**NORTH CAROLINA HOUSING FINANCE AGENCY**

### Supportive Housing Development Program

***2022 PROGRAM Cycle***

**Application For funding**

***Part 1***

*Please read the 2022 Application Guidelines & Instructions before completing Part 1 and Part 2*

**SHDP Application Instructions**

* Applications are due electronically by **March 4, 2022 at 5:00 PM** to both SHDP Staff listed at the bottom of this page
* There are two parts to the full application:
	+ Part 1 includes a narrative, project description, and up to fourteen exhibits, plus preliminary site plans.
	+ Part 2 includes the development budget, sources of funds, income/expenses, and pro forma.
	+ Prior year Applicants or those applying for the Existing SHDP Small Rehab Option, must request and complete the Short Application Part 1 and the regular SHDP Application Part 2.
* Both Part 1 and Part 2 must be submitted to have a complete application. Please follow the application email labeling instructions, which will allow for a smooth submission.
* Applications will be accepted earlier than the deadline.
* After your site has been approved, complete Part 1 and Part 2 Application, or Short Application Part 1 and Part 2

**SHDP Program Staff**

 Nancy Bloebaum, Sr. Supportive Housing Development Specialist, nbbloebaum@nchfa.com

 Jennifer Olson, Program Administrator & Strategic Coordinator, jlolson@nchfa.com.

**Section 1. APPLICANT/OWNER INFORMATION**

1. **Date:**

|  |
| --- |
|       |

1. **Amount of SHDP Funding Request:**

|  |
| --- |
|       |

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 |
|       |  For-profit (for projects with Olmstead Projects only) |
|        |  Nonprofit Organization |
|       | - date of IRS 501(c)(3) determination letter |

If Applicant is a nonprofit organization, attach a copy of each of the following using the nomenclature for **Exhibit 1**

* *Exhibit 1 – AOI – Organization Name* (Articles of Incorporation)
* *Exhibit 1 – Bylaws – Organization Name* (Bylaws)
* *Exhibit 1 – IRS Letter – Organization Name* (IRS 501(c)(3) determination)
* *Exhibit 1 – BOD – Organization Name* (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.)

|  |
| --- |
|       |

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 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

Has the Applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?

      Yes       No

If any of the above responses was “Yes”, provide a short explanation:

|  |
| --- |
|       |

1. **Audit**

Attach as ***Exhibit 2***, the Applicant’s two most recent audited financial statements or certified statement of Revenues and Expenses. Submit with the following nomenclature:

* *Exhibit 2 - Audited Financials1 - Organization Name*
* *Exhibit 2 - Audited Financials2 - Organization Name* **OR**
* *Exhibit 2 - SOR1 - Organization Name*
* *Exhibit 2 - SOR2 - Organization Name*
1. **Organization Budget**

Attach as ***Exhibit 3***

* *Exhibit 3 – Organization Budget – Organization Name*

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.

1. **Experience**

|  |  |
| --- | --- |
|       | Number of units **developed by Applicant** in past 7 years |
|       | Number of households currently **assisted** by Applicant with **housing** |
|       | Number of households currently **assisted** by Applicant with **services** |
|       | Number of units **developed by Consultant** in past 7 years, if applicable |

Attach as ***Exhibit 4***

* *Exhibit 4 - Dev Exp - Organization Name*

*Submit* 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, types of financing, and indicate whether financed with any public funds.

If the Applicant has no previous development experience, please include with ***Exhibit 4*** a signed letter from the 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 consultant. Attach with the following nomenclature:

* *Exhibit 4 - Con Exp - Organization Name*
* *Exhibit 4 – Con Contract – Organization Name*

LIST ANY PROJECTS THAT RECEIVED **NCHFA SHDP** FUNDING HERE:

|  |
| --- |
|       |

Has the Applicant organization received a Building Permit for all projects previously funded by SHDP and/or SHDP 400?

      Yes       No       NA

1. **Conflict of Interest**

Submit as ***Exhibit 5***

* *Exhibit 5 – COI – Organization Name*

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.

