**COMBINED FUNDERS APPLICATION**

**2019**

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

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

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

# Section 1: Project Summary

## Overall Summary: *This Section is to provide a project summary. Provide concise, direct answers. Details regarding the project are requested in* [Section 2: Project Narrative](#_Section_2:_Project)*.*

1. Why was this project selected for this location?

**Click or tap here to enter text.**

1. Describe the history of the project to this point.

**Click or tap here to enter text.**

1. What are the primary public benefits or opportunities provided by this project?

**Click or tap here to enter text.**

1. If services will be provided to the tenants, list which services will be provided and identify how the services will be funded (e.g. Case Management, assistance with Activities of Daily Living, Programming for residents)?

**Click or tap here to enter text.**

## Complete the Excel CFA - Tab 1 Form

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

# Section 2: Project Narrative

## Project Physical Characteristics

1. Provide a detailed description of the physical characteristics of the proposed project. Describe the planned construction, rehabilitation, and/or other improvements.

**Click or tap here to enter text.**

1. Describe how the physical design of the project will meet the needs of the project’s target population(s). Include descriptions of any on-site amenities, and relate how these contribute to the project’s ability to serve the target population(s):

**Click or tap here to enter text.**

## Non-Residential Space

1. Does the project contain any spaces not dedicated for affordable housing, or for the exclusive use of affordable housing residents? This could include such elements as market rate housing, office space for social services, early learning facilities, meeting spaces available to the broader community, or commercial space.

- **YES**, continue to question 3a

- **NO**, skip to [Neighborhood/Off-Site Amenities](#_Neighborhood/Off-Site_Amenities)

* 1. Will this space generate any income for the project?

- **YES**. *Ensure that this income is accounted for on* ***Form 8D****.*

- **NO**

* 1. Describe the non-affordable housing space, including whether it is to be for market-rate housing, early learning facilities, commercial, social services, or some other purpose.

**Click or tap here to enter text.**

* 1. If the tenant or tenants are already known, state their name and describe any services that may be provided (e.g., commercial – food service, social services – case management)

**Click or tap here to enter text.**

* 1. If the non-affordable housing space is to be treated as a condominium separate from the affordable housing project, or if it will be subject to a long-term master-lease or some other sort of ownership organization, please explain the ownership structure.

**Click or tap here to enter text.**

## Neighborhood/Off-Site Amenities

1. Briefly describe how the property integrates into the existing or proposed neighborhood aesthetic.

**Click or tap here to enter text.**

### Using the PROJECT LOCATION(S) as the center point, create a map that clearly displays the following locations, including distances, from the project:

1. Grocery (food) store(s)
2. Household items
3. Personal care items
4. Neighborhood health clinics
5. Behavioral health clinics
6. Food banks
7. Social service providers
8. Schools\*
9. Parks
10. Sports fields
11. Swimming pools
12. Public Transportation Options:
    * For *Bus Stops/Train Stations*, Identify frequency of service, and if High Capacity Transit Corridor
    * For *Ferry terminals* – Identify frequency of service

\**Schools are only required for projects serving families or youth populations*

1. If the project is located in a Rural[[1]](#footnote-1) area, describe any non-standard transportation options that will be available at the site (e.g., vehicle share program, dial-a-ride program, employer vanpool)

**Click or tap here to enter text.**

1. For multiple-site projects where sites have not yet been secured:
   1. Describe the geographic location(s) where the housing will be sought,
   2. Identify the availability of target housing in these markets, and
   3. Provide a projected timeline for obtaining site control of the target housing properties.

**Click or tap here to enter text.**

## Neighborhood Notification

1. What action has been taken to create community support for this project? Describe what actions have been taken to communicate the project characteristics and progress with immediate neighbors.   
   If *no action* has been taken, provide details on the community engagement strategy including an outreach timeline, primary point of contact, and communication pathways.

**Click or tap here to enter text.**

1. Is neighborhood notification required?

- Yes

- No, skip to [Zoning](#_Zoning)

* 1. If yes, which jurisdiction(s) require neighborhood notification?

**Click or tap here to enter text.**

* 1. Has the required neighborhood notification taken place?

- Yes – Provide details identifying the notification date(s), methodology, and outcomes including continuing actions if any.

**Click or tap here to enter text.**

- No – Identify the plan to provide neighborhood notification including dates for outreach, methodology, specific contact person(s) and their contact information.

**Click or tap here to enter text.**

## Zoning

1. What is the current zoning for the project site(s)?
   1. If the project is for multiple sites and ***SOME sites are not known at time of application,*** identify the zoning for each of the known locations; or
   2. If the project is for multiple sites and ***ALL sites are not known at time of application***, state “To Be Determined” and skip to [Phase I: Environmental Site Assessment](#_Phase_I_Environmental).

