

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION FUNDING APPLICATION: CAPITAL PROJECTS

Please review the Notice of Funding Availability (NOFA), the Sonoma County Community Development Commission (SCCDC) Loan Policies, and the SCCDC County Fund for Housing Policy before submitting your application. All applications must meet the eligibility criteria found in the Funding Policies and the requirements set forth in the NOFA.

This space reserved for CDC date and time stamp

Part 1: Applicant Information

Legal name of organization:		
Organization's DUNS number:		
Contact Information		
Authorized Representative (City/Town Manager, Executive Director, or other):	Name, title:	
	Phone:	
	Email:	
Primary point of contact:	Name, title:	
	Phone:	
	Email:	
Organization is a:	☐ Non-profit organization ☐ For-profit organization ☐ Local government ☐ Community Housing Development Organization (CHDO)	
Organization mailing address:		
Organization website:		
Organizational Capacity and Experience		
Describe applicant's record of administrative and programmatic capacity using federal, state, local, and/or private grant funds, explaining any past issues or challenges administering grant funds.		

Part 2: Project Description

Brief Description of Project or Program

The description provided here will be incorporated into the staff reports provided to the Community Development Committee, Technical Advisory Committee, and/or the Board of Supervisors. Descriptions MUST BE 125 words or less. It will not be edited and will be truncated at 125 words. A longer project description may be attached (see Part 6, Attachments).

Part 3: Project Information

Project Name			
Project Type			
Using Appendix A of the current Capital Projects and Economic Development Federal Funding Policies, fill in the fields below, if applicable.			
Consolidated Plan Goal Met:			
CDBG/HOME eligible activity:			
Funding Request			
Estimated project budget:	\$		
Amount of funding request:	\$		
Funding source:	☐ CDBG ☐ HOME ☐ CFH ☐ Other _____		
Property Information (as applicable)			
Project location (physical address or cross streets):			
Assessor's Parcel Number(s):			
Census tract(s):			
Is project located in a 100-year flood plain?	☐ Yes ☐ No		
FEMA FIRM panel number:			
Is the project, or any part of it, located within the limits of any city/town?	☐ Yes ☐ No If yes, which city/town? _____		
Which jurisdiction(s) must approve the project?			
Total acreage:			
Current use of site:			
What local approvals and entitlements will be required to develop the proposed project?			

Date entitlements and permits expected to be approved:						
Status of Site Control						
Identify the form of site control:	☐ Ownership (attach copy of grant deed or deed of trust) ☐ Lease (attach copy of lease) ☐ Option agreement (attach copy of agreement) ☐ Purchase agreement (attach copy of agreement) ☐ Other; explain: _____ Note: If funding application is for acquisition, also attach copy of current appraisal.					
Status of Environmental or Other Approvals						
Applicant must obtain certification of project's consistency with the applicable general plan, signed by an authorized representative of the jurisdiction in which the project is located (housing rehabilitation projects excluded).						
Status of environmental review:						
Status of land use, building permits, or other approvals:						
Explain any land use (zoning, lot split, set back, or environmental) constraints that must be resolved prior to proceeding with the project:						
Status of Relocation Activities						
In order to receive funding, projects must comply with the Sonoma County Residential Anti-Displacement and Relocation Assistance Plan.						
Will the project involve demolition of any structure or relocation of any persons or businesses?	☐ Yes ☐ No					
Explain the status of any demolition or relocation activities:						
Existing Improvements						
EXISTING COMMERCIAL IMPROVEMENTS						
Number of structures						
Year built						
Number of vacant structures						
Number of occupied structures						
Number of structures to be demolished						
Estimated cost of relocation						
EXISTING RESIDENTIAL IMPROVEMENTS						
	SRO	Studio	1-BR	2-BR	3-BR	4-BR
Number of existing units						
Number of occupied units						
Number of vacant units						
Number of substandard units						
Number of units to be demolished						
Estimated cost of relocation						

Phasing

Can project proceed if phased or if given partial funding? Explain the effect of phasing or partial funding on the project's ability to move forward.

Demonstration of Need

Describe the need for the project, or program and include evidence of need (e.g., cite waiting lists for services, census data, documentation of deteriorated conditions, or other evidence).

Outcomes

Describe the outcomes expected to result from the project or program.