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. Label with the following nomenclature:

* *Exhibit 5 – Financial Interest – Organization Name*

**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, describe the design process completed or planned for the building. Was there a design committee? If so, who was on it? Did they visit similar projects, and if so which ones?

|  |
| --- |
|       |

1. **Type of Housing Units –** Please enter the *appropriate* unit information that best describes your project. Not all blanks need to be completed.

 **Emergency Housing**

|  |  |
| --- | --- |
|       | Number of units |
|       | Number of bedrooms |
|       | Number of beds |

 **Transitional Housing**

|  |  |
| --- | --- |
|       | Number of units |
|       | Number of bedrooms |
|       | Number of beds |

 **Permanent Housing**

|  |  |
| --- | --- |
|       | Number of units |
|       | Number of bedrooms |
|       | Number of beds |

Describe type of living situation for residents: *Single Family House, Single Family Apartment, Single Room Occupancy (Single Room Occupancy or SRO is just for a single person. The definition of SRO is that the residents share a bathroom and/or kitchen), Efficiency (Efficiency Units and Studio Units have their own bathroom AND kitchen or kitchenette), Shared Bedroom, Non-Shared Bedroom, Dormitory, or Other (describe)*

|  |
| --- |
|       |

1. **Check the appropriate box for the eligible population to be served:**

     Persons experiencing homelessness or imminently at risk of homelessness

      Persons with mental, physical, or developmental disabilities

      Persons w/substance use disorders

      Children in foster care, or youth aging out of foster care

      Survivors of domestic violence

      Adults reentering the community after being released from correctional facilities.

1. **Narrative Description of Project**

Describe the renovation/rehabilitation or new construction proposed:

|  |
| --- |
|       |

Briefly describe how the housing and services of the project are structured to meet the needs of the intended target population. Include a description of how this project is the most integrated housing solution possible for the target population. If applicable, describe how the project collaborates with the local Continuum of Care planning process and the utilization of ESG funds and rapid re-housing program principles.

|  |
| --- |
|       |

1. **Project Development Team**

Provide the following information as far as it is known. Having these parties identified is not required at the time of application.

**Project Coordinator:**

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

**Housing Development Consultant:**

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

**Construction Manager:**

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

**Architect:**

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

**Qualified Contractor:**

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

**Energy Consultant:**

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

**Other:**

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

**Section 3. PROJECT DETAILS**

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

*Complete the section (1, 2, or 3 below) that is most appropriate to your project.*

1. *Rental Apartment/single family units occupied by a single household or roommates:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | # Units | # Accessibleunits  | Av. Sq. Ft. | $ Rent | Owner pays utilities? | If no, estimated $ tenant-paidutilities per month\* |
| SRO/Studio/EfficiencySRO means Single Room Occupancy so it’s just for 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 |       |       |       |       |       |       |

\* Methodology used to estimate utilities

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

.

1. *Rental shared housing situation:*

|  |  |
| --- | --- |
| Bedrooms |       |
| Max Beds in each bedroom |       |

|  |  |
| --- | --- |
| Av. sq. ft. per bedroom |       |

|  |  |
| --- | --- |
| $ Amount tenant-paid rent |       |

|  |  |
| --- | --- |
| $ Amount tenant-paid utilities (average) |       |

|  |  |
| --- | --- |
| $ Amt. tenant-paid fees |       |

|  |  |
| --- | --- |
| List services or goods provided for tenant fees |       |

1. *Non-rental shared housing:*

|  |  |  |
| --- | --- | --- |
| Bedrooms if applicable |  |       |

|  |  |
| --- | --- |
| Max Beds  |       |

|  |  |
| --- | --- |
| Total sq. footage residential space |       |

|  |  |
| --- | --- |
| $ amt. tenant-paid fees |       |

|  |  |
| --- | --- |
| List services or goods provided for tenant fees |       |

1. **Buildings and Site**
2. **Building/House Information** (add more lines if needed)

|  |  |  |
| --- | --- | --- |
|  | Number of Units/Bedrooms/Beds (CIRCLE) | Gross Heated Square Feet |
| Building 1 |       |       |
| Building 2 |       |       |
| Building 3 |       |       |
| Building 4 |       |       |
| Totals |       |       |

**2. Site Information**

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

1. **Estimated Construction Completion Date**

|  |
| --- |
|       |

1. **Income & Population Restrictions**

Each project financed by NCHFA will have income and population restricted units/beds. The number of SHDP restricted units/beds is calculated by the percentage of the NCHFA loan amount to the total development budget of the project. All SHDP income restricted units should be affordable to residents at or below 50% AMI with a preference for at or below 30% depending on the type of project. If the Project has HUD 811 funding or project-based Section 8, income restrictions must match HUD’s or the PHA’s guidelines.