**Click or tap here to enter text.**

1. Does the proposed project meet the current site’s zoning?

- **YES**, skip to **Question 11**

- **NO** – outline the plan to correct the discrepancy including a timeline, methodology, and decision making parties.

* 1. Identify the zoning discrepancy.

**Click or tap here to enter text.**

* 1. Outline the plan to address the zoning discrepancy, including at a minimum the :
     1. Anticipated timeline,
     2. Proposed methodology with required approvals (e.g., administrative, conditional use, hearing examiner, council approval), and
     3. Contingency plans should the zoning discrepancy fail to be resolved.

**Click or tap here to enter text.**

1. How many parking stalls does current zoning *require* for the project??

Number of residential parking stalls: **Click or tap here to enter text.**

Number of commercial parking stalls: **Click or tap here to enter text.**

1. How many parking stalls are *proposed* for the project?

Number of residential parking stalls: **Click or tap here to enter text.**

Number of commercial parking stalls: **Click or tap here to enter text.**

1. Explain any differences between the required and the proposed number of parking stalls in the project.

**Click or tap here to enter text.**

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

- Yes

- No

## Existing Structures

1. Does the project site contain existing structures?

- Yes

- No, skip to [Historical Elements](#_Historical_Elements)

* 1. If yes, how many existing structures? **Click or tap here to enter text.**
  2. What is to be done with these structures?

- Nothing (does not apply/not part of this project), *skip to* [*Historical Elements*](#_Historical_Elements)

- Demolish the structure(s), *skip to* [*Historical Elements*](#_Historical_Elements)

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

* + 1. Describe the current condition buildings to be rehabilitated as the result of this project.

**Click or tap here to enter text.**

1. If the project includes rehabilitation, indicate which elements of the required Capital Needs Assessment will be addressed, and describe how the proposed scope of work was decided upon.

**Click or tap here to enter text.**

## Historical Elements

Historic Preservation consideration is a requirement for all projects.

1. Indicate the status of the project’s historical preservation requirement review.   
    Not started  
    Underway – not completed  
    Completed
2. Describe any further actions determined to be necessary to complete the review:

**Click or tap here to enter text.**

1. Are any of the structures identified in [Existing Structures](#_Existing_Structures) subject to historical preservation requirements?

- Yes, continue to 19 a. below

- No, skip to [Phase I Environmental Site Assessment](#_Phase_I_Environmental)

* 1. How many historic structures are on site? **Click or tap here to enter text.**
  2. Which governing body/code has jurisdiction over the site?

- National Historic Register

- State Department of Archaeology and Historic Preservation

- Other - Identify the jurisdictional entity:

**Click or tap here to enter text.**

* 1. Describe the compliance plan to meet the historic preservation requirements including any necessary mitigation and the name of the person tasked with ensuring compliance.

**Click or tap here to enter text.**

## Phase I Environmental Site Assessment (ESA)/Limited Survey

1. Is a Phase I ESA required for this project?

- Yes

- No

* 1. If not, state clearly why not.

**Click or tap here to enter text.**

1. Phase I ESA Completion date: **Click or tap here to enter text.**
2. Does the Phase I ESA recommend a Phase II be completed?

- **YES**

* 1. Outline the ESA Phase I issues triggering a Phase II recommendation.

**Click or tap here to enter text.**

- **No** – *is the project site location a former heavy equipment facility (e.g. bus barn), former wood product production facility, or former military installation such as an armory, training center, or assembly point? If yes, then it is recommended that a Phase II ESA be completed even if the Phase I did not specifically recommend it.*

1. Are there structures on-site?  
   ☐ - **YES -** *Limited Surveys for Asbestos, Lead-Based Paint, and Mold are required regardless of whether the structures are included in the project either to be rehabilitated or to be demolished.*  
   ☐ - **NO,** *skip to**the*[***Limited Survey for Wetlands***](#Limitedsurveyforwetland) *question.*
2. *Limited Survey for* ***Asbestos*** completion date: **Click or tap here to enter text.**
   1. State the conclusion and recommended further actions from the *Limited Survey for* ***Asbestos***.

**Click or tap here to enter text.**

1. *Limited Survey for* ***Lead Based Paint*** completion date: **Click or tap here to enter text.**
   1. State the conclusion and recommended further actions from the *Limited Survey for* ***Lead Based Paint***.

**Click or tap here to enter text.**

1. *Limited Survey for* ***Mold*** completion date: **Click or tap here to enter text.**
   1. State the conclusion and recommended further actions from the *Limited Survey for* ***Mold***.

