COMBINED FUNDERS APPLICATION 2015

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

Application Components:

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

1. **Narrative Questions (this document)**
   This is an MS Word document that contains the narrative questions portion of the application. The narrative questions are divided into "Sections." For example, Section 1 is "Project Summary." The file has had "Restrict Editing" enabled –commonly referred to as "locked" - to facilitate the proper functioning of checkboxes and dropdown menus. There is no password – you may unlock the document freely if you so wish.

2. **Project Workbook**
   This is an MS Excel document that is divided into "Forms." For example, Form 1A is "Project Summary" and Form 1B is "Unit Configuration and Affordability." This document has also been locked, to protect its various equations from inadvertent editing.

3. **Common Attachments**
   The Table of Contents of this document lists the attachments that are required behind each tab.

4. **Public Funder Addenda**
   The funders accepting this application each have requirements specific to their funding sources. For this reason, there is a separate addendum for each of the five public funders listed above. UPDATE for 2015: The Combined Funders group recompiled the Sections document, and as a result the Housing Trust Fund Addendum is now required *only* for applicants to the Trust Fund.

Application Assembly:

The Application must be submitted in both hard copy and electronic copy format by the application deadline to be considered "complete." Individual Funders have their own requirements for how many copies must be submitted; consult the NOFA documentation of each Funder to which you are applying, to ensure you submit the correct number of copies.

Application Binder

Each required hard copy of the entire application, tabbed, with all required attachments, must be submitted in a 3-ring binder unless otherwise indicated by the specific Funder to which you are applying. The Application requires 11 tabbed sections.

1. **Inside Front Cover of 3-ring Binder:** Affix the CD or flash drive to the inside front cover of the application binder. See below for instructions on the electronic copy.
2. **First Pages of Binder:** The CF Table of Contents/Checklist and the relevant Public Funder Addendum Checklist should be placed as the first pages in the application binder, in front of the tabbed sections.
3. **11 Tabbed Sections:** For each tab,
    a. First, insert the responses to the narrative questions of that **CF Section**.
    b. Second, insert that tab's relevant **Public Funder Addenda**.
    c. Third, insert that tab's relevant **CF Forms**. There is no need to add separator sheets between the various forms within a tab.
    d. Lastly, insert that tab's **CF and Addendum attachments** from their respective Checklists, separated by *a colored separator sheet* labeled with the name of the Attachment in front of each attachment. Do not add colored sheets for items that are not applicable to your application.

Electronic Copy

Applicants must submit all of the application materials electronically on a USB flash drive or CD. Application documents submitted via email or over the internet will not be accepted.

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

Name	Type
Project Name - CFA Forms.xlsx	Microsoft Excel Worksheet
Project Name - CFA Sections.docx	Microsoft Word Document
Project Name - Public Funder Addendum.docx	Microsoft Word Document
Tab 2 - Project Description	File folder
Tab 3 - Need & Populations Served	File folder
Tab 4 - Relocation	File folder
Tab 6 - Development Budgets	File folder
Tab 7 - Project Financing	File folder
Tab 8 - Project Operations	File folder
Tab 9 - Development Team	File folder
Tab 10 - Services	File folder

Naming and file conventions

- Within each folder, name each attachment file with the project name and the name of the document as described on the Application Checklist.
- All files should be submitted in their original format – do not convert electronic documents to PDF format.
- Scanned copies of paper documents must be legible with reasonably-sized font and, when applicable, clear signatures and dates.
- PDF's should be searchable whenever possible, and should not be submitted "locked."
- Please create a folder if there are multiple files addressing a single checklist item.
- If an item is not applicable to your project, simply do not include it; do not create placeholder files for "n/a" items.

Please refer to the following visual as a guide:

Name	Type
Project Name - 10 Year Plan Letter.pdf	Adobe Acrobat Document
Project Name - Con Plan Letter.pdf	Adobe Acrobat Document
Project Name - Market Study.pdf	Adobe Acrobat Document

2015 CFA Table of Contents & Self-Certification Checklist

Tab 1: Project Summary

Form 1A	☐	Project Summary
Form 1B	☐	Unit Configuration and Affordability

Tab 2: Project Description

Section 2	☐	Project Narrative
Form 2A	☐	Building Information
Form 2B	☐	Square Footage Details
Form 2C	☐	Evergreen Standard Checklist
Attachments		
	☐	Preliminary Drawings and Site Plan: • For New Construction projects, include elevations, typical floor plans, descriptive building sections, site plan, and roof plan. • For projects that involve interior reconfiguration, exterior improvements, or newly constructed additions, include typical floor plans, primary elevations, descriptive building section, site plan and roof plan • For projects in existing buildings, provide current floor plans, for each floor if they differ
	☐	Documentation of Site Control
	☐	Title Report
	☐	~~Outline Specifications~~
	☐	~~Photos of Proposed Site(s)~~
	☐	~~Zoning Approval Letter~~
	☐	~~Site Plan of Off-Site Improvements~~
	☐	~~Phase I Environmental Site Assessment~~
	☐	~~Phase II Environmental Site Assessment *if recommended by Phase I*~~
	☐	~~Limited survey for Asbestos, Lead and Mold if Rehab of Existing~~
	☐	~~Limited survey for Wetlands if Vacant Land~~

