Combined Funders Homeownership Application New Construction, New Construction and/or Acquisition with Rehabilitation.

This application is for:

1. New Construction; including manufactured home parks
2. Acquisition with Rehabilitation

**Note Concerning Use of Federal Funds:**

The Department of Commerce’s HOME and National Housing Trust Fund federal programs are NOT funding Homeownership projects at this time.

Other Public Funders accepting this application may use federal funds for homeownership activities, such as Community Development Block Grant Program funds or local HOME Investment Partnership Program funds.

**Use of this Application in Conjunction Construction/Rehabilitation Excel Sheet:**

Each tab of the Excel Sheet is numbered according to the Sections below for easier reference. Narrative information should be portrayed in the excel tabs as they correlate to the information being provided.

**There are six sections to this application, all applicants must complete sections 1, 5, 6, and 7. Sections 2, 3, and 4 are dependent on the type of work being completed:**

Section 1: General Project and Organization Information, **all applicants must complete this section.**

Section 2: New Construction. Complete this section if you are constructing new homes, including projects that may have both rehabilitation and new construction on the same site.

Section 3: Acquisition with Rehabilitation. Complete this section if you are acquiring pre-built homes that are in need of rehabilitation funding. This also includes projects that are doing both rehabilitation and new construction on the same site.

Section 4: Manufactured Home Parks, complete if your application is the construction of a new park or addition to an existing park. This must include elements of construction, for simply adding new homes to a park with full infrastructure only use DPA or Affordability Application.

Section 5: Supplemental Questions, **all applicants must complete this section.**

Section 6: Checklist of Required Supplemental Documentation.

Section 7: Self-Certification, **all applicants must complete this section**.

**\*\*All questions must be answered in full, required documentation submitted, and Self-Certification completed in order for this application to be considered Completed in Full. Incomplete applications may be denied**. **For questions in regard to any part of this application, email** [**houapplications@commere.wa.gov**](mailto:houapplications@commere.wa.gov) **during the open TA period listed on the NOFA.**

**Submitting this application hereby confirms that your organization has reviewed and understands the terms of Housing Trust Fund funding and have reviewed the** [**Housing Trust Fund Handbook.**](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm)

# **Homeownership Application Cover Page**

Applicant Organization Name:

Applicant SWV Number:

Project Name:

Application Type (New Construction, Acquisition with Rehab, etc):

Amount of Request:

Total Number of Units:

Affordable Units:

Market Rate Units:

Type of Unit (single family, townhomes, etc.):

Ownership Type (CLT, CLT Model, Self-Help):

Application Contact Name:

Application Contact Email:

Application Contact Phone:

# **Section 1: Organization and Project Information – REQUIRED FOR ALL APPLICANTS**

## **1A: Organization Summary**

***Type of Agency:***

- Local Government

- Local Housing Authority

- Nonprofit Organization

- Federally-Recognized Indian Tribe

- For-profit Entity

- Other

1. If “Other” is selected, specify the type of organization.
2. Provide a brief description of your organization and how you help to provide affordable homeownership assistance to your clients, including:
3. Mission and Goals
4. Services provided
5. Staff qualifications
6. Time frame in which you have been providing Homeownership services.
7. If your agency is new (less than 3 years old), explain your immediate needs with the current project and long term goals of the organization.
8. Provide an overview of related experience, including size and type of project(s), how they were acquired, and the size of the organizations current portfolio including: number of units produced, rehabilitated, owned and/or managed/stewarded.
9. Describe some of your successes and failures, what you have learned from each, and how you have implemented processes and knowledge into your current organizational program structure.
10. Describe how your organization markets itself to the community and potential homeowners, Include affirmative marketing activities, partners etc.
11. If your organization partners or plans to partner with other agencies in providing Homeownership opportunities, list those partners and describe the function of each partnership. Please provide copies of Memorandum of Understanding you have with each partner.
12. If you have current Commerce contracts, are you up to date on all of your annual reporting requirements (WBARS)? If no, please explain why and when you will be up to date.

