



PY2015
Lake County Consortium
Affordable Housing
Application

Before You Begin...

This packet contains information necessary to apply for **affordable housing funding** under the Lake County Consortium's PY 2015 Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME) Program and Lake County Affordable Housing Program (LCAHP). The document that follows is the Master Affordable Housing Application document. Please note that an applicant seeking funding for the development of real property is required to complete the additional Lake County Housing Production Application spreadsheet applicable to rental or homebuyer. (The additional application document is available only in an electronic format as found on the County website.) Should you not be able to complete the electronic spreadsheet, the Consortium will provide you accommodations to complete the form at the Lake County Community Development office. Before completing this Application, you should become familiar with the Lake County Consortium's 2015 Housing Program Guidelines and appropriate federal regulations.

Applicants should review the Lake County Community Development Program Policies – especially the Project Timeliness Policy – to insure all proposed activities can operate within regulations. In particular, it should be noted (Policies page 9) that as a result of the 2013 HOME Final Rule:

1. All projects must be initiated within 6 months of contract date; and
2. All homebuyer projects must be sold within 9 months of construction/rehab completion; OR
3. All rental projects must be fully leased within 18 months of project completion.

Applicants with projects that cannot reasonably be expected to meet these deadlines are not eligible to apply.

Low/Moderate Income Limits (as of Dec 2014):

Income Limits								
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% of Median	\$15,200	\$17,400	\$19,550	\$21,700	\$23,450	\$25,200	\$26,950	\$28,650
50% of Median	\$25,350	\$29,000	\$32,600	\$36,200	\$39,100	\$42,000	\$44,900	\$47,800
60% of Median	\$30,420	\$34,800	\$39,120	\$43,440	\$46,920	\$50,400	\$53,880	\$57,360
80% of Median	\$40,550	\$46,350	\$52,150	\$57,900	\$62,550	\$67,200	\$71,800	\$76,450
100% of Median	\$50,700	\$57,900	\$65,150	\$72,400	\$78,200	\$84,000	\$89,800	\$95,550

Comment [A1]: New section introduces prerequisite that all projects be able to adhere to 2013 HOME Final Rule.

Who Can Apply

Local governments, public agencies, public housing authorities, community housing development organizations (CHDOs), nonprofit and for-profit entities.

Comment [A2]: HCDC Decision Point #6

Application Timeline

Affordable Housing	
Workshop	3/10/2015
Applications Available	3/19/2015
Letter of Intent Due	4/2/2015
Applications Due	4/27/2015

Workshop

All affordable housing applicants are invited to a strongly encouraged application workshop at 2PM on Tuesday March 10 at the Lake County Permit Center, 2nd Floor, 500 W Winchester Rd, Libertyville.

Letter of Intent

Lake County utilizes a letter of intent process in order to determine the eligibility of applicants and potential projects and programs. **A Letter of Intent is REQUIRED for all applications.** The Letter of Intent forms are available on the Lake County website at:

<http://www.lakecountyil.gov/Planning/CommunityDevelopment/Pages/Apply.aspx>

Please consult the Letter of Intent document for submission instructions and further details.

Application Submission Requirements

All application documents are available on the Lake County website at:

<http://www.lakecountyil.gov/Planning/CommunityDevelopment/Pages/Apply.aspx>

NO LATER THAN 4PM on APRIL 27, 2015, each applicant is required to submit **one (1) original Master Application Document and Housing Production Application Document and all related attachments**. Also required are **five (5) copies of the Master Application Document and related attachments** (no additional versions of the Housing Production Application spreadsheet are required). Applications must be three-hole punched, should not be bound, and are to be held together by a binder clip. Binder tabs must be used to separate the Master Application Document, Housing Production Application spreadsheet (as applicable) and required application attachments (each attachment should have an individual tab). **An electronic version of all application documents must also be submitted to communitydevelopment@lakecountyil.gov in .pdf form or on an electronic storage device such as a USB.**

Please note, if submitting multiple projects or programs, you are still required to complete only one full application document submission. You are required to duplicate the applicable sections of the application document and clearly denote separate content by additional tabs. Please consult with Community Development staff for further instruction on preparing your final submission.

Please do not submit additional information that has not been requested as all applications will be sanitized of these elements to ensure fair review.

Additional Submittal Details:

Applications will be accepted between April 2, 2015 through 4:00PM April 27, 2015. Each COMPLETE application will be assigned a case number in the order of receipt. Case numbers will be utilized to determine the hearing and review order for each application category during the Housing Application

Review Committee Review Hearing. At the time of submittal, Community Development staff will review applications for completeness of required content only. In cases where an application is deemed incomplete, staff will return the application documents to the applicant for correction. This review is only available once per each application as necessary and does not apply to applications submitted on April 7, 2015. Review time is 24-48 hours. Any applications turned in on Monday, April 27, 2015 deemed INCOMPLETE will not be processed for further review during the application round. Applicants may contact staff for a preliminary review if desired and as staff is available prior to making any submission.

Appeals Process:

Any applicant whose application is rejected by staff for any reason may appeal that decision to the Housing & Community Development Commission's Executive Committee. A hearing for any rejected applications is scheduled for Wednesday, May 13, 2015 at 2:30pm. Any applicant wishing to appeal the rejection must notify staff no later than 4:00pm on Monday, May 11, 2015. All appeals will be heard. More information can be found in the Lake County Citizen Participation Plan and Housing & Community Development Commission by-laws.

A project applicant not initially recommended for funding by the Housing & Community Development Commission Executive Committee may request reconsideration by presentation to the full Community Development Commission. Applicants will be limited to three (3) minutes in which to address the Commission. It is strongly recommended that the presentation be delivered at the June 10, 2010 Public Hearing on the DRAFT 2015 Annual Action Plan in order to allow the HCDC sufficient time to consider additional public comment. Applicants may also submit written comments to: Housing & Community Development Commission Chairperson, Lake County Community Development, 500 W. Winchester Road, Unit 101, Libertyville, IL 60048.

Comment [A3]: New section added to be consistent with other applications

Funding Goals

The 2015-19 Consolidated Plan for funding from the U.S. Department of Housing and Urban Development (HUD) for Lake County and North Chicago states the following ten goals, of which one of the goals in bold must be the focus of each application for Affordable Housing funding.