Tab 3: Need & Populations Served

Section 3	☐	Need & Populations Served
Form 3	☐	Populations to be Served
Attachments		
	☐	Market Study
	☐	Consistency with Consolidated Plan letter
	☐	Consistency with local 10-Year Plan to End Homelessness letter (*Homeless projects only*)

Tab 4: Relocation

Section 4	☐	Relocation
Form 4	☐	Relocation Budget
Attachments		
	☐	Tenant Relocation Plan
	☐	Samples of the General Information Notice issued to all current occupants
	☐	Drafts of Move-In Notices
	☐	Drafts of Notices re: displacement and benefits
	☐	Approval letter from local government agency with jurisdiction over tenant relocation issues
	☐	List of existing residential and commercial tenants (include all occupants, with or without leases). Include the following information: • For residential occupants, include type of occupancy (renter vs homeowner), household size, unit size, and household income and rent information that is current as of the date of application. Vacant units should also be listed with the move-out date of the last tenant. • For commercial occupants, include name and type of business, length of occupancy, and current lease terms
	☐	~~Attach a list of all occupants who moved from the site within the past 90 days. Include the name of the business or household, the household size, and explain the reason for their move.~~

Tab 5: Project Schedule

Form 5	☐	Project Schedule

Tab 6: Development Budgets

Section 6	☐	Development Budget Narrative
Form 6A	☐	Development Budgets
Form 6B	☐	Development Budget Details
Form 6C	☐	LIHTC Budget (Basis Calculation)
Form 6D	☐	LIHTC Calculation
~~Form 6E~~	☐	~~Fee Schedule~~
Attachments		
	☐	~~3rd Party Construction Cost Estimate~~
	☐	Capital Needs Assessment
	☐	Appraisal or Property Tax Assessment

Tab 7: Project Financing

Section 7	☐	Project Financing
Form 7A	☐	Financing Sources
Form 7B	☐	Estimate of Cash Flow During Development
Attachments		
	☐	Funding Commitment Letters
	☐	Letters for Committed Donations (including Sponsor Donations)
	☐	Capital Campaign Plan, if funding includes a Capital Campaign

Tab 8: Project Operations

Section 8	☐	Project Operations
Form 8A	☐	Proposed Rents and AMIs Served
Form 8B	☐	Operating, Service and Rent Subsidy Sources
Form 8C	☐	Operating Personnel Expenses
Form 8D	☐	Service Expenses
Form 8E	☐	Operating Pro Forma
Form 8E(2)	☐	Operating Pro Forma (Alternate without Subsidy)
Form 8F	☐	Operating Pro Forma Details
Attachments		
	☐	Documentation of Utility Allowance calculations and schedule

Tab 9: Development Team

Section 9	☐	Development Team
Form 9A	☐	Project Team
Form 9B	☐	Identity of Interest Matrix
Form 9C	☐	Project Sponsor Experience
Form 9D	☐	Project Development Consultant Experience
Form 9E	☐	Project Property Management Firm Experience
Attachments		
	☐	Development Consultant Agreement
	☐	Signed board resolution authorizing application submittal (if applicable)
	☐	Secretary of State certification of existence (RCW 24.03)
	☐	~~Board Composition list (if applicable)~~
	☐	~~501(c)3 letter of determination from IRS (if applicable)~~
	☐	~~Resumes of development team members~~
	☐	~~Audit reports with financial statements for the past three years (plus year to date statements from the most recent fiscal quarter) with the parent organization and subsidiaries broken out, in addition to consolidated totals. Include any management letters from the auditor (unless previously submitted).~~
	☐	~~Tax return 990 forms for the last two years (unless previously submitted)~~

Tab 10: Services

NOTE: *the Washington State Housing Finance Commission (WSHFC) does not require the items under this Tab to be completed unless the Project has committed to providing **homeless** units*		
Section 10	☐	Services
Attachments		
	☐	Memorandum of Understanding
	☐	Services funding commitment letters
	☐	On-site services partnership letter (*if applicable*)

Tab 11: LIHTC Scoring (required only if Project includes Tax Credit financing)

~~**Form 11A**~~	☐	~~9% LIHTC Scoring Synopsis~~
~~**Form 11B**~~	☐	~~4% LIHTC and Bond Scoring Synopsis~~

If any item listed above is not checked, or is not applicable to your project, please reference the specific document and provide an explanation here.

Self-Certification of Threshold Requirements

I, [NAME], [TITLE (Authorized Official)] of [SPONSOR ORGANZIATION], acknowledge that I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.

ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL

Signature:		**Title:**	
Name:		**Date:**	
Organization:		**Project:**	

INSERT THE PUBLIC FUNDER ADDENDUM CHECKLIST AFTER THIS PAGE

Section 1: Project Summary

Tab 1 Forms

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

Section 2: Project Narrative

1. Please provide a concise summary description of the proposed project. Briefly touch on target population, tenant services (if applicable), project scale and any other significant project, program or design features. Explain why your organization has chosen to pursue this particular project in this location. What are the primary public benefits or opportunities provided by this project? (Note: this is intended to be a comprehensive *summary* of your project. More details on particular aspects of your project can be provided below.)