**Click or tap here to enter text.**

1. *Limited Survey for* ***Wetlands*** completion date: **Click or tap here to enter text.**
   1. State the conclusion and recommended further actions from the *Limited Survey for* ***Wetlands***.

**Click or tap here to enter text.**

1. Identify how environmental issues identified in either the Phase 1 ESA or the Phase II ESA will be abated or otherwise addressed, including an estimated budget that must be included as a separate line item in the *Development Budgets-* ***Forms 6A, 6B, and 6C.*** Items to be addressed at a minimum include, *but are not limited* to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs). .

**Click or tap here to enter text.**

* 1. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site? If yes, provide details of the consultation.

**Click or tap here to enter text.**

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

- Yes

- No  
 - Not Applicable

* 1. Provide a timeline for the hazardous material remediation.

**Click or tap here to enter text.**

## Site/Parcel Characteristics

1. Has Site Control for the proposed project been obtained by the sponsor?

- Yes

- No

1. What is the form of site control? **Choose an item.**
   1. If “other,” describe:

**Click or tap here to enter text.**

1. Will the proposed project be sited on leased land?

- Yes -  *Lessor’s information is required on Form 9A*

- No

1. Are there any anticipated changes to the project site’s legal description?  
    (*e.g., sub-dividing, condominiumizing, etc.)*

- Yes

- No.

* 1. If yes, describe the changes necessary to the legal description.

**Click or tap here to enter text.**

1. What is the square footage of the proposed project parcel(s)? *Be sure to include all sites in the calculation*

**Click or tap here to enter text.**

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

- No – Skip to [Potential Development or Timing Obstacles](#_Potential_Development_or)

- Yes

* 1. If YES, identify the existing encumbrances:

**Click or tap here to enter text.**

* 1. If YES, do the encumbrances impair the ability to provide clear title?

- Yes

- No.

* + 1. If YES,, describe how clear title can be obtained:

**Click or tap here to enter text.**

* 1. Will any of the existing use covenants or regulatory agreements remain after refinancing?

- Yes

- No.

* + 1. If YES, describe the status of the surviving use covenants or regulatory agreements post-refinancing.

**Click or tap here to enter text.**

## Potential Development or Timing Obstacles

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

- Yes

- No.

* 1. If yes, describe these issues or circumstances and their proposed solutions or mitigation plans, including an estimated timeframe in which to accomplish these outcomes.

**Click or tap here to enter text.**

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

|  |
| --- |
| * Form 2A: Building Information |
| * Form 2B: Square Footage Details |
| * Form 2C: Evergreen Sustainable Development Standard Checklist |
| **NOTES Regarding the Evergreen Sustainable Development Standard**:   1. For multiple-site projects, a separate Evergreen Checklist must be submitted for each site. Additional copies of the Form can be downloaded from the HTF [Evergreen Sustainable Development Standard webpage](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/EvergreenSustainableDevelopment.aspx) 2. All projects in King County should be considered Urban, regardless of the specific community in which they are located. |

# Section 3: Need & Populations Served

## Population Narrative

1. Concisely describe the project’s target populations. Include the expected AMI range, household sizes, housing challenges, *etc*.

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

## Community Priorities

1. Does this project meet the objectives of any of the local, state or federal plans listed below?

(check all that apply)

- Consolidated Plan

- Local plan to end homelessness

- Regional Support Network (RSN)

- Comprehensive Plan/Housing Element

- Community Revitalization Plan or Area Targeted by a Local Jurisdiction [[2]](#footnote-2)

- Other: **Click or tap here to enter text.**

- No.

1. Identify the ways in which the project meets the plan(s) checked above.   
   If *none of the plans apply*, specify how the project will fulfill a perceived need for affordable housing in the community

**Click or tap here to enter text.**

## Market Study

1. Is a Market Study required for this project[[3]](#footnote-3)?

- Yes – Date the Market Study was completed: **Click or tap here to enter text.**

- No. Skip to Question 8.

1. Provide the following Market Study data:
2. Absorption Rate (page #) **Click or tap here to enter text.**
3. Capture Rate (page #) **Click or tap here to enter text.**
4. Vacancy Rate (page #) **Click or tap here to enter text.**
5. Complete the following table using data provided in the 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** |
| Click to type | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |
| Click to type | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |
| Click to type | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |

1. Describe how the project rents have been determined.

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

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

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

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# Section 4: Relocation

1. Does this project involve the acquisition, demolition, or rehabilitation of any existing structures?

- Yes.

- No.

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

- Yes.

- No.

* 1. If yes, describe the current tenants.

