Project Submission Sheet

Applicant Name and Address

Name:		
Address:		
City:	State:	Zip:
Federal Employer Identification Number*:		
DUNS Number:		

Contact Information

Name:	Title:
Phone:	Fax:
E-Mail:	
Relationship to Applicant:	

1. Please select what HOME-ARP program funding you are applying for:

   _____ Supportive Services   _____Development of Affordable Housing   _____Non-Profit Operating

2. Is applicant a legally formed entity qualified to do business in the State of Florida as of the application deadline?

   ☐ Yes   ☐ No

3. Is the applicant a limited partnership or a limited liability company?

   ☐ Yes   ☐ No

4. Is the applicant a public housing authority created by Section 421.04 Florida Statutes?

   ☐ Yes   ☐ No

5. Is applicant applying as or in partnership with a non-profit entity?

   ☐ Yes   ☐ No

   If "YES", the Applicant must respond to (a) and (b) below. If "NO", skip (a) and (b) below.

(a) Is the Applicant or one of its general partners a 501(c)(3) or 501(c)(4) Non-Profit entity or is the Applicant or one of its general partners a wholly-owned subsidiary of a 501(c)(3) or 501(c)(4) Non-Profit entity?

   ☐ Yes   ☐ No

(b) Does the Non-Profit entity have an ownership interest, either directly or indirectly, in the general partner or general partnership interest or in the managing member or the managing member's interest in the Applicant?

   ☐ Yes   ☐ No

1

If "YES", state the percentage owned in the general partnership or managing member interest: _____ %

(ii) Percentage of Developer's fee that will go to the Non-Profit entity: _____ %

(iii) Provide the description / explanation of the role of the Non-Profit entity below.

```
┌──────────────────────────────────────────────────────────────────┐
│                                                                    │
│                                                                    │
└──────────────────────────────────────────────────────────────────┘
```

(iv) Provide the names and addresses of the members of the governing board of the Non-Profit entity below.

```
┌──────────────────────────────────────────────────────────────────┐
│                                                                    │
│                                                                    │
└──────────────────────────────────────────────────────────────────┘
```

(v) Is the Non-Profit entity affiliated with or controlled by a for-profit entity within the meaning of Section 42(b), Internal Revenue Code?

☐ Yes ☐ No

If "YES", state the name of the for-profit entity:

_____

Non-Profit Capacity Building/Operating Costs

Legal Status of Agency/Organization: ☐ Non-Profit ☐ Public Agency

☐ Other (specify) _____

Nonprofit Capacity Building/Operating Costs Funds Requested: $_____ per year

Number of years funds being requested for: _____ years

1. Provide an explanation of how funds will be used for general costs? Please include a timeline within your response of when funds will be expended.

2. Provide an explanation of the need for the funds requested?

3. Provide a budget of how funds will be expended. Applications submitted without a budget will be considered incomplete and will **not** be considered for funding.

Seminole County Community Services
HOME-ARP Application

Development of Affordable Rental Housing

Legal Status of Agency/Organization: ☐ Non-Profit   ☐ Public Agency
☐ Other (specify) _____
Project Name: _____
Proposed Project: _____
Development of Affordable Rental Housing Funds Requested: $_____

A. Organizational Capacity and Experience

Developer or Principal of Developer

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the Developer, including a chart of prior developments:		

Management Agent or Principal of Management Agent

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the Management Agent, including a chart of prior developments:		

General Contractor

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the General Contractor, including a chart of prior developments:		

Does the General Contractor have experience with Davis Bacon Requirements and agree to provide information and documentation as required?

☐ Yes	☐ No	

Architect or Engineer

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the Architect or Engineer, including a chart of prior developments:		

Rental Management Entity (if applicable)

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Years of rental management experience:		
Total number of projects currently under management:	Total Units:	

B. Project / Activity Description

Development Name:		
Address of Development Site:		
City:	State:	Zip:
Folio #:		
Census Tract No.		

If activity is held in multiple locations, list all locations and the corresponding Census Tract Numbers and Census Map(s) (https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx).

1. Will the Development be constructed on a single site or scattered site? If scattered site, please attach a separate list with addresses and folio numbers.