Comment [A4]: HCDC Decision Point #1

1. **Rehabilitate Existing Housing: Affordable & Special Needs: *To conserve Lake County's affordable and mixed-income housing stock in order to provide a decent home and a suitable living environment for low and moderate income households and special needs populations.***
2. **Develop New Housing: Affordable & Special Needs: *To expand Lake County's affordable and mixed-income housing stock in order to provide a decent home and a suitable living environment for low and moderate income households and special needs populations. Activities may include providing infrastructure to new affordable and mixed-income housing.***
3. Assist People Without a Home: *To end homelessness in Lake County.*
4. **Subsidize Housing for Low/Mod Income Families: *To provide direct assistance to facilitate and expand homeownership among and/or to provide rental assistance to persons of low and moderate income.***
5. Provide Adequate Low/Mod Income Area Infrastructure: *To revitalize deteriorating or deteriorated neighborhoods, potentially assisting in paying assessments levied against properties owned and occupied by persons of low and moderate income to recover the capital cost for a public improvement.*
6. Revitalize Low/Mod Income Area Business Districts: *To alleviate physical and economic distress through the stimulation of private investment and community revitalization in areas with declining tax base. Activities may include providing infrastructure that benefits businesses such as improved water or sewer service in a business area.*
7. Assist People with Disabilities: *To provide both services to people with disabilities and accessibility modifications to the homes, facilities and workplaces of people with disabilities, including the elderly.*
8. Provide Welcoming Communities: *To foster welcoming, inclusive and neighborly suburban communities.*
9. Create Jobs for Low/Mod Income Workers: *To create or retain jobs for low- and moderate-income persons by providing assistance to small business incubators, small businesses and/or microenterprises.*
10. Provide Services for Job Stability: *To support low and moderate income workers in need of job training, of transportation for access to employment or of access to affordable, quality child care.*

Programs and Projects

Eligible activities for this application ~~are divided into two major categories: programs and projects, and the subsequent four categories of HOME Program Activities can be projects (Goals #1 and #2) or programs (Goal #4):~~

#	Goal	HOME-Eligible	CDBG-Eligible
1	Rehabilitate Existing Housing: Affordable & Special Needs ¹	Acquisition &/or Rehabilitation Homeowner Rehabilitation	Acquisition &/or Rehabilitation, including conversion of a non-residential structure to residential ² Homeowner Rehabilitation Acquisition Only ³
2	Develop New Housing: Affordable & Special Needs ¹	New Construction ⁴	Site and infrastructure improvements ⁵ to publicly-owned land to enable the property to be used for new construction of housing, ⁴ provided the improvements are undertaken while the property is still in public ownership Site acquisition for housing ³ Demolition and/or clearance of toxic contaminants
4	Subsidize Housing for Low/Mod Income Families	Homeownership Counseling Downpayment assistance Tenant-based rental assistance	Downpayment Assistance

Comment [A5]: HCDC Decision Point #1

Comment [A6]: New table to clarify list below

- ~~• Homeowner Rehabilitation~~
- ~~• Homebuyer Activities~~
- ~~• Rental Housing Development Activities~~
- ~~▪ Tenant-Based Rental Assistance~~

Comment [A7]: List replaced by new table above to show both HOME- and CDBG-Eligible housing activities

¹ Both rental and homeowner

² At least 20% of a mixed-income rental building must be provided to low- and moderate-income persons at affordable rents.

³ Property must be used for housing to be occupied by low- and moderate-income persons.

⁴ Not an eligible use of CDBG funds.

⁵ Including flood drainage, sewer system, road/water improvement.

Additionally, those seeking to apply under the LCAHP Program only may select from the following additional LCAHP Program Activities:

- Foreclosure Prevention Activities
- Any HOME-eligible Activity serving 80%-100% Area Median Income Households

Unless selected and specified by the applicant, all applications will be considered for funding and eligibility under ~~both any combination of CDBG, the~~ HOME and LCAHP Programs (excluding CHDO-specific activities including operating and pre-development, and any LCAHP-eligible only application).

A program is a set of activities designed to provide assistance to income-eligible families where the beneficiaries determine the location of the activities. Examples of programs include homeowner occupied rehabilitation, homebuyer assistance, and tenant-based rental assistance.

A project is site-specific and typically involves the acquisition, rehabilitation and/or new construction of housing and have common ownership (or anticipated common ownership at time of initial acquisition). Projects are further subdivided between homebuyer and rental projects.

An additional application category exists for certain qualified nonprofit entities, Community Housing Development Organizations (CHDO's). A portion of the Consortium's HOME funds are specifically reserved for CHDOs and CHDO-sponsored programs/projects. Certified CHDO organizations may apply for operating funds and pre-development loan funds.

NOTE: The 2015 CHDO Certification Application will run concurrently with the HOME PY 2015 Application cycle. All organizations requesting specific CHDO funding and/or the ability to be allocated funds from the CHDO Reserve are required to complete the CHDO Certification Application. Please consult the CHDO Certification Application for more information.

Scoring Criteria

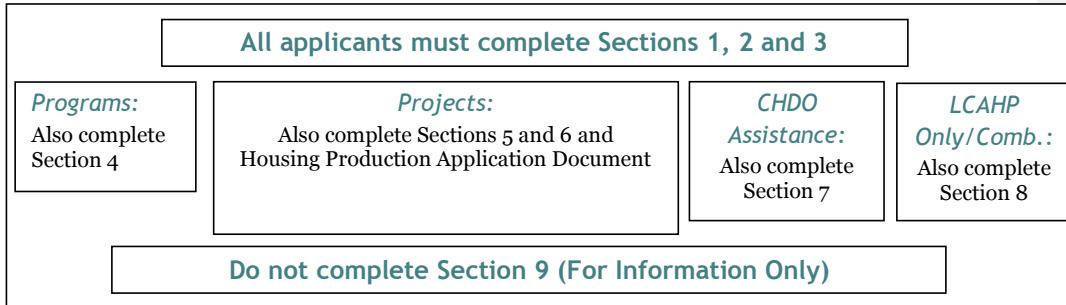
Application scoring criteria are included in Section 9 of this Application for informational purposes ONLY and do NOT need to be filled out by the applicant. Scoring criteria for projects and programs are different from each other.

Comment [A8]: New section with slightly revised 2013-14 scoring criteria

Which Sections Do You Need to Complete?

The Affordable Housing Application document contains ~~8-9~~ sections, and only certain sections need to be completed depending on the type of application being submitted. All applicants must complete Sections 1, 2 and 3. Additionally, all development projects are required to complete the Housing Production Application spreadsheet, which contains separate instructions. Throughout the application documents, required attachments are identified. These attachments should be completed per the application document instructions, and labeled and submitted according to the outline below.

The following diagram illustrates which sections are required for each type of application.



Section Overview

Section 1 - Application Summary

Please provide general information about the applicant, the type of project or program, and the overall funding requested. Attach the additional material requested in the Sponsor/Developer Information Checklist.

Section 2 - Certification

All applications must include this document signed by the Chief Executive Officer of your organization. This document states that the information in the application is true and correct and the project will comply with all current HOME regulations.

Section 3 - Project/Program Narrative

Use this space to describe the project you wish to undertake. Be as complete as possible and include additional sheets as necessary. Your answers to these questions can give the Consortium a better understanding of your proposal and how it addresses Lake County's identified needs for affordable housing.

Section 4 - Program Information

If you are proposing a program designed to provide assistance to income-eligible families where the beneficiaries determine the location of the activities, please use this section.

Section 5 - Development - Project Sponsor/Developer and Development Team

Use this space to list all project sponsors and participants in the development, construction and management.

Section 6 - Site Information

More detailed site information will be required in the Housing Production Application Form. All projects must comply with environmental review and labor regulations. Lake County is required to enforce State of Illinois Prevailing Wage for all projects requiring construction. For projects of twelve (12) units or more, Federal Davis-Bacon regulations will apply; Davis-Bacon will supersede the State Prevailing Wage. No project work may be initiated nor will any funds be disbursed until all environmental requirements are met as indicated by a Notice to Proceed. Answer all of these

questions using the sources listed as necessary. Provide thorough descriptions as requested and include requested documentation. You will be required to certify the accuracy of this information.

