**NORTH CAROLINA HOUSING FINANCE AGENCY**

### Supportive Housing American Rescue Plan (SHARP) Program - 2023

**Application For funding**

***Part 1***

*Please read the SHARP Program & Underwriting Guidelines & Instructions before completing Part 1 and Part 2*

**SHARP Application Instructions**

* Applications are due electronically through the Supportive Housing Development (SHD) Application Portal by **July 21, 2023 at 5:00 PM.**
* There are two parts to the full application:
  + Part 1 includes a narrative, project description, and exhibits, plus preliminary site plans.
  + Part 2 includes the development budget, sources of funds, income/expenses, and pro forma.
* Both Part 1 and Part 2 must be submitted to have a complete application.
* After your Project Description and Site Visit form (due May 31, 2023) has been reviewed and approved by NCHFA, complete Part 1 and Part 2 Application.

**SHD Program Staff**

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**Section 1. APPLICANT/OWNER INFORMATION**

1. **Date:**

|  |
| --- |
|  |

1. **Project Name and Address**

|  |  |
| --- | --- |
| Project Name |  |
| Address |  |
| City |  |
| Zip Code |  |
| County |  |

1. **Applicant/Owner Information**

|  |  |
| --- | --- |
| Organization Name |  |
| Address |  |
| City |  |
| State |  |
| Zip Code |  |

|  |  |
| --- | --- |
| Federal Taxpayer ID Number |  |

|  |  |
| --- | --- |
| DUNS Number (if applicable) |  |

|  |  |
| --- | --- |
| Contact Person |  |
| Title |  |
| Telephone |  |
| Fax |  |
| Email |  |

|  |  |
| --- | --- |
| Who will own the project (same as applicant or another entity owner? |  |

Person authorized to negotiate and sign legal contracts for the organization:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Telephone |  |
| Fax |  |
| Email |  |

1. **Type of Organization**

|  |  |
| --- | --- |
|  | Local Government or Government Entity |
|  | Nonprofit Organization |
|  | - date of IRS 501(c)(3) determination letter |

If Applicant is a nonprofit organization, the following documents will be required:

* *Exhibit 1 – Articles of Incorporation*
* *Exhibit 1 – Bylaws*
* *Exhibit 1 – IRS 501(c)(3) determination*
* *Exhibit 1 – Board of Directors List (Current list of all members of the Board of Directors, including name, address, and beginning and ending dates of terms)*

Provide a brief history of the Applicant, including purpose, current programs, number of staff persons, recent initiatives, etc. (All text boxes will expand as text is entered.)

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|  |

1. **Local Government**

Local political jurisdiction in which the project will be located:

|  |  |
| --- | --- |
| Name of City, Town, or County |  |

|  |  |
| --- | --- |
| Local Government Contact |  |

|  |  |
| --- | --- |
| Address |  |
| City |  |
| Zip Code |  |
| Telephone |  |
| Fax |  |
| Zip Code |  |

1. **Administrative Restrictions**

Has the Applicant organization received an unsatisfactory rating on a publicly funded project or been debarred for any period of time?

      Yes       No

Has the Applicant organization been involved in any lawsuit?

      Yes       No

Are there any outstanding judgments against the Applicant organization?

      Yes       No

List all lenders including local city, county, state, and federal lenders and whether your organization is currently in compliance with the terms of the loans and if the organization has ever been out of compliance. If no current lenders, enter N/A.

|  |
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|  |

Disclose all cases in which the applicant entered into a workout or deferment, the reasons, provide a description of the plan for resolution, and compliance with deferment plan. If no workout or deferment, enter N/A.

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Disclose all cases where the applicant organization has been involved in mortgage default within the last 5 years on any federally or state funded project? If no mortgage default, enter N/A.

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|  |

Disclose all cases where the Applicant organization entered into a foreclosure. For each case provide the property name, the date of the foreclosure, the final disposition, and a description of the circumstances that led to the foreclosure. If no foreclosure, enter N/A.

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1. **Audit**

Attach a financial statement audit that is less than 12 months old that includes an opinion from a certified public accounting firm.

* *Exhibit 2 - Audited Financial*

Does the Applicant have any unresolved audit or monitor findings?

      Yes       No

If yes, explain below.

|  |
| --- |
|  |

1. **Organization Budget**

Submit a copy of the Applicant organization’s most recent annual operating budget. This budget should include both expenses and the sources of funds to finance all expenses during the budget year.