   ☐ Yes ☐ No

2. Will Federal/State Historic Tax Credits be used for this project?   ☐ Yes ☐ No

   (a) Estimated total credit amount: $ _____

   (b) Estimated equity raised for project: $ _____

4

(c) Is this building(s) currently on the historic register? ☐ Yes ☐ No

3. Select the appropriate development category below:

☐ New Construction (where 100% are new construction) for FHFC applicants at least 51% of the units are new construction

☐ Acquisition and New Construction (Acquisition plus 100% or more of the units are new construction) for FHFC applicants at least 51% of the units are new construction

☐ Rehabilitation/Substantial Redevelopment (where at least 51% of the units are new construction)

☐ Acquisition and Rehabilitation/Substantial Rehabilitation

4. Total number of units? _____

5. Total number of Qualifying Population Units? _____

6. Total Number of Low-Income Units? _____

HOUSING - ACQUISITION / NEW CONSTRUCTION

1. (a) Total number of Households (H)/Units (U) in project: ☐

   (b) Number to be assisted with requested funds: ☐

2. Specifically describe the building(s) to be acquired or constructed and the population to be served. *(e.g., 25 1-bdrm units for senior citizens in a 3-story building on municipally owned land).*

3. Describe how the requested funds will be used.

4.   What is the documented need for this project (e.g., COAH obligation, waiting lists, surveys)?

5.   Describe the site (e.g., vacant, wooded, wetlands, structures, etc.) and neighborhood (e.g., rural, residential).

6.   Site Information:

Address:

   a) Parcel #:   Size of lot:

   b) Availability of Utilities: Yes   No
      Water - at the site   ☐   ☐
      Sewer - capacity reserved   ☐   ☐

   c) Are Municipal Approvals Required?
      Planning Board   ☐   ☐
      Zoning Board   ☐   ☐

   d) Is site fully accessible for activity? *(i.e., not landlocked?)*   ☐   ☐

   e) What is the age of the existing building?

   f) Are other approvals necessary *(e.g., state and county)*? If so, what is the status?

7.   What is the status of architectural and engineering plans? Attach a copy of the preliminary site plan, elevation renderings, and floor plans for each unit type in the project.

8.   Have you applied to other funding sources and been denied? Note sources and reason for denial

HOUSING - REHABILITATION

1. (a) Total number of Households (H)/Units (U) in project:

   (b) Number to be assisted with requested funds:

2. Specifically describe the building(s) to be rehabilitated, the type of repair(s) and the population to be served. *(e.g., bringing a single-family home up to code to rent to low- to moderate-income families).*

3. What is the documented need for this project (e.g., COAH obligation, waiting lists, surveys)?

4. What is the status of site control?
   Site Control: Owned ☐   Option to Buy ☐   Lease to Purchase ☐   Other ☐

5. Other than building permits, are any other approvals necessary (*e.g., local or State historic preservation reviews*)?

6. Have you applied to other funding sources and been denied? Note sources and reason for denial:

C. Ability to Proceed

1. Is site currently under control for the Developer? ☐ Yes ☐ No

    If "YES", control is in the form of:

    ☐ Deed ☐ Option ☐ Purchase Contract ☐ Other: _____

    Expiration date of contract or option: *(mo, day, yr)* _____

    Applicant must demonstrate site control by providing the following documentation: a fully executed qualified contract for purchase and sale for the subject property, a recorded deed or recorded certificate of title, or a copy of the fully executed long-term lease.

2. Provide a Gantt Chart, that outlines your proposed activity tasks/goals from application to completion phase. An example is provided below for reference.

Seminole County Community Services
HOME-ARP Application

Please complete if you are applying for a Development of Affordable Rental Housing project
*

Budget Information

Applicant must submit a total budget that is clearly labeled attachment, including a list of committed funds for the proposed project. Budget section must include a Sources and Uses statement; evidence of leveraged funding, such as award letters, signed affidavits, and/or letters of firm commitment; and utility allowance chart.

