**Combined Funders Application**

**2024**

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
* City of Tacoma/Tacoma Community Redevelopment Authority (TCRA)
* Skagit County
* South King Housing and Homelessness Partners

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. Provide a brief summary of the proposed project.
2. Why was this project selected for this location?
3. Briefly recount the history of the project to this point.

## Complete the Excel CFA - Tab 1 Form

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

# Section 2: Project Narrative

## Project Physical Characteristics

1. Does the project site contain existing structures?

[ ]  - Yes (continue to a)

[ ]  - No

* 1. If yes, how many existing structures?
	2. What is to be done with these structures?

[ ] - Nothing (does not apply/not part of this project)

[ ]  - Demolish the structure(s)

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

1. Provide a detailed description of the planned construction, rehabilitation, and/or other improvements.
2. Describe how the proposed project meets ADA and 504 accessibility requirements, indicating the number of accessible units and their size. If you plan to incorporate Universal Design elements in your project, please briefly describe these elements.

## Displacement – Manufactured/Mobile Home Communities

1. Does the project include the closure/conversion of a manufactured/mobile home community?

[ ]  - Yes (continue to A)

[ ]  - No – skip to Non Residential Space

1. If yes, how many manufactured/mobile home lots (spaces) will be affected?
2. Has the landlord (community owner/representative) complied with the Notice of Opportunity to Compete to Purchase (RCW 59.20.320 through RCW 59.20.360) prior to selling the community for the project?

[ ]  - Yes (continue to a)

[ ]  - No (continue to b)

[ ]  - Not Applicable (Exempt) (continue to c)

1. If yes, include a copy of the Notice of Opportunity to Compete to Purchase as submitted to the Department of Commerce with the project application.
2. If no, contact the Manufactured/Mobile Home Relocation Assistance Program at omh@commerce.wa.gov or 800-964-0852.
3. If not applicable, include documentation that the landlord (community owner/representative) meets the criteria for non-applicability (RCW 59.20.340) or exception (RCW 59.20.360) from the Notice of Opportunity to Compete to Purchase.
4. Has the landlord (community owner/representative) complied with the two-year Notice of Closure/Conversion requirement (RCW 59.20.080 (1) (e) and RCW 59.21.030)?

[ ]  - Yes (continue to a)

[ ]  - No (continue to b)

[ ]  - Not Applicable (Exempt) (continue to c)

1. If yes, include a copy of the Notice of Closure/Conversion as submitted to the Department of Commerce with the project application.
2. If no, contact the Manufactured/Mobile Home Relocation Assistance Program at omh@commerce.wa.gov or 800-964-0852.
3. If not applicable, include documentation demonstrating the landlord (community owner/representative) meets the criteria for an exemption from the two-year Notice of Closure/Conversion requirement with the project application [(RCW 59.20.080 (1) (e) (i-iv))](https://app.leg.wa.gov/rcw/default.aspx?cite=59.20.080).

## Non-Residential Space

1. List and describe any non-housing spaces included in the project and indicate whether they are for the exclusive use of affordable housing residents or will be accessible to members of the broader community. This could include such elements as office space for social services, early learning facilities, community meeting spaces, or commercial space. If no such spaces are included in the project, state “not applicable.”

## Equity

1. Is the project site in a neighborhood/community that has been historically underserved[[1]](#footnote-2)?

[ ]  - Yes (continue to a)

[ ]  - No

1. If yes, discuss why the neighborhood/community is considered historically underserved.
2. Describe your outreach to the community, or relevant communities, in planning for this project. (e.g., outreach partnerships with community agencies, places of worship, community centers, stores that sell culturally specific products)
3. List elements in the project informed by what you know or have learned about the community or communities you intend on serving. (unit sizes, on-site amenities, community room features, color palette, public rest room choices, ADA features beyond basic code, etc.)

## Neighborhood Notification

1. Is neighborhood notification required by one or more relevant jurisdiction?

[ ]  - Yes (continue to a)

[ ]  - No.

1. If yes, which one(s)?
2. Has the required neighborhood notification taken place?

[ ]  - Yes

[ ]  - No

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

## Zoning

Is the project’s design compatible with current zoning regulations?

[ ]  - Yes.

