

**CONNECTFREE PROGRAM
REQUEST FOR FUNDING
AFFORDABLE RENTAL HOUSING DEVELOPMENT**

Application No.
(City Use Only)

RFA# or NOFA#
(City Use Only)

APPLICATION

Organization Information

- 1) **Organization Name:**
- 2) **Organization Address (City, State, Zip:**
- 3) **Type of Organization:** Non-Profit Governmental Agency For Profit
- 4) **Incorporation Date (Month and Year):**
- 5) **Estimated Budget for Current Fiscal Year:**
- 6) **Number of Staff Employed (full time equivalents):**
- 7) **Years of Affordable Housing Development Experience:**
- 8) **Organization Contact Person and Title:**
- 9) **Telephone:** _____ **Email Address:** _____
- 10) **Organization's Purpose/Mission Statement:**

Project Development Information

- 1) Project Name:
- 2) Project Address (City, State, Zip):
- 3) Project Neighborhood Location:
- 4) Project Census Tract:
- 5) Project Development Activity (check applicable activity):

 Multi-Family Rental Supportive Housing

 Single Room Occupancy Other:
- 6) Project Type: New Construction Rehabilitation Other:
- 7) Project Primary Construction Material: Wood Concrete

 Other:
- 8) Building Type: Garden Non-Garden Mid-Rise High-Rise
- 9) Total Units **BEFORE** and **AFTER** Construction/Rehab/Redevelopment:

Number of Units	Single Room Occupancy	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	Other:	Total Units
Total Units <u>BEFORE</u> Development (Existing)							
Total Units <u>AFTER</u> Development							

Project Funding Information

- 1) Project Funding Opportunity Goal:

Goal	Enter "X" for All that Apply
New Construction-Elderly Assisted Living Facility (ALF)	
Non Profit Development	
Local Government Area of Opportunity	
Family Geographic Areas of Opportunity/Small Development Area Difficult to Development Area	
Other:	
Not Applicable	

- 2) ConnectFree Program Funding Request:

3) **Total Project Costs:**

4) **Total Project Sources (include ConnectFree funding request):**

Funding Source	Amount
TOTAL	

(Please list all funding sources--must equal total project costs listed above #3)

Project Rental Information

1) **Project Primary Target Market [Household Area Median Income (AMI)]:**

- Extremely Low (30% or less AMI) Very Low (31% - 60% AMI)
 Low (51%- 80% AMI) Moderate (> 80% AMI)

2) **Income Levels and Special Needs:**

Please complete the following tables to best of your ability. Show actual or estimated number of units for the development occupants/beneficiaries. **Total Income Levels must equal Total Units AFTER Development in #9, Project Development Information.**

Income Levels:

Income Group (Area Median Income-AMI)	Number of Units
30% or less AMI	
31-50% AMI	
51-60% AMI	
61-80% AMI	
>80% AMI	
TOTAL	

Special Needs Population:

Category	Number of Units
Elderly	
Disabled (Not Elderly)	
Homeless	
Persons with HIV/AIDS	
Veterans	
Other:	
TOTAL	

City of Gainesville Department Development Approvals

	City Development Approvals	Date Applied	Date Received
1	First Step		
2	Affordable Housing Conceptual Review		
3	Site Plan Approval		
4	Other:		
5	Other:		

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are there any officers or employees of the organization or members of their immediate families, or their business or partnership associates, who will be involved with conducting this project and are:

- a) Employees of, or related to employees of, the City of Gainesville? Yes No
- b) Members of, or related to Members of the Gainesville City Commission? Yes No
- c) Beneficiaries of the program for which funds are requested, either as clients or as paid providers of goods or services? Yes No

If you have answered YES to any question, please attach a full explanation to the Application. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. The disclosure statement must be signed and dated by an authorized organization representative.

I certify to the best of my knowledge and belief that the above information is true and correct. I authorize City of Gainesville to undertake the necessary actions to verify the information supplied. Further, I give permission for City of Gainesville to contact and receive information from my agents, financial institutions or other organizations.

Signature of Applicant

Date

Print Name of Applicant and Title

U.S.C. TITLE 18 SEC. 1001 PROVIDES THAT: Whoever in any manner within the jurisdiction of any agency of the United States knowingly and willingly falsifies...or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five (5) years.

ATTACHMENTS

Mandatory Items for Application Review

Item	Included in Application	Pending	Status of Item
	(Enter "X" if Item is Included or Pending or enter status of item).		
A. Copy Request for Application (RFA) or Notice of Funding Availability [i.e., Low Income Housing Tax Credits, State Apartment Incentive Loan, Supportive Housing, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	
B. Detailed narrative of proposed project.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Documentation to support property ownership or site control (i.e. Warranty Deed, Trust Deed or Letter of Intent to Acquire Property).	<input type="checkbox"/>	<input type="checkbox"/>	
D. Appraisal Report and/or Alachua County Property Appraisers Report for each identified project.	<input type="checkbox"/>	<input type="checkbox"/>	
E. Alachua County Tax Collector's receipt for most recent taxes paid on proposed projects.	<input type="checkbox"/>	<input type="checkbox"/>	
F. Provide a map of the proposed development area.	<input type="checkbox"/>	<input type="checkbox"/>	
G. Development costs plan.	<input type="checkbox"/>	<input type="checkbox"/>	
H. Site Plan.	<input type="checkbox"/>	<input type="checkbox"/>	
I. Preliminary drawings of construction plans.	<input type="checkbox"/>	<input type="checkbox"/>	
J. Provide a development timeline for the project.	<input type="checkbox"/>	<input type="checkbox"/>	
K. Copy of project rent limits (HUD, LIHTC, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
L. Copy of Applicant's most recent audit and/or certified financial statement.	<input type="checkbox"/>	<input type="checkbox"/>	
M. Copies of commitment and support letters from financial institutions and partnering organizations.	<input type="checkbox"/>	<input type="checkbox"/>	
N. Market Study or Neighborhood Needs Assessment Report.	<input type="checkbox"/>	<input type="checkbox"/>	
O. Affirmative Marketing Plan.	<input type="checkbox"/>	<input type="checkbox"/>	
P. List of paid staff (full and/or part time) that will have responsibility for the proposed project (include job titles and summary of project duties).	<input type="checkbox"/>	<input type="checkbox"/>	
Q. List of Project Contractor(s) AND Partnering Organizations, General Contractor, Architect, Management Entity, Real Estate Brokerage Firm, and Attorney).	<input type="checkbox"/>	<input type="checkbox"/>	
R. Provide list of all previously completed housing developments.			
S. Provide 3-5 Business References	<input type="checkbox"/>	<input type="checkbox"/>	
T. Provide 3-5 References from Local Governments that provided funding to housing developments that have been completed.	<input type="checkbox"/>	<input type="checkbox"/>	

*******CITY OFFICE USE ONLY*******

Reviewed by HCD Staff

Date

Approved by HCD Staff

Date

COMMENTS: _____