* *Exhibit 3 – Organization Budget*

1. **Experience**

Does the Applicant have housing development experience using at least one federal program within the past 7 years?

      Yes       No

If no, what is the name of your Housing Development Consultant?

|  |
| --- |
|  |

Briefly describe which *federal* programs (from U.S. Department of Housing and Urban Development (HUD) or U.S. Department of Agriculture Rural Development (RD)) the Applicant or Housing Development Consultant have used in developing and operating housing in the past 7 years?

|  |
| --- |
|  |

Attach a description of the rental housing development experience of the Applicant for the last 7 years. Include the name of each project, number of units, and types of financing including any public funds.

* *Exhibit 4 - Development Experience*

If the Applicant has no previous housing development experience with federal programs, please include with ***Exhibit 4*** a signed letter from the housing development consultant detailing his or her experience in serving as a consultant in publicly financed, affordable, rental housing. Also include a copy of the executed contract between the Applicant and the housing development consultant.

* *Exhibit 4 - Consultant Experience*
* *Exhibit 4 – Consultant Contract*

List any project(s) that has received NCHFA’s Supportive Housing Development Program (SHDP) funding here:

|  |
| --- |
|  |

Has the Applicant organization received a Building Permit for all projects previously funded with NCHFA’s Supportive Housing Development funds?

      Yes       No       NA

1. **Conflict of Interest**

Attach the Applicant’s organization’s policy regarding conflicts of interest. This policy can be extracted from the applicant organization Bylaws, or can be a separate board statement.

* *Exhibit 5 – Conflict of Interest Policy*

Attach a list of all individuals associated with the Applicant or the ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, percentage, and dollar amount of financial interest in the project, including broker, contractor, and other professional fees.

* *Exhibit 5 – Financial Interest*

**Section 2. GENERAL PROJECT INFORMATION**

1. **Project Name and Address**

|  |  |
| --- | --- |
| Project Name |  |
| Address |  |
| City |  |
| Zip Code |  |
| County |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | New Construction |  | Acquisition and Rehabilitation |
|  | Rehabilitation Only |  | Acquisition Only |

If new construction is proposed, please describe the project and program design process completed or planned for the development. Was there any external input?

|  |
| --- |
|  |

1. **Type of Housing Units and Funding Requested**

**Non-Congregate Shelter**

|  |  |
| --- | --- |
|  | **Total number of units** |

**Non-Congregate Shelter Development Funding Requested**

|  |  |
| --- | --- |
|  | **Funding Requested** |

OR

**Rental Housing**

|  |  |
| --- | --- |
|  | **Total number of units** |
|  | Number of 1-bedroom units |
|  | Number of 2-bedroom units |
|  | Number of 3-bedroom units |
|  | Number of 4-bedroom units |

**Rental Housing Funding Requested**

|  |  |
| --- | --- |
|  | **Development Funding Requested** |

**Does the SHARP Applicant intend to request a Capitalized Operating Cost Assistance Reserve?** *If yes, the total Capitalized Operating Cost Assistance Reserve amount will be calculated in SHARP Application Part 2*

      Yes       No

1. **SHARP projects must accept individuals from all of the Qualifying Populations.**
2. “Homeless” as defined by 24 CFR 91.5 *Homeless* (1), (2), or (3)
3. At Risk of Homelessness as defined by 24 CFR 91.5
4. Fleeing or attempting to flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking
5. Other Households with High Risk of Housing Instability and At-Risk of Homelessness

**Detailed definitions of the qualifying populations (QP) can be found in HUD’s Notice** [CPD-21-10: Requirements for the Use of Funds in the HOME-ARP Program](https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/).

1. **Narrative Description of Project**

Describe the renovation/rehabilitation or new construction proposed including the number of buildings:

|  |
| --- |
|  |

Briefly describe how the housing and services of the project are structured to meet the needs of the intended qualifying population(s).

|  |
| --- |
|  |

1. **Project Development Team**

Provide the following information as far as it is known.

**Project Coordinator:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Housing Development Consultant (If required by NCHFA):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Construction Manager:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Architect:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Qualified Contractor:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Energy Consultant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Supportive Services Provider (re-enter own information if also supportive services provider)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |
| **Years Providing Services to Qualified Population(s)** |  |  |  |

**other:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Phone** |  |
| **Email** |  |  |  |

**Section 3. PROJECT DETAILS**

**Site Information**

|  |  |
| --- | --- |
| Total Square Footage of Site (land) |  |

1. **Housing Units:** Describe the bed/unit arrangement, rent, utilities, etc.