*Income Unit/Beds Restrictions:*

|  |  |
| --- | --- |
| Number of units/beds affordable to households earning less than 30% of area median income |       |
| Number of units/beds affordable to households earning 30% or more and less than 50% of area median income  |       |
| Number of units/beds targeted to households earning 50% or more and less than 60% of area median income |       |
| Number of market rate units |       |
| Total number of units/beds in project |       |
| *Population Unit/Beds Restrictions:* |  |
| Number units/beds restricted to eligible populations |       |
| Number of units/beds not restricted by population |       |
|  |  |
| Will there be a manager’s unit/bedroom? (Y/N) |       |

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. **Public Utilities**

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

|  |  |  |  |
| --- | --- | --- | --- |
|       | Electric |       | Storm Sewer |
|       | Natural Gas |       | Water (City) |
|       | Sanitary Sewer |       | Water (County) |

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 day room, laundry room, etc.

|  |
| --- |
|       |

1. **Evidence of Zoning**

Submit as ***Exhibit 6***

* *Exhibit 6 – Land Use Compliance – Organization Name*

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.

If the property is subject to a Conditional or Special Use Permit, also provide a copy of the Permit with the expiration date as ***Exhibit 6***

* *Exhibit 6 – Permit – Organization Name*
1. **Site Control and Value**

Include a copy of the appropriate documentation of site control as part of ***Exhibit 7***

* *Exhibit 7 – Site Control – Organization Name*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       | 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: |       |

A copy of an appraisal of the land for new development or land and building(s) for acquisition and rehabilitation projects is required. The property should not be purchased for more than appraised value. However, if the property has already been purchased for an amount slightly more than appraised value, the Agency at its sole discretion can allow an application involving the property, as long as the acquisition cost reflected in the project budget is no more than appraised value. The Agency strongly recommends that the Applicant get an appraisal prior to securing site control to ensure a fair price. Include a copy of the appraisal as ***Exhibit 7***

* *Exhibit 7 – Appraisal – Organization Name*
1. **Temporary Relocation**

Attach as ***Exhibit 8***

* *Exhibit 8 - Relocation – Organization Name*

A temporary relocation plan in the form provided by the Agency upon request. Please note that permanent relocation is not allowed, by statute, in projects using NC Housing Trust Funds. If the project does not require relocation, no Exhibit 8 is necessary.

**Section 4. community/Market Need**

1. **Community/Market Need**

Attach as ***Exhibit 9***

* *Exhibit 9 – Need – Organization Name*

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 service and/or supportive housing programs which assist the same or similar populations as the proposed project. Describe the utilization and vacancy rate for the programs and explain the need for the proposed project based on those statistics.
3. 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 waiting lists of persons with disabilities 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 from the HUD Continuum of Care; (5) a market study; (6) data from HMIS; (7) utilization of LIHTC targeted units; or (8) other appropriate data-based sources.
4. Describe how the proposed project works in collaboration with the other service and/or supportive housing programs in the community.
5. If the application is for a new shelter or shelter expansion, there must be evidence of need and demand through data from Coordinated Assessment systems (if available), Point in Time count, Housing Inventory Chart or shelter utilization reports.
6. Emergency Shelter projects must provide a Letter of Consistency from the Continuum of Care.
* *Exhibit 9 – COC Support – Organization Name*
1. For Olmstead Bonus points, a letter or email of support from the local LME/MCO or DHHS may be required.
* *Exhibit 9 – LME/MCO Support – Organization Name*
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. Describe proximity of the following services and facilities to the proposed project site. Include as ***Exhibit 10***
* *Exhibit 10 – Map – Organization Name*

A map with the location of services within 5 miles of the site labeled. Please be sure to clearly indicate the project location.