**Click or tap here to enter text.**

1. Did the project site have any tenants in the period from 90 days prior to the execution of the site control agreement up to the date this Application was submitted?

- Yes.

- No.

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

- Yes.

- No.

*If the answer to both Questions 2* and *3 is* ***NO****, skip to* [*Section 5: Project Schedule*](#_Section_5:_Project)*.   
If the answer to either or both Questions 2 and 3 is* ***YES****, complete the remainder of this Section.*

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

- Yes.

- No.

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

- Yes – *Date the tenant relocation plan was approved:* **Click or tap here to enter text.**

- No.

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

- Uniform Relocation Act

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

- Washington State Department of Transportation

- Other - Identify the governing requirements: **Click or tap here to enter text.**

1. Who will handle relocation matters for this project?

- Agency staff. Identify the Lead individual’s name: **Click or tap here to enter text.**

- 3rd-party relocation consultant: **Click or tap here to enter text.**

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

**Click or tap here to enter text.**

## Type of Relocation

1. State the number of ***Residential*** tenants to be relocated:

Permanent relocation: **Click or tap here to enter text.**

Temporary relocation: **Click or tap here to enter text.**

1. State the number of ***Commercial*** tenants to be relocated:

Permanent relocation: **Click or tap here to enter text.**

Temporary relocation: **Click or tap here to enter text.**

1. Are their provisions in the site control agreement that enable the sponsor organization or the Relocation Consultant to obtain tenant income and rent information, and to give notices to existing and incoming tenants prior to acquiring the property?

- Yes.

- No.

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

- Yes.

- No – *Anticipated collection date for this information:* **Click or tap here to enter text.**

* 1. If YES, does the information collected include a tenant survey for each unit or commercial space?

- Yes.

- No.

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

**Click or tap here to enter text.**

## Relocation Notices

1. Has a **General Information Notice** been provided to all occupants (including both residential and commercial tenants, and occupants with or without leases) using the sample notices in HUD’s [Handbook on relocation](https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/13780), or another approved format?

- Yes.

- No.

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

- Yes.

- No.

1. Is the applicant or property owner prepared to issue move-in notices to all new tenants that sign leases subsequent to this funding application?

- Yes.

- No.

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

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

# Section 5: Project Schedule

## Complete the Excel CFA - Tab 5 Form.

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

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# Section 6: Development Budget Narrative

## Value of Project Site

1. Does the project have a site – or sites – identified?

- Yes.

- No – [Skip to Capitalized Reserves](#_Capitalized_Reserves)

1. Date of Appraisal: **Click or tap here to enter text.**
2. Project Site Current Appraised Value: **Click or tap here to enter text.**
3. Project Site purchase price: **Click or tap here to enter text.**
4. Is the purchase price, either at or below fair market value, supported by an appraisal?

- Yes.

- No.

* 1. If no, explain how the purchase price was decided:

**Click or tap here to enter text.**

1. 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.

* 1. If yes, describe the cost-escalation provisions:

**Click or tap here to enter text.**

1. 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)?[[4]](#footnote-4)

- Yes.

- No.

1. 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.)

**Click or tap here to enter text.**

1. If the property poses specific physical development challenges (e.g., steep slopes, easements, Recognized Environmental Conditions) that were not reflected in the appraisal, describe how these were factored into the property acquisition negotiation.

**Click or tap here to enter text.**

## Capitalized Reserves

1. Explain the reasons for, and amounts of, any proposed capitalized reserves in excess of 6 months of operating expenses or one year of replacement reserve deposits.

**Click or tap here to enter text.**

## Contracting

1. Do the submitted budgets incorporate Prevailing Wage requirements?

- Yes – *Identify the wage rates used:* **Choose an item.**

- No.

* 1. If **NO**, discuss how the applicability of state or federal prevailing wage rates were determined. *Be explicit about what assumptions were made when determining wage rates.*
* If the Washington State Department of Labor & Industries provided a determination of wage rates for this project, include documentation of the determination as an attachment.

**Click or tap here to enter text.**

1. Describe the process used to solicit bids and select construction contractors (general and subcontractors), consultants, and other professional services to secure competitive fees.   
   *Be sure that this process complies with the bidding and selection requirements of the project’s proposed funding sources (as selected in* ***Form 7A: Financing Sources****).*

**Click or tap here to enter text.**

1. What is the project’s proposed Women- or Minority-Owned Business Enterprise (WMBE) utilization goal? Describe the plan to address WMBE and Section 3 goals in the procurement process for construction and non-construction contractors. Be sure to include specifics regarding bid structure, advertising, outreach, etc.   
   **Click or tap here to enter text.**
2. If members of the development team were selected prior to application (e.g., development consultants, architects, etc.), describe how WMBE and Section 3 considerations were factored into the selection process.