Section 7 - Community Housing Development Organizations (CHDOs)

Part A – Operating Funds

Part B – Pre-development Loan

Section 8 - Lake County Affordable Housing Program

Answer questions pertaining to LCAHP-only programs with specific Area Median Income (AMI) targets inclusive of AMI 0%-100% AMI. Projects targeting AHP AMI's that are HOME/CDBG and AHP eligible, or AHP only (not HOME/CDBG eligible or not HOME/CDBG by choice) are not required to complete this section as project information will be captured in the Housing Production Application document.

Section 9 - Program/Project Scoring Criteria

For informational purposes only, the scoring criteria to be used by reviewers to evaluate housing programs and housing projects are presented in Section 9.

Comment [A9]: New section containing scoring criteria substantially similar to those used in 2013-14

Housing Production Application

Homebuyer and Rental Development Activities

Two separate Microsoft Excel application documents contain questions related to the development of homebuyer and rental housing units. Applicants should complete the application for the respective project. After review of the initial instructions tab, please navigate the additional tabs to enter information into cells as required. The document serves to satisfy the HUD requirements for underwriting and subsidy layering, and also generates a comprehensive review of the proposed development project. The application will also generate preliminary compliance information regarding minimum HOME units, HOME subsidy limits, and other regulatory requirements. Please note that this is only an initial review and not a guarantee of minimum requirements for the proposed project. Pending the developer's proposed use of HOME funds, stage of draws, and unit types, the net minimum requirements are subject to change. Community Development staff will make such assessments as part of the application review process, and, if funds are allocated, the contracting process. LCAHP Development Activities are subject to the same underwriting review. LCAHP-only projects or LCAHP-funded portions of projects, if designated as such by the applicant will be considered for eligibility based on the 100% of AMI threshold as applicable utilizing information provided in the document.

Required Attachments

Submit Attachments as applicable

Each Applicant is required to provide a cover letter with the final application submission and evidence of Application Authority (Attachment A)

Attachments: Each document should be labeled with the Attachment Letter/Number and Title as indicated in Bold below. Please consult the application for specific required documentation per each attachment and Lake County website for samples as applicable.

NOTE: It is not expected that the final tabs will be in alphabetical/numerical order as not all applicants are required to complete each attachment.

- **Attachment A – Application Authority** – Required of all applicants
- **Attachment B – Project/Program Narrative**
- **Attachment B1 – References**
- **Attachment C – Program Staff**
- **Attachment D – Current Program Funding**
- **Attachment E – Program Budget Information**
- **Attachment F – Programs Part E**
- **Attachment G – Counseling Agency**
- **Attachment H – Homeowner Rehabilitation Documents**
- **Attachment I – Project Management**
- **Attachment J – Site Control**
- **Attachment K – Zoning**
- **Attachment L – Environmental Review**
- **Attachment M – CHDO Operating**
- **Attachment N – CHDO Pre-Development**
- **Attachment O – LCAHP Foreclosure Program Budget**
- **Attachment P – LCAHP Program Part E**
- **Attachment Q – LCAHP Counseling Agency**

NOTE: Attachments required of the Housing Production Application are detailed in the specific application document. Please label those attachments according to the instructions in the document and combine Housing Production Application attachments with the final Housing Production Application document for the final submission.

The final application submittal should be composed in the following order:

1. Cover letter
2. Attachment A – Application Authority
3. Master Application document
4. Housing Production Application document (if applicable) with required attachments
5. Remaining attachments from the Attachment list B-Q (previous page)

Funding Availability

Total: **\$1,500,000** in estimated funding available

HOME Investment Partnerships Program (HOME)*

\$710,000 – Inclusive of all Program and Project Funding, CHDO Reservation and CHDO Operating

A minimum of \$142,500 for CHDO Reservations

A maximum of \$47,500 for CHDO Operating

Community Development Block Grant (CDBG)

\$544,000 for eligible acquisition, rehabilitation, demolition for low/mod income housing and public infrastructure for new low/mod income housing

Lake County Affordable Housing Program (LCAHP)

\$300,000 – Inclusive of all Program and Project Funding

Comment [A10]: HCDC Decision Point #2

*Minimum and Maximum caps are based on the core estimate of 2015 HOME funds available and as calculated per the Consortium agreement; they are not inclusive of extra HOME funding added to the 2015 allocation as a result of reallocation of prior year funds.

Approval Timeline

	Affordable Housing
Advisory Review Committee (Open to Public)	5/28/2015 @ 9AM Dept of Transportation 600 W Winchester Libertyville
Housing & Community Development Commission (Open to Public)	6/10/2015 @ 3:30PM Permit Center 500 W Winchester Libertyville
Lake County Board (Open to Public)	7/15/2015 @ 9AM County Building 18 N County St 10 th Fl Waukegan

The Lake County Consortium reserves the right to request additional information regarding any application submitted for funding.

Section 1 - Application Summary

Program/Project
Name:

Location:
(mark with an "X")

☐

North Chicago

☐

Waukegan

☐

Remainder of Lake County

Address
(if available)

Sponsor/Developer
Name:

Sponsor/Developer
Address:

City:

State:

ZIP

Contact Name:

Phone:

Email:

DUNS #:

Cost Information	Total	Percentage of Total Program or Project Cost
Total Program or Project Cost:	\$	N/A
Total Funding Request:	\$	%
Total of Match to be Provided:	\$	%
AHP only request***	\$	%

*****to be completed if requesting only AHP and/or a portion of the project or proposal is only AHP eligible**

*Note: Applicants should be prepared to demonstrate a minimum of 25% matching funds as eligible per HOME regulations. A match gap does not preclude an application from receiving consideration or allocation. Leverage is also evaluated for LCAHP applications.

Project Goal(s)

Please check the box for the **primary** goal of this program or project that qualifies it to apply for 2015 Affordable Housing funding. Also, please circle or highlight the eligible activity or activities contained in this application. If either HOME or CDBG funds are sought for each activity, please circle or highlight both columns.

Comment [A11]: HCDC Decision Point #1

Check	#	Goal	HOME-Eligible	CDBG-Eligible
	1	Rehabilitate Existing Housing: Affordable & Special Needs ⁶	Acquisition &/or Rehabilitation Homeowner Rehabilitation	Acquisition &/or Rehabilitation, including conversion of a non-residential structure to residential ⁷ Homeowner Rehabilitation Acquisition Only ⁸
	2	Develop New Housing: Affordable & Special Needs ¹	New Construction ⁹	Site and infrastructure improvements ¹⁰ to publicly-owned land to enable the property to be used for new construction of housing, ⁴ provided the improvements are undertaken while the property is still in public ownership Site acquisition for housing ⁴ Demolition and/or clearance of toxic contaminants ⁴

⁶ Both rental and homeowner

⁷ At least 20% of a mixed-income rental building must be provided to low- and moderate-income persons at affordable rents.

⁸ Property must be used for housing to be occupied by low- and moderate-income persons.

⁹ Not an eligible use of CDBG funds (outside of the public services cap).

¹⁰ Including flood drainage, sewer system, road/water improvement.

