
| Anticipated WHEDA Set-Aside: | General  Preservation  Non-Profit  Supportive Housing | | | | | | | | |
| Federal EIN: |  | | | SAM/ UEI #:\* | |  | | | |

\* If seeking federal funds

## home-arp sET-aSIDE APPLICANTS

If applying to this RFP under the HOME-ARP set-aside please check the box for “Yes” above. For questions in this application that do not apply, please write “Not Applicable.”

## Affirmative Action

If funded, applicant hereby agrees to comply with the City of Madison Ordinance 39.02 and file either an exemption or an affirmative action plan with the Department of Civil Rights. A Model Affirmative Action Plan and instructions are available at <https://www.cityofmadison.com/civil-rights/contract-compliance/affirmative-action-plan/individual-developers>.

**LOBBYING RESIGTRATION**

Notice regarding lobbying ordinance: If you are seeking approval of a development that has over 40,000 gross square feet of non-residential space, or a residential development of over 10 dwelling units, or if you are seeking assistance from the City with a value of over $10,000 (this includes grants, loans, TIF, or similar assistance), then you likely are subject to Madison’s lobbying ordinance, sec. 2.40, MGO. **You are required to register and report your lobbying**. Please consult the City Clerk for more information. Failure to comply with the lobbying ordinance may result in fines of $1,000 to $5,000. You may register at <https://www.cityofmadison.com/clerk/lobbyists/lobbyist-registration>.

## City of Madison Contracts

If funded, applicant agrees to comply with all applicable local, state and federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at (608) 266-6520.

If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

## Signature OF APPLICANT

Enter Name:

By submitting this application, I affirm that the statements and representations are true to the best of my knowledge.

By entering your initials in this box initials you are electronically signing your name as the submitter of the application and agree to the terms listed above.

Date:

## PROPOSAL DESCRIPTION

1. Please provide a brief overview of the proposal. Describe the impact of the proposed development on the community as well as other key characteristics.

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1. Please describe the following aspects of the proposed development:

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| Type of Project: | New Construction | Acquisition/Rehab or Preservation |
| Type of Project: | Multi-family | Senior (55+ or 62+ yr. old): |

Total number of units:

Total number affordable of units (<60% CMI):       Total % affordable of units (<60% CMI):

Total amount of AHF requested per affordable unit:

Number of units supported by Section 8 project-based vouchers, if known:       PBV CMI level:

Length of Period of Affordability Commitment (min. 40 years):     years

1. Please indicate the organization of the development team for the proposed development:

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| Non-Profit Developer | For-Profit Developer |
| Non-Profit Controlling Member | For-Profit Controlling Member |

1. Please indicate the loan terms requested for this proposal as described in Section 1.4 of the RFP. Is the applicant requesting a waiver of shared appreciation in exchange for permanent affordability?

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## Affordable Housing Initiative Fund GOALS & OBJECTIVES

1. Please check which of the following goals outlined in the Request for Proposals are met with this proposal:

1. Increase the supply of safe, quality, affordable rental housing, especially units affordable to households with incomes at or below 30% of area median income, that ensure long-term affordability and sustainability.

2. Preserve existing income- and rent-restricted rental housing to ensure long-term affordability and sustainability.

3. Improve the existing rental housing stock through acquisition/rehab to create long-term affordability and sustainability.

## AFFORDABLE HOUSING NEEDS

1. Describe Development Team’s knowledge of and experience in identifying and addressing affordable housing needs of the City of Madison.

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1. Please describe the anticipated demand for the proposed target populations served in this location.

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**INTEGRATED SUPPORTIVE HOUSING UNITS**

1. Provide the number and percent of Integrated Supportive Housing Units proposed, the income category(ies) targeted for these units, and the target service population(s) proposed (e.g., households currently experiencing homelessness listed on the Community-wide Prioritized List, veterans, persons with disabilities, formerly incarcerated individuals, other, etc.). Describe the consultation and coordination between Developer, the Property Manager and the lead Supportive Service Coordination Agency that occurred prior to this application and planned to design the development in terms of matching unit mix (income and size) to the targeted population.