**Click or tap here to enter text.**

## Capital Needs Assessment

Applications for most Rehabilitation projects are required to submit a third party Capital Needs Assessment (CNA) as an attachment. New Construction projects and Substantial (“Gut”) Rehab projects must provide an as-built CNA after certificate of occupancy – consult individual funders’ policies for specifics.

* When funding for this project includes Low Income Housing Tax Credits (LIHTC), then the project must comply with the CNA requirements in the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) (Chapter 4, Section 4.17.5).
* When funding for this project includes other public funding sources, or combines other public funding sources with LIHTCs, consult the definition in the State [Housing Trust Fund Handbook](https://deptofcommerce.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) (Chapter 2, Section 205.10).

1. Recommended capitalization of replacement reserves: **Click or tap here to enter text.**
2. Recommended annual contribution to replacement reserves: **Click or tap here to enter text.**

## Construction Cost Estimate

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder from whom funding is sought. If an identified public funder has not yet adopted a formal Cost Policy, refer to the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) (Chapter 3, Section 3.2, *et seq*.) and to the State [Housing Trust Fund Handbook](https://deptofcommerce.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) (Chapter 2, Section 205.9).

1. 3rd party Total Construction Cost estimate: **Click or tap here to enter text.**
2. Base construction contract identified in Form 6A: **Click or tap here to enter text.**
3. Detail how the project construction cost estimate aligns with the Development Budgets in **Forms 6A, 6B**, and **Forms 6C, 6d**, and **6E** if pursuing LIHTC funding. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied, or any other factor in the budget that deviates from the Construction Cost Estimate. Identify the rationale when using an alternate escalation factor.

**Click or tap here to enter text.**

## Cost Control

1. Describe any notable cost drivers that significantly affect the project’s cost per unit. Note: Additional information may be requested if the project’s costs significantly exceed those of comparable projects.

**Click or tap here to enter text.**

1. 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.

**Click or tap here to enter text.**

1. 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.

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

1. If parking is required by [zoning](#_Zoning), as identified in [Section 2](#_Section_2:_Project) of this application, or included in the project for other reasons, describe efforts to design parking with minimal cost impact to the project. If the project seeks LIHTCs, 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?

**Click or tap here to enter text.**

1. If non-residential space is included in the proposed design, as identified in [Section 2](#_Non-Residential_Space) of this application, describe the method used to allocate development costs to non-residential financing.

**Click or tap here to enter text.**

All public funders will review development budgets in relation to the Washington State Housing Finance Commission’s (WSHFC) Total Development Cost[[5]](#footnote-5) per Unit Limits, but may consider other factors to evaluate whether development costs are reasonable. Consult the WSHFC [policies](http://www.wshfc.org/mhcf/9percent/) for further clarification, including the most current cost limits. Also, review each Public Funders’ Solicitation for Applications and Notices Of Funding Availability (NOFAs) for current descriptions of how project costs are evaluated.

1. If the project’s Total Development Costs (TDC) exceed the Washington State Housing Finance Commission’s most recently posted maximum TDC Limits, please explain.

**Click or tap here to enter text.**

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

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

# 

# Section 7: Project Financing

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

**Click or tap here to enter text.**

1. If the project includes bridge, construction or permanent financing from a private lender, please state the basis for the funding assumptions identified in **Form 7A**. Be sure to identify which lenders are being considered to provide financing.

**Click or tap here to enter text.**

1. If the project includes ***tax credit equity***, please identify the pricing assumptions and the reason supporting these assumptions included in **Form 6D**.

**Click or tap here to enter text.**

* 1. Which investors are being considered for this project and what are their projected tax credit prices?

**Click or tap here to enter text.**

1. Describe the “holding” and “exit strategy” should this project not receive the funding being requested at this time.

**Click or tap here to enter text.**

## Capital Campaigns

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

- Yes.

- No. *Skip to* [*Section 8: Project Operations*](#_Section_8:_Project)*.*

1. Explain the capital campaign strategy for this project.

**Click or tap here to enter text.**

1. What is the status of the fundraising for the capital campaign?

**Click or tap here to enter text.**

1. What is the funding contingency plan should the capital campaign fall short?

**Click or tap here to enter text.**

1. What is the sponsor organization’s track record with past capital campaigns?

**Click or tap here to enter text.**

1. Will there be a capital campaign consultant?

- Yes.

- No.

* 1. If YES, provide the consultant’s name, company and a brief explanation of their experience with similar capital campaigns.