	4	Subsidize Housing for Low/Mod Income Families	Homeownership Counseling Downpayment assistance Tenant-based rental assistance	Downpayment Assistance
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If applicable, please explain how **other** 2015-19 Consolidated Plan goals would be addressed by the proposed program or project:

Comment [A12]: HCDC Decision Point #7A

Priority Need	Sort Order	Lake County 2015-19 Consolidated Plan GOALS	If applicable, how does the program or project address other 2015-19 Plan goals?
HOUSING	1	Rehabilitate Existing Housing: Affordable & Special Needs	
	2	Develop New Housing: Affordable & Special Needs	
	3	Assist People Without a Home	
	4	Subsidize Housing for Low/Mod Income Families	
NEIGHBORHOODS	5	Provide Adequate Low/Mod Income Area Infrastructure	
	6	Revitalize Low/Mod Income Area Business Districts	
	7	Assist People with Disabilities	
	8	Provide Welcoming Communities	
JOBS	9	Create Jobs for Low/Mod Income Workers	
	10	Provide Services for Job Stability	

In the following Beneficiary Type table, report in EITHER “Units” or “Households.” Projects should report in units (note, a group home, SRO, or transitional housing project is one (1) unit). Programs should report in households. In the third column, “Description” describe any special population characteristics of the beneficiaries if applicable (may include seniors, persons with disabilities, homeless, etc.) Please consult the Lake County Consortium Consolidated Plan for descriptions of characteristics of special populations. The figures should be derived from estimates of end beneficiary results as related to the targeting of your project or program

Beneficiary Type	Units	Households	Description
Total Number of Beneficiaries			
Number of Very Low Income Units/Households ($\leq 50\%$ AMI)			
Number of Low Income Units/Households ($\leq 80\%$ AMI)			
*Number of Low Income Units/Households ($\leq 100\%$ AMI)			

*AHP only

CHDO Requests

CHDO Operating Request

Grant Request: _____

CHDO Pre-Development Loan

Loan Request: _____

Project Type

Please mark the applicable selection(s) below:

<input type="checkbox"/>	Public Improvements (CDBG Only)
<input type="checkbox"/>	<u>Clearance/Demolition to create New Affordable or Special Needs Housing</u>
<input type="checkbox"/>	<u>Site Prep for New Affordable or Special Needs Housing</u>
<input type="checkbox"/>	<u>Clearance of Toxic Contaminants for New Affordable or Special Needs Housing</u>
<input type="checkbox"/>	Homeowner Rehabilitation
<input type="checkbox"/>	Owner Occupied Rehabilitation
<input type="checkbox"/>	Homebuyer Activities
<input type="checkbox"/>	Homebuyer Assistance
<input type="checkbox"/>	Acquisition, Rehabilitation, Resale
<input type="checkbox"/>	Acquisition, New Construction, Resale
<input type="checkbox"/>	Rehabilitation, Resale
<input type="checkbox"/>	New Construction, Sale
<input type="checkbox"/>	Lease-Purchase Development
<input type="checkbox"/>	Rental Housing Development Activities
<input type="checkbox"/>	Acquisition Only (CDBG Only)
<input type="checkbox"/>	Acquisition, Rehabilitation, Rental
<input type="checkbox"/>	Acquisition, New Construction, Rental
<input type="checkbox"/>	Rehabilitation, Rental
<input type="checkbox"/>	New Construction, Rental
<input type="checkbox"/>	Tenant-Based Rental Assistance
<input type="checkbox"/>	TBRA Security Deposits
<input type="checkbox"/>	Rental Assistance

Comment [A13]: HCDC Decision Point #1

Comment [A14]: HCDC December 2014 Funding Decision

CHDO Assistance

- ☐ CHDO Operating Funds
☐ Pre-Development Loan

LCAHP Only

- ☐ Foreclosure Prevention
☐ Other Activities 81%-100%AMI Only

Sponsor/Developer Information Checklist

All applicants **must provide evidence of authorization to submit an application and request funds** under the HOME Investment Partnerships Program (i.e. Resolution from the Board of Directors). The document must state the authority to submit an application and request funds under the HOME Investment Partnerships Program to the Lake County Consortium and confirm the ability and desire to comply with all applicable HOME regulations, terms of affordability, and monitoring. **Attachment A – Application Authority**

Please select the corresponding applicant entity type below:

All applicants are required to complete the Board of Directors Questionnaire and Roster in this application that follows (no separate attachment required).

- ☐ Unit of Local Government
☐ Public Agency
☐ Community Housing Development Organization
☐ Other Nonprofit Organization
☐ Private For-Profit Organizations

Board of Directors

Questionnaire

<i>A. How often does your Board of Directors meet?</i>	
<i>B. What are the standing Board Committees? (add more lines as necessary)</i>	
	<i>Committee Name</i>
1	
2	
3	
4	
5	
6	
7	
8	
<i>C. Board President:</i>	
<i>Name</i>	
<i>Mailing Address</i>	
<i>Start Date</i>	
<i>Term Expiration Date</i>	
<i>D. Identify any unique characteristics of Board Members as they relate to the Agency's mission (i.e.: persons with disabilities, persons who were prior agency clients, formerly homeless persons, etc.)</i>	
<i>E. Explain any recent changes to the composition of the Board, such as turnover, a new President, etc.</i>	

Board Roster

[illegible]

Section 2 - Certifications - Application Submission

The undersigned, as an essential part of the Application for funds under the U.S. Department of Housing and Urban Development's HOME Investment Partnerships Program (HOME) and/or Lake County Affordable Housing Program (LCAHP) hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this Application and related Application Documents may disqualify the proposed Program or Project for HOME and/or LCAHP funds. The information given by the Applicant may be subject to verification by the Lake County Consortium and its members, the Lake County Community Development Commission, or the Lake County Community Development Division of the Planning, Building & Development Department serving in its capacity as administrator of the Lake County Consortium HOME Program. Submission of this Application shall be deemed an authorization to the Consortium to undertake such investigations as it deems necessary to determine the accuracy of this Application and the appropriateness of providing funding. If any information changes after submission of this Application the undersigned agrees to notify the Consortium immediately. In addition, any change in scope of proposal, use of funds, and/or costs must be reported to the Consortium immediately.

The undersigned also agrees that any commitment by the Consortium to provide HOME or LCAHP funding that may be forthcoming from this Application is conditioned by the Lake County Consortium PY2015 HOME Program Guidelines, the HOME Investment Partnerships Program Final Rule, LCAHP Guidelines and the Applicant's continued compliance with those guidelines and any HUD regulations governing the HOME program.

The undersigned also hereby certifies that the governing body of the Applicant has formally authorized the undersigned to execute the documents necessary to make this Application.

Legal Name of Applicant:

Signature:

Name: *(please type)*

Title:

Date:

Section 2 - Certifications - Conflict of Interest

The applicant organization/entity agrees to abide by the provisions of 24 CFR part 92.356 and any referenced CFR provisions, or that of State and Local provisions with respect to conflicts of interest, and covenants that it currently has no existing conflicts that warrant remedy under said regulations. Specifically, under the development, ownership, sponsorship, and execution of projects or programs, no organization or its officers, employees, agents, elected or appointed officials, or consultants may occupy a HOME-assisted affordable housing unit. Additionally, the applicant organization/entity and its officers, employees, agents, elected or appointed officials, or consultants has no financial interest and shall not acquire financial interest or such benefit that would conflict in any manner or degree with the performances of services required per this application or receipt of HOME-financed agreements. Further, said persons shall not have an interest in any contracts, subcontractors, or agreements as a result of this application for themselves or those with whom they have family or business ties. Finally, no person outlined herein may acquire a financial interest or any such benefit due to family or business ties to a known member, employee, agent, consultant, officer, or elected or appointed official of the participating jurisdiction Lake County, or Consortium members the City of North Chicago, and City of Waukegan, and all of the state of Illinois.