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1. Please describe your proposed integrated supportive housing approach that will go beyond meeting WHEDA’s supportive housing requirements outlined in the Appendix S Checklist of the WHEDA Qualified Allocation Plan targeting veterans and/or persons with disabilities. Please elaborate on which target populations you plan on serving.

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1. Identify the partnership(s) with supportive service agencies that have been or will be formed to serve the target population(s) for the supportive housing units, including service provider(s) from the Continuum of Care (see Attachment C), if applicable. Provide a detailed description of the type (e.g., assessment and referral, on-site intensive case management, etc.) and level of supportive services (% FTE and ratio of staff: household) that will be provided to residents of the proposed project.

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1. CDD expects that supportive service partners have access to adequate compensation for the dedicated services provided to residents of the development. In order to ensure the success of the development, the partnership(s), and the tenants, describe the level of financial support to help pay for or subsidize supportive services that the development will provide annually to the identified supportive service partner(s). Identify any other non-City funding sources contemplated or committed for supportive services outside of this project. Explain any arrangement with developer fee sharing, “above the line” payments in the operating budget, “below the line” payments out of available cash flow and/or percent of developer fee shared. CDD is open to deferral of AHF Cash Flow Note payments to ensure meaningful financial support to supportive service partners.

Attach a letter from the service provider(s) detailing the services they intend to provide to residents of the supportive housing units, the cost of those services and how those services will be financially supported (i.e., through the development, fundraising, existing program dollars, etc.).

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## PROPERTY MANAGEMENT: Tenant Selection & affirmative marketing

1. Confirm that you have read and agree to the Affirmative Marketing Plan and Tenant Selection Standards found in RFP Attachments B-1 and B-2.

Yes, I confirm.

1. Describe the planned approach, relationship and coordination between the Property Manager and the lead Supportive Service Coordination Agency for lease up and ongoing services. Have these entities previously participated in an in-depth pre-lease up coordination process with these target population(s) in coordination with relevant community partners (e.g., CDA, DCHA, VASH, CE, etc.)? How will these entities work together to ensure a successful development well-integrated with the immediate neighborhood and community?

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1. Describe the affirmative marketing strategy and any other strategies to engage the target populations for this proposal. Specifically outline how this development’s marketing will be consistent with the City of Madison’s Affirmative Marketing Plan Requirements (Attachment B-2 of the RFP), especially for Asian and Latinx populations which tend to been under-represented in AHF Completion Reports.

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1. How will you affirmatively market to populations that will be identified as least likely to apply? Detail specific partnerships that the development team, Property Manager, and/or other agencies in this proposal have had with community agencies and organizations that provide direct housing search and related assistance to households least likely to apply. Please reference successful past practices, relationships with agencies and/or marketing materials used.

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1. What percentage of maximum LIHTC rents are used for 50 & 60% units? Describe the proposed development’s policy toward notification of non-renewals and limiting rent increases for lease renewals? How will it be ensured that prospective long-term tenants be protected from significantly and rapidly rising contract rents increases allowed under the published rent limits, even under the rent limit increase requirements in this RFP and Loan Agreement.

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## PUBLIC benefit and RISK

1. Please describe the public benefit of the proposed housing development and the risks associated with the project.

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## SITE INFORMATION

1. Address of Proposed Site:
2. In which of the following areas on the Affordable Housing Targeted Area Map (see Attachment A) is the site proposed located? Please check one plus Limited Eligibility, if applicable.

*Note: projects applying under the HOME-ARP set-aside may only be located in Preferred TOD and Eligible Core Transit areas.*

Preferred TOD Area

Eligible Core Transit Area

Preservation & Rehab Area (Ineligible for New Construction)

Limited Eligibility Area

1. Identify the neighborhood in which the site is located:
2. Date Site Control Secured:
3. Explain why this site was chosen and how it helps the City to expand affordable housing opportunities where most needed. Describe the neighborhood and surrounding community. Provide the streets of the closest major intersection as well as known structures/activities surrounding the site that identifies where the site is located. (Attach a map indicating project location. Include one close-up map of the site and a second map using the AHF Targeted Area Map to show the site in the context of the City.)