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

3. Please describe any uncommon design components or characteristics of the Project that contribute to improved energy performance, thermal comfort, a healthier indoor environment, increased durability and/or simplified maintenance requirements.

Green Building Standards

4. The Evergreen Sustainable Development Standard (ESDS) is required by most public funders in the State of Washington. Please indicate any Green Building Standards beyond ESDS for which you plan to pursue certification:
   - ☐ Green Communities
   - ☐ Built Green – State the Level:
   - ☐ LEED – State the Type and Level:
   - ☐ Energy Star – State the Type:
   - ☐ Other – please name which Standard, and the extent to which you are pursuing it:

5. If you are pursuing a standard beyond ESDS, please state why and indicate if it is required by another funder.

On-Site Amenities

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

Non-Residential Space

7. Does the project contain any non-residential space not dedicated for the sole use of the project's residents (e.g. social service office space, commercial space or anything else included in the non-residential budget)?
☐ Yes
☐ No
   a. If so, will this space generate any income for the project?
   ☐ Yes
   ☐ No
   b. Please provide a description of the non-residential space, including whether the space is to be used for commercial or social service purposes, who the intended tenant is, and how the space will be used.
   c. If the non-residential space is to be treated as a condominium separate from the residential project, please explain the ownership structure.

Neighborhood/Off-Site Amenities

8. Briefly describe the property location, neighborhood, transportation options, local services and amenities adjacent to the property. In the case of scattered site rentals, if a site has not been identified, describe the characteristics of the location being sought and document the availability of applicable sites and the timeline for obtaining site control.

9. Please list nearest stores for daily necessities (food, household items, personal care items, *etc.*):

Store Name	Type	Address	Distance from Development
1.			
2.			
3.			
4.			

10. For family and youth projects, please list nearest schools:

School Name	Grades	Address	Distance from Development
1.			
2.			
3.			
4.			

11. Please list nearest parks and other recreational amenities (*e.g.* parks, sports fields, swimming pools):

Amenity Name	Type	Address	Distance from Development
1.			
2.			
3.			
4.			

12. Please list nearest public transit stops and routes to the proposed development.

Urban: a 0.5-mile distance of combined transit services (bus, rail, & ferry).
Rural / Tribal: a 5-mile distance of the following transit options: 1) vehicle share program; 2) dial-a-ride program; 3) employer vanpool; and 4) public–private regional transportation

Transit Stop Address	Routes	Frequency of Service	In a High Capacity Transit Corridor Area?[1]	Distance from Development
1.			☐ Yes ☐ No	
2.			☐ Yes ☐ No	
3.			☐ Yes ☐ No	
4.			☐ Yes ☐ No	

Potential Development Obstacles

13. Are there any known issues or circumstances that may delay the project? ☐ Yes ☐ No

    a. If yes, list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues:

Neighborhood Notification

14. Is neighborhood notification required? ☐ Yes ☐ No

    a. If yes, by which jurisdiction or jurisdictions?

    b. Has neighborhood notification taken place? ☐ Yes ☐ No

15. List what activities project sponsor has undertaken or will be undertaking to garner community support for project:

Value of Project Site

16. Date of Appraisal (mm/dd/yyyy):

17. Project Site current appraised value:

18. Project Site purchase price:

19. Is the purchase price at or below fair market value, supported by an appraisal? ☐ Yes ☐ No

[1] See RCW 81.104.015 for the definition of HCTCA. See also the Puget Sound Regional Council's High Capacity Transit Corridor Assessment, which includes several maps of the Central Puget Sound Region's Transit Corridors

a. If no, explain:

20. Does the purchase and sale agreement include any provisions for cost escalation that could cause the purchase price to exceed the current appraised value? ☐ Yes ☐ No
    a. If yes, explain:

21. Applicants to public funders should presume that Federal funds will be included in any Award made. Does the purchase agreement demonstrate compliance with voluntary acquisition procedures under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)? ☐ Yes ☐ No

22. Describe any extension fees or earnest money deposits provided for in the purchase agreement. (Such fees and deposits should be applicable toward the purchase price.)

23. If the property poses specific physical development challenges (ex., steep slopes, easements, REC's) that were not reflected in the appraisal, describe how these were factored into the property negotiation.

