

## San Mateo County CoCBuils Local Application

Before completing this application, review the federal CoCBuils NOFO  
Submit questions about this Application by email to [mandy@focusstrategies.net](mailto:mandy@focusstrategies.net) and  
[HSA\\_Homeless\\_Programs@smcgov.org](mailto:HSA_Homeless_Programs@smcgov.org)

Deadline: 11:59 PM September 27<sup>th</sup>, 2024

### Part A: Qualifications of Applicant Team

**If more space is needed to answer the questions, please answer in a separate attachment**

Note: All organizations who are recipients or sub-recipients of CoCBuils funding must be eligible organizations. Eligible applicants/sub-recipients for this opportunity include nonprofit organizations, state governments, local governments, instrumentalities of state and local governments, Indian Tribes and TDHEs, and PHAs.

#### A.1 Developer Qualifications

**A.1.1 Identify the Entity responsible for completing the CoCBuils application.** This Entity will act as the “applicant” per the CoCBuils NOFO and enter into the grant agreement with HUD if selected locally and awarded by HUD.

A.1.1.1 Legal name

A.1.1.2 Type of entity

A.1.1.3 SAM UEI Number

A.1.1.4 Address of Office

A.1.1.5 Website

A.1.1.6 Total completed affordable properties: \_\_\_\_ Total units completed: \_\_\_\_ Total PSH units completed: \_\_\_\_

**A.1.2 Identify the Developer Project Lead** (the person designated by the Developer Entity referenced in A.1.1 to complete relevant sections of the CoCBuils application, oversee the acquisition, development, and management and operations of the Project and coordinate with other members of the Team and with County staff)

A.1.2.1 Name and Title

A.1.2.2 Years with the company

A.1.2.3 Address

A.1.2.4 Telephone number

A.1.2.5 E-mail address

A.1.2.6 Briefly describe the **experience and qualifications** of the Developer Project Lead with an emphasis on experience developing PSH units.

A.1.2.7 Briefly describe the **availability of the Developer Project Lead to** immediately begin work on the CoCBuils application. When would the Project Lead be available to begin and how much time would be committed up to the submission of the CoCBuils application on November 21, 2024? How much time would be committed after an award of CoCBuils funds to oversee the development of the project?

**A.1.3 Identify the Developer’s primary Architecture and Engineering Consultant or assigned in-house staff person.**

A.1.3.1 Name of Company

A.1.3.2 Primary staff assigned to Project

A.1.3.3 Address

A.1.3.4 Telephone number

A.1.3.5 E-mail address

A.1.3.6 Briefly describe the **experience and qualifications** of the Architecture and Engineering Consultant and the primary staff assigned to the Project?

**A.1.4 Identify the Developer’s Financial Due Diligence Consultant or assigned in-house staff person.**

A.1.4.1 Name of Company

A.1.4.2 Primary staff assigned to Project

A.1.4.3 Address

A.1.4.4 Telephone number

A.1.4.5 E-mail address

A.1.4.6 Briefly describe the **experience and qualifications** of the Financial Due Diligence Consultant and the primary staff assigned to the Project?

**A.1.5 Identify the Developer’s General Contractor for the Project or assigned in-house staff person.**

A.1.5.1 Name of Company

A.1.5.2 Primary staff assigned to Project

A.1.5.3 Address

A.1.5.4 Telephone number

A.1.5.5 E-mail address

A.1.5.6 Briefly describe the **experience and qualifications** of the General Contractor and the primary staff assigned to the Project

**A.1.6 Identify the Developer’s Federal Labor Compliance Consultant or assigned in-house staff person (should the project receive an award of federal funds).**

A.1.6.1 Name of Company

A.1.6.2 Primary staff assigned to Project

A.1.6.3 Address

A.1.6.4 Telephone number

A.1.6.5 E-mail address

A.1.6.6 Briefly describe the **experience and qualifications** of the Federal Labor Compliance Consultant and the primary staff assigned to the Project (should the Project receive an award of federal funds).

**A.1.7 Identify the Developer’s National Environmental Policy Act (NEPA) Compliance Consultant or assigned in-house staff person (should the project receive an award of federal funds).**

A.1.7.1 Name of Company

A.1.7.2 Primary staff assigned to Project

A.1.7.3 Address

A.1.7.4 Telephone number

A.1.7.5 E-mail address

A.1.7.6 Briefly describe the **experience and qualifications** of the NEPA Compliance Consultant and the primary staff assigned to the Project (should the Project receive an award of federal funds).