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1. Identify any existing buildings on the proposed site, noting any that are currently occupied. Describe the planned demolition of any buildings on the site, if applicable.

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1. Describe the historical uses of the site. Identify if a Phase I Environmental Site Assessment has been completed and briefly summarize any issues identified. Identify any environmental remediation activities planned, completed, or underway, and/or any existing conditions of environmental significance located on the proposed site.

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1. Current zoning of the site:       An interactive version of the Zoning Map can be found linked [here](https://www.arcgis.com/apps/webappviewer/index.html?id=89737c066cda41eea5d986dd71291576).
2. Describe any necessary planning and zoning-related approvals (rezoning, conditional use permit, demolition, etc.) that must be obtained for the proposal to move forward.

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1. Describe the proposed project’s consistency with the land use recommendations, goals and objectives as may be relevant in adopted [plans](https://www.cityofmadison.com/dpced/planning/plans/440/), including the City of Madison Comprehensive Plan (adopted 2018), Neighborhood Plans, Special Area Plans, the Generalized Future Land Use Map (interactive version linked [here](https://cityofmadison.maps.arcgis.com/apps/webappviewer/index.html?id=71c4ec1397554f2ab702f2c6c377bb3a)), and any other relevant [plans](https://www.cityofmadison.com/dpced/planning/plans/440/).

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1. Identify the distance the following amenities are from the proposed site.

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| **Type of Amenities & Services** | **Name of Facility** | **Distance from Site** (in miles) |
| Full Service Grocery Store |  |  |
| Public Elementary School |  |  |
| Public Middle School |  |  |
| Public High School |  |  |
| Job‐Training Facility, Community College,  or Continuing Education Programs |  |  |
| Childcare |  |  |
| Public Library |  |  |
| Neighborhood or Community Center |  |  |
| Full Service Medical Clinic or Hospital |  |  |
| Pharmacy |  |  |
| Public Park or Hiking/Biking Trail |  |  |
| Banking |  |  |
| Retail |  |  |
| Other (list the amenities): |  |  |

1. What is the actual walking distance (in miles) between the proposed site and the nearest seven-day per week transit stops (i.e. weekday and weekends)? List the frequency of service at that bus stop during the weekday at noon. List the bus route(s), major transit stop street intersections and describe any other transit stops (include street intersections and schedule) located near the proposed site. Please do not include full bus schedules. Please refer to [Metro’s Adopted Network Redesign](https://www.cityofmadison.com/metro/routes-schedules/transit-network-redesign) and answer based on the best available information at the time of application.

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1. Describe the walking routes for children to get to their elementary and middle schools.

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1. Describe the [anticipated](https://www.cityofmadison.com/metro/routes-schedules/transit-network-redesign) transit options for people to access employment and amenities such as childcare, after school activities, grocery stores, the nearest library, neighborhood centers, and other amenities described above.

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1. Describe the impact this housing development will have on the schools in this area. What percent are the 5-year projected capacities for the area schools (from 2019)? Ideal enrollment is considered 90%. Are the schools projected to be at, above, or below capacity? Approximately how many elementary and middle school children are projected to live at the proposed housing development based on your proposed unit mix and previous housing experience? See 5-year projected capacities in 2019 school capacity information found in this [Report](https://resources.finalsite.net/images/v1626108109/madisonk12wius/yl7lrjxerejgxh8z26pv/2019-11_fall_enrollment_reports_updated_on_december_20_2019.pdf) (.pdf pages 30-31).

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## City and COmmunity Engagement Processes

1. Briefly summarize the staff comments during your Pre-application meeting with City of Madison Planning and Zoning staff. Please include the date.

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1. Have you presented to the City’s Development Assistance Team (DAT)? If so, please summarize the staff comments to your proposal and reference the date of the presentation. If not, what is the anticipated date of the DAT presentation?