## Tab 1 Excel Form

|  |
| --- |
| Please make sure to complete the following Excel Form:   * Tab 1: Summary |

## **1B Population Narrative**

1. Indicate the target area location, characteristics and the specific population to be served.
2. Describe the intensity of hardship facing the intended population in the geographic area to be served. (Some examples of intensity include but are not limited to rent burden for the targeted population, lack of safe and affordable housing units in the target area, lack of living wage jobs, unemployment rates higher than the state average).
3. What is the estimated number of people in the target population needing affordable housing within this service area?

1. Will your project serve Special Needs households?
   * Yes
   * No
2. For homeownership projects/programs designed to Special Needs households, describe the geographic area(s) from which this project will draw its target population (e.g., city, county, state, other agencies).
3. Provide an explanation about how this project is a local priority. Include references to consistency with local plans that are specific to the population to be served, and citations of specific source data
4. What additional information would you like us to know about your target populations?

## Tab 2 Excel Form

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| Please make sure to complete the following Excel Form:   * Tab 2: Populations |

## **1C Project Narrative**

1. Provide a brief description of your proposed project and/or program including:

* The kind of project or program
* The ownership model
* The type of activities planned (e.g., development, construction, rehabilitation)
* Financial assistance to be provided (e.g., down payment and/or mortgage (including rehabilitation) to homebuyers and homeowner households):

1. Provide a brief description of the homes that will be created, such as:

* The type of homes to be created (single family, condos, townhomes)
* The number of units to be produced
* If mixed use community, describe the other uses to be included at the site
* Additional information on the site etc. that may make this project stand out from others:

1. Are there specific properties already chosen for this specific project, if so please list the type(s), the location, the costs of the properties that will be purchased, the maximum purchase price, and the minimum property standards that homes must meet before acquisition.
2. Are the units already sold or occupied by the homeowners? If yes, and the units are not CLT or CLT based model, have the homeowners been notified that Commerce will be utilizing securitization documents such as a low income covenant on the properties?
3. If there is or will be a Homeowner’s Association, describe what will be owned by the homeowner and what will be considered common elements. How will your organization be involved in the HOA, if at all?
4. If ground work has already been started, have you consulted with the Department of Archeological and Historical Preservation on Executive Order 21-02? [Governor's Executive Order 21-02 (formerly 05-05) | Washington State Department of Archaeology & Historic Preservation (DAHP)](https://dahp.wa.gov/2102).

## **1D Production Pipeline**

1. Describe the readiness of the intended homebuyers for your project/program. Include the number and type of homebuyers on any waiting list and their prequalification status.
2. Describe your process for qualifying eligible homebuyers. Describe how you will select or prioritize homebuyers for this project, the mortgage and approval process, the appraisal, home inspection, and process for closing the home.
3. What is the average price of comparable homes in the market in which you are constructing/rehabbing and how does that compare to the price of homes in your project?
4. List by name all projects your organization is submitting an application for in this Funding Round, in order of priority (highest to lowest). State your rationale for this order (e.g., committed funding, local priority population), add rows as needed.

|  |  |  |
| --- | --- | --- |
| Priority | Project Name | Reasoning for prioritization |
|  |  |  |
|  |  |  |
|  |  |  |

## Tab 3 Excel Form

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| Please make sure to complete the following Excel Form:  Tab 3: Production Pipeline |

## **1E Funding Sources and Budget**

1. List funding sources you considered applying for, but did not or will not apply for, and clearly state the reasoning for not applying.
2. If your financing plan includes a capital campaign to raise additional capital funds, list the activities and benchmark dates (refer to the Housing Trust Fund solicitation for application materials to ensure your project can be developed within the required timeline).

|  |  |
| --- | --- |
| Benchmark Activities: | Benchmark Dates |
|  |  |
|  |  |

1. Provide relevant information *not included on* ***Excel Tab 4*** for each source, including any award conditions, performance requirements, date(s) of funding availability, approval process(es), timing issues, etc. as applicable.
2. Were you denied funding by any entity? If yes, briefly explain why you were denied funding and from whom?

Please input N/A, if answer is no.