**Click or tap here to enter text.**

* 1. If NO, who at the sponsor organization is responsible for the campaign; please describe their experience with similar capital campaigns.

**Click or tap here to enter text.**

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

|  |
| --- |
| * Form 7A Financing Sources |
| * Form 7B Estimate of Cash Flow During Development |

# Section 8: Project Operations

## Rental Assistance

1. Are any existing low income housing units currently receiving rental assistance?

- Yes.

- No.

1. Does the sponsor organization have a commitment for rental assistance to housing units in the project?

- Yes.

- No.

1. If YES to either Question 1 or 2 above, indicate the type of rental assistance:

- Section 8 New Construction / Substantial Rehabilitation

- Section 8 Project-Based Assistance

- Rural Development (RD) 515 Rental Assistance

- Other/none of the above – *Describe:*  
**Click or tap here to enter text.**

* 1. Number of housing units receiving rental assistance: **Click or tap here to enter text.**
  2. Number of years remaining on rental assistance contract: **Click or tap here to enter text.**

1. Is the project currently required to restrict rents?

- Yes.

- No.

* 1. If YES, when with the rent restriction expire: **Click or tap here to enter text.**

1. Should the project fail to secure the expected rental assistance subsidies, what is the plan to maintain the project as viable affordable housing?

**Click or tap here to enter text.**

1. What annual utility allowance schedule or methodology will be used for the project?

**Click or tap here to enter text.**

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

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

# 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**:

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

1. If the sponsor organization is new to affordable housing development, has experienced staff turnover, or has assumed more direct development responsibility since the last completed project, describe how development team staff are being supported and trained in their new roles.

**Click or tap here to enter text.**

## Organizational History

1. Indicate the Sponsor Organization Type: **Choose an item.**
   1. If Other selected, specify the type of organization.

**Click or tap here to enter text.**

1. Has the sponsor organization developed affordable housing projects recently?

- Yes.

- No.

* 1. If YES, provide the following:
     1. Years of Experience: **Click or tap here to enter text.**
     2. Number of Projects: **Click or tap here to enter text.**
     3. Number of Units Placed In Service: **Click or tap here to enter text.**
  2. If NO, describe how the organization will ensure the successful development of this project:

**Click or tap here to enter text.**

1. Describe the last three development projects completed by the sponsor 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.

**Click or tap here to enter text.**

1. If the operation of the project depends on an operating subsidy and /or rental subsidy, describe the organization’s track record securing such subsidies. All subsidies should be documented on **Form 8B: Operating, Service, and Rent Subsidy Sources**.

**Click or tap here to enter text.**

1. Is the sponsor organization currently engaged in project Workouts with public funders involved in any of its projects currently under contract?

- Yes.

- No.

* 1. If YES, list the projects in workout, and provide a brief summary of the reason for the workout status.

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

1. Describe how the 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 to effectively oversee the success of the project.

**Click or tap here to enter text.**

1. Describe the experience and cultural competencies of the 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.

**Click or tap here to enter text.**

1. How does this project help fulfill the goals and objectives of the sponsor organization’s mission and/or align with current and historical operations and activities?

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

1. When was the sponsor organization last audited? **Click or tap here to enter text.**
2. In the sponsor’s last audit, were there any findings?

- Yes.

- No – Skip to Question 17 of this section.

* 1. If YES, Describe the nature of the findings.

**Click or tap here to enter text.**

* 1. Have these findings been resolved?

- Yes.

- No.

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

**Click or tap here to enter text.**

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

1. Describe the trends illustrated by the last **three** years of organizational financial audits. Include any additional narrative to explain financial ratios that may appear to be cause for concern.

**Click or tap here to enter text.**

1. in order of priority (highest to lowest), list all projects by name that the sponsor organization is submitting for funding consideration during this funding round; identify the rationale for this order (e.g., committed funding, local priority population).

**Click or tap here to enter text.**

## Project Ownership

1. Proposed Ownership Structure (check all that apply)

- Nonprofit

- Limited Liability Corporation (LLC)

- Limited Partnership (LP)

- Limited Liability Partnership (LLLP)

- Local Unit of Government

- Nonprofit Single Asset Entity

- Other Corporation

- Joint Venture

- Other – *describe:* **Click or tap here to enter text.**

1. Is the sponsor organization seeking Community Housing Development Organization (CHDO) status for the purpose of this project?

- Yes – *Date, or projected date, of certification:* **Click or tap here to enter text.**

- No.