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1. Describe the response of the alderperson in which the proposal is located, as well as the adjacent alderperson(s), if within 200 feet of an adjacent Aldermanic District. What issues or concerns with the project did they identify, if any? How will those be addressed? Please note new [Aldermanic Districts](https://www.cityofmadison.com/Council/councilMembers/alders.cfm) went into effect January 1, 2022.

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1. Describe the neighborhood and community input process to date, including notification to and input from the nearby Neighborhood Association(s). What issues or concerns with the project has been identified, if any? How will those be addressed? Describe the plan for continued neighborhood input on the development (e.g. steering committee, survey, informational meetings, project website, etc.).

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1. Describe your plans for neighborhood informational meetings and other ways of engaging and informing residents both during construction and approaching lease-up. Describe your experience in working with neighborhood residents post-approval and detail effective strategies you have used since the beginning of the pandemic to effectively communicate with residents.

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1. Describe how this development will promote both racial and social equity in the community and the greater Madison area. How does this proposal embrace the City’s [Racial Equity and Social Justice Initiative](https://www.cityofmadison.com/civil-rights/programs/racial-equity-social-justice-initiative)? What steps will be taken to ensure goals of this initiative are met on an ongoing basis?

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1. Have you or will your development team be willing to provide a meaningful internship, employment opportunity, or development partnership role, to a student or graduate of the Associates in Commercial Real Estate (ACRE) program on this or another project? If so, describe how your development team will address this priority?

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**SITE AMENITIES**

1. Describe the exterior amenities that will be available to tenants and guests (e.g., tot lot or play structure, outdoor exercise equipment, patio, permanent tables and chairs, greenspace, grill area, gardens, etc.).

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1. Describe the interior common area amenities that will be available to tenants and/or guests (e.g., community rooms, exercise room, business center, etc.). For family developments, will there be a year-round indoor play space &/or youth lounge for children and teens?

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1. What is the anticipated number of total number parking spots, both underground and surface, that will be provided to tenants of the development? What is the ratio to units? What is the associated monthly cost? Will the parking cost in this development vary by CMI level?

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1. For proposals contemplating first floor commercial space, describe how the use and/or tenant of the space will be a benefit to the immediate neighborhood (e.g. childcare, senior center, community facility, neighborhood-serving commercial etc.). Explain how the use of the space was identified to fill a service gap or enhance the surrounding community. Describe if a prospective tenant or use has already been identified or how a prospective tenant will be found and will help inform the space’s design.

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1. Describe the interior apartment amenities, including plans for internet service (and cost to tenants, if any) and a non-smoking indoor environment throughout the building.

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## PROposal TIMELINE

1. Please list the estimated/target completion dates associated with the following activities/benchmarks to illustrate the timeline of how your proposal will be implemented.

| **Activity/Benchmark** | **Estimated Month/Year of Completion** |
| --- | --- |
| Draft Site Plan Ready to Submit to Dev. Assistance Team (DAT) [*Target/Actual Month/Date*] |  |
| 1st Development Assistance Team/ Meeting (Due by 9/14/23) [*Target/Actual Month/Date*] |  |
| 1st Neighborhood Meeting(Due by 9/14/23)[*Target Month/Date*] |  |
| Submission of Land Use Application (Zoning Map Amendments Due by 10/16/23) |  |
| Submission of Land Use Application (Permissively Zoned Due by 11/27/23) |  |
| Plan Commission Consideration (If Rezoning, 11/27/23 Meeting for 12/5/23 Common Council) |  |
| Urban Design Commission Consideration, if applicable [*Target Month/Date*] |  |
| Application to WHEDA |  |
| Complete Equity & Debt Financing |  |
| Acquisition/Real Estate Closing |  |
| Rehab or New Construction Bid Publishing |  |
| New Construction/Rehab Start |  |
| Begin Lease-Up/Marketing |  |
| New Construction/Rehab Completion |  |
| Certificates(s) of Occupancy Obtained |  |
| Complete Lease-Up |  |
| Request Final AHF Draw |  |

**HOUSING INFORMATION & UNIT MIX**

1. Provide the following information for your proposed project. List the property address along with the number of units you are proposing by size, income category, etc. If this is a scattered site proposal, list each address separately with the number of units you are proposing by income category, size, and rent for that particular address and/or phase. Attach additional pages if needed.