Site/Parcel Characteristics

24. Has Site Control been established? ☐ Yes ☐ No

25. Will the proposed project be sited on leased land? ☐ Yes ☐ No

If yes, you must provide the Lessor's information on Form 9A

26. What is the form of site control? Select...
    a. If other, describe:
    b. Expiration date of option or purchase contract: mm/dd/yyyy

27. Are there any anticipated changes to the project's legal description? ☐ Yes ☐ No
    a. If yes, describe:

28. What is the square footage of the proposed project parcel?
    Be sure to include all Sites in your calculation

29. Is the proposed project site subject to any existing encumbrances such as a ☐ Yes

restrictive covenant, use restriction, or regulatory agreement? ☐ No

a. If so, how do you plan to mitigate the encumbrance? Select...
If other, specify:

Zoning

30. What is the current zoning of the project site(s)?

31. Is the proposed project consistent with the zoning status of the site(s)? ☐ Yes ☐ No

 a. If current zoning is not consistent, explain:

 b. Please outline the steps that will be taken to address zoning issues and include the time frame needed to resolve these issues:

32. How many parking stalls are required for your project by current zoning?

 Number of residential parking stalls
 Number of commercial parking stalls

33. How many parking stalls are proposed in your project design?

 Number of residential parking stalls
 Number of commercial parking stalls

34. Please explain any differences between the required number of parking stalls and what is proposed in your project.

35. Do you plan to charge for residential parking separately from rent? ☐ Yes ☐ No

Existing Structures

36. Does the site contain existing structures? ☐ Yes ☐ No

 a. If yes, how many?

 b. What is to be done with them?

 ☐ Demolish
 ☐ Rehab
 ☐ Nothing (does not apply/not part of this project)

 c. Please give a brief description of the condition of any buildings to be rehabilitated:

37. If your project involves rehabilitation, describe how you determined the proposed scope of work. Consult funders you are applying to regarding HOME Rehabilitation Standards.

Historical Elements

38. Are any on-site structures subject to historical preservation requirements? ☐ Yes ☐ No

a. Governing body/code:
   - ☐ National Historic Register
   - ☐ State Department of Archaeology and Historic Preservation
   - ☐ Other, describe:

b. Briefly state how you plan to comply with applicable historic preservation requirements:

Phase I Environmental Site Assessment (ESA)/Limited Survey

For information regarding the required Phase I ESA and Limited Survey, see Sections 205.4.1 and 205.5, respectively, of the Housing Trust Fund Handbook.

39. Phase I ESA Completed (date, mm/dd/yyyy)

40. Limited Survey Completed (date, mm/dd/yyyy)

41. Provide the page number from the Phase 1 ESA/Limited Survey that confirms the presence or absence of the following:

Asbestos	Select...	Page Number	
Lead-based paint	Select...	Page Number	
Mold	Select...	Page Number	
Wetlands	Select...	Page Number	

42. If any of the above were found, describe how each will be abated or managed, and provide an estimate of cost.

43. If you have environmental issues identified in your ESA, provide a plan to abate or manage what was identified. Include page numbers and an estimate of cost.

44. Did the Phase I ESA recommend a Phase II be completed? ☐ Yes ☐ No

45. If yes, explain the plan and budget to address the issues that triggered this requirement (note: this cost estimate should be included in your development budget).

Tab 2 Forms

Please complete the following Excel Forms and insert them behind Tab 2:
➢ Form 2A: Building Information
➢ Form 2B: Square Footage Details
➢ Form 2C: Evergreen Standard Checklist
NOTES Regarding the Evergreen Sustainable Development Standard: 1. For multiple-site projects, a separate Evergreen Checklist must be submitted for each site. For your convenience, additional copies of the Form can be downloaded from the HTF Evergreen Sustainable Development Standard webpage 2. All projects in King County should be considered Urban, regardless of the specific community in which they are located.

Tab 2 Attachments

	☐	Preliminary Drawings and Site Plan: • For New Construction projects, include elevations, typical floor plans, descriptive building sections, site plan, and roof plan. • For projects that involve interior reconfiguration, exterior improvements, or newly constructed additions, include typical floor plans, primary elevations, descriptive building section, site plan and roof plan • For projects in existing buildings, provide current floor plans, for each floor if they differ
	☐	Documentation of Site Control
	☐	Title Report
	☐	~~Outline Specifications~~
	☐	~~Photos of Proposed Site(s)~~
	☐	~~Zoning Approval Letter~~
	☐	~~Site Plan of Off-Site Improvements~~
	☐	~~Phase I Environmental Site Assessment~~
	☐	~~Phase II Environmental Site Assessment *if recommended by Phase I*~~
	☐	~~Limited survey for Asbestos, Lead and Mold if Rehab of Existing~~
	☐	~~Limited survey for Wetlands if Vacant Land~~

Section 3: Need & Populations Served

Population Narrative

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

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

Special Needs

3. If the proposed project is intended, in part or in full, to serve specific Special Needs populations, describe the outreach that will be undertaken to ensure the projected occupancy will be achieved *for each identified Special Needs population*.

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

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

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

Homeless

7. Will this project serve homeless individuals and/or families? ☐ Yes ☐ No

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

Services

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

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

Community Priorities

10. Does this project meet the objectives of any of the local, state or federal plans listed below? (check all that apply)
    - ☐ Consolidated Plan
    - ☐ 10 Year Plan to End Homelessness
    - ☐ Regional Support Network (RSN)
    - ☐ Comprehensive plan/Housing element
    - ☐ Other:

11. Please list the ways in which your project will meet the plan(s) checked. If none of the plans apply, describe how your project will fulfill a perceived need for affordable housing in the community. Be specific.