[ ]  - No (continue to a)

1. Identify the zoning discrepancy.
2. Outline the plan to address the zoning discrepancy (TBD is not an acceptable response)., including at a minimum the:
* Anticipated timeline,
* Procedural steps and level of final approval of zoning change
* Contingency plans should the zoning discrepancy fail to be resolved.
* decision making parties
1. Parking stalls

|  |  |  |
| --- | --- | --- |
|  | **Required**  | **Proposed** |
| Number of residential parking stalls: |  |  |
| Number of commercial parking stalls: |  |  |
|  |

1. Explain any differences between the required and proposed numbers of parking stalls in the project and provide detail on your plan to resolve the discrepancy.

## Historical Elements

1. Has the state [Department of Archaeology and Historic Preservation (DAHP)](https://dahp.wa.gov/) been consulted on this project?

[ ]  - Yes (continue to a)

[ ]  - No

1. If yes, discuss DAHP’s opinion on the site and any structures:
2. Are any existing structures at the site subject to historical preservation requirements?

[ ]  - Yes (continue to a)

[ ]  - No

1. How many historic structures are on site?
2. Which governing body/code has jurisdiction over the site?

[ ]  - National Historic Register

[ ]  - State Department of Archaeology and Historic Preservation

[ ]  - Other - Identify the entity with jurisdiction:

1. Describe the compliance plan to meet the historic preservation requirements including any necessary mitigation and how compliance will be documented.

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

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

[ ]  - Yes

[ ]  - No (continue to a)

1. If No, state clearly why.
2. Phase I ESA Completion date:
3. If the Phase I ESA noted any Environmental Conditions of concern (e.g., RECs, HRECs), list them.
4. Were any further site characterization actions, short of conducting a Phase II ESA, recommended by the preparer?

[ ]  - Yes (continue to a)

[ ]  - No

1. List actions recommended.
2. What is your plan to address the recommendations?
3. Does the Phase I ESA recommend a Phase II be completed?

[ ]  - Yes (continue to a)

[ ]  - No

1. Outline the ESA Phase I issues triggering a Phase II recommendation.
2. 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?

[ ]  - Yes

[ ]  - No

### If project involves rehab of existing structure(s)

1. Complete the following table

|  |  |  |
| --- | --- | --- |
| **Limited Survey** | **Completion Date** | **Page number for conclusion** |
| Asbestos |  |  |
| Lead Based Paint |  |  |
| Mold |  |  |
|  |

1. State the conclusion and recommended further actions from the Limited Survey for Asbestos.
2. State the conclusion and recommended further actions from the Limited Survey for Lead Based Paint.
3. State the conclusion and recommended further actions from the Limited Survey for Mold.
4. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site?

[ ]  - Yes (continue to a)

[ ]  - No

[ ]  - Not Applicable

1. Provide details of the consultation.
2. Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?

[ ]  - Yes

[ ]  - No

[ ]  - Not Applicable

1. Describe how identified environmental issues will be abated or otherwise addressed. Issues to be addressed include, but are not limited to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).
2. Provide a timeline for the remediation.

## Site/Parcel Characteristics

1. How has site control been established for the project?

[ ]  Deed

[ ]  Lease

[ ]  Lease Option

[ ]  Purchase Contract

[ ]  Purchase Option

[ ]  Other

1. If “other,” describe:

If site control has not been established, what is the plan for establishing it? Be certain to note key dates.

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

[ ]  - Yes (continue to a)

[ ]  - No

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

[ ]  - Yes (continue to a)

[ ]  - No

1. State the existing encumbrances:
2. Do the encumbrances create title concerns that may impact the ability to finance the project?

[ ]  - Yes (continue to i)

[ ]  - No.

* 1. Describe your plan for obtaining clear title or addressing the concerns
1. Will any existing use covenants or regulatory agreements continue as part of the project?

[ ]  - Yes (continue to i)

[ ]  - No.

1. Describe the post-refinancing status of the surviving use covenant(s) or regulatory agreement(s).

## Other 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 (continue to a)

[ ]  - No

1. Describe the issues or circumstances and their proposed solutions or mitigation plans, including an estimated timeframe in which to accomplish these outcomes.

## 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
 |

# Section 3: Need & Populations Served

1. Concisely describe the populations the project is intended to serve. Include the expected AMI range, household sizes, inclusion of socially disadvantaged groups[[2]](#footnote-3), special needs populations and any other characteristics.
2. What barriers do you anticipate these populations encountering in accessing housing?
3. Describe how your project might impact the surrounding community. Compare the demographics of the neighborhood of your proposed project, including race and income, and the population you intend to serve.
4. If the proposed project is intended, in part or in full, to serve specific Special Needs populations, describe the marketing, outreach and referral organizations that will ensure the projected occupancy will be achieved for each identified Special Needs population.
5. If Special Needs populations including homeless households will be served, will the project require licensing (e.g., for an Adult Family Home)?