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| **ADDRESS #1:** | |  | | | | | | | | | | |
|  | | **# of Bedrooms** | | | | | | **Projected Monthly Unit Rents, Including Utilities** | | | | |
| **% of**  **County Median Income (CMI)** | **Total**  **# of**  **units** | | **# of Studios** | **# of 1 BRs** | **# of 2 BRs** | **# of 3 BRs** | **# of 4+ BRs** | **$ Rent for Studios** | **$ Rent for**  **1 BRs** | **$ Rent for**  **2 BRs** | **$ Rent for**  **3 BRs** | **$ Rent for**  **4+ BRs** |
| **≤30%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **40%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **50%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **60%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **Affordable Sub-total** | **0** | | **0** | **0** | **0** | **0** | **0** |  |  |  |  |  |
| **80%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **Market\*** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **Total Units** | **0** | | **0** | **0** | **0** | **0** | **0** | Notes/Utility Allowance Assumptions: | | | | |

\*40% = 31-40% CMI; 50% = 41-50% CMI; 60% = 51-60% CMI; 80% = 61-80% CMI; Market = >81% CMI.

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| **ADDRESS #2:** | |  | | | | | | | | | | |
|  | | **# of Bedrooms** | | | | | | **Projected Monthly Unit Rents, Including Utilities** | | | | |
| **% of**  **County Median Income (CMI)** | **Total**  **# of**  **units** | | **# of Studios** | **# of 1 BRs** | **# of 2 BRs** | **# of 3 BRs** | **# of 4+ BRs** | **$ Rent for Studios** | **$ Rent for**  **1 BRs** | **$ Rent for**  **2 BRs** | **$ Rent for**  **3 BRs** | **$ Rent for**  **4+ BRs** |
| **≤30%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **40%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **50%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **60%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **Affordable Sub-total** | **0** | | **0** | **0** | **0** | **0** | **0** |  |  |  |  |  |
| **80%** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **Market\*** | 0 | | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| **Total Units** | **0** | | **0** | **0** | **0** | **0** | **0** | Notes/Utility Allowance Assumptions: | | | | |

\*40% = 31-40% CMI; 50% = 41-50% CMI; 60% = 51-60% CMI; 80% = 61-80% CMI; Market = >81% CMI.

**NOTE: For proposals contemplating project-based vouchers (PBVs),** please list vouchered units under the same CMI designation that you will be representing to WHEDA (e.g. if the LIHTC application to WHEDA presents 8 PBV units as 50% CMI or 60% CMI units, please include those on the “50%” or “60%” row in the above table(s)). The City of Madison will enforce this income designation in the AHF Loan Agreement, if this proposal is awarded funds. Include a comment in the Notes, e.g., Eight (8) 50% CMI units will have PBVs.

1. Utilities/amenities included in rent:  Water/Sewer  Electric  Gas  Free Internet In-Unit

Washer/Dryer  Other:

1. Please list the source of calculating your utility allowance, and the total utility allowance per bedroom size:

Utilities Allowance Used:  CDA  DCHA  HUSM (HUD HOME)

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| **Unit Size (Number of Bedrooms)** | **Total Monthly**  **Utility Allowance**  **($)** |
| **Efficiency** |  |
| **1-Bedroom** |  |
| **2-Bedroom** |  |
| **3-Bedroom** |  |

1. Describe this development’s approach to accessibility, including the number and percent of accessible units proposed for each of level of accessibility (i.e. Type A and B units). Elaborate on this development’s plan to meet or exceed WHEDA’s minimum requirements as well as exceeding building code standards for Type A units. For rehab, describe the accessibility modifications that will be incorporated into the existing development.