**Rental Development**(Apartment/single family units)

**SHARP Rental Units:** If rent is charged, rent and utilities cannot exceed Low-HOME rent. [HOME rent limits](https://www.hudexchange.info/programs/home/home-rent-limits/) are established by HUD. If a tenant or units receives tenant-based or project-based a based rental assistance respectively, the owner may charge the rent allowable under the Federal or state project-based rental subsidy program. See

**Non-SHARP Rental Units:** If a project has a funding source in addition to SHARP, all non-SHARP units should aim to serve households earning less than 80% of the area median income.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | # Units | # Accessible  units | Av. Sq. Ft. | $ Rent | $  Utilities | $ Gross Rent |
| SRO/Studio/Efficiency  SRO means Single Room Occupancy serving one person. The definition of a SRO is that the residents share a bathroom, and/or kitchen.  Studio Units and Efficiency Units have their own bathroom AND kitchen or kitchenette |  |  |  |  |  |  |
| 1 Bedroom Unit |  |  |  |  |  |  |
| 2 Bedroom Unit |  |  |  |  |  |  |
| 3 Bedroom Unit |  |  |  |  |  |  |
| 4 Bedroom Unit |  |  |  |  |  |  |

\* 1b. Is the Owner or Tenant paying utilities?

If the tenant is paying utilities, how was the amount determined?

Applicants must use the preferred utility allowance provided by their local Public Housing Authority (PHA).

**Non-Congregate Shelter**

*NCS projects may not charge an occupancy fee or rent.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | # Units | # Accessible  units | Av. Sq. Ft. |
| Non-Congregate Small Unit  Non-Congregate Small units **must** have their own bathroom but may have shared kitchen facilities. |  |  |  |
| 1 Bedroom Unit |  |  |  |
| 2 Bedroom Unit |  |  |  |

1. **Construction Timeline:**

**Estimated Construction Completion Date**

|  |
| --- |
|  |

**Awarded SHARP projects are expected to adhere to the following construction timeline unless otherwise indicated in the HOME-ARP Written Agreement:**

* Projects must begin construction within 12 months of the HOME-ARP Written Agreement.
* Projects must complete construction within 4 years of the HOME-ARP Written Agreement
* Projects must be occupied within 6 months of project completion.

1. **Income & Population RestrictionsCoC**

**Rental Housing**

* The number of *SHARP units* are proportional to the amount of *SHARP funding* in the project.
* All ***SHARP units*** must serve QPs.
* If a project has a funding source in addition to SHARP, the project should aim to serve households earning less than 80% of the area median income in all non-SHARP units. The non-SHARP units are expected to comply with any compliance requirements established by the additional funding source and may not be monitored by NCHFA for compliance.

|  |  |
| --- | --- |
|  | Number of SHARP Units |
|  | Number of Non-SHARP Units |

**Non-Congregate Shelter**

* SHARP Non-Congregate Shelters can only serve Qualifying Populations.

|  |  |
| --- | --- |
|  | Number of SHARP Units |

1. **Equipment Furnished**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fire Sprinkler System |  | In-unit Washer/Dryer |  |
|  | Dishwasher |  | Range |  |
|  | Disposal |  | Refrigerator |  |
|  | Kitchen Exhaust Fan (vented to outside) |  | Shared Laundry Room |  |
|  | Other - Describe: |  | | |

1. **Systems**

**Heat**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Electric Baseboard |  | Gas Forced Air |  |
|  | Electric Heat Pump |  |  |  |
|  | Other - Describe: |  | | |

**Hot Water**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Gas |  | Electric |  |
|  | Other - Describe: |  | | |

**Air Conditioning**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Central Air |  | Window Units |
|  | None |  |  |

1. **Utilities**

Check the following existing systems that are adequate and available at the site:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Electric |  | Water (City/County) |
|  | Natural Gas |  | Septic System |
|  | Sewer (City/County) |  | Well |

1. **Environmental**

Check any of the boxes that describe the site:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Adjacent to major highway |  | Historic/archeological significance |
|  | Has asbestos |  | In flood plain |
|  | Has hazardous waste |  | Near railroad/airport |
|  | Other (detail) |  | |
|  | Has lead-based paint |  |  |

1. **Common Areas**

List planned common areas such as a community room, laundry room, etc.

|  |
| --- |
|  |

1. **Evidence of Zoning**

Attach a written statement on letterhead stationary from the unit of local government in which the property is located indicating that the proposed use of the site is permissible under applicable zoning ordinances or other appropriate land development regulations.