[ ]  - Yes (continue to a)

[ ]  - No.

1. State which license is needed:
2. Current status of license:

[ ]  - Approved

[ ]  - Pending Approval - Date Expected:

[ ]  - Other - Describe:

## Inclusivity

1. Describe how the project contributes to the goal of integration, to the greatest degree feasible, of the populations served into the broader community.

## Projects Serving Persons Homeless at Entry

1. Specify any imposed time limit on tenancy, if applicable (number of months):
2. Does the sponsor organization and/or its partnering service provider currently participate in the local Homeless Management Information System (HMIS)?

[ ]  - Not Applicable

[ ]  - Yes

[ ]  - No (continue to a)

1. By when will HMIS participation begin?
2. If the sponsor/provider does not intend to participate in HMIS, explain why not.
3. Please explain how potential tenants will learn about or be referred to the project[[3]](#footnote-4).
4. 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](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/))

[ ]  [ ]  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:
2. Describe why the indicated eligibility criteria are considered important to the project’s success.
3. Indicate all program screening criteria.

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.
2. If a criterion is used, but is not among those listed, describe.
3. State why the selected screening criteria are considered important to the success of the program.
4. What house rules will 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.

## Marketing/Affirmatively Furthering Fair Housing

1. Has an Affirmatively Furthering Fair Housing resolution been adopted by the unit of local government relevant to the proposed project?

[ ]  - Yes

[ ]  - No

1. Describe how your project will affirmatively further the objectives of fair housing law and policy, and specifically describe any consideration for fair housing in the siting of your project.
2. What is your plan for mitigating identified barriers to access? (e.g., making materials available in languages other than English, less restrictive qualifications for income and/or criminal background screening, an approach of screening tenants into units as opposed to screening tenants out)
3. Is a Market Study required for this project?

[ ]  - Yes – Date the Market Study was completed:

[ ]  - No (skip to Question 19)

1. Provide the following Market Study data, and the page number where the data can be found in the Study:

|  |  |  |
| --- | --- | --- |
| **Rate** | **Value** | **Page Number** |
| Absorption |  |  |
| Capture |  |  |
| Vacancy |  |  |
|  |

1. 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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |

1. Explain how the project rents have been determined.

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

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

#

# Section 4: Relocation

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

[ ]  - Yes (continue to a)

[ ]  - No

1. If yes, describe the current tenants.
2. 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 is NO, skip to Section 5: Project Schedule.**

**If the answer to either Question, or both, 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:

[ ]  - 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

[ ]  - Mobile Home Relocation Assistance (RCW 59.21)

[ ]  - Other - Identify the governing requirements:

1. Who will handle relocation matters for this project?

[ ]  - Agency staff. Identify the Lead individual:

[ ]  - 3rd-party relocation consultant:

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, Chapter 59.21 RCW). If a Relocation Consultant will be used, identify the consultant, and describe their relevant experience.

## Type of Relocation

1. State the approximate number of Residential tenants to be relocated:
2. Permanent relocation:
3. Temporary relocation:
4. State the approximate number of Commercial tenants to be relocated:
5. Permanent relocation:
6. Temporary relocation:
7. The site control agreement should include language that allows 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. Is this language featured in site control document or in an Addendum signed by Seller and Buyer?

[ ]  - 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 (continue to a)

[ ]  - No – Anticipated collection date for this information:

1. Does the information collected include a tenant survey for each unit or commercial space?

[ ]  - Yes

[ ]  - No

1. In the case of occupied rehabilitation projects, describe the income verification process and the strategy for addressing any current residents who may not be eligible to remain in the building.

## 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, 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[[4]](#footnote-5) 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. Project Site Current Appraised Value (if more than one site, list each separately):

Date of Appraisal:

Project Site purchase price:

1. If purchase price differs from appraised value, explain how the purchase price was decided:
2. Does the purchase and sale agreement include any provisions for cost escalation or extension fees due to delays that could cause the purchase price to exceed the current appraised value?