Market Study

12. Is a market study required for this project? ☐ Yes ☐ No

13. If a market study is required, provide the information requested below:

Date of market study (mm/dd/yyyy): mm/dd/yyyy

Absorption Rate		Page Number:	
Capture Rate		Page Number:	
Vacancy Rate		Page Number:	

14. Complete the following table using data provided in your market study:

Bedrooms (*indicate number of bedrooms and square footage in each unit size*)		**Income Level** (*indicate income level for each unit size*)	**Proposed Rents in Project by Unit Size**	**Maximum Allowable Restricted Rents**	**Unrestricted Market Rents**	**Achievable Restricted Rents**
#Bedrooms	**Square Feet**					

15. Please explain how the project rents have been determined.

16. If your project contains units **NOT** restricted to homeless individuals and/or families please describe the market demand for the proposed units referencing specific data from the Market Study, current or changing neighborhood characteristics or other relevant data

Tab 3 Form

Please complete the following Excel Form and insert it behind Tab 3:
➢ Form 3: Populations to be Served

Tab 3 Attachments

	☐	Market Study
	☐	Consistency with Consolidated Plan letter
	☐	Consistency with local 10-Year Plan to End Homelessness letter (*Homeless projects only*)

Section 4: Relocation

1. Does this project involve the acquisition, demolition, or rehabilitation of any existing structures? (If no, skip to Section 5) ☐ Yes ☐ No

2. If your project involves relocation, describe your agency's experience relocating residential and/or commercial occupants under any applicable codes (*e.g.*, the Uniform Relocation Act, Section104(d) of the Housing and Community Development Act of 1974, Chapter 20.84 of the Seattle Municipal Code). If you plan to use a relocation consultant, describe their relevant experience.

3. Will any tenants be temporarily displaced? ☐ Yes ☐ No
   a. If yes, describe where tenants will be relocated, and whether they will be able to return to their units within 12 months.

4. If acquisition, have you included provisions that enable you to obtain tenant income and rent information, and to give notices to existing and incoming tenants prior to closing? ☐ Yes ☐ No ☐ n/a

5. Have you collected information on all current occupants of the property, including both residential and commercial tenants, and occupants with or without leases? ☐ Yes ☐ No

6. Have existing tenant incomes been verified? (Be prepared to submit documentation upon request) ☐ Yes ☐ No

7. Was anyone made to move within the 90 days prior to the execution of the Purchase and Sale Agreement? ☐ Yes ☐ No

Type of Relocation

8. Enter the number of tenants to be relocated

Residential	None ☐	Permanent		Temporary	
Commercial	None ☐	Permanent		Temporary	

9. Explain the income verification process and the strategy for addressing any current residents who are not eligible to remain in the building.

10. What requirements or guidelines govern your relocation plan? (check all applicable)
    - ☐ Uniform Relocation Act
    - ☐ Section104 [d] (if HOME or CDBG funded)
    - ☐ Washington State Department of Transportation
    - ☐ Other (please specify):

11. Is there a local government entity that has jurisdiction over tenant relocation issues? ☐ Yes ☐ No

12. If yes, has the entity approved the plan? ☐ Yes ☐ No

Relocation Notices

For projects subject to an established local relocation policy:

13. Have you provided General Information Notices to all occupants using the sample notices in HUD's Handbook on relocation (including both residential and commercial tenants, and occupants with or without leases)? ☐ Yes ☐ No

14. Have you prepared subsequent notices to be provided to tenants immediately upon notification of award of funding? (i.e., Notice of Eligibility or Notice of Non-Displacement) ☐ Yes ☐ No

15. Is the applicant or property owner prepared to issue move-in notices to all new tenants that sign leases subsequent to this funding application? ☐ Yes ☐ No

Tab 4 Form

Please complete the following Excel Form and insert it behind Tab 4:
➢ Form 4: Relocation Budget

Tab 4 Attachments

	☐	Tenant Relocation Plan
	☐	Samples of the General Information Notice issued to all current occupants
	☐	Drafts of Move-In Notices
	☐	Drafts of Notices re: displacement and benefits
	☐	Approval letter from local government agency with jurisdiction over tenant relocation issues
	☐	List of existing residential and commercial tenants (include all occupants, with or without leases). Include the following information: • For residential occupants, include type of occupancy (renter vs homeowner), household size, unit size, and household income and rent information that is current as of the date of application. Vacant units should also be listed with the move-out date of the last tenant.

		• For commercial occupants, include name and type of business, length of occupancy, and current lease terms
	☐	~~For properties that are currently unoccupied, attach a list of all occupants who moved from the site within the past 90 days. Include the name of the business or household, the household size, and explain the reason for their move.~~

Section 5: Project Schedule

Tab 5 Form

Please complete the following Excel Form and insert it behind Tab 5:
➢ Form 5: Project Schedule

Section 6: Development Budget Narrative

Development Budget Narrative

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

2. Describe the sponsor's strategy for managing the use of any proposed contingencies.

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

4. Do the submitted budgets take into account Prevailing Wage? ☐ Yes ☐ No ☐ n/a
   a. If so, what wage rates were used? Select...
   b. If not, or if Prevailing Wage rates were determined not to apply, explain why not. If you have received a determination from the Washington State Department of Labor & Industries regarding Prevailing Wage, include documentation of the determination as an attachment. Be explicit about what assumptions you were making in determining what wage rates apply