Describe how the project will facilitate and further fair housing principles. (For more information on fair housing principles, and the Affirmatively Furthering Fair Housing rule, see here: https://www.huduser.gov/portal/affht_pt.html)

Unit Information		
Project type:	☐ New construction ☐ Rehabilitation ☐ Acquisition ☐ Other _____	
Total number of units to be constructed or rehabilitated:		
Total number of affordable units (new construction or acquisition):		
For HOME funding requests, total number of HOME-assisted units:		
Total development costs:	\$	
Contact Information of All Parties		
APPLICANT INFORMATION	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	
	Organization is a:	☐ Non-profit organization ☐ For-profit organization ☐ Local government ☐ Community Housing Development Organization (CHDO)
PARTNER OR RELATED ENTITIES	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	
	Organization is a:	☐ Non-profit organization ☐ For-profit organization ☐ Local government ☐ Community Housing Development Organization (CHDO)
ARCHITECT	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	

GENERAL CONTRACTOR	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	
	License no.:	
PROPERTY MANAGER	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	

Status of Entitlements and/or Services

If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:

- ☐ State Density Bonus Program
☐ County of Sonoma Supplemental Density Bonus Program
☐ Housing Element Type A Rental Housing Opportunity Program
☐ Housing Element Type C Ownership Housing Opportunity Program

Date of application: _____

If answering yes to any of the above, contact Commission staff to discuss schedule for preparation and Board approval of Affordable Housing Agreement.

Status of planned water and sewer service:
If not yet provided, explain how water and sewer service will be provided.

Proposed Tenancy

<i>Household types:</i>	SRO	Studio	1 BR	2 BR	3 BR	4BR
Number of each type of unit						
Average square feet per unit						
Total number of units:						
How many of the total units will be reserved for the following:						
Homeless persons						
Elderly persons						
Disabled persons (see note)						
Special needs populations						
Resident manager						
Other; specify:						
Unrestricted						

Note: In new construction and substantial rehabilitation rental projects assisted with HOME or CDBG funds, at least five percent of units (not less than one unit) must be accessible to persons with mobility impairments, and an additional two percent of units (not less than 1 unit) must be accessible to persons with sensory impairments. Projects assisted with other funds must satisfy applicable federal, state,

and local regulations regarding the provision of accessible housing. Ownership housing projects assisted with funds from these programs must comply with applicable federal, state, and local laws regarding the provision of accessible units.

Estimated Monthly Rent Levels (before deduction of utility allowances)

Household types:	SRO		Studio		1 BR		2 BR		3 BR		4BR	
	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Rent
Extremely Low-Income (30% of AMI)												
Very Low-Income (50% of AMI)												
60% of AMI												
Low-Income (80% of AMI)												
Market Rate (>80% of AMI)												
Resident Manager's Unit												
Estimated Utility Allowance*												

*Please provide list of tenant-paid utilities, the utility profile for all appliances, and the Utility Allowance for each unit type.

Estimated Affordable Sales Prices (ASP)

Household types:	SRO		Studio		1 BR		2 BR		3 BR		4BR	
	Units	ASP	Units	ASP	Units	ASP	Units	ASP	Units	ASP	Units	ASP
Extremely Low-Income (30% of AMI)												
Very Low-Income (50% of AMI)												
60% of AMI												
Low-Income (80% of AMI)												
100% of AMI												
120% of AMI												

LENGTH OF AFFORDABILITY PERIOD

What is the proposed length of affordability for the affordable units?
See applicable Funding Policies

Project Schedule

Include all major milestones such as land acquisition, general plan amendment and rezoning, density bonus / housing element housing opportunity area approval, design review approval, schematic design, design development, construction documents, construction phase, initial occupancy, and, if applicable, assignment of the project to a limited partnership or other entity. Specify tentative dates for closing the proposed loan and first request for funds, as well as when construction financing and permanent financing will close. **Please provide realistic dates for completion of activities and expenditure of funds. These dates will be included in the CDBG Funding Agreement and/or HOME Developer Agreement.**