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1. Describe this development’s level of commitment to the principles of Universal Design. Explain the extent to which the development team will incorporate the greatest feasible levels of Universal Design in residential units, commercial spaces, and common areas in accordance with the requirements outlined in the RFP. What percentage or number of units in the proposed development will incorporate Universal Design principles?

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## Energy Efficiency, Renewable Energy, DeCARBONIZATION & Sustainable Design

1. Describe your organization’s experience developing projects that incorporate extraordinary sustainability, energy efficiency, decarbonization/electrification, and/or green building design? Please list any awards, industry standards or third-party certifications achieved on projects developed in the past ten years, such as LEED®, WELL, ENERGY STAR, Passive House, etc.

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1. Describe how the proposed development will contribute to the City’s goal of reaching 100% renewable energy and net-zero carbon emissions community-wide by 2050. What size/range of solar array is anticipated? If not yet known, what percentage of on-site electricity use is the development aiming to provide via the solar array. Please describe any other renewable energy systems to be included in the development, such as solar thermal, solar hot water, geothermal, etc.

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1. Describe the proposed development’s energy efficiency goals. Attach a copy of the confirmation page demonstrating that your organization has submitted an [Initial Application](https://www.focusonenergync.com/guide) for Focus on Energy’s Energy Design Assistance program. Identify any third party certification, such as LEED®, WELL, ENERGY STAR, Passive House or similar, that will be sought.

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1. Please describe all design and equipment choices to reduce fossil fuel consumption and help achieve decarbonization, such as air-source or ground-source heat pumps, electric or heat-pump water heaters, electric stoves, EV charging infrastructure, battery storage, etc.

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1. Describe this development’s proposed strategies to reduce reliance on municipal water sources (i.e. water efficiency). Will the development incorporate systems to recapture and/or reuse water on-site?

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**REAL ESTATE PROJECT DATA SUMMARY**

1. Enter the site address (or addresses if scattered sites) of the proposed housing and answer the questions listed below for each site.

|  | # of Units Prior to Purchase | # of Units Post-Project | # Units Occupied at Time of Purchase | # Biz or Residential Tenants to be Displaced | # of Units Accessible Current? | Number of Units Post-Project Accessible? | Appraised Value Current  (Or Estimated) | Appraised Value After Project Completion  (Or Estimated) | Purchase Price |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | Enter Address 1 | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Address: | Enter Address 2 | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Address: | Enter Address 3 | | | | | | | | |
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1. For proposals that include rehabilitation, have you completed a capital needs assessment for this property? If so, summarize the scope and cost; Attach a copy of the capital needs assessment.

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1. Identify any existing buildings on the proposed site, noting any that are currently occupied. Describe the planned demolition of any buildings on the site.

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1. Will any business or residential tenants will be displaced temporarily or permanently? If so, please describe the relocation requirements, relocation plan and relocation assistance that you will implement or have started to implement.

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**DEVELOPMENT TEAM**

1. For applicants applying under the HOME-ARP set-aside, please describe the development team’s experience using federal HOME funds in detail, including a list of projects the team has developed using such funds. Please enter N/A if this question does not apply.

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1. Describe the project’s organizational structure. Please attach an organizational chart detailing the roles of the applicant, all partners, and the ownership and controlling interest percentages of each entity.

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1. For projects that will be co-developed with a non-profit partner, please explain the non-profit’s role in the development. State if the non-profit will have a controlling interest (as memorialized in organizational documents), Right of First Refusal, or General Partner Purchase Option. If not, please elaborate on how the non-profit organization will be involved in the long-term ownership of the development.

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1. For projects that will be co-developed with a BIPOC or minority developer, please explain the BIPOC or minority developer role in the development. State what percentage stake the BIPOC or minority developer will have in the development, cash flow, etc. (as memorialized in organizational documents). If the development team will partner with a BIPOC or minority developer but will not provide a stake in the organization structure, please explain this decision and elaborate on how the BIPOC or minority developer will be involved in the long-term ownership of the development.

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1. Identify all key roles in your project development team, including architect, general contractor, legal counsel, property management agent, supportive services provider(s), and any other key consultants, if known.