5. Describe the process used by your agency for soliciting bids from and selecting construction contractors, consultants, and other professional services to secure competitive fees. Make sure that your proposal complies with the requirements of the funding proposed in your application

6. ~~Describe how you plan to address WMBE and Section 3 goals in your procurement process for construction and non-construction contractors. If you have already selected members of the development team prior to application (e.g., development consultants, architects, etc.), describe how WMBE and Section 3 considerations were factored into the contracting process.~~

Capital Needs Assessment

If you are applying for Low Income Housing Tax Credits (LIHTC), you must comply with the Capital Needs Assessment (CNA) requirements in the WSHFC Policies (Chapter 4, Section 4.17.5). If you are applying for other public funding, or are combining other public funding with LIHTC's, consult the definition in the State Housing Trust Fund Handbook (Chapter 2, Section 205.10).

7. Recommended capitalization of replacement reserves: $ Page Number

8. Recommended annual contribution to replacement

reserves:	$	Page Number	

Construction Cost Estimate

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified public funder has not yet adopted a formal Cost Policy, refer to the WSHFC Policies (Chapter 3, Section 3.2, *et seq*.) and to the State Housing Trust Fund Handbook (Chapter 2, Section 205.9).

9. 3rd party Total Construction Cost estimate: $

10. Base construction contract identified in Form 6A: $

11. Detail how your construction cost estimate aligns with the Development Budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied, or any other factor in your budget that deviates from the Construction Cost Estimate. Where an alternate escalation factor is applied, state the rationale for its use.

12. Describe any notable cost drivers that significantly affect your cost per unit. Note: you may be asked to provide additional information if your costs significantly exceed those of comparable projects.

13. Describe specific measures taken to reduce the development cost of the project. To the extent possible, quantify savings achieved by the adoption of each measure.

14. Describe what design choices have been or will be made to promote efficient use of space, and long-term physical and operational efficiency. Note where the project builds upon previous design work, if applicable.

15. If the proposed project does not maximize the development capacity of the site, please explain the necessity or advantage of under-building

16. If parking is required by zoning or included in the project for other reasons, please describe any efforts to design parking with minimal cost impact to the project. If a tax credit project, are the parking construction costs included in eligible basis, and are parking rents charged in addition to rent and included in the maximum tax credit rent calculations?

17. If non-residential space is included in the proposed design, describe the method used to allocate development costs to non-residential financing.

** *Note that all public funders will review development budgets in relation to the Washington State Housing Finance Commission's (WSHFC) Total Development Cost per Unit Limits, but may consider other factors to evaluate whether development costs are reasonable. WSHFC's 2016 limits are as follows:*

TDC* per Unit Limit Schedule	Studio	One Bedroom	Two Bedroom	Three Bedroom	Four+ Bedroom
King County/Seattle	$237,510	$274,890	$292,110	$327,600	$360,880
Pierce and Snohomish Counties	$228,574	$266,643	$282,377	$317,772	$350,054
Metro Counties	$221,130	$249,480	$273,000	$315,000	$347,000
Balance of State	$1160,380	$180,576	$204,682	$265,864	$292,561

*Total Development Cost excludes the cost of land and capitalized reserves.

18. If your project's Total Development Costs (TDC) exceed the maximum TDC Limits established by the Washington State Housing Finance Commission, please explain.

Tab 6 Forms

Please complete the following Excel forms and insert them behind Tab 6:
➢ Form 6A: Development Budgets
➢ Form 6B: Development Budget Details
➢ Form 6C: LIHTC Budget (Basis Calculation)
➢ Form 6D: LIHTC Calculation
~~➢ Form 6E: Fee schedule~~

Tab 6 Attachments

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

Section 7: Project Financing

1. Please describe any unique financing details or structures as they pertain to this application, including any variances from a funder's standard financing terms.

2. If your project includes bridge, construction or permanent financing from a private lender, please state the basis for your assumptions included in Form 7. What lenders have you spoken with about this project or about current loan terms?

3. If your project includes ***tax credit equity***, please state the basis for your assumptions included in Form 6E. What investors have you spoken with about this project and its tax credit pricing?

Capital Campaigns

4. If the project is proposing a capital campaign as a source of funds, please explain the capital campaign strategy for this project. What is the status of the fundraising? What is the contingency plan for funding should the capital campaign fall short? What is the sponsor organization's track record with past capital campaigns?

5 Will there be a capital campaign consultant? ☐ Yes ☐ No

a. If yes, please provide the consultant's name, company and a brief explanation of their experience with similar capital campaigns.

b. If no, who at your organization is responsible for the campaign, and what is their experience with similar capital campaigns.