Major Milestone	Target Completion Date	Funds Expended

Development Budget					
ESTIMATED PREDEVELOPMENT AND CONSTRUCTION FINANCING					
<i>Lender</i>	<i>Amount</i>	<i>Interest Rate/ Term</i>	<i>Use(s)</i>	<i>Commitment Status</i>	<i>HOME match qualifying?</i>
Total					
ESTIMATED PERMANENT FINANCING					
<i>Lender</i>	<i>Amount</i>	<i>Interest Rate/ Term</i>	<i>Use(s)</i>	<i>Commitment Status</i>	<i>HOME match qualifying?</i>
Total					
Summary of First-Year Operating Budget					
Rental projects only					
	Total		Per unit		
Gross potential rental income					
Plus other income (e.g., laundry)					
Less 5% vacancy / rent loss					
Effective Gross Income					
Less total operating expenses*					
Less payment to replacement reserves					
Less payment to other reserves					
Net operating income					
Less debt service payments					
Net cash flow					
Debt service coverage ratio					
*Include \$75 per unit, per year monitoring fee in the operating budget					
Homelessness-Related Questions					
If project is a permanent supportive housing project, identify service provider:					

Describe approach to lowering barriers to potential tenants to entering permanent housing (i.e., accepting referrals from Coordinated Intake:

Part 4: Attachments Required

Project sponsors must submit the following documents, as applicable, with their funding application:

- ☐ Housing project description, provide a written narrative to describe your project. At a minimum, the narrative should include the following:
 - Description of the type of housing proposed,
 - Target population(s)
 - Planned services for residents
 - Proposed use(s) of the requested funding, and anticipated environmental issues (i.e., vernal pools, heritage trees, riparian corridor, contamination, flood plain, endangered species, historical and archeological impacts)
 - Authorized entity that will execute the loan documents for the funds requested in this application
 - If the project will use a tax credit limited partnership to finance the project, please describe the organizational and ownership structure of the partnership and the roles of various partners or other related organizations
- ☐ Current preliminary title report
- ☐ Evidence of site control
- ☐ Current appraisal. Appraised value of property must fully secure the Commission's loan(s). In addition, the total purchase price may not exceed the "reasonable cost" for the property, if available
- ☐ Status of required environmental clearances/reports
- ☐ Site plan and elevations or schematic drawing, if available
- ☐ Project Location Map: Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities.
- ☐ Contractor's cost breakdown
- ☐ Using the Sonoma County Community Development Commission Utility Allowance Schedule, <http://sonomacounty.ca.gov/CDC/Housing-Authority/Property-Owners/Utility-Allowances/>, list the tenant-paid utilities and utility allowance for your project
- ☐ Itemized development budget, including a sources and uses table, identifying distributions to the owner, developer, partners or other entities during the development phase
- ☐ Narrative description of the development's financial plan, indicating expected dates for obtaining approvals for any uncommitted financing
- ☐ Rental projects: A 30-year operating budget and cash flow projection that shows estimated project income, operating expenses, reserves, debt service, SCCDC monitoring fees, and distributions. Please include a "totals" column after year 30.

- ☐ Authorizing Resolution: For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application.
- ☐ City/Town Authorizing Resolution: Attach a city/town council resolution endorsing the project for those located within the seven incorporated jurisdictions or for those sponsored by one of the seven incorporated jurisdictions.
- ☐ General Plan Consistency: Attach a certification of consistency with the applicable jurisdiction's General Plan if project is outside the County of Sonoma unincorporated jurisdiction.
- ☐ IRS Letter of Determination: Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.
- ☐ Community Housing Development Organization (CHDO) Verification: For CHDOs applying for HOME CHDO funds, submit a Sonoma County CHDO letter or plan to become an independent, fully functioning CHDO entity.
- ☐ Letters of Commitment: Submit letters of commitment from all other funding sources.
- ☐ Financial Documentation:
 - ☐ Non-profit organizations, attach the following:
 - current operating budget,
 - the most recent completed final audit report,
 - IRS Form 990 for the most current tax year,
 - If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors.

Additional financial information may be requested by CDC staff as deemed appropriate.

- ☐ Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.

Part 5: Certification Form

Application Completeness & Accuracy & Signatory Authority

I hereby certify that _____ (*insert name of organization requesting funds*) has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding.

The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the Commission.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments and representations described in the written agreement that are not subsequently made a part of the program/project as funded, shall be considered a material contract failure, and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

I hereby certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that the information provided in this FY 19-20 CFH Funding Application is correct, accurate, and complete.

Date: _____

Signature of Authorized Representative of Organization

Printed Name: _____ Title: _____