* *Exhibit 6 – Land Use Compliance*

If the property is subject to a Conditional or Special Use Permit, also provide a copy of the Permit with the expiration date.

* *Exhibit 6 – Conditional or Special Use Permit*

1. **Site Control and Value**

Include a copy of the appropriate documentation of site control.

* *Exhibit 7 – Site Control*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Deed or other proof of ownership |  | Long-term lease (must be approved by Agency) | Closing Statement for proof of purchase |
|  | Executed Option to Purchase |  | Other - Detail: |  |

Does a direct or indirect identity of interest exist between the Applicant and the seller of the property?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, specify relationship: |  |

1. **Appraisal**

Only an amount up to the appraised value can be listed in the acquisition cost in the SHARP Application Part 2. The Agency strongly recommends that the Applicant get an appraisal prior to securing site control to ensure a fair price. Attach a copy of the appraisal, if applicable.

* *Exhibit 7 – Appraisal*

**Section 4. community/Housing Need**

1. **Community/Housing Need**

Documentation of need for the housing proposed. Include the following:

1. Identify the location where your supportive housing services are or will be provided.
2. List all other services and/or supportive housing programs which assist the same or similar populations as the proposed project. Describe the utilization and vacancy rate for the existing supportive services and/or supportive housing programs and explain the need for your proposed project.
3. If a project elects to prioritize applicants from one of the qualifying populations over applicants from another QP, the SHARP Applicant must clearly demonstrate how the housing need is greater for the prioritized qualifying population.
4. Provide data showing need in as many of the following forms as appropriate: (1) a waiting list or letter documenting waiting lists from appropriate service providers; (2) a waiting list or letter documenting the waiting lists of members of the qualifying population(s) from the appropriate housing authority, which also states that the project is in the housing authority’s service area; (3) records of persons turned away from similar programs; (4) local plans or studies such as those from the local Continuum of Care; (5) data from HMIS; (6) HUD’s Point in Time Count/Housing Inventory Count data; (7) other appropriate data-based sources.
5. Describe how the proposed project works in collaboration with the other service and/or supportive housing programs in the community.
   * *Exhibit 8 – Community/Market Need*
6. **CoC Support**

NCS and Rental Development projects that wish to prioritize literally homeless or chronically homeless, within the homeless qualifying population, are encouraged to collaborate with their local Continuum of Care (CoC).

* + *Exhibit 9 – CoC Support (Optional)*

1. **Market Study**

If the proposed project does not serve 100% qualifying populations, a third-party market study is required to demonstrate the need for units not serving qualifying populations.

* + *Exhibit 10 – Market Study*

1. **Location and Availability of Accessible Transportation**
2. Describe the location of the site and the availability and cost of accessible public transportation and any transportation provided by the owner. (Call NC DOT/Public Transportation Division at 919-733-4713 for local contact information.)

|  |
| --- |
|  |

1. Attach a map with the location of services and facilities within 5 miles of the site. Please be sure to clearly indicate and label the project location.

* *Exhibit 11 – Map*

|  |  |
| --- | --- |
| **Service/Facility** | **Proximity to Site** |
| Supportive services including medical facilities |  |
| Employment Centers |  |
| Bus Stop |  |
| Pharmacy |  |
| Grocery Store |  |

**Section 5. SUPPORTIVE SERVICES ACCESS PLAN (SSAP)**

**All Applicants** will need to complete the SSAP that describes linkages to support services and partners for the project.

**REQUIRED FOR ALL PROPOSED PROJECTS**

|  |  |
| --- | --- |
| **Project Name** |  |
| **Project Address** |  |

|  |
| --- |
|  |

**Date of Plan: (MM/DD/YYYY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information** | | | |
|  | **Owner** | **Management Agent** | **Services Coordinator/Provider** |
| **Organization** |  |  |  |
| **Primary Contact** |  |  |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
| **Street Address** |  |  |  |
| **City, State, Zip** |  |  |  |

1. **Type of Housing**

**Non-Congregate Shelter**

|  |  |
| --- | --- |
|  | **Total number of units** |

**OR**

**Rental Permanent Housing**

|  |  |
| --- | --- |
|  | **Total number of units** |
|  | Number of 1-bedroom units |
|  | Number of 2-bedroom units |
|  | Number of 3-bedroom units |
|  | Number of 4-bedroom units |

1. **Qualifying Populations:** *SHARP projects must accept individuals from all of the Qualifying Populations.*
2. “Homeless” as defined by 24 CFR 91.5 *Homeless* (1), (2), or (3)
3. At Risk of Homelessness as defined by 24 CFR 91.5
4. Fleeing or attempting to flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking
5. Other Households with High Risk of Housing Instability and At-Risk of Homelessness

**Detailed definitions of the qualifying populations (QP) can be found in HUD’s Notice** [CPD-21-10: Requirements for the Use of Funds in the HOME-ARP Program](https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/).