1. What does your financing during construction consist of? Loans, grants, bridge financing, etc. Please describe the terms, length of funding, and if it must be repaid and when.

|  |
| --- |
|  |

1. Describe your permanent financing for this project. Loans, grants, who is holding the notes, deeds, terms, etc. How will you get from temporary construction financing to permanent financing?

|  |
| --- |
|  |

1. Does your permanent financing depend on the sale of homes? If yes, what price range must you sell these homes at to meet the financing needs?

|  |
| --- |
|  |

1. If you are requesting more than the soft cap of $100K per unit, what is your reasoning and what supporting documentation have you provided?
2. If your local government is applying for CHIP funding on your behalf, explain your plan to fill this gap should the application be denied for that funding.

## Tab 4 Excel Form

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| --- |
| Please make sure to complete the following Excel Form:   * Tab 4: Funding Sources |

## **1F Project Team**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | |  |  |  1. List the names of key members of the sponsor organization’s development team (both staff and contracted development team members), their titles and their years of experience in affordable housing below. Please attach the resume of key development team members. | | |
|  | | |
| Name | Title and Affiliated Organization  (e.g., executive director, project manager.) | Years’ Experience in Affordable Housing |
|  |  |  |
|  |  |  |
|  |  |  |

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

## Tab 5 Excel Form

|  |
| --- |
| Please make sure to complete the following Excel Form:   * Tab 5: Project Team |

## Tab 6 Excel Form

|  |
| --- |
| Please complete a copy of the following Excel Form for **each market** in which the program will operate and **each income level** the program will serve.  *If the program will serve households across the state, provide samples, a separate* ***Tab 6 Excel Form*** *for each of the target market areas and income levels to be served.*   * Tab 6: Homebuyer Affordability Worksheet |

# **Section 2: New Construction – Including manufactured home parks**

## 2A Site Control

1. Describe the type of site control (e.g., statutory warranty deed, purchase and sale agreement, lease agreement, etc.) and key dates (e.g., purchase date, closing date, option to purchase expiration date, maximum extension, etc.) and attach documentation.

## 2B Readiness and Schedule

1. Please list any issues that may affect the timing of this project or program. Please include the following information on the current status of:
2. Architectural plans
3. Permits
4. Availability of private mortgage financing
5. Contractor selection
6. Anything else that may cause delays:

## Tab 7 Excel Form

|  |
| --- |
| Please make sure to complete the following Excel Form:   * Tab 7: Schedule |

## 2C Zoning

1. What is the current zoning of the project site(s)?
2. Is the proposed project consistent with the zoning status of the site(s)?

- Yes, [skip to Site Control](#_Site_Control)

- No, if current zoning is not consistent, explain:

Outline the steps that will be taken to address zoning issues (e.g., administrative, conditional use, hearing examiner, council approval), what approvals are required, and the time frame needed to resolve these issues:

## 2D Environmental

1. Is Phase I ESA complete for this project?

- Yes.

- No.

Phase I ESA Completion date:

Does the Phase I ESA recommend a Phase II be completed?

Are there structures on-site?

1. ***IF APPLICABLE***: Identify how environmental issues identified in either the Phase 1 ESA or the Phase II ESA will be abated or otherwise addressed, including an estimated budget that must be included as a separate line item in the *Development Budgets-* ***Tabs 8A and 8B.*** Items to be addressed at a minimum include, *but are not limited* to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).
2. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site? If yes, provide details of the consultation.
   * 1. Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?

- Yes

- No  
 - Not Applicable

1. Provide a timeline for the hazardous material remediation.
2. Have you completed consultation with the Department of Archeological and Historic Preservation, including any local tribal entities? If yes, what was the outcome? If no, when do you plan to consult with the department?

## 2E Construction Cost Estimates

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified Public Funder has not yet adopted a formal Cost Policy, refer to the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2019application/c.policies.pdf) (Chapter 3, Section 3.2, *et seq*.) and to the State Housing Trust Fund [Handbook](https://deptofcommerce.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) (Section 205.9).

1. Total construction cost reflected in the 3rd party estimate, excluding sales tax:
2. Base construction contract line item reflected in the development budget, excluding sales tax:
3. Explain any line item differences between the cost estimate and the base construction cost in the development budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied or any other factor which causes the two amounts to differ.