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

- Privately Owned (for State HTF applicants, see [RCW 43.185.070 [4]](https://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070))

- Publicly Owned

- Owned by Sponsor

- Other – *Describe:* **Click or tap here to enter text.**

1. What is the legal status of the Ownership Entity for the completed project? Choose an item.
2. Provide the following details for the Ownership Entity. If the entity has not yet been formed, please provide estimates:
   1. Formation date: **Click or tap here to enter text.**
   2. State in which Formed: **Click or tap here to enter text.**
   3. Fiscal year: **Click or tap here to enter text.**
   4. Accounting method: **Choose an item.**
3. Provide a copy of the ownership chart for the proposed Ownership Entity. Be certain to include names, addresses, contact information, and ownership percentage.

Ownership Chart is attached to this application

1. Describe the initial relationship between the Ownership Entity and the project sponsor organization.

**Click or tap here to enter text.**

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

- Yes.

- No.

* 1. If YES, describe how:

**Click or tap here to enter text.**

## Property Management

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

**Click or tap here to enter text.**

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

**Click or tap here to enter text.**

1. Explain the marketing strategy and the tenant selection process, including the creation and management of any waiting lists

**Click or tap here to enter text.**

1. Describe the operations staffing plan for the project. Include at a minimum the types and number of staff positions and the hours operations staff will be on site. If any operational services will be contracted, which services will be contracted and who will supervise those contracts?

**Click or tap here to enter text.**

1. Describe the project team’s experience with income verification including information collected, required documentation, and third party verifications.

**Click or tap here to enter text.**

1. Will management staff be located on site?

- Yes.

- No.

* 1. If YES, form of management:

- Resident Manager(s) - Number of units: **Click or tap here to enter text.**

- Management office (Business Hours Only)

- Management office (24 hr)

- Other – *Describe:* **Click or tap here to enter text.**

* 1. If NO, describe the sponsor organization’s service area and how this project fits within the organization’s property management capacity:

**Click or tap here to enter text.**

1. 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**:

**Click or tap here to enter text.**

1. Describe the sponsor organization’s property management experience, or that of the proposed property management entity, as it relates to working with the proposed population identified in [Section 3: Need and Populations Served](#_Section_3:_Need).

**Click or tap here to enter text.**

1. Describe the sponsor organization’s approach to asset management and long-term portfolio planning, including the methodology and staff responsible for each of the following at a minimum:

* **tracking** operational/dashboard performance;
* **assessment** and projections of each property using Capital Needs Assessments and reserve analyses; and
* **portfolio** preservation planning. i.e., the sponsor organization’s priorities and financial plan to achieve those goals. Include examples of successful recapitalization strategies and major improvements to buildings in the portfolio.

**Click or tap here to enter text.**

1. If the sponsor organization has conducted a portfolio analysis, provide a summary of projected capital needs for the next ten years and indicate anticipated sources of funding (e.g., replacement reserves, refinancing strategies, capital campaigns, public funder requests). If an analysis has not been conducted, please describe any plans for developing one.

**Click or tap here to enter text.**

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

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

# Section 10: Services

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

- Yes. *Form 8C, Personnel (Service and Operating) and Non-Personnel Expenses must be completed*

- No.

* 1. If yes, describe the services to be provided.

**Click or tap here to enter text.**

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

☐ - Yes

☐ - No – *Skip to* [*Referral and Enrollment*](#_Referral_and_Enrollment)

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

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

- No – *Skip to* [*Referral and Enrollment*](#_Referral_and_Enrollment)

1. What form will the services take? **Choose an item.**
2. Describe the services to be provided on-site, who will provide them, include the proposed source of services funding.

**Click or tap here to enter text.**

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

1. Name and describe any service model that will be utilized and why/how it helps to promote housing stability for the target population(s).

**Click or tap here to enter text.**

1. How will the service needs of tenants be assessed? Describe the form or tool, if any, used to assess and determine service needs.

**Click or tap here to enter text.**

1. If the case management or services model pursues outcomes other than, or in addition to housing stability and self-sufficiency, describe them.

**Click or tap here to enter text.**

## Outreach, Referral, and Enrollment

1. 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*.

**Click or tap here to enter text.**

1. Participation in the local Coordinated Entry system is required by most capital and service funders when providing housing for homeless households. Review each public funder’s Solicitation for Applications/NOFA for the most current requirements. If Coordinated Entry is *not* being used, or only being used for a portion of the project’s homeless units, please explain how individuals and families will learn about or be referred to the project.

**Click or tap here to enter text.**

1. Indicate all eligibility criteria for referral to the project. Please note that selecting “yes” for any criterion beyond “Homeless” or “Chronically Homeless” would exclude the project from being considered “low barrier” housing.