**A. 1.8 Track Record of the Developer:** Describe up to *four affordable housing projects completed in the last ten years* with units serving people experiencing homelessness. Indicate if these projects accepted referrals from Coordinated Entry, and implemented Housing First principles. Provide additional information as indicated when available.

Property Name				
City				
Total Number of Units				
Date Placed in Service				
30% AMI units (number)				
50% AMI units (number)				
Homeless units (number)				
Chronically homeless units (number)				
Service provider (entity)				
Property Manager (entity)				
Project Based Vouchers PBVs (Yes/No)				
Federal funds (Yes/No)				
Used CES for referrals? (Yes/No)				
Followed Housing First? (Yes/No)				

**A.1.9 Leveraging Experience:** Describe the three largest affordable housing projects completed which leveraged LIHTC, HOME, CDBG, HUD 202, Section 108, HUD 811, or other federal sources, showing the amounts of the different types of leveraged funds.

Property Name			
City			
Placed in service date			
Units			
TDC			
Equity from LIHTC			
HOME-ARP, HOME, CDBG, CDBG-CV			
HUD 202 or 811			
Section 108 or other federal funds			
State HCD funds			
City/County funds			
Other			

**A.1.10 Racial Equity:** Describe your organization’s experience in promoting racial equity in planning, building, managing and developing community partnerships to provide supportive services for affordable housing projects.

**A.2 Property Management Qualifications**

**A.2.1 Identify the Entity Responsible for Property Management of the CoCBUILDS Project**

A.2.1.1 Legal name

A.2.1.2 Type of entity

A.2.1.3 Will this entity be a sub-recipient of CoCBUILDS Funds? Yes/No

A.2.1.4 Taxpayer identification number

A.2.1.5 Address

A.2.1.6 Website

A.2.1.7 NOW UNDER MANAGEMENT: Total affordable properties:      Total units:      Total PSH units:

A.2.1.8 Is the Entity an affiliate of another organization?  YES  NO

If yes, describe:

**A. 2.2 Identify the Property Management Lead** (the person designated by the Property Management Entity referenced in A.2.1 to complete relevant sections of the CoCBuils Application and coordinate with other Team members and County staff for the lease-up and ongoing operation of the Project)

A.2.2.1 Name and Title

A.2.2.2 Years with the company

A.2.2.3 Address

A.2.2.4 Telephone number

A.2.2.5 Email address

**A.2.3** Briefly describe the experience and qualifications of the Property Management Lead with an emphasis on experience managing PSH units.

**A.2.4 Describe the availability of the Property Management Lead to** immediately work with the Developer to complete relevant sections of the CoCBuilds application. When would the Property Management Lead be available to begin and how much time would be committed to preparing relevant sections of the application? How much time would be committed after an award of funds to oversee the plan for occupying the project in accordance with CoCBuilds requirements?

**A.2. 5 Track Record of the Property Management Entity:** Describe up to *four affordable housing projects managed by the property management entity in the last ten years* with units serving people experiencing homelessness, accepting referrals from Coordinated Entry and implementing Housing First principles. Provide additional information as indicated when available.

Property Name				
City				
Total Number of Units				
Commencement date Property management				
30% AMI units (number)				
50% AMI units (number)				
Homeless units (number)				
Chronically homeless units (number)				
Service provider (entity name)				
Developer (entity name)				
PBVs (Yes/No)				
Federal funds (Yes/No)				
Used CES for referrals? (Yes/No)				
Followed Housing First? (Yes/No)				

**Are any of the properties listed above no longer under the Entity’s management? If yes, please describe:**

**A.2.6 Property Management Staffing Plan:** Briefly describe the number and roles of property management personnel who would be assigned to the Project prior to and upon completion of construction, assuming specific staff/unit ratios. How would the staffing plan vary depending on the number of units, the target population and the extent of supportive services committed to the Project?

**A.2.7 Tenant Screening:** Describe your approach to evaluating applicants with criminal backgrounds, substance abuse histories, credit problems, prior evictions or rental debts, or similar criteria. What federal or state guidelines do you follow, and what process do you use to allow applicants to present mitigating circumstances? Be specific.

**A.2.8 Site Security:** Briefly describe the property manager’s experience with and approach to managing properties that required more resources for site security. What cost-effective approaches and resources may be used to enhance residents’ safety and security?

**A.2.9 Approach to Coordination with Service Provider:** Briefly describe the communication methods, cross-training, information-sharing and other protocols that will be followed to enhance working relationships with the Supportive Services Entity prior to and after commencement of occupancy.