While not required, projects may establish priorities among the QPs. Any priority must not violate fair housing, civil rights and other antidiscrimination requirements, including but not limited to, those listed at [24 CFR 5.105(a).](https://www.ecfr.gov/current/title-24/subtitle-A/part-5/subpart-A/section-5.105) A SHARP applicant must ensure that all priorities and referrals abide by the [HOME-ARP Notice CPD-21-10.](https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/)

Priorities are used to establish the order in which applicants are admitted into the NCS or rental project. A priority is not a limitation, as in, it does not outright exclude an individual who qualifies under one of the QPs from applying. Instead, projects may prioritize applicants from one QP over applicants in another QP while filling vacancies.

Example: A project prioritizes homeless individuals for a SHARP rental project. The priority gives homeless QP applicants priority for admission to the project. All other eligible QP applicants must be allowed to apply to then be selected in chronological order for any units not currently occupied by homeless individuals.

**Qualifying Population(s)**

Identify the qualifying population(s) who will be served in the project:

|  |
| --- |
|  |

What geographic area will be served? (Where are the residents from?):

|  |
| --- |
|  |

**A SHARP project must use a project-specific waitlist.**

Applicants for the SHARP units must be selected in chronological order, to the greatest extent feasible. Applicants for the SHARP units representing the prioritized qualifying population may be admitted prior to applicants from the other QPs. After the prioritized QP applicants are reviewed/accepted, applicants from all other QPs must be accepted in chronological order. Qualified applicants for SHARP units may be referred to the project-specific waitlist from the local CoC, but they must be treated the same as applicants coming from any other referral source.

1. **Unique Design Features Common Areas**

Describe any adaptability or accessibility features and/or assistive technology beyond the minimums required by NCHFA in **Appendix I** “Design Standards” of the SHARP Program Guidelines.

|  |
| --- |
|  |

Describe any community space being developed as part of this property.

|  |
| --- |
|  |

1. **Supportive Services and Provider**

If the *same* entity is acting as both Property Manager and Service Provider or Coordinator, please provide a narrative explanation of how these roles will be separated to ensure compliance with Fair Housing law.

|  |
| --- |
|  |

**History of Services Coordinator/Provider**

Briefly describe the supportive service agency’s history, mission and the services the agency provides/coordinates.

|  |
| --- |
|  |

**Capacity of Services Coordinator/Provider**

Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community-based services that support the qualifying populations.

|  |
| --- |
|  |

**Supportive Services Plan**

How are individuals’ services plans developed and implemented? How are residents’ needs for services identified? Provide a detailed description of supports and services to be provided to residents. **NCS SHARP projects must describe how their program design includes a transition plan to assist participants in locating and accessing permanent housing.**

|  |
| --- |
|  |

**Support Services Collaboration**

Describe how the Services Coordinator/Provider will work with the property manager and/or other local providers in the referral process and providing residents’ access to services and supports should residents need assistance?

|  |
| --- |
|  |

1. **Capacity of Property Manager**

If the Property Manager or Management Company has been selected at the time of application, describe their experience and capacity including experience with federal housing programs.

|  |
| --- |
|  |

**Section 6. CONSTRUCTION AND PLANS**

1. **Budget**

If a General Contractor budget for rehab or new construction already exists, orif a budget does not exist, list how the costs were determined in the proposed budget and attach.

* *Exhibit 12 – Proposed Budget*

1. **Physical Needs Assessment (PNA)**

Projects proposing to *Rehabilitate* existing structures must include a detailed Physical Needs Assessment (PNA) with cost information, a hazard inspection, structural inspection, and a termite report. The hazard inspection should include, at a minimum, the identification of lead-based paint and asbestos in the building with a plan and budget for remediation. A sample PNA is attached as Appendix L of the Guidelines. Please reference Appendix M of the SHARP Program Guidelines to review the HOME Multifamily Rehab Standards.