6. Describe developer's "holding" and "exit strategy" should this project not receive necessary funding:

Tab 7 Forms

Please complete the following Excel forms and insert them behind Tab 7:
➢ Form 7A Financing Sources
➢ Form 7B Estimate of Cash Flow During Development

Tab 7 Attachments

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

Section 8: Project Operations

Rental Assistance

1. Are any existing low income housing units currently receiving rental assistance? ☐ Yes ☐ No

2. Do you have a commitment for rental assistance to housing units in the project? ☐ Yes ☐ No

3. If yes to either of the above, indicate the type of rental assistance:
   - ☐ Section 8 New Construction / Substantial Rehabilitation
   - ☐ Section 8 Certificates
   - ☐ Section 8 Project-Based Assistance
   - ☐ Rural Development (RD) 515 Rental Assistance
   - ☐ Other (Specify):

4. Number of housing units receiving rental assistance:

5. Number of years remaining on rental assistance contract:

6. Is the project currently required to restrict rents? ☐ Yes ☐ No
   a. If yes, date restriction is set to expire (mm/dd/yyyy):

Tab 8 Forms

Please complete the following Excel Forms and insert them behind Tab 8:
➢ Form 8A Proposed Rents and AMIs Served
➢ Form 8B Operating, Service, and Rent Subsidy Sources
➢ Form 8C Operating Personnel Expenses
➢ Form 8D Service Expenses
➢ Form 8E Operating Pro Forma
➢ Form 8E(2) Operating Pro Forma (Alternate Without Subsidy)
➢ Form 8F Operating Pro Forma Details

Tab 8 Attachment

	☐	Documentation of utility allowance calculations and schedule

Section 9: Development Team

Development Personnel

1. List the names of key members of the sponsor organization's development team, their titles and their years of experience in affordable housing below.

Name	Title (*e.g., executive director, project manager.*)	Years' Experience in Affordable Housing

2. Please explain the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles.

3. Describe how project functions will be delineated across the development team to avoid redundancy and duplication of fees.

4. If your organization is new to development, has experienced staff turnover or you have chosen to take on more direct development responsibility of development tasks since your organization last completed a housing development project, please describe how you are supporting and training development team staff in their new roles.

Organizational History

5. Sponsor Organization Type: Select...
   If other, please specify:

6. Has the sponsor organization developed affordable housing projects previously? ☐ Yes ☐ No
   a. Years of Experience:
   b. Number of Projects:
   c. Number Units Placed in Service:

7. Describe the last three development projects completed by your organization, including whether the projects were completed within the planned timeframe and budget, any challenges experienced, hurdles overcome, lessons learned, and any subsequent process improvements initiated.

8. If the operation of the project depends on operating subsidy and /or rental subsidy, describe your organization's track record in securing such subsidies. Any subsidy should be documented on Form 8B.

9. Is the sponsor organization currently engaged in any project workouts? ☐ Yes ☐ No

   a. If yes, please list any projects in workout, and provide a brief summary of the reason for the workout status.

#	Project Name	Reason for Workout
1		
2		
3		

10. If your organization has been party to a foreclosure, deed in lieu of foreclosure, or an active pending foreclosure in the last 10 years, identify the project and explain both the circumstances and how it was resolved with the lender.

11. Describe how your organization's by-laws and articles of incorporation (or other governing documents) ensure an effective role for the board of directors. In addition, describe how board members' biographies illustrate the diversity of skills needed for an effective board.

12. Describe the experience and cultural competencies of your development team, management team and Executive Director. Where organizational leadership is not representative of the diversity of populations being served, please describe efforts to increase this capacity, whether through intentional outreach, meaningful partnerships or professional internship opportunities.

13. How does this project help fulfill the goals and objectives of your mission and/or align with current and historical operations and activities?

14. If partnering with another organization on this Project, how does this project help fulfill the goals and objectives of your mission project Partner?

15. When was the Sponsor organization last audited? (mm/dd/yyyy)

16. Were there any findings? ☐ Yes ☐ No

   a. If so, please describe the nature of the findings:

   b. Have these findings been resolved? ☐ Yes

☐ No

i. If not, what is your plan for resolution?

Note: If applicants are proposing to develop or operate housing through partnerships, please respond to questions pertaining to capacity on behalf of the partner assuming primary ownership responsibility and financial risk for the project.

17. 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.

18. List by name all projects your organization is submitting an application for in this Round, in order of priority (highest to lowest). State your rationale for this order (e.g., committed funding, local priority population).

Project Name	Rationale for Priority
1.	
2.	
3.	
4.	

Project Ownership

19. Proposed Ownership Structure (check all that apply)

☐ Nonprofit
☐ Limited Liability Corporation (LLC)
☐ Limited Partnership
☐ Limited Liability Partnership (LLP)
☐ Local Unit of Government
☐ Other (Describe):
☐ Community Housing Development Organization (CHDO)
☐ Nonprofit Single Asset Entity
☐ Other Corporation
☐ Joint Venture

20. What is the legal status of the ownership entity for the project? ☐ Currently Exists ☐ To Be Formed

a. If to be formed, estimated formation date (mm/dd/yyyy): mm/dd/yyyy

21. Ownership - Existing Housing Only: Select...
If other, please specify:

22. Ownership Entity
Name:
Address:

City:	State:	Zip Code:
Phone:	E-mail:	
Fax:	Federal Identification Number:	

23. State of Incorporation/Formation:

24. Fiscal Year: Start Month to End Month

25. Accounting Method of Partnership Select...

26. Individuals/Organizations that comprise the ownership entity (if known at time of application):

Name	Address	Phone	Entity Type	Federal ID #	% Ownership

27. Is the relationship between the ownership entity and sponsor expected to change over time?

☐ Yes
☐ No
☐ n/a

a. How will the relationship change?