## Tab 8A & 8B Excel Forms

|  |
| --- |
| Please make sure to complete the following Excel Forms, as appropriate to your project:   * Form 8A: Project Budget Detail * Form 8B : Supplemental Development Budget – Single House |

# **Section 3: Rehabilitation of Existing Structures**

## 3A Site Control

1. Describe the type of site control (e.g., statutory warranty deed, purchase and sale agreement, lease agreement, etc.) and key dates (e.g., purchase date, closing date, option to purchase expiration date, maximum extension, etc.) and attach documentation.

## 3B Readiness and Schedule

1. Please list any issues that may affect the timing of this project or program. Please include the following information on the current status of:
   1. Architectural plans
   2. Permits
   3. Availability of private mortgage financing
   4. Contractor selection
   5. Anything else that may cause delays:

## Tab 7 Excel Form

|  |
| --- |
| Please make sure to complete the following Excel Form:   * Tab 7: Schedule |

## 3C Environmental

1. Have tests been completed for mold, lead based paint, asbestos, and methamphetamines? If yes, what were the outcomes of those tests and what will be done to abate the issues?
2. Is a Phase I ESA required for this project?

- Yes. Continue to Question 15

- No. [Skip to Construction/Rehab Information](#_Construction/Rehab_Information)

1. Phase I ESA Completion date:

1. Does the Phase I ESA recommend a Phase II be completed?
2. ***IF APPLICABLE***: Identify how environmental issues identified in either the Phase 1 ESA or the Phase II ESA will be abated or otherwise addressed, including an estimated budget that must be included as a separate line item in the *Development Budgets-* ***Forms 8A and 8B.*** Items to be addressed at a minimum include, *but are not limited* to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).
3. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site? If yes, provide details of the consultation.
   * 1. Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?

- Yes

- No  
 - Not Applicable

1. Provide a timeline for the hazardous material remediation, if applicable.
2. Have you completed consultation with the Department of Archeological and Historic Preservation, including any local tribal entities? If yes, what was the outcome? If no, when do you plan to consult with the department?

## 3D Rehabilitation Information

1. Describe the types of repairs and improvements that will be undertaken. Summarize your rehabilitation standards, including the projected life span of rehabilitated homes:
2. For homeownership projects/programs designed to help Special Needs households, describe the work that will be performed to the project that will aid in those needs.

## 3E Tenant Relocation

1. Will this project involve relocation of existing tenants?

- Yes

- No. Section complete.

1. Have you developed a relocation plan for this project?

- Yes

- No

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

Permanent relocation:

Temporary relocation:

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

Permanent relocation:

Temporary relocation:

1. Briefly describe anticipated relocation needs and how they will be addressed
2. What requirements or guidelines govern the project relocation plan? (check all applicable)

- Uniform Relocation Act

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

- WA State Department of Transportation

- Other - Identify the governing requirements:

1. Have you provided notices to the tenants indicating the type of displacement and benefits provided to tenants?

- Yes

- No

1. Have you identified replacement or temporary units for those who will be displaced?

- Yes

- No

1. Have you determined any tenants' relocation benefits?

- Yes

- No

1. Have you included the total relocation budget in your development budget under relocation?

- Yes

- No

## 3F Rehabilitation Construction Cost Estimates

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified Public Funder has not yet adopted a formal Cost Policy, refer to the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2019application/c.policies.pdf) (Chapter 3, Section 3.2, *et seq*.) and to the State Housing Trust Fund [Handbook](https://deptofcommerce.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) (Section 205.9).

1. Total construction cost reflected in the 3rd party estimate, excluding sales tax:

1. Base construction contract line item reflected in the development budget, excluding sales tax:

1. Explain any line item differences between the cost estimate and the base construction cost in the development budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied or any other factor which causes the two amounts to differ.