*HOME Conflict of Interest Regulations shall apply to LCAHP funded projects.

Certification of Conflict of Interest:

This certification applies to the applicant organization/entity, and all its employees and members of the Board of Directors, and any and all persons subscribed as having an interest in the organization/entity.

The undersigned of _____ (name of organization/entity) certifies to the best of real knowledge that all employees and members of the governing Board of Directors is in compliance with Conflict of Interest regulations as per 24 CFR Part 92.356, and as specifically described herein.

Legal Name of Applicant: _____

Signature: _____

Name: *(please type)* _____

Title: _____

Date: _____

In the event the applicant organization/entity cannot certify compliance with 24 CFR part 92.356 as per above, proceed to the following certification page.

Section 2 - Certifications - Conflict of Interest-Potential Conflict

The applicant organization/entity has determined it cannot certify compliance with 24 CFR Part 92.356 and as outlined herein the application requirements. This does not preclude the applicant from submitting an application; however a formal conflict of interest consultation process is required. Please complete the information below, and submit this page and a request to begin consultation to the Community Development Division via e-mail at communitydevelopment@lakecountyil.gov immediately (prior to submission of an application). A Division staff member will contact you at the information provided below to outline the process and required action.

The undersigned of _____ (name of organization/entity) cannot certify compliance with Conflict of Interest regulations as per 24 CFR Part 92.356, and has identified the following potential conflicts (describe conflicts in narrative form below):

In submitting this form, the applicant will seek assistance in completing a required Conflict of Interest consultation, and agrees that in submitting an application, the organization/entity will comply with all requirements and requests for information as part of the consultation process. In the event that the Consortium will be required to complete a conflict of interest waiver per the requirements of 24 CFR Part 92.356, the applicant agrees to disclose any related and required information as relevant to making a final determination regarding the conflict. Should the applicant not be willing to meet the requirements of the Conflict of Interest consultation and subsequent processes, the Consortium will not accept an application for funds.

Legal Name of Applicant: _____

Signature: _____

Name: *(please type)* _____

Title: _____

Date: _____

Contact information for consultation:

Name: _____

Phone: _____

E-mail: _____

Section 3 - Project/Program Narrative

Should additional documentation be required to answer the questions in Section 3, provide all narrative descriptions and documents as **Attachment B – Project/Program Narrative**

1. Describe the program/project and the target population to be served.
 - General overview of proposed program/project
 - Target population to be served (e.g. elderly, disabled, homeless, large families, etc.)
 - Process for selecting beneficiaries, including any special eligibility criteria
 - Supportive housing services to be provided, if any (e.g. first-time homebuyer counseling, job training, etc.)

2. Explain how this project/program is consistent with the local priorities established in the PY 2010-2015 Consolidated Plan for Lake County, Waukegan or North Chicago, and other pertinent policy documents (e.g. the Lake County Continuum of Care Strategy for homeless services).

Funding preference will be given for projects/programs that:

- Are located in close proximity to public transit - i.e. allowing easier access to available jobs
- Incorporates environmental sustainability practices through energy efficiency improvements that will reduce long-term operating costs
- Provides housing for larger families, as indicated by number of bedrooms (specify how many 3 or 4 bedroom units)
- Provides an adequate amount of affordable units, as indicated by total amount of affordable units in project (not exclusively HOME units)
- Encourages and supports the provision of education and counseling that helps ensure long-term housing stability

3. Document the need for the proposed housing program.
 - Include evidence of need obtained from market studies, rent surveys, vacancy information, etc.

4. Describe the community support for this proposal.
 - Include the names of local government officials, neighborhood groups, public agencies and/or private individuals who are familiar and supportive of this proposal
 - Include letters of support – ONLY INCLUDE LETTERS OF SUPPORT WITH THE ORIGINAL SUBMISSION (additional copies not necessary)

5. Describe the program/project sponsor/developer's experience with the specific type of program/project as applied for. Also describe the relevant experience of the other key participants in this program/project.
 - *NEW APPLICANTS:* Include 3 reference contacts (who have knowledge of your performance with projects similar in size and scope) **Attachment B1 - References**

6. Provide a time schedule for the program/project. Note: Applicants completing the Housing Production Application document may provide a summarized timeline below; a detailed timeline is required of the Housing Production Application document.

Section 4 - Program Information

If the applicant is seeking funding to assist with a **program**, please complete Section 4. If the applicant is seeking funding to assist with a **project**, please proceed to Section 5.

All applicants:

The following attachments are required:

Attachment C – Program Staff – Submit job descriptions of key program staff including a description of duties, and if applicable, an organization chart outlining the relationship of responsibilities. If specific staff persons are identified for a specific role in the program, please include a written statement detailing relevant experience.

Attachment D – Current Program Funding – If the proposed program is currently funded by Lake County under the HOME Program, Community Development Block Grant Program, Emergency Solutions Grant Program, or Lake County Affordable Housing Program and there is a current financial balance or it was funded in 2012 or 2013, please outline the specific grant program, grant program year, total funds awarded, total funds expended, and plan for expenditure of the funds as applicable.

Part A - Program Specifications

Program Selection

Indicate the applicable program (s) (mark all that apply with an "X"):

<input type="checkbox"/>	Homebuyer Assistance
<input type="checkbox"/>	Owner Occupied Rehabilitation
<input type="checkbox"/>	Tenant-Based Rental Assistance

Part B - Program Budget*** (see note below for Tiered Programs)

	Total Cost	Total HOME/LCAHP Cost
Direct benefit costs(as applicable)		
Estimated Direct Assistance to Homebuyer/Homeowner/Tenant		
Standard Program delivery costs(as applicable)		
Verification of beneficiary eligibility		
Loan document preparation and underwriting		
Counseling		
Rehab		
Specification/Bidding/Oversight		
Unit Inspections		
Other (Please specify)		
Subtotal		
Program Total		

***Applicants that utilize a tiered program budget, meaning multiple categories of direct cost (i.e. a TBRA or OOR program with multiple targeted beneficiary groups) may provide as part of Attachment E a tiered version of the information above in-lieu of the table.

*Note: If applying for project delivery fees, you must submit an attachment that details background basis for each fee so that an assessment of cost-reasonableness can be completed. This can include an estimate of charges incurred for such work and estimates of direct staff time. If applying for multiple programs under this application, include a separate budget for each program. If additional budget line items required, please submit accordingly.

All documentation - **Attachment E – Program Budget Information**

Based on the Budget above, the total costs per estimated beneficiary household is:\$_____ (if tiered approach, please include a line-item for estimated beneficiary total for each tier in the proposed budget.)

Part C- Program Match

Matching Funds are leveraged non-Federal funds as defined in 24 CFR §92.218 through §92.222. Each HOME assisted project must provide a 25% match to their HOME award. LCAHP projects will be evaluated for leveraged match.