* *Exhibit 13 – PNA*

1. **Capital Needs Assessment (CNA)**

Projects proposing to *Rehabilitate* existing structures 26 or more units must determine all work that will be performed in the rehabilitation of the housing and long-term physical needs of the project through a Capital Needs Assessment (CNA) of the project. See Appendix M of the SHARP Program Guidelines for additional details.

* *Exhibit 14 – CNA*

1. **Davis Bacon**

All projects consisting of 12 or more units with funding that requires Davis Bacon compliance must incorporate Davis-Bacon [24 CFR 92.354](https://www.ecfr.gov/current/title-24/subtitle-A/part-92/subpart-H/section-92.354) wage rates and labor standards monitoring in the development budget. Federal Labor Standards must be included in project-related procurement. If a SHARP project receives HUD funds which trigger Davis Bacon (for example, HOME, CDBG, HOME-ARP) *from a local participating jurisdiction*, NCHFA may request the local PJ agrees to conduct the Davis Bacon monitoring for the project. No exhibit required at this time.

Attach the following information requested in this section for each building constructed or rehabbed using Program funds:

1. **Required PRELIMINARY Plans for New Construction or Rehabilitation**:
   * + - Scaled Site Plan showing, at a minimum, proposed building footprint, driveways, and parking areas. (site plan)
       - Elevation of front of building.
       - Elevation of side of building.
       - Floor layouts for each type floor or building, as applicable, using a minimum scale of 1/16” = 1’; identifying the location of units, common use areas and other spaces.

**Attach plans as follows:**

* *Exhibit 15 – Plans*

**If plans are final or near final, submit a paper copy (usually 24x36) to:**

**Supportive Housing Development - Josh Burton**

**PO Box 28066, Raleigh, NC 27611-8066**

All required plans should be on 24”x36” paper and drawings should be to scale, using the minimum scale or 1/16” = 1’. Plans that are likely the final construction plans are required to be prepared by an engineer or architect licensed to do business in North Carolina. A digital submission is preferred if multiple revisions are anticipated. The project design must comply with the Appendix I “Design Standards” of the Program Guidelines.

**Section 7. FINANCING COMMITMENTS**

Attach documentation of commitments for permanent project funding, pending or received (award letters, investment account, bank statements, proof of submittal of applications to other funding sources, etc.)

* *Exhibit 16 – Funding Commitments*

If not already awarded and the project will apply for Federal Home Loan Bank funding, attach a narrative describing which FHLB location will be applied to and the deadline for the application. Also, submit a letter from the member bank as an acknowledgement that they will support your application.

* *Exhibit 17 – FHLB*
* *Exhibit 18 – FHLB Acknowledgement Letter*

For rental projects that anticipate rental assistance from their local Housing Authority or Rental Assistance provider, a letter must be provided from the Rental Assistance Provider using the sample template provided in Appendix N of the Application Guidelines and Instructions.

* *Exhibit 19 – PBRA Approval*

Rental projects requesting a SHARP Capitalized Operating Cost Assistance Reserve must provide a letter from the local Public Housing Authority and/or local Continuum of Care indicating that no project-based rental assistance is available for the proposed project.

* *Exhibit 20 - PBRA Request Denial*

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**Section 8. Design and Energy Efficiency Compliance Agreement**

This certifies that as an applicant to the NCHFA Supportive Housing American Rescue Plan Program, the organization making this application

     {enter organization name} of which I am the      {enter title} understands and agrees to follow NCHFA accessibility, design and energy efficiency requirements. I understand and agree that this will include the following:

* NCHFA review and approval of full construction set architectural plans prior to obtaining a building permit or construction bids.
* Third Party energy consultant review and approval of full construction set architectural plans INCLUDING specifications prior to obtaining a building permit or construction bids.

Use of one of four NCHFA approved HVAC systems, described in Appendix J of the SHARP Application Guidelines and Instructions.

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| By: |  |

Signature of Authorized Individual

**Section 9. SIGNATURE OF AUTHORIZED OFFICIAL**

1. By signing below, the Applicant certifies that the information provided in this application is true and complete.
2. By signing below, the Applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source.
3. All applications submitted become the property of the Agency
4. Submission of an application does not guarantee funding. Any costs incurred prior to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

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| By: |  |

Signature of Authorized Individual

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| --- | --- |
| Name |  |

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| Title: |  |

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| Date: |  |