OPERATING EXSPENSES (Sample)

Administrative/ Management Expenses			
Expense	**Annual Cost**	**Monthly Costs**	**Per Unit Per Cost**
Management Fee			
Management Administrative Payroll Costs			
Renting / Advertising / Marketing Expenses			
Legal Fees			
Accounting / Audit Fees			
Telephone			
Office Supplies			
PJ Monitoring Fee (if any)			
Operations and Maintenance Expenses			
Security			
Operations and Maintenance Payroll Costs			
Repairs Supplies			
Repairs Contracts			
Elevator (if any)			
Other Mechanical Equipment			
Interior Painting			
Exterminating			
Lawn and Landscaping			
Garbage Removal			
Snow Removal			
Resident Service Cost			
Utilities Paid by the Property			
Electricity			
Natural Gas, Oil, Other Fuel			
Sewer and Water			
Taxes / Insurance / Other Expenses			
Real Estate Taxes			
Payroll Taxes			
Other Taxes and Licenses			
Property Insurance			
Health Insurance / Other Employee Benefits			
TOTAL OPERATING EXPENSES			
TOTAL EXPENSES PLUS RESERVE			

DEVELOPMENT COST PRO FORMA

PROJECT COST	Costs
Actual Construction Cost	
Demolition	
New Units	
Rehab of Existing Rental Units	
Accessory Buildings	
Recreational Amenities	
Rehab of Existing Common Areas	
*Other (explain in detail)	
A1. Actual Construction Cost	
Contingency (explain in detail)	
A1.1 Sub-Total	
A1.2 General Contractor Fee cannot exceed 14%	
A1.3 Total Actual Construction Cost	

Financial Cost	
Financial Cost	
Construction Loan Credit Enhancement	
Construction Loan Interest	
Construction Loan Origination Fee	
Bridge Loan Interest	
Bridge Loan Origination Fee	
Permanent Loan Credit Enhancement	
Permanent Loan Origination Fee	
Reserves Required by Lender	
A2. Total Financial Cost	

General Development Cost	
General Development Cost	
Accounting Fees	
Appraisal	
Architect's Fee – Design	
Architect's Fee – Supervision	
Builder's Risk Insurance	
Building Permit	
Brokerage Fees – Land	
Brokerage Fees – Building	
Closing Costs – Construction Loan	
Closing Costs – Permanent Loan	
Engineering Fee	
Environmental Fee	
Environmental Report	
*Impact Fees (list in detail)	
Inspection Fees	
Insurance	
Legal Fees	
Market Study	
Marketing/Advertising	
Property Taxes	
Soil Test Report	
Survey	
Title Insurance	
Utility Connection Fee	
*Other (explain in detail)	

Seminole County Community Services
HOME-ARP Application

*Contingency (7) (explain in detail)	
A3. Total General Development Cost	

B. Development Cost (A1.3+A2+A3)	

C. Developer's Fee (max. 15% total dev. costs)	

ACQUISITION COST OF EXISTING DEVELOPMENTS (EXCLUDING LAND)	
Existing Buildings	
Developer Fee on Existing Buildings	
*Other (explain in detail)	
D. Total Acquisition Cost	

LAND COST	
E. Total Land Cost	
F. Total Development Cost (B+C+D+E)	

Explanation of Other Costs

Actual Construction Cost - Other	Amount	Description

General Development Cost - Other	Amount	Description

Acquisition Cost - Other	Amount	Description

	Amount	Documentation Attached
A. Total Development Cost		
B. Sources		
County Funds		
First Mortgage Financing		
Second Mortgage Financing		
Third Mortgage Financing		
Deferred Developer Fee		
Grants		
Equity – Partner's Contribution		
Other:		
Other:		
Total Sources:		
C. Financing Shortfall (A minus B)		

PERMANENT ANALYSIS

	Amount	Documentation Attached
A. Total Development Cost		
B. Sources		
C. County Funds Requested		

Seminole County Community Services
HOME-ARP Application

<u>Supportive Services</u>

Legal Status of Agency/Organization: ☐ Non-Profit ☐ Public Agency

☐ Other (specify) _____

Project Name: _____

Proposed Activity: _____

Supportive Services Funds Requested: $_____

1. Explain why this activity is needed.

2. What eligible activities will your program provide? (Refer to Exhibit A of HOME-ARP Program Overview)

3. Has the Agency previously received Seminole County funding for this activity: ☐ YES ☐ NO
   a. If yes, how much was received and when were the funds awarded? _____
   b. Were all funds expended within the grant agreement timeframe? ☐ YES ☐ NO

4. Is your Agency a direct recipient of another award: ☐ YES ☐ NO
   a. If yes, has your Agency been monitored/audited by the funding entity
      (Federal, State, or Local agency)? ☐ YES ☐ NO
   b. If yes, provide the most recent completed Program Monitoring Report.