**A.3 Supportive Services Qualifications**

**A.3.1 Identify the Entity Responsible for Supportive Services at the Project**

A.3.1.1 Legal name

A.3.1.2 Type of entity

A.3.1.3 Will this entity be a sub-recipient of CoCBuilds funds? Yes/No

A.3.1.4 Taxpayer identification number

A.3.1.5 Address

A.3.1.6 Website

A.3.1.7 **CURRENTLY SERVING:** Total affordable properties:      Total units:      Total PSH units:



A.3.1.9 Is the Entity an affiliate of another organization?  YES  NO

If yes, please describe:

**A.3.2 Identify the Supportive Services Lead** (the person designated by the Supportive Services Entity to complete relevant sections of the CoCBUILDS application and coordinate with other Team members and County staff for the housing stability of the residents occupying the CoCBUILDS-funded site)

A.3.2.1 Name and Title

A.3.2.2 Years with the company

A.3.2.3 Address

A.3.2.4 Telephone number

A.3.2.5 E-mail address

**A.3.3** Describe the experience and qualifications of the Supportive Services Lead, with emphasis on supporting persons in PSH units.

A.3.4 Describe **the availability of the Supportive Services Lead** to immediately work with the Developer to complete relevant sections of the CoCBuils Application. When would the Supportive Services Lead be available to begin and how much time would be committed to prepare relevant sections of the CoCBuils application? How much time would be committed after an award of funds to oversee the plan for developing and occupying the project?

**A.3. 5 Track Record of the Supportive Services Entity:** Describe up to *four affordable housing projects supported by the Supportive Services Entity in the last ten years* with units serving people experiencing homelessness, accepting referrals from Coordinated Entry and implementing Housing First principles. Provide additional information as indicated when available.

Property Name				
City				
Total Number of Units				
Commencement date Property management				
30% AMI units (number)				
50% AMI units (number)				
Homeless units (number)				
Chronically homeless units (number)				
Property Manager (entity name)				
Developer (entity name)				
PBVs (Yes/No)				
Federal funds (Yes/No)				
Used CES for referrals? (Yes/No)				
Followed Housing First? (Yes/No)				

**Are any of the properties listed above no longer receiving services from the Supportive Services Entity? If yes, please describe:**

**A.3.6 Supportive Services Staffing Plan:** Describe expected onsite case management staffing ratios, supervision and other positions dedicated to supporting PSH residents at the project. How will staffing differ depending on number of units and target population? How are onsite staff supported to implement Housing First principles, trauma-informed, culturally and linguistically competent care, and services that advance racial equity? Describe the type and frequency of supportive services that will be available to those in CoCBuils PSH units (e.g., case management, life skills training, health care). Note: Eligible supportive services that can be funded with CoCBuils are noted in **CFR 578.53**.

**A.3.7. Approach to Coordination:** Describe the Supportive Services Entity’s strategy for effective communication and collaboration with (a) the property manager; (b) the Coordinated Entry system; and (c) off-site service providers including County agencies.

**A.3.8 Inclusion:** Describe your organization’s experience in integrating and including people with disabilities in the activities of the Project and larger community integration opportunities.

**A.3.9 Third Party or Offsite Supportive Services:** List the other nonprofit or public agencies who will also provide services to the residents of the PSH units at the Project and describe your plan for securing commitments from those other organizations and agencies to coordinate their service provision with the primary Supportive Services provider.

#### **A.4 Statutory and Regulatory Requirements**

A.4.1. Does the applicant, or applicant sub-recipients, have any outstanding civil rights charges, cause determinations, lawsuits or letters of finds as described on pages 19-20 of the federal CoCBUILDS NOFO? YES/NO

IF YES, Submit a full description as an attachment.

A.4.2 Are the applicant and applicant sub-recipients able to satisfy the statutory and regulatory requirements as listed below and set forth in Section E on page 21 of the federal CoCBUILDS NOFO? Yes/No

- Universal Identifier and System for Award Management (SAM.gov) Requirements
- Outstanding Delinquent Federal Debts
- Debarments or Suspensions, or both
- Mandatory Disclosure Requirement
- Pre-selection Review of Performance
- Sufficiency of Financial Management System
- False Statements
- Prohibition Against Lobbying Activities

If NO, Submit a full description as an attachment.

## **A.5 REQUIRED ATTACHMENTS FOR APPLICATION PART A TEAM QUALIFICATION**

**A.5.1 Executed Memorandum of Understanding** among all the entities participating in the Applicant Team, describing the roles and responsibilities of each Team member, authorizing the submission of the Team's response to the CoCBuils Application, and agreeing to the required Acknowledgments and Agreements included in the RFP.