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

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

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

**This section is not required for integrated supportive housing 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** |       |       |       |

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.

|  |
| --- |
|       |

1. **Type of Housing**

Please enter the *appropriate* unit information that best describes your project. Not all blanks need to be completed.

 **Emergency Housing**

|  |  |
| --- | --- |
|       | Number of units |
|       | Number of bedrooms |
|       | Number of beds |

 **Transitional Housing**

|  |  |
| --- | --- |
|       | Number of units |
|       | Number of bedrooms |
|       | Number of beds |

 **Permanent Housing**

|  |  |
| --- | --- |
|       | Number of units |
|       | Number of bedrooms |
|       | Number of beds |

Describe type of living situation for residents: *Single Family House, Single Family Apartment, Single Room Occupancy (SRO), Shared Bedroom, Non-Shared Bedroom, Dormitory, or Other (describe)*

|  |
| --- |
|       |

**Target Population**

Identify the type(s) of population(s) that will be residents of the project:

|  |
| --- |
|       |

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

|  |
| --- |
|       |

1. **Facility Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this a licensed facility? |       | Yes |       | No |
| License Type: |       |
| License Number: |       |
| Is this a licensed Group Home? |       | Yes |       | No |
| License Type: |       |
| License Number: |       |

Is project limited by another funding source to house only this population?

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

If so, what are the limitations and what is the funding source:

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1. **Unique Design Features Common Areas**

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

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

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1. **Affordability**

All of the units/beds must be affordable to households earning at or below 50% of the area median income at move-in for the term of the loan. Rents and utilities cannot exceed 30% of gross household income for the income group (the selected percentage of area median income) being targeted. Any combination of housing costs and programs fees cannot exceed 40% of household income without Agency approval.

The Agency will use loan documents, annual reporting requirements, and monitoring to ensure that income targeting and affordability standards are met. In addition, applicants must comply with fair housing laws regarding accessibility and must design units to maximize accessibility for mobility impaired persons as described in **Appendix C** “Design Standards” of the Program Guidelines.

If residents are required to pay program fees, list fee amount and describe what services and other expenses are covered by the fees. Describe how the combination of fees and rent will be tracked to ensure it remains below 40% of the targeted income.

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1. **Statement of Qualification**

**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 persons of targeted population. (Include a brief description of the agency’s history, mission and the services the agency provides/coordinates.)

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Provide an analysis of the success rate of the service program. For example, “based on a five-year follow-up examination, 35% of residents of the program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving the program.” Please include statistics.

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**Capacity of Property Manager**

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

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1. **Residents Supports and Services**

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, including the project’s referral and tenant selection policies, if applicable.

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1. **Access to Supportive Services**

Name other local service providers who will be collaborating with the Service Coordinator/ Provider in the referring process and providing residents’ access to services and supports.

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**ONLY COMPLETE SECTION “H” IF THE SERVICE PROVIDER IS *NOT* THE PROPERTY MANAGER.**

1. **Referral, Screening and Communication Plan**

Describe how Services Coordinator/Provider will work with the property manager and/or other local providers to coordinate access to services and supports should residents need assistance.

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Describe how the property manager will screen referrals, negotiate reasonable accommodations, and maintain contact with the Services Coordinator/Provider during a referral’s tenancy.

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Describe how the Services Coordinator/Provider and the property manager will maintain communication to accommodate staff turnover.

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Describe how the Services Coordinator/Provider will collect and make referrals of prospective residents to the property, maintain contact with referrals and referral agencies and the property manager, and offer assistance with any problems that may arise during a referral’s tenancy for the duration of the compliance period.

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1. **Facility Security Plan**

If your project has an existing Facility Security Plan, please attach it as ***Exhibit 11***

* *Exhibit 11 – DV Security – Organization Name*

This generally will only be available for Domestic Violence Shelters that have funding from the Governor’s Crime Commission.