[ ]  - Yes (continue to a)

[ ]  - No

1. If yes, describe the cost-escalation provisions:
2. 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)?[[5]](#footnote-6)

[ ]  - Yes

[ ]  - No

1. List any extension fees or earnest money deposits provided for in the purchase agreement. (Such fees and deposits should be applicable toward the purchase price.)
2. 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.

## Capitalized Reserves

It is recommended that projects capitalize reserves to the following levels:

* Six (6) months of operating expenses
* One (1) year of replacement reserve deposits
1. Does the project development budget include capitalized reserves in the recommended amount?

[ ]  - Yes

[ ]  - No (continue to a)

1. If no, how does it differ?

[ ]  No reserves capitalized

[ ]  Reserves capitalized below recommendation

[ ]  Reserves capitalized above recommendation

1. Provide a rationale for the difference

## Contracting

1. Do the submitted budgets incorporate Prevailing Wage requirements?

[ ]  - Yes (continue to a)

[ ]  - No

1. Identify the wage rates used: (check all that may apply)

[ ]  State Prevailing Wage – Residential

[ ]  State Prevailing Wage – Non-Residential

[ ]  Davis-Bacon – Residential

[ ]  Davis-Bacon – Non-Residential

1. Explain 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.
* If prevailing wage requirements are believed not to apply, clearly state your rationale.
* If different prevailing wages will be required for different parts of the project, explain.
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).

## Capital Needs Assessment

1. 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 includes Low Income Housing Tax Credits (LIHTCs), then the project must comply with the CNA requirements in the WSHFC Policies (Chapter 4, Section 4.17.5 of the 2024 9% Policies and/or Chapter 4, Section 4.11 of the 2024 4%/Bond Policies).
* When funding for this project includes other public funding sources, or combines other public funding sources with LIHTCs, consult the State Housing Trust Fund Handbook (Chapter 2, Section 205.10).

Recommended capitalization of replacement reserves:

Recommended annual contribution to replacement reserves:

1. For rehabilitation projects, describe how it was decided which elements to address now, and how elements indicated as needing to be addressed over the next 5 years will be addressed.

## 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 being sought*

1. Describe the relationship between the Developer and the firm responsible for providing the Construction Cost Estimate submitted with your project.
2. Total Construction Cost estimate:
3. If the project construction hard cost in budget deviates from the construction estimate, explain why. 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.

## Cost Control and Allocation

1. Describe any cost drivers that significantly affect the project’s cost.
* *Note: Additional information may be requested if the project’s costs significantly exceed those of comparable projects.*
1. Describe any Total Development Cost waivers anticipated to be needed from a project funding source, and reasons to believe a waiver can be obtained.
2. If parking is required by zoning, or is included in the project for other reasons, describe efforts to design parking with minimal cost impact to the project. (Note: If charges for parking are not included in maximum allowable rent, then parking construction costs must be excluded from the eligible basis for tax credits-in Form 6C-LIHTC Budget-Hard Construction Cell K31 or K32.)
3. If non-residential space is included in the proposed design, as identified in Section 2 of this application, describe the method used to allocate development costs to non-residential financing.

## 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.
2. 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.
3. If the project includes tax credit equity, identify the pricing assumptions and the reason supporting these assumptions included in Form 6D.
4. List which investors are being considered for this project and their projected tax credit pricing. (add lines as necessary)

|  |  |  |
| --- | --- | --- |
| **#** | **Investor** | **Price per Credit** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  |

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

## Potential Funding Conflicts

1. Are the Applicant and/or Development Consultant aware of any potential areas of conflict among the funding sources included in this project’s financing?

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe the nature of the conflict(s):
2. Describe how the conflict(s) will be mitigated.

## Capital Campaigns

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

[ ]  - Yes

[ ]  - No (Skip to Section 8: Project Operations)

1. Explain the capital campaign strategy for this project.
2. What is the status of the fundraising for the capital campaign?
3. What is the funding contingency plan should the capital campaign fall short? If the contingency plan involves sources of bridge financing, provide details.
4. Will there be a capital campaign consultant?

[ ]  - Yes (continue to a)

[ ]  - No

1. Provide the capital campaign consultant’s name, company, and a brief explanation of their experience with similar capital campaigns.

## 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

## Calculation of Utility Allowances

1. Choose one of the provided options for determining annual utility allowance. If your project is seeking funds from multiple public funders, please be aware that not all methodologies are accepted by all funders. Check with funders before making your selection.