Eligible forms of match include: cash contributions from non-federal sources (must be a permanent contribution), forbearance of state or local taxes and fees in a manner that achieves affordability, donated real property (not acquired with federal resources), reasonable value of donated site-preparation, construction materials, the value of donated or voluntary labor or professional services, value of sweat equity.

Anticipated Source of Matching Funds:

Part D - Program Partners

If the program will involve other entities (financial institutions, social service providers, etc.), please list them and provide a brief description of their roles in the program. Use additional sheets if necessary.

Name: _____

Role: _____

Contact Person: _____

Address: _____

Phone: _____ **Email:** _____

Name: _____

Role: _____

Contact Person: _____

Address: _____

Comment [A15]: HCDC Decision Point #7B

Phone: _____ Email: _____

Name: _____

Role: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

If the LCAHP Section 8 Budget details were previously completed, only Part E below is required in this Section.

Part E- Specific Programming Details

Complete the sections that follow as required per the Program for which the applicant is seeking funds. Should any additional information need to be provided not required that was not asked of the applicant per a specific question, include such responses and documents as **Attachment F – Programs Part E**

Homebuyer Programs:

Please provide a written statement providing specific detail of experience providing housing counseling services as related to homebuyer programming. Include a description of the marketing of such services and basis for eligibility and schedule of fees if applicable. If the applicant is a HUD Certified Counseling agency, please also provide evidence of HUD certification. All documents - **Attachment G – Counseling Agency**

Identify in the space below the desired types of direct homebuyer assistance to be provided to households:

In the space below, describe current underwriting standards for homebuyer assistance including target ratios and loan terms. Applicants may reference the Lake County Homebuyer Program Underwriting Standards. Include a description of other relevant funding sources and related requirements:

Please describe program marketing, accessibility of the program to Lake County residents, and beneficiary selection policies and procedures.

Homeowner Rehabilitation Programs:

*Note. HOME-eligible rehabilitation must include full-code rehabilitation. All other rehabilitation is considered “spot rehabilitation” and is eligible under AHP only. If considering an AHP application for rehabilitation, Lake County has also made available a CDBG Rehabilitation RFP during this application round. Please consult the RFP and Lake County Community Development Division staff for more information and guidance for submitting application.

Identify in the space below the proposed owner occupied rehabilitation program; include an outline of targeted households, general policies and procedures, and the terms of financial assistance provided to the homeowner (i.e. loan terms, grant terms). Applicants may provide a copy of a current OOR Program Policies and Procedures handbook or documents used to evidence below for consideration if such document is available as **Attachment H**.

Please describe program marketing, accessibility of the program to Lake County Residents (or a specific community if applicable), and beneficiary selection policies and procedures.

Please describe the procurement processes of the program for selecting contractors and contracted-testing organizations (lead). Include information pertinent to MBE/WBE and Section 3 contracting requirements.

Tenant-Based Rental Assistance Programs:

Identify in the space below the proposed scope of the Tenant-Based Rental Assistance program; include an outline of targeted households, general policies and procedures, and the terms of financial assistance provided to the tenant (security deposit and/or rental assistance). *Note: Lake County is considering proposals for security deposits and rental assistance, however rental assistance will only be funded at the discretion of the Housing Application Review Committee and passage of an Amendment to the Lake County Consolidated Plan and 2015 Annual Action Plan.

Below, please describe the means of inspecting housing units for tenant occupancy, enforcement of HOME lease provisions and landlord partnerships.

Please describe program marketing, accessibility of the program to Lake County Residents (or a specific community if applicable), and beneficiary selection policies and procedures.

Please describe in specific detail the anticipated parameters for providing security deposit assistance and/or rental assistance. The description should include the minimum and maximum amounts of assistance to be provided, and minimum and maximum terms of assistance to be provided (i.e. number of months). Should a tiered system be applicable, please outline each tier.

Section 5 - Development - Project Sponsor/Developer and Development Team

Complete the following information for each proposed development:

1. Sponsor Organization: _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____

If this project is a co-venture and/or if this project will be syndicated, please list the co-partner and/or the owner organization. Please indicate if they are a Minority Business Enterprise (MBE) and/or a Women Business Enterprise (WBE).

- 1a. Co-Partner _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____
 MBE/WBE? ☐ "X" if yes Certification #: _____

- 1b. Owner _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____
 MBE/WBE? ☐ "X" if yes Certification #: _____

2. Attorney: _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____
 MBE/WBE? ☐ "X" if yes Certification #: _____

3. Contractor: _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____
 MBE/WBE? ☐ "X" if yes Certification #: _____

4. Architect: _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____
 MBE/WBE? ☐ "X" if yes Certification #: _____

5. Management Agent: _____
 Contact: _____
 Address: _____
 Phone: _____ Email: _____
 MBE/WBE? ☐ "X" if yes Certification #: _____

Attach this information for other key entities involved in the project. If an entity other than the applicant will serve as the primary project manager, please include a separate attachment outlining the parties responsible for project management, description of duties, and relationship to the applicant –

Attachment I – Project Management (only required if applicant is not primary project manager)

Section 6 - Site Information

Provide the following information for each proposed development. Make multiple copies of these pages if you plan more than one development.

Part A - General Site Information

Has a site been determined for this project? (Mark with an "X") ☐ Yes ☐ No

If "no", please answer the following question and proceed to the Housing Production Application.

What are the plans for identifying and obtaining a site?

If "yes", additional information will be required in the Housing Production Application.

What is the likelihood that the site will be accessible by public transit?

Comment [A16]: HCDC Decision Point #7D

Part B - Site Control and Zoning

The applicant will complete specific site control and zoning information in the Housing Production Application Document. The following attachments are required:

- **Attachment J – Site Control** (include relevant site-control evidence documentation including copies of title, contract, etc. as applicable)
- **Attachment K – Zoning** (include documentation identifying zoning compliance for the proposed use or a statement describing the status of a zoning variance and/or rezoning application and zoning requirements per the jurisdiction of the location of the project)

Part C - Environmental Review

In order to assist the County in determining the effects on the environment of your proposal, please submit with your application a site map indicating the location of your project in relation to any existing or proposed buildings, infrastructure and facilities, roadways, airports, at-grade or elevated transit lines or railroads, any significant noise sources (e.g. industrial/manufacturing facilities, power generating stations), rivers, streams, wetlands and industrial facility storage or processing tanks.

Please answer the following questions regarding your proposal and attach additional sheets of description and documentation as necessary. **All attachments for this part – Attachment L – Environmental Review**

1. Does the project area and environs contain any properties listed on the National Register of Historic places? ☐ Yes ☐ No
If yes, please list addresses:

2. Is the property on which you will build/rehabilitate your project located a designated wetland area? (The Army Corps of Engineers or the County can assist you with this determination.) ☐ Yes ☐ No
If yes, please describe:

Include a copy of the Army Corps of Engineers (ACE) permit, proof that the EPA has not overruled the ACE and plans showing the provision of "substitute" wetlands and the plans for the maintenance of these substitute wetlands for the required period of time.