**Section 6. PROJECT PHYSICAL NEEDS ASSESSMENT and PLANS**

1. **Budget**

If a General Contractor budget for rehab or new construction already exists, attach as ***Exhibit 12***

* *Exhibit 12 – GC Budget – Organization Name*
1. **PNA**

Projects Proposing to Rehabilitate Existing Structures Must Include as ***Exhibit 12*** 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 F of the Guidelines.

* *Exhibit 12 – PNA – Organization Name*

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.

**To submit electronically, label Exhibit 13 as**

* *Exhibit 13 – Plans – Organization Name*

**If paper copy, mail separately to:**

**SHDP - 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 C “Design Standards” of the Program Guidelines.

Even if you mail a hard copy of the plans, if the files are not too large to open and read, a digital copy is also requested.

**Section 7. FINANCING COMMITMENTS**

1. **As *Exhibit 14*, Attach:**
	1. Documentation of Commitment for Permanent Project Funding pending or received (award letters, investment account, bank statements etc.)
* *Exhibit 14 – Funding Commitments – Organization Name*

For Project-Based Section 8 only, Letter of Commitment from Housing Authority using template provided in Appendix H of the Application Instructions.

* *Exhibit 14 – Section 8 – Organization Name*
	1. 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
* *Exhibit 14 – FHLB – Organization Name*

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

This certifies that as an applicant to the NCHFA Supportive Housing Development 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 D of the SHDP 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: |       |

**Section 10. OLMSTEAD BONUS POINTS**

***Only applicable for Olmstead-Compliant Units – Integrated Housing***

 **Choose one only - A, B, C, or D**

1. **50 Bonus Points** - By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole unit, are set-aside for persons with disabilities. The project is located in a *priority city/county*, as listed in Appendix I of the Guidelines, a *written statement of support* is attached from the regional LME/MCO or DHHS, and the Applicant agrees to use the *NCHFA Vacancy and Referral* online system (V&R) to track vacancies and accept referrals. The Applicant agrees to have a *Targeted Unit Agreement (TUA)* and will hold the set-aside units vacant for 30 days unless the LME/MCO or DHHS releases the unit earlier.

For-profit develops MUST choice this option and use V&R.

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| By: |       |

Signature of Authorized Individual

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| Name |       |

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1. **20 Bonus Points** - By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole unit, are set-aside for persons with disabilities. The project is located in a *priority city/county*. A *written statement of support* from the regional LME/MCO or DHHS is attached. The Applicant is not making a commitment to use V&R.

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| By: |       |

Signature of Authorized Individual

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| Name |       |

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| Title: |       |

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| Date: |       |

1. 10 Bonus Points – By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole unit are set-aside for persons with disabilities. The project is NOT located in a priority city/county and a *written statement of* s*upport* from the regional LME/MCO or DHHS is attached. The Applicant is not making a commitment to use V&R.

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| By: |       |

Signature of Authorized Individual

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

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| Title: |       |

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| Date: |       |

1. 5 Bonus Points – By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole units are set-aside for persons with disabilities. *No statement of support* from the regional LME/MCO is attached and the applicant is not making a commitment to use V&R.

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| By: |       |

Signature of Authorized Individual

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

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| Title: |       |

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| Date: |       |

**APPLICATION CHECKLIST – *follow nomenclature in italics***

**This completed checklist should be included with Part 1**

Submit electronically to Nancy Bloebaum nbbloebaum@nchfa.com and Jennifer Olson jlolson@nchfa.com When submitting via email electronically, only submit 5 attachments in each email and label the emails appropriately. If an Exhibit is too large to attach to an email, contact one of the above SHDP staff for assistance.

|  |  |
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|       | Cover Letter with date of submission - *Cover Letter - Organization Name* |
|       | Application Part 1 – Word Template *– Part 1 – Organization Name*  |
|       | Application Part 2 – Excel Template *– Part 2 – Organization Name* |
|       | Confirm Application is signed and dated by an authorized official  |
|       | Confirm Signed Design & Energy Efficiency Compliance Agreement  |

