Sumter County
Regional HOME
Consortium

CHDO Project Application

Revised August 22, 2016
## Project Application Package Checklist

<table>
<thead>
<tr>
<th>Tab</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SF-424 Form – Application for Federal Assistance</td>
</tr>
<tr>
<td>2</td>
<td>SCRHC CHDO Project Application Form</td>
</tr>
<tr>
<td>3</td>
<td>SCRHC CHDO Line Item Project Budget, Financing, Underwriting, and Subsidy Layering</td>
</tr>
<tr>
<td>4</td>
<td>Narrative Description of Project</td>
</tr>
<tr>
<td>5</td>
<td>Narrative Description of Project Site, Photographs, and Site Map. (Include detail on site control)</td>
</tr>
<tr>
<td>6</td>
<td>Market Assessment</td>
</tr>
<tr>
<td>7</td>
<td>Program Income Plan</td>
</tr>
<tr>
<td>8</td>
<td>Narrative Description of Applicant Screening and Income Verification</td>
</tr>
<tr>
<td>9</td>
<td>Project Timeline</td>
</tr>
<tr>
<td>10</td>
<td>Environmental Review</td>
</tr>
<tr>
<td>11</td>
<td>Regulatory and Implementation Certification</td>
</tr>
<tr>
<td>12</td>
<td>Board Resolution (Project Specific)</td>
</tr>
</tbody>
</table>
SCRHC CHDO Project Application

**BLOCK 1: CONTROL INFORMATION (CONSORTIUM OFFICE USE ONLY)**

Grant # _____  Gov. Unit: _____  Grant Period: _____  Award Date: _____  Agency Code: _____

District: _____  County: _____  Program Area: _____  A/R: _____

**BLOCK 2: PROJECT TITLE**

**BLOCK 3: APPLICATION TYPE**

Individual:  ☐  Project Recommendation

Joint:  ☐  Project Implementation

**BLOCK 4: FUNDING SOURCE**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>HOME Funds Received</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Local Cash/Force Account</td>
<td></td>
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<tr>
<td>C</td>
<td>Local in-kind</td>
<td></td>
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<tr>
<td>D</td>
<td>Subtotal</td>
<td></td>
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<tr>
<td>E</td>
<td>Other</td>
<td></td>
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<tr>
<td>F</td>
<td>Grant Total</td>
<td></td>
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</tbody>
</table>

Identify Non-HOME Funding Sources:

**BLOCK 5: APPLICANT INFORMATION**

Primary Applicant Name and Address:
(lead applicant for joint applications)

________________________________________
________________________________________
________________________________________
______________________ ZIP Code: _______

Tax ID: _______________________________
Telephone #: ___________________________

Secondary Applicant Name and Address:
(If Applicable)

________________________________________
________________________________________
________________________________________
______________________ ZIP Code: _______

Tax ID: _______________________________
Telephone #: ___________________________

**BLOCK 6: DURATION AND LOCATION**

Proposed Grant Period:
From: _________ to _________

Project Location:
________________________________________
________________________________________
________________________________________

**BLOCK 7: PROGRAM ACTIVITY**

**Homebuyer Programs**

☐ Purchase-only Assistance

☐ Purchase and Rehabilitation

☐ New Construction with Purchase Assistance

**Rental Programs**

☐ Purchase-only Assistance

☐ Purchase and Rehabilitation

☐ New Construction with Purchase Assistance

☐ Other: __________________

**BLOCK 8: BENEFIT GROUPS**

County Median Household Income: _____________

This proposed Project will benefit:

☐ 0-30% of Median Household Income

☐ 30-50% of Median Household Income

☐ 50-80% of Median Household Income

☐ Special Needs Group: _____________

**BLOCK 9: IMPLEMENTING AGENCY**

Point of Contact: ____________________________  Title: ____________________________

Address: _______________________________________________________________________

Telephone #: _____________________________  ZIP Code: ____________________________

**BLOCK 10: PROJECT SUMMARY**

_____________________________________________________________________________________

_____________________________________________________________________________________  

_____________________________________________________________________________________

**BLOCK 11: AUTHORIZED SIGNATURES**

______________________________  _____________________________  _____________
Chief Executive Official and Title  Signature  Date

SCRHC CHDO Project Budget
Project: New Construction – Homebuyer Single Family Unit(s)
Type: New Construction – Homebuyer Multi-Family Unit(s)
☐ New Construction – Rental Single Family Unit(s)
☐ New Construction – Rental Multi-Family Unit(s)
☐ Acquisition/Rehabilitation - Rental Single Family Unit(s)
☐ Acquisition/Rehabilitation - Rental Multi-Family Unit(s)
☐ Acquisition/Rehabilitation – Homebuyer Single Family Unit(s)
☐ Acquisition/Rehabilitation - Homebuyer Multi-Family Unit(s)

Project:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Projected Cost</th>
<th>HOME Funds Requested</th>
<th>Other Source (Specify)</th>
<th>Other Source (Specify)</th>
<th>Other Source (Specify)</th>
<th>Other Source (Specify)</th>
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</thead>
<tbody>
<tr>
<td>Purchase Land and Buildings (Land, Demolition of Existing Structure(s))</td>
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<td>Site Work (excavation, grading, walkways, parking area, landscaping)</td>
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<tr>
<td>Construction Costs (Rehab and New Construction)</td>
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<tr>
<td>Contingency (Change Orders for Rehab Projects)</td>
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<tr>
<td>Architectural/Engineering Fees (Design, Supervision, Work Write-up)</td>
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<tr>
<td>Interim Costs (Construction Insurance, Construction Loan Origination Fee)</td>
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<tr>
<td>Financing Fees and Expenses (Bond Premium, Credit Report, Permanent Loan Origin Fee, Title &amp; Recording, Insurance)</td>
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<tr>
<td>Soft Costs (Property Appraisal, Marketing costs, Environmental Report, Tax Credit Fees, Rent-up, Consultants, Relocation, Closing Costs, Homebuyer Subsidy Assistance, Project Development Costs for Program funded projects)</td>
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<tr>
<td>Syndication Costs (Low Income Tax Credit Projects Only)</td>
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<tr>
<td>Developer's Fees</td>
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<tr>
<td>Administrative Fees</td>
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<tr>
<td>Project Reserves (Rent-Up Reserve, Operating Reserve, Replacement Reserve)</td>
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<td>Other:</td>
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<tr>
<td>TOTAL PROJECT COSTS</td>
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</table>

Brief Description of Project:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
REGULATORY AND IMPLEMENTATION CERTIFICATION

The undersigned agrees to comply with all regulatory requirements of the HOME Investment Partnership Program as identified in 24 CFR Part 92.

Attached with this application are the HOME Investment Partnership Program requirements. Any questions concerning the regulatory requirements of the HOME Investment Partnership or how to obtain available technical assistance (TA) to better understand the requirements should contact the Consortium’s HOME Program Implementation agent.

The undersigned further certifies and agrees that all implementation of the herein identified project will be conducted in accordance with any and all regulatory requirements of the HOME Investment Partnership Act.

Sumter County Regional HOME Program Consortium
2525 Corporate Way, Suite 200
Sumter, SC 29154
Contact: Kyle Kelly, Director, Economic and Community Sustainability Department
803-774-1377
kkelly@slcog.org
or
Sharon Durden, Manager, Economic and Community Sustainability Department
(803) 774-1988
sdurden@slcog.org

____________________________________________
Project Title

____________________________________________
Organization Name

____________________________________________
Administrative Official and Title (Typed or Printed)  Signature

____________________________________________
Date