3. Has your prime lender for this project or your lender at the time you acquired the property required, or is requiring, the submission of at least a Phase I Environmental Audit for due diligence purposes under the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended? ☐ Yes ☐ No
If yes, a copy must be submitted with this Application.
4. Have you been required to conduct a Phase II Audit in relation to the property? ☐ Yes ☐ No
If yes, a copy of the Phase II Audit must be submitted with this Application.

If the answer is no to either of the above two questions, please explain why.

5. Is the project located in the vicinity of a monitoring station where air quality violations have been registered? (Contact the Illinois EPA) ☐ Yes ☐ No
If yes, please describe:

6. Will the existing or planned solid waste disposal system adequately service the proposed development? ☐ Yes ☐ No
If no, please describe your solution:

7. Will the project be located on or directly adjacent to land that is categorized as prime, unique, or of State or local importance? (Contact U.S. Dept. of Agriculture, Soil Conservation Service) ☐ Yes ☐ No
If yes, please describe:

8. Is your property located on a floodplain? (The County has floodplain maps from the Federal Emergency Management Agency (FEMA).) ☐ Yes ☐ No
If yes, please describe:

Underground Storage Tank Questionnaire

Does the property have any underground storage tanks (UST's) as defined in the Illinois Responsible Property Transfer Act (at least 10% underground including piping)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

If the property has any UST's, as defined, are the UST's:

a. a residential tank of 1,000 gallons or less capacity used for storage or motor fuel oil for noncommercial purposes?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

b. a heating oil storage tank for on premises consumptive use?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

c. a septic tank?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

d. a pipelines facility regulated under the Act set out as exempt?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

e. a surface improvement, pit, pond or lagoon?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

f. a storm water or waste water collection system?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

g. a flow through process tank?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

h. liquid traps or associated gathering lines directly related to oil or gas production and gathering?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

i. a storage tank situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) where the storage tank is situated upon or above the surface of the floor?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

j. Other?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Please describe tank:

--

Please note that, after review of the Application, the County may require you to submit a disclosure form under the Illinois Responsible Property Transfer Act

Please Proceed to the Housing Production Application Document relevant to your application.

Section 7 - Community Housing Development Organizations

To be eligible for funding as a Community Housing Development Organization (CHDO) an organization must complete the 2013 CHDO Certification Application.

Part A - Operating Funds

Up to 5% of the Lake County Consortium's HOME allocation will be available for the operating expenses of CHDOs. These funds may not be used to pay operating costs incurred by a CHDO acting as a subrecipient or contractor under the HOME Program.

In order to receive funding for operating expenses a certified CHDO must submit:

- A written proposal identifying how operating funds will be used in relationship to a current or proposed HOME funded project.
- A detailed operating budget identifying all sources and uses of funds.
- Year-to-date financial statement
- Certified audit for the preceding year
- If applying for operating funds to be used for costs other than salaries, a cost-allocation plan is required.

All documents – **Attachment M – CHDO Operating**

A CHDO may not receive HOME funding for any fiscal year in an amount that provides more than 50% of its operating budget or \$50,000, whichever is greater.

Part B - Pre-development Loans

Up to 10% of the Lake County Consortium's HOME CHDO Reserve allocation may be available for CHDO pre-development loans to use for pre-development assistance including up-front soft costs (fees and studies) or seed money loans. Please reference specific pre-development eligible activities in the HOME Program Guidelines.

In order to apply for pre-development loan funds, the CHDO must evidence that the costs are related to a specific project, which, if deemed feasible would receive HOME funds for the development. In a separate attachment, **Attachment N – CHDO Pre-Development**, please describe below the nature of the project to which the CHDO intends to use a pre-development loan, including targeted beneficiary information and relevant development specifics (i.e. location, type of housing, breakdown of unit sizes and household incomes, potential cash sources and uses) and preliminary evidence of market need if available.. If the pre-development loan is for a project related to this application, please indicate this in the attachment.

Additionally, in the attachment, provide a budget that includes line-item specifics for the uses of the loan funds. Note that pre-development loans are capped at \$15,000.00 for the 2013 Program Year, subject to change based on the final HOME grant allocation and CHDO Reservation total.

Section 8 - Lake County Affordable Housing Program

The sections that follow pertain to applicants seeking funding under the Lake County Affordable Housing Program (LCAHP) for LCAHP-only eligible activities and/or portions of projects eligible under the HOME program that will exceed the HOME Program 80% AMI limit. Please note applicants with projects or programs that are 100% eligible for HOME funding do not need to complete this section.

Part A - Programs

Program Selection

Indicate the applicable program (s) (mark all that apply with an "X"):

<input type="checkbox"/>	Pre-foreclosure Counseling
<input type="checkbox"/>	Foreclosure Counseling
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Refinancing/Loan Modification Advocacy
<input type="checkbox"/>	Other type of programming: Please specify: _____

Program Budget*** (see note regarding Tiered programs below)

	Total Cost	Total LCAHP Cost
Direct benefit costs(as applicable)		
Estimated Direct Assistance to Beneficiary/Household		
Program delivery costs(as applicable)		
Verification of beneficiary eligibility		
Documentation Preparation		
Counseling Costs		
Services Costs		
Other (Please specify)		
Subtotal		
Program Total		

Add additional fields to the table above as necessary

*Note: If applying for project delivery fees, you must submit an attachment that details background basis for each fee so that an assessment of cost-reasonableness can be completed. This can include an estimate of charges incurred for such work and estimates of direct staff time. If applying for multiple programs under this application, include a separate budget for each program. If additional budget line items required, please submit accordingly.

All documentation - **Attachment O –Program Budget Information**

***Applicants that utilize a tiered program budget, meaning multiple categories of direct cost (i.e. a TBRA or OOR program with multiple targeted beneficiary groups) may provide as part of **Attachment O** a tiered version of the information above in-lieu of the table.

Based on the Budget above, the total costs per estimated beneficiary household is: \$_____ (if tiered approach, please include a line-item for estimated beneficiary total for each tier in the proposed budget.)

Program Match

LCAHP programs will be evaluated for leveraged match.

Eligible forms of match include: cash contributions from non-federal sources (must be a permanent contribution), forbearance of state or local taxes and fees in a manner that achieves affordability, donated real property (not acquired with federal resources), reasonable value of donated site-preparation, construction materials, the value of donated or voluntary labor or professional services, value of sweat equity.

Anticipated Source of Matching Funds:

Part D - Program Partners

If the program will involve other entities (financial institutions, social service providers, etc.), please list them and provide a brief description of their roles in the program. Use additional sheets if necessary.

Name:

Role:

Contact Person:

Address:

Phone:

Email:

Name:

Role:

Contact Person:

Address:

Phone:

Email:

Name:

Role:

Contact Person:

Address:

Phone:

Email:

Specific Programming Details

Complete the sections below as required per the Program for which the applicant is seeking funds. Should any additional information need to be provided not required that was not asked of the applicant per a specific question, include such responses and documents as **Attachment P – LCAHP Programs Part E**

Program Information:

Please provide a written statement below providing specific detail of experience related to the program proposed, such as detailing the ability in providing housing counseling services as related to homebuyer programming specifically foreclosure counseling AHP-eligible only), general homebuyer counseling (AHP-eligible only as stand-alone activity) or any other type of programming for which you are not seeking HOME funds. Include a description of the marketing of such services and basis for eligibility and schedule of fees if applicable. If applicable and the applicant is a HUD Certified Counseling agency, please also provide evidence of HUD certification. All documents - **Attachment Q – Counseling Agency**

Additionally, provide a an overview of program design, targeted beneficiaries, goals and objectives and outcomes for beneficiaries, and the anticipated number of households to be served:

In the space below, describe the program marketing strategies:

In the space below, describe methods of retention and tracking of program beneficiaries:

Part B - LCAHP Programs 80-100%AMI Only

Program Selection

By making this selection, the applicant indicates that relative application sections completed and submitted will pertain only to households at 80%-100% of Area Median Income (AMI)

☐

≤100% Area Median Income Only

Please proceed to the relevant Program Sections of this Application and complete the required information (Part E). Applications will be assessed on the basis of serving 80%-100% AMI households only as indicated above.