## Tab 8A & 8B Excel Forms

|  |
| --- |
| Please make sure to complete the following Excel Forms, as appropriate to your project:   * Form 8A: Project Budget Detail * Form 8B : Supplemental Development Budget – Single House |

# **Section 4: Construction of new or Addition to Existing Manufactured Home Parks – ONLY FOR MANUFACTURED HOME PARKS**

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

Yes. Continue to Question 10

No. Skip to next Section

1. If yes, how many manufactured/mobile home lots (spaces) will be affected?
2. If the project includes the closure/conversion of a manufactured/mobile home community, 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

- No

- Not applicable

1. If yes, Commerce staff will confirm receipt and contact you with any questions.
2. If no, explain why not.
3. If not applicable, explain how you came to that conclusion. Provide documentation that supports your conclusion.
4. If the project includes the closure/conversion of a manufactured/mobile home community, 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

- No

- Not applicable

1. If yes, Commerce staff will confirm receipt and contact you with any questions.
2. If no, explain why not.
3. If not applicable, explain how you came to that conclusion. Provide documentation that supports your conclusion.

# **Section 5: Supplemental Questions – REQUIRED FOR ALL APPLICANTS**

## 5A Statutory Preferences

The Legislature identified specific preferences in RCW [43.185.070](https://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) (5)(k),(l),(m), and (n) to prioritize the investment of HTF funds.

1. Briefly describe job opportunities in the project area.
   1. Significant sources of employment must be close enough to the project area that commute times are less than 30 minutes by car or one hour by public transit.
   2. Supporting data should be included, or cited with web links, as appropriate (e.g., unemployment rates, access to living wage jobs).

## 5B Youth Employment Opportunities ([RCW 43.185.070](http://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) (5)(l)

1. If the project involves professional construction, describe any ways in which employment and training opportunities for disadvantaged youth under a program (e.g. [YouthBuild](https://youthbuild.org/) or similar programs) that provides opportunities for employment, education, leadership development, entrepreneurial skills development, and training in the construction or rehabilitation of housing will be provided. *(Note: This does not mean that the completed project will provide such programs, but that the construction of the project will involve a youth workforce development program.)*

## 5C Access to Transportation ([RCW 43.185.070](http://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) (5)(m))

1. Describe the public transportation services at the project’s location, including the number of routes accessible to the project site, frequency of route service, and affordability of the service.

## 5D School Board Collaboration ([RCW 43.185.070](http://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) (5)(n))

1. Describe any ways in which your organization collaborated with the local school district(s) to support the stability of households with children.
2. Has your project, and its part in the effort described above, been discussed in at least one school board meeting?

☐ - **YES – Cite when:**

- **NO**

If no, have arrangements been made to have such a discussion? Provide relevant dates (e.g. scheduled school board meetings) with your answer.

## **5E Community Centered Decision Making**

1. Black, Indigenous, and People of Color (BIPOC) households disproportionately experience housing instability as a result of institutionalized racism. Is this project primarily intended to serve BIPOC households?

* Yes
* No

1. If this project is intended to serve specific populations, list the specific populations, and the number of homes set aside for each population. Note that any units indicated in this application as being set aside for a targeted population may be incorporated into the contractual requirements as the result of a funding award.
2. Is the project site in a neighborhood that has been historically underserved? Please provide context for your answer.

* Yes
* No

1. Describe plans to engage the residents of this project in its management. ([43.185.070](https://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070)(5)(e) RCW)
2. Describe any efforts undertaken to connect to the community or communities discussed above in *planning for this project*. (e.g., outreach partnerships with community agencies, places of worship, community centers, stores that sell culturally specific products).
3. How do you plan to ensure that members of the community or communities are aware of the *homeownership opportunities resulting from this project*? Describe planned outreach efforts and area resources that you will connect with/utilize.

## **5F Organizational Engagement and Cultural Competency**

1. Describe your ORGANIZATION’s policies, practices, services and systems that promote fairness and opportunity for all people, particularly people of color and communities historically disadvantaged by the housing ownership system.
2. Describe how your ORGANIZATION engages communities in a manner that fosters trust among people across geographic, race, class and gender lines and supports communities’ goals.
3. Describe how your ORGANIZATION’s engagement and homeownership service delivery model ensures access to underserved communities disproportionately impacted by housing discrimination (e.g., service design, staffing, outreach and engagement approach, language).
4. Explain what services your ORGANIZATION will make available to populations disproportionately impacted by housing discrimination, including racial and ethnic minorities, immigrants and refugees, individuals with disabilities, people with limited English proficiency, and LGBTQIA+ youth and adults.
   1. Identify any issues or limitations you anticipate encountering, and describe they will be addressed.
5. Describe your ORGANIZATION’s self-assessment, with both internal and external input, of its practices ensuring cultural competency as well as fair and just practices. Give examples, if possible, of instances which caused changes in policy, agency administration, or service delivery based on the self-assessment findings