**Yes No**

Homeless

Chronically Homeless (HUD definition)

Drug & Alcohol Free

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

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

Must enroll or be enrolled in school or training program

Must agree to a work or volunteer requirement

1. If a criterion is used, but is not among those listed above, describe:

**Click or tap here to enter text.**

1. Describe why the indicated eligibility criteria are important to the project’s success.

**Click or tap here to enter text.**

1. Indicate all program screening criteria. Please note that selecting “yes” for any criterion would exclude the project from being considered “low barrier” housing.

**Yes No**

Minimum Income Requirement

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

Proof of U.S. Residency Status

Credit check required – must pass a threshold

Criminal Record screening – must pass a threshold

1. If a credit check and/or criminal record criterion is used, state the threshold(s) for entry:

**Click or tap here to enter text.**

1. If a criterion is used, but is not among those listed, describe:

**Click or tap here to enter text.**

1. Describe why the selected screening criteria are important to the success of the program:

**Click or tap here to enter text.**

**Maintaining Housing – Program Participation Requirements**

1. What house rules do residents have to follow to keep their housing (e.g., curfews, visitors, overnight guests)? Describe why these rules are necessary for the success of this program.

**Click or tap here to enter text.**

**Leveraging of Service Resources**

1. Will this project leverage service resources?

- Yes.

- No.

1. If YES, describe the resources. Indicate clearly whether each is financial or non-financial.

**Click or tap here to enter text.**

***Note: all leveraged financial resources should be reflected in Forms 8B, 8C and 8D (as applicable)***

1. Describe the sponsor organization’s approach to sustaining and funding services over time. How will increasing service costs or the loss of a service or operating funding source be addressed?

**Click or tap here to enter text.**

**Time-Limited Housing**

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

**Click or tap here to enter text.**

1. Specify any imposed time limit on tenancy, if applicable (number of months):

**Click or tap here to enter text.**

**Performance Measures**

1. Describe the anticipated service outcomes and how the outcomes will be measured.

**Click or tap here to enter text.**

1. How will the collected service data be used by the sponsor organization to inform the program, including how resident feedback is incorporated into the process?

**Click or tap here to enter text.**

1. When serving homeless residents, does the sponsor organization and/or its partnering service provider currently participate in the local Homeless Management Information System (HMIS)?

- Not Applicable

- Yes

- No - *By when will HMIS participation begin?* **Click or tap here to enter text.**

1. Does the sponsor organization have procedures in place to monitor data quality on at least a quarterly basis?

- Yes

- No

1. If YES, describe

**Click or tap here to enter text.**

1. If NO, describe what procedures will be in place to ensure data quality. Be sure to include any timelines.

**Click or tap here to enter text.**

1. If the sponsor organization is serving homeless residents, describe how the project proposal is aligned with the Federal HEARTH Act performance outcomes, as adopted by the project area’s local Continuum of Care (CoC)?

**Click or tap here to enter text.**

**Services for Special Needs Populations**

1. If Special Needs populations including homeless households will be served, will the project require licensing (e.g., for an Adult Family Home)?

- Yes

- No, *Skip to Cultural Competency*

1. If YES, state which license is needed:

**Click or tap here to enter text.**

* + 1. Current status of license:

- Approved

- Pending Approval - *Date Expected:* **Click or tap here to enter text.**

- Other - *Describe*: **Click or tap here to enter text.**

**Cultural Competency**

1. Describe how the project’s engagement and service delivery model assures access for the target population(s), including efforts related to language, location, outreach, style of interaction, and service design. Include the process used to identify specific culturally based needs and how information gathered is or has been used to modify engagement and services delivered to meet those needs.

**Click or tap here to enter text.**

# Section 11: LIHTC Scoring

## Complete the Excel CFA - Tab 11 Forms

|  |
| --- |
| * Form 11A 9% LIHTC Scoring Synopsis |
| * Form 11B 4% LIHTC and Bond Scoring Synopsis |

1. For the Housing Trust Fund, “Rural” is defined in the HTF Handbook Glossary: [www.commerce.wa.gov/htf](http://www.commerce.wa.gov/htf) [↑](#footnote-ref-1)
2. as defined by WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) 6.13 and 6.14 [↑](#footnote-ref-2)
3. See Chapter 2, Section 205.2 of the HTF Handbook for a list of project types for which Market Studies are not required [↑](#footnote-ref-3)
4. This includes the issuance of Notices of Disclosure to Seller with Purchase Offer, Disclosure to Seller After Purchase has been Executed, and Disclosure to Seller of Fair Market Value [↑](#footnote-ref-4)
5. Total Development Cost as defined by WSHFC excludes the cost of land, offsite infrastructure and capitalized reserves.. [↑](#footnote-ref-5)