Part C - LCAHP Programs 0%-100%AMI

Combination of targeted households AHP eligible only.

By making this selection, the applicant indicates that relative application sections completed and submitted will pertain to households from 0%-100% of Area Median Income (AMI) but are AHP-eligible only.

☐

0%-100% Area Median Income

Please proceed to the relevant Program Sections of this Application and complete the required information (Part E). Applications will be assessed on the basis of serving 0%-100% AMI households only as indicated above.

In the space below, describe the protocols the applicant will have in place to ensure the tracking of project funds between beneficiaries at different Area Median Income Levels:

END OF APPLICATION

Section 9: Affordable Housing Scoring Criteria FOR INFORMATION ONLY FOR HOUSING PROJECTS

PROJECT SCORING CRITERIA	Previous Max Points	New Max Score*	New Multiplier*	Proposed Max Points	Notes
County Plan Goals Criteria	6	5	1	5	Supports more than one consolidated plan goal
Preference Areas	15	5	5	25	Near Employment & Transit Centers***** Project meet preferences/priorities (ie transit access, affordability, larger families, long-term stability, target area, etc)
Developer Capacity - Overall	10	5	4	20	Experience level of developer overall, including management experience, financial and procurement controls
Developer Capacity - Project Specific	30	5	6	30	Project-specific capacity of development team
General Contractor Experience	10	5	2	10	Level of experience of general contractor in managing this type of project and requirements or previous experience managing general contractor
Management Experience	18			N/A	
Site Control	30	5	5	25	Clear control of the site (ownership, lease) [N/A for CHDO Pre-Development Loan]
Viability/Market Need	16	5	3	15	Proof of demand for the project. Favorable market conditions for lease up or resale.
Neighborhood Analysis**	22	5	5	25	Contributes to local diversity of housing choice while also fitting into neighborhood
Local Site Amenities	3	5	1	5	Access to amenities both public (parks/library) and private (retail/medical)
Incomes for Target Population	6			N/A	Project targeted to lower incomes
Collaboration***	10	5	2	10	Project involves local partners in public and/or private sector
Connection to services/resources					Services/counseling/training/household mgmt
Accessible Units	10	5	2	10	Units accessible to people with disabilities/limitations
Project Adaptability	10	5	2	10	Ability to convert to other use
Project Leverage	27	5	5	25	Review of leveraged finances. LC funds are not sole financing
Project Feasibility & Readiness	30	5	6	30	Overall project feasibility & readiness
Financial Evaluation	60	5	12	60	Review of finances for agency and project. Funds committed.
Long-Term Compliance/Period of Afford.	36	5	8	40	Rental: Agency experience with income and rent compliance (record-keeping, tenant mgmt, meeting affordability period); Homebuyer: Sound real estate legal documents; annual certification of principal residence; long-term affordability mechanism
Fees/Program Delivery	15	5	3	15	Review of the reasonableness and eligibility of fees/delivery
Community Revitalization****	10	5	2	10	Part of larger comprehensive strategy such as Zero:2016 (Ending Homelessness by 2016)
HOME ONLY					
Match (HOME Only)	27	5	5	25	Review of HOME match
CONSTRUCTION ONLY					
Construction costs per HUD max	30	5	6	30	Review of cost according to the requirements of the applicable funding program. Reasonable, allocable, allowable
Zoning	10	5	2	10	Site zoned for requested use
MBE/WBE	3	5	1	5	Capability to comply with Federal requirements including past experience
Section 3	3	5	1	5	Capability to comply with Federal requirements including past experience
RENTAL ONLY					
Operating/Project Reserves	18	5	4	20	Sufficient to support long term success of project
	465			465	

Comment [A17]: Not previously included in the Application itself, this Application Review Scoring Criteria will be discussed by the Affordable Housing ARC before returning to the HCDC in March.

BONUSES AVAILABLE:

Potential 5 points per unit of rental housing (new) AND 5 points per unit of supportive housing (existing)

Comment [A18]: HCDC Decision Point #7E

*The proposed new Max Score is designed to place all criteria on a 1 to 5 point scale while adjusting the New Multiplier to keep the Max Points nearly the same. This potential change will be discussed at Affordable Housing ARC.

**HCDC Decision Point #7F

***HCDC Decision Point #7B

****HCDC Decision Point #7C

*****HCDC Decision Points #7D & #7F

FOR HOUSING PROGRAMS

PROGRAM SCORING CRITERIA	Previous Max Points	New Max Score*	New Multiplier*	Proposed Max Points	Notes
County Plan Goals Criteria	6	5	1	5	Supports more than one consolidated plan goal
Preference Areas	15	5	3	15	Near Employment & Transit Centers****-Program meet preferences/priorities (ie transit access, affordability, larger families, long-term stability, target area, etc)
Agency Operating Capacity Overall	10	5	5	25	Overall agency capacity (Board of Directors, financial management, etc.)
Agency Program Admin Capacity	30	5	6	30	Agency capacity to manage, implement, evaluate program
Viability/Market Need	16	5	3	15	Proof that there is demand for the program. Favorable local market conditions
Incomes for Target Population	6			N/A	Program targeted to lower incomes
Collaboration**					Program involves local partners in public and/or private sector
Connection to services/resources-	10	5	2	10	Households are connected to other services/benefits as a component of program or outside scope-
Program Accessibility	30	5	6	30	Program is accessible in terms of population and geography
Program Feasibility	36	5	7	35	Overall programmatic and financial feasibility
Compliance					
Program Planning/Period of Affordability	20	5	4	20	Capability to comply with Federal requirements including past experience Program design that meets Federal requirements
Financial Evaluation	60	5	12	60	Review of finances for agency and program. Funds committed.
Leveraged financing	27	5	5	25	Review of leveraged finances. LC funds are not sole financing
Match (HOME Only)	27	5	5	25	Review of HOME match
Cost reasonableness	30	5	6	30	Review of cost according to the requirements of the applicable funding program. Reasonable, allocable, allowable
Fees/Program Delivery	15	5	3	15	Review of the reasonableness and eligibility of fees/delivery
Community Revitalization***	10	5	2	10	Part of larger comprehensive strategy
	348			350	

*The proposed new Max Score is designed to place all criteria on a 1 to 5 point scale while adjusting the New Multiplier to keep the Max Points nearly the same. This potential change will be discussed at the Affordable Housing ARC.

**HCDC Decision Point #7B

***HCDC Decision Point #7C

****HCDC Decision Points #7D & #7F



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