A. Organizational Capacity / Experience

1. Briefly describe your track record and prior experience in the proposed activity and include the following information:
   i. Unique qualifications or characteristics of staff, the facility or operations (*include specifics that separate your organization from others serving in the same capacity*).
   ii. Number of years of related experience of the organization or key staff
   iii. Specify key staff skills, assignments, and/or tasks
   iv. Summary of past outcomes *(for the past two years)*
   v. Perceived challenges in meeting the goals of this application
   vi. Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this application.
   vii. Provide a Year-End Report of accomplishments from previous funding year.

B. Activity Description *(attach additional sheets if necessary)*

1. Describe the "activity", in detail, and be very <u>specific</u> about how the HOME-ARP funds are proposed to be used. Be certain to include the following information:

    a.   Identify and document the need or problem.

    b.   Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that are quantifiable and supported by appropriate data.

    c.   Affected population to be benefited (*Area of service)*.

    d.   Geographic area to be served. Include activity location, U.S. Census Tract. If activity is held in multiple locations, list all locations and the Census Tract Numbers (https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx). If the activity is County-wide, indicate as such.

    e.   State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.

C. Approach

1. Provide a narrative (250 words or less) describing how the organization anticipates implementing the proposed activity within the HOME-ARP funding period.

D. Timeliness

1. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. (If none, indicate N/A):

2. Identify any cooperative approaches and describe how they will improve the performance of the activity. *(If none, indicate N/A)*:

E. Outcome Measurement Goals:

Seminole County Community Development Division determines actual benefits of funded activities by using Outcome Measurement Goals. The Application Review Committee will review these goals closely when recommending applications for funding to the Board of County Commissioners.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section is to identify these outcomes in measurable terms.

Definition of Measurable Terms:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits – new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

- ◆ **Initial Outcomes** – first benefits or changes participants experience.

- ◆ **Intermediate Outcomes** – benefits that connect initial outcomes and longer-term outcomes.

- ◆ **Longer-term Outcomes** – ultimate benefits of the program.

Quantifiable Measurement Goals – a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills, certifications, etc.)

1. Provide a brief narrative describing the goals for the program. The narrative should provide justification for proposed inputs, output, and outcome, and state why this project is needed.

2. Does this activity currently exist?   YES   NO

        i. If yes, why are additional funds needed?

3. Provide a Gantt Chart, that outlines your proposed activity tasks/goals from application to completion phase. An example is provided below for reference.

Seminole County Community Services
HOME-ARP Application

Please complete if you are applying for a Supportive Services activity

F. Activity Budget

1. Provide a proposed project/active budget. Applications submitted without a budget will be considered incomplete and **will not be considered for funding**.

    a. Please attach documentation of funds the Applicant is providing as its source of matched funding (grant awards, cash, in-kind, etc.). List these sources on the *Certificate of Other Funding or Matching Funds*.

Details of HOME-ARP Funding Request	Total Program Cost ($) (Not including HOME-ARP funding)	*HOME-ARP Funding ($)
PROGRAM PERSONNEL		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
PERSONNEL EXPENSES:		
PROGRAM OCCUPANCY		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY:		
PROGRAM OPERATING/PROGRAM EXPENDITURES		
Office Supplies		
Direct Client Services		
Office Expense/Computer		
Communication		
Printing		
Advertising		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Program Materials		
Miscellaneous (provide detailed descriptions and breakdowns separately)		
TOTAL OPERATING/PROGRAM EXPENSES:		
TOTAL COST:		

*Please refer to HOME-ARP NOFA Appendix A for eligible expenses.