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| --- | --- | --- | --- | --- |
| **Contact Person** | **Company** | **Role in Development** | **E-mail** | **Phone** |
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1. For the following development team roles, please identify the number and/or percentage of women and persons of color employed by that company.

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| --- | --- | --- | --- | --- | --- |
|  |  | **BIPOC** | | **Women** | |
| **Company** | **Role in Development** | **#** | **%** | **#** | **%** |
|  | Developer |  |  |  |  |
|  | Co-Developer |  |  |  |  |
|  | Co-Developer |  |  |  |  |
|  | General Contractor |  |  |  |  |
|  | Property Manager |  |  |  |  |
|  | Architect |  |  |  |  |
|  | Service Provider |  |  |  |  |

1. Will the development team commit to making annual payments on the AHF Cash Flow Note concurrently with repayment of the deferred developer fee? If yes, explain how this will be memorialized in organizational documents, including the final Amended and Restated Operating Agreement.

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## REFERENCES

1. Please list at least three municipal/financing references who can speak to your work on similar developments completed by your team.

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| --- | --- | --- | --- |
| **Name** | **Relationship** | **Email Address** | **Phone** |
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1. Please provide your estimated **WHEDA self-score** in the table provided. Projects already in receipt of a tax credit award do not need to complete a self-score.

*PLEASE NOTE: This question is optional for applicants applying under HOME-ARP set-aside who are also not seeking tax credits.*

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| --- | --- | --- |
| **Scoring Category** | **Max**  **Points** | **Projected Points** |
| 1. Lower-Income  Areas | 5 |  |
| 2.  Energy Efficiency and Sustainability | 25 |  |
| 3.  Mixed-Income Incentive | 12 |  |
| 4. Serves Large Families (Three-bedroom or larger units) | 5 |  |
| 5.  Serves Lowest-Income Residents | 63 |  |
| 6.  Supportive Housing | 15 |  |
| 7. Veterans Housing | 5 |  |
| 8. Rehab/Neighborhood Stabilization | 25 |  |
| 9. Universal Design | 18 |  |
| 10. Financial Leverage | 36 |  |
| 11. Eventual Tenant Ownership | 3 |  |
| 12. Project Team | 8 |  |
| 13. Areas of Economic Opportunity | 28 |  |
| Median Income | *-5-* |  |
| School District (Family-Only) | *-5-* |  |
| High Need Area/Respondent to RFQ | *-5-* |  |
| Avg. Renter Household Paying >30% on Housing | *-5-* |  |
| Access to Services & Amenities | *-10-* |  |
| 14. Rural Areas Without Recent HTC Awards | 8 | **0** |
| 15. Workforce Housing Communities | 12 |  |
| 16. Community Service Facilities | 5 |  |
| **TOTAL** | 273 |  |

**PleASE ATTACH THE FOLLOWING ADDITIONAL INFORMATION** (such as assessment and referral, on-site intensive case management, etc.) **AND CHECK THE BOX WHEN ATTACHED:**

1. A completed Application Budget Workbook, showing the City’s proposed financial contribution and all other proposed financing.

2. Description of the Development Team’s Experience and Capacity per Section 2.4, Item 2 of the RFP.

3.a. Letter(s) from Supportive Service Provider(s) detailing what services are necessary to be adequate for the number of supportive housing units and target population as well as what level of services they intend to provide.

3.b. A detailed map of the site and a second map using the AHF Affordable Housing Targeted Area Map showing

the site in the context of the City.

3.c. A preliminary site plan and drawings, if available.

3.d. A Capital Needs Assessment report of the subject property, if the proposal is for a rehabilitation project and if the report is available at the time of application.

4. A confirmation page demonstrating that an Initial Application for Energy Design Assistance was submitted to

Focus on Energy

NOTE: If a preliminary site plan is not available at the time of application, submittal will be required for DAT on September 14, 2023 with submittal with week prior. If the Capital Needs Assessment is not available at the time of application for a rehab project, submittal will be required by September 15, 2023.