# **Section 6: Checklist of Required Supplemental Documentation – REQUIRED FOR ALL APPLICANTS**

The following documents are REQUIRED, unless stated otherwise in the Requirement column. If not providing a required document please submit a letter explaining why. **Failure to submit required documents or N/A explanation may result in incomplete application and may not be considered for further review or funding.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Type** | **Requirement** | **Attached** | **n/a** |
| ***Preliminary Drawings and Site Plan:*** | | | |
| * Elevations, typical floor plans, descriptive building sections, site plan, and roof plan. | Required for new Construction projects |  | ☐ |
| * typical floor plans, primary elevations, descriptive building section, site plan and roof plan | Required for projects involving interior reconfiguration, exterior improvements, or newly constructed additions. |  |  |
| * current floor plans, for each floor if they differ | Required for projects with existing buildings. |  |  |
| * Site Plan of off-site improvements | If Applicable. |  |  |
| Documentation of Site Control | Required for all projects except rehab where homes are unknown.  See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| Title Report | Required for all projects, except when homes are unknown.  See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| Outline Specifications | Required for all projects involving construction work. |  |  |
| Photos of Proposed Site(s) and Homes | Required for all projects, except when homes are unknown. |  |  |
| Zoning Approval Letter/Verification of Zoning Status | Required for all projects involving construction work. |  |  |
| Phase I Environmental Site Assessment | Required for all projects involving new construction.  See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| Phase II Environmental Site Assessment | If recommended by Phase I, or conditions warrant. |  |  |
| Limited survey for Asbestos, Lead, Mold and Meth | If rehabbing existing building, for building being demolished this should be indicated in the ESA. |  |  |
| Limited survey for Wetlands | If Vacant Land. |  |  |
| Consultation with DAHP | If ground work has begun |  |  |
| Documentation of alternate Green Standard | Required for all projects. |  |  |
| ESDS Project Priorities Survey | Required for all projects. |  |  |
| ESDS Sustainable Development Outline | Required for all projects. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3rd Party Construction Cost Estimate  To be broken down by Division, along with Building Systems and/or Materials | Required for all projects. |  | ☐ |
| Capital Needs Assessment  To include Narrative *and* Lifecycle Cost Analysis (including replacement Reserve analysis) | Rehab except “Gut” rehab. | ☐ |  |
| Appraisal or Property Tax Assessment | Required for all projects, except where properties are unknown. |  | ☐ |
| Funding Commitment Letters | If project budget includes other (non-HTF) fund sources. |  |  |
| Letters for Committed Donations (including Sponsor Donations) | If project budget depends on private donations. |  |  |
| Capital Campaign Plan | If project budget depends on a capital campaign for small private donations. |  |  |
| Development Consultant Agreement | If working with a Development Consultant. |  |  |
| Signed board resolution authorizing application submittal | Sponsor is a board-controlled entity. |  |  |
| Memorandum of Understanding for Partnerships | If utilizing a partnership. |  |  |
| Board Composition list | Sponsor is a board-controlled entity. |  |  |
| Resumes of development team members | Required for all projects. |  |  |

|  |
| --- |
| Missing or Not Applicable Items *If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here:* |
|  |

# **Section 7: Self-Certification of Threshold Requirements – REQUIRED FOR ALL APPLICANTS**

I, NAME OF AUTHORIZED OFFICIAL, TITLE OF AUTHORIZED OFFICIAL of SPONSOR ORGANIZATION, acknowledge that:

* I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.
* I have read and understand the Notice of Funding Availability and approve this application for submittal.

**ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  |  | **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Title** |  |
|  |  |
| **Organization** |  |
|  |  |
| **Project** |  |