Property Management

28. Describe the working relationship between operations staff and services staff, if any.

29. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided:

30. Explain your marketing strategy and the tenant selection process, including the establishment and management of any waiting lists.

31. Describe the operations staffing plan for the project. What and how many staff positions will you have? What hours will operations staff be on site? If you are contracting for any operational services, what services and who will supervise those contracts?

32. Describe your organization's experience with income verification including information collected, required documentation, and third party verifications.

33. Will management be provided on site? ☐ Yes ☐ No

a. If yes, form of management:
   - ☐ Resident Manager(s) - Number of units:
   - ☐ Management office (Business Hours Only)
   - ☐ Management office (24 hr)
   - ☐ Other, Describe:

b. If no, describe your service area and how this project fits within your organization's capacity.

34. If the completed project will be managed by the sponsor organization, list the names of key property management staff, their titles and their years of experience in affordable housing.

Name	**Title** (*e.g., project manager, intake staff*)	**Years' Experience in Affordable Housing**

35. Describe your property management experience, or that of your proposed property manager entity, as it relates to working with the proposed population.

36. Describe your organization's approach to asset management and long-term portfolio planning. Include details on your methods of the following. Be certain to include the name(s) of staff responsible:
   - **tracking** operational/dashboard performance
   - **assessment** and projections of your properties using Capital Needs Assessments and reserve analyses; and
   - **portfolio** preservation planning. i.e., your priorities and financial plan to achieve those goals. Include examples of successful recapitalization strategies you've utilized and major improvements to buildings in your portfolio that you've accomplished.

37. If you have conducted a portfolio analysis, provide a summary of projected capital needs for the next ten years and indicate anticipated sources (e.g., replacement reserves, refinancing strategies, capital campaigns, public funder requests). If you have not conducted such an analysis, please describe any plans you may have for developing one.

Tab 9 Forms

Please complete the following Excel forms and insert them behind Tab 9:
➢ Form 9A Project Team
➢ Form 9B Identity of Interest Matrix

➢ Form 9C Project Sponsor Experience
➢ Form 9D Project Development Consultant Experience
➢ Form 9E Project Property Management Firm Experience

Tab 9 Attachments

	☐	Development Consultant Agreement
	☐	Signed board resolution authorizing application submittal (if applicable)
	☐	Secretary of State certification of existence (RCW 24.03)
	☐	Board Composition list (if applicable)
	☐	501(c)3 letter of determination from IRS (if applicable)
	☐	Resumes of development team members
	☐	~~Audit reports with financial statements for the past three years (plus year to date statements from the most recent fiscal quarter) with the parent organization and subsidiaries broken out, in addition to consolidated totals. Include any management letters from the auditor.~~
	☐	~~Tax return 990 forms for the last two years~~

Section 10: Services

1. Describe your organization's approach to sustaining and funding supportive services over time if your organization has projects needing supportive services for special needs populations.

Intake and Transition

2. If in Section 3, Question 6 you indicated that your organization is working with a referral agency, describe their focus and service areas:

3. If in Section 3, Question 6 you indicated that your organization is NOT working with a referral agency, describe how individuals and families will find out about your program:

4. If your organization intends to serve homeless individuals and families, indicate your expected client source (check all that apply):
   - ☐ Streets
   - ☐ Shelters
   - ☐ Hospitals
   - ☐ Jails
   - ☐ Other (please explain):

5. Specify any imposed time limit on tenancy[2] (number of months)

6. Explain how time-limited households will transition into permanent housing.

Case Management & Other Services

7. How will the needs of clients be assessed?

8. Describe your case management or services model and how it leads to housing stability and self-sufficiency for the client. Include how you will measure the efficacy of the services provided.

9. What are the proposed staffing levels (case manager to household ratio)? Your answer should match the staffing levels proposed in Form 10.

   ______ case managers to ______ households

[2] Up to 24 months for Transitional housing

10. If services will be provided by another agency or agencies, provide the following information for each agency. Add additional tables if necessary.

Firm Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Contact Person and Title:		
Provider Role/Responsibility		

Firm Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Contact Person and Title:		
Provider Role/Responsibility		

Firm Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Contact Person and Title:		
Provider Role/Responsibility		

11. Will your organization be participating with the local homeless coordinated entry/assessment system? ☐ Yes ☐ No
    a. If No, describe how coordination of services will be handled.

Cultural Competency

12. Explain how your organization will provide culturally competent services that meet the needs of the proposed population.

Tab 10 Attachments

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

Section 11: LIHTC Scoring

Tab 11 Form

~~If applicable, please complete the following Excel Forms and insert them behind Tab 11:~~
~~➢ Form 11A 9% LIHTC Scoring Synopsis~~
~~➢ Form 11B 4% LIHTC and Bond Scoring Synopsis~~
Please replace CF Forms 11 with the LIHTC Addendum Forms and required LIHTC Addendum Attachments.