[ ]  Public Housing Authority Utility Allowance

[ ]  Multifamily Housing Utility Analysis

[ ]  HUD and USDA-RD regulated properties approved utility allowance

[ ]  Completed HUD Utility Schedule Model

[ ]  Utility Company Estimate

[ ]  Low Income Housing Tax Credit Agency Estimate

[ ]  Energy Consumption Model

## Rental Assistance

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

[ ]  Yes

[ ]  No

[ ]  N/A – Project is New Construction

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:

1. Number of housing units receiving rental assistance:
2. Number of years remaining on rental assistance contract:
3. Is the project currently required to restrict rents? Is there an existing rent restriction requirement on the project?

[ ]  Yes (continue to a)

[ ]  No

[ ]  N/A – Project is New Construction

1. State when the rent restriction will expire:
2. Should the project fail to secure the expected rental assistance subsidies, what is the plan to maintain the project as viable affordable housing?
3. Will any nonresidential space in the project generate any income for the project?

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

[ ]  **NO**

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

[ ]  Yes

[ ]  No

## 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 Personnel (Service and Operating) and Non-Personnel Expenses
 |
| * Form 8D Operating Pro Forma
 |
| * Form 8E Operating Pro Forma Details
 |

# Section 9: Development Team

1. Indicate the Sponsor Organization Type:

[ ]  Local Government

[ ]  Local Housing Authority

[ ]  Nonprofit Organization

[ ]  Federally-recognized Indian Tribe

[ ]  For-Profit Entity

[ ]  Other – Specify type:

1. If the applicant 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.

## Organizational History

1. Has the Sponsor Organization developed affordable housing projects within the last 5 years?

[ ]  - Yes (continue to a)

[ ]  - No

1. Provide the following:
	1. Number of Projects:
	2. Number of Units Placed In Service:
2. Describe the last three significant 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.
* Note that this does not necessarily pertain to housing projects but is intended to address the Sponsor Organization’s project management capacity.
1. List the names of key members of the sponsor organization’s development team, their **titles,** and their **years of experience in affordable housing.**
2. Describe the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles.
3. If the operation of the project depends on an operating subsidy and /or rental subsidy, describe current state of the organization’s planning for the securing of such subsidies, and the source and process for securing the subsidy commitments. All subsidies should be documented on Form 8B: Operating, Service, and Rent Subsidy Sources.
4. Is the sponsor organization currently engaged in project Workouts with public funders involved in any of its projects currently under contract?

[ ]  - Yes (continue to a)

[ ]  - No

1. List the projects in workout and provide a brief summary of the reason for the workout status.
2. If you have tax credit projects that have exited their partnerships or are within two years of exiting their partnerships, please describe your transition plan for continued affordability, or explain how you intend to develop one.
3. 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.
4. Describe how the organization’s governing structure ensures an effective role for its board of directors. In particular, describe how board members’ biographies illustrate the diversity of skills needed to ensure the success of the project.
5. 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.
6. Describe your organization’s track record on housing for groups most impacted by housing affordability and inequity in the surrounding area.
7. Does your organization have a process for reviewing structures, policies, and programs with an equity and social justice lens to improve outcomes for the populations you serve? How do you obtain input from diverse client and non-client populations? Give examples, if possible, of instances where community input has driven changes in your organization’s policies, program implementation, staffing/hiring practices, or service delivery.
8. Describe the racial, ethnic, and gender diversity of your board members and senior leadership.
9. 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?
10. If partnering with another organization on this project, how does this project help fulfill the goals and objectives of the mission project Partner? Describe the partnership relationship, including responsibilities and financial obligations, and how this will be specified.
11. When was the sponsor organization last audited?
12. In the sponsor’s last audit, were there any findings?

[ ]  - Yes (continue to a)

[ ]  - No

1. If YES, Describe the nature of the findings.
2. 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.
* 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.
2. In order of priority (highest to lowest), list by name all projects that the sponsor organization is submitting for funding consideration during this funding round; state the rationale for this order (e.g., committed funding, local priority population).

## Project Ownership

1. Proposed Ownership Structure (*check all that apply*)

**Simple**

[ ]  - Nonprofit

[ ]  - Local Unit of Government

[ ]  - Nonprofit Single Asset Entity

**Partnership**

[ ]  - Limited Liability Corporation (LLC)

[ ]  - Limited Partnership (LP)

[ ]  - Limited Liability Partnership (LLLP)

[ ]  - Other Corporation

[ ]  - Joint Venture

[ ]  - Other – describe:

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

[ ]  - Privately Owned (for State HTF applicants, see RCW 43.185.070 [4])

[ ]  - Publicly Owned

[ ]  - Owned by applicant/Sponsor

[ ]  - Other – Describe:

If ownership is to be a partnership, complete questions 24 through 28. If ownership is to be simple, skip to question 29.