**EXHIBIT 1 (if nonprofit organization):**

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| --- | --- |
|       | Articles of Incorporation *– Exhibit 1 – AOI – Organization Name* |
|       | Bylaws *– Exhibit 1 – Bylaws – Organization Name* |
|       | IRS 501(c)3 Determination Letter *– Exhibit 1 – IRS Letter – Organization Name* |
|       | List of Board of Directors members, including name and begin/end dates of term *– Exhibit 1 – BOD – Organization Name* |
|  |  |

**EXHIBIT 2:**

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|       | Two most recent Audited Financial Statements along with any Managements Letter(s) - *Exhibit 2 – Audited Financials1 – Organization Name, Exhibit 2 – Audited Financials2 – Organization Name* **OR** |
|       | Two most recent Certified Statements of Revenues and Expenses - *Exhibit 2 – SOR1 – Organization Name, Exhibit 2 – SOR2 - Organization Name* |

**EXHIBIT 3:**

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|       | Applicant’s most recent operating year budget, including sources and uses of funds - *Exhibit 3 – Operating Budget – Organization Name* |

**EXHIBIT 4:**

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|       | Description of Applicant’s housing development experience – *Exhibit 4 – Dev Exp – Organization Name* |
|       | If applicable, description of Consultant’s experience *– Exhibit 4 – Con Exp – Organization Name* |
|       | If applicable, copy of Consulting Services Contract *– Exhibit 4 Con Contract – Organization Name* |

**EXHIBIT 5:**

|  |  |
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|       | Applicant’s Conflict of Interest Policy or Statement *– Exhibit 5 – COI – Organization Name* |
|       | If applicable, list of associated individuals with reportable financial interest in project, including details of their interest *– Exhibit 5 – Financial Interest – Organization Name* |

**EXHIBIT 6:**

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|       | Written statement from local government evidencing compliance with local land use regulations *Exhibit 6 – Land Use Compliance – Organization Name* |
|       | If applicable, copy of Conditional or Special Use permit with expiration date - *Exhibit 6 – Permit – Organization Name* |

**EXHIBIT 7:**

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|       | Evidence of site control - *Exhibit 7 – Site Control – Organization Name* |

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|       | Appraisal - *Exhibit 7 – Appraisal – Organization Name* |

**EXHIBIT 8:**

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|       | If applicable, Relocation Plan - *Exhibit 8 – Relocation – Organization Name* |

**EXHIBIT 9:**

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|       | Evidence of community/market need for proposed project - *Exhibit 9 – Need – Organization Name* |
|       | For Olmstead property, letter or email of support from local LME/MCO or DHHS - *Exhibit 9 -LME/MCO Support - Organization Name* |
|       | A letter of support from the applicable Continuum of Care (Required for Emergency Shelter projects) - *Exhibit 9 – COC Support – Organization Name* |

**EXHIBIT 10:**

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|       | Map of services within 5 miles of project site - *Exhibit 10 – Map – Organization Name* |

**EXHIBIT 11:**

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|       | If DV Shelter, Facility Security Plan - *Exhibit 11 – DV Security – Organization Name* |

**EXHIBIT 12:**

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|       | If available, general contractor’s construction budget *– Exhibit 12 – GC Budget – Organization Name* |

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|       | For Rehabilitation project only, a Project Needs Assessment - *Exhibit 12 – PNA – Organization Name* |
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**Plans - to submit electronically include the following and label:**

 **EXHIBIT 13:**

*Exhibit 13 - Plans – Organization Name*

|  |  |
| --- | --- |
|       | 1. Site Plan
 |
|       | 1. Elevation of front of building
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|       | 1. Elevation of side of building
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|       | 1. Floor Plan(s) of for each type of floor/building
 |

**Full scale 24x36 plans should be mailed separately to:**

**NCHFA**

**SHDP - Josh Burton**

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

 **EXHIBIT 14:**

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|       | Evidence of any commitments pending or received including own funds - *Exhibit 14 – Commitments – Organization Name* |
|            | For Project-Based Section 8 only, Letter of Commitment from Housing Authority using template provided in Appendix G. *Exhibit 14 – Section 8 – Organization Name*If project will apply for Federal Home Loan Bank funding, attach a narrative describing which Bank will be applied to and the deadline for the application*. Exhibit 14 – FHLB – Organization Name* |