1. What is the legal status of the Ownership Entity for the completed project?

[ ]  - Currently Exists

[ ]  - To Be Formed

1. Provide the following details for the Ownership Entity. If the entity has not yet been formed, please provide estimates:
2. Formation date:
3. State in which Formed:
4. Fiscal year start/end:
5. Accounting method:

[ ]  Cash

[ ]  Accrual

1. Describe the initial relationship between the Ownership Entity and the project sponsor/applicant organization.
2. Is the relationship between the ownership entity and sponsor/applicant expected to change over time?

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe how the relationship will change

## Year 15 Transfer

1. Describe the planned transfer of the ownership of the project at the end of the Tax Credit period to further continued operation as affordable housing. [LIHTC projects]

## Property Management

1. Describe the working relationship between property operations staff and services staff, if any.
2. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided:
3. Explain the marketing strategy and the tenant selection process, including the creation and management of any waiting lists
4. 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?
5. Describe the owner 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.
6. Describe the experience of the owner, or that of the selected property management firm, with income verification including information collected, required documentation, and third party verifications.
7. Will management staff be located on site?

[ ]  - Yes

[ ]  - No

1. If YES, form of management:

[ ]  - Resident Manager(s) - Number of units:

[ ]  - Management office (Business Hours Only)

[ ]  - Management office (24hr)

[ ]  - Other – Describe:

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

## 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, childcare, case management, transportation) to residents?

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe the services to be provided.
2. Will this project provide 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)?

[ ]  - Yes (continue to a)

[ ]  - No

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

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

[ ]  - No

1. Will this project provide services which, in whole or in part, are intended to prevent residents who were formerly homeless returning to homelessness?

[ ]  - Yes (continue to a)

[ ]  - No

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

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

[ ]  - No

1. List which services will be provided on site and off site and note the proposed source of services funding:
* If another agency or agencies will provide services, attach MOUs documenting roles and responsibilities.
1. For services which are to be provided off-site, describe how access to the services by residents will be facilitated by the owner organization and/or service providing partner organization(s).

## Homelessness Prevention Services

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).
2. How will the service needs of tenants be assessed? Describe the form or tool, if any, used to assess and determine service needs.
3. If the case management or services model pursues outcomes other than, or in addition to housing stability and self-sufficiency, describe them.

## Leveraging of Service Resources

1. Will this project leverage service resources?

[ ]  - Yes (continue to a)

[ ]  - No

1. Describe the resources and process and timeframe for securing funding commitments needed to support services costs. Indicate clearly whether each is financial or non-financial.
2. Describe the owner 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?

## 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.

## Performance Measures

1. List the intended service outcomes and how the outcomes will be measured.
2. 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?
3. Describe what procedures the sponsor organization has, or will have, in place to ensure data quality. Be sure to include any timelines.
4. 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).

## 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.

# Section 11: Low Income Housing Tax Credits Scoring

## Download and complete the most recently published Tax Credit Self-Score Excel form(s), as appropriate, from the Washington State Housing Finance Commission [website](http://www.wshfc.org/mhcf/index.htm).

|  |
| --- |
| For 9% LIHTC projects:* Tab “LIHTC Scoring” from
	+ 9% LIHTC Addendum Forms
	+ 9% LIHTC Rehab Addendum Forms
 |
| For 4% LIHTC projects:* Tab “10 Scoring” of the Application excel file
 |

1. see HUD’s definition of Underserved Communities here: <https://www.hud.gov/program_offices/administration/admabout/diversity_inclusion/definitions> [↑](#footnote-ref-2)
2. A socially disadvantaged group is a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities. See [13 CFR 124.103(a)](https://www.ecfr.gov/current/title-13/chapter-I/part-124/subpart-A/subject-group-ECFR4ef1291a4a984ab/section-124.103) [↑](#footnote-ref-3)
3. 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. [↑](#footnote-ref-4)
4. The “move-in notice” explains that redevelopment is planned that could lead to permanent relocation, in which case the tenant waives rights to relocation benefits as a condition of what could be shorter-term tenancy due to planned redevelopment [↑](#footnote-ref-5)
5. 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-6)