### **A.5.2 Developer Entity Corporate Documents**

A.5.2.1 Articles of Incorporation as certified by the CA Secretary of State, and any Certificates of Amendment or Restated Articles of Incorporation

A.5.2.2 Bylaws and any amendments thereto as certified by the corporate secretary.

A.5.2.3 Statement of Information on CA Secretary of State Form SI-100 or SI-200

A.5.2.4 Certificate of Good Standing certified by the CA Secretary of State

A.5.2.6 Shareholder Agreements under Corp. Code Section 186, if applicable

A.5.2.7 Any Secretary of State filings relevant to mergers, conversions or re-organizations

A.5.2.8 Organizational Chart

A.5.2.9 W-9 (not more than 2 years old)

A.5.2.10 Audited Financial Statements for the most recent two years

A.5.2.11 IRS Section 501(c)(3) Determination Letter (applicants must be tax exempt)

A.5.2.12 Certificates of General Liability, Automobile Liability and Property Insurance

### **A.5.3 Property Management Entity Corporate Documents**

A.5.3.1 Articles of Incorporation as certified by the CA Secretary of State, and any Certificates of Amendment or Restated Articles of Incorporation

A.5.3.2 Bylaws and any amendments thereto as certified by the corporate secretary.

A.5.3.3 Statement of Information on CA Secretary of State Form SI-100 or SI-200

A.5.3.4 Certificate of Good Standing certified by the CA Secretary of State

A.5.3.5 Shareholder Agreements under Corp. Code Section 186, if applicable

A.5.3.6 Any Secretary of State filings relevant to mergers, conversions or re-organizations

A.5.3.7 Organizational Chart

A.5.3.8 W-9 (not more than 2 years old)

A.5.3.9 Audited Financial Statements for the most recent two years

A.5.3.10 IRS Section 501(c)(3) Determination Letter if tax exempt

A.5.3.11 Certificates of General Liability, Automobile Liability and Property Insurance

**A.5.4 Supportive Services Entity Corporate Documents**

A.5.4.1 Articles of Incorporation as certified by the CA Secretary of State, and any Certificates of Amendment or Restated Articles of Incorporation

A.5.4.2 Bylaws and any amendments thereto as certified by the corporate secretary.

A.5.4.3 Statement of Information on CA Secretary of State Form SI-100 or SI-200

A.5.4.4 Certificate of Good Standing certified by the CA Secretary of State

A.5.4.5 Shareholder Agreements under Corp. Code Section 186, if applicable

A.5.4.6 Any Secretary of State filings relevant to mergers, conversions or re-organizations

A.5.4.7 Organizational Chart

A.5.4.8 W-9 (not more than two years old)

A.5.4.9 Audited Financial Statements for the most recent two years

A.5.4.10 IRS Section 501(c)(3) Determination Letter if tax exempt

A.5.4.11 Certificates of General Liability, Automobile Liability and Property Insurance

**A.5.4.12 Resume of the Individual designated to act as the lead in communicating with the County**

**IF YOU DID NOT CHECK A REQUIRED ATTACHMENT, PLEASE EXPLAIN YOUR REASON WITH REFERENCE TO THE ATTACHMENT NUMBER:**

## **A.6 OPTIONAL ATTACHMENTS FOR PART A TEAM QUALIFICATION**

**A.6.1 Statements of Qualification** or brochures describing organizational members of the Team.

**A.6.2 Individual resumes** of other key individuals participating in the Team (construction management lead, property management lead, supportive services lead).

**A.6.3 A more extensive list of relevant affordable housing properties** developed, managed, or supported by organizational members of the Team (in addition to the number requested to be listed in the Application).

**A.6.4 Other Attachments Showing your qualifications to develop, manage and provide services to PSH Units included in Affordable Housing (please describe:)**

**CoCBUILDS LOCAL APPLICATION PART B**  
**DESCRIPTION OF PROJECT PROPOSED FOR CoCBUILDS APPLICATION**

**B.1. DEVELOPMENT PLAN**

B.1.1 Briefly summarize the proposed Project (a detailed Project Profile is required in Part B.2).

B.1.2 Summarize the expected timeline to acquire and construct or renovate the property to produce permanent supportive housing. Note: HUD requires a signed grant agreement no later than 9/1/2025. Construction activities must begin within 9 months of the signed grant agreement and conclude within 24 months of signed agreement. Occupancy must be within 36 months of award. (A Development Schedule is required in Part.B.2.)

B.1.3 Summarize the number and type of units planned and incomes targeted. Indicate that your project is prepared to serve the target population as described in the CoCBuilds NOFO (individuals and families experiencing homelessness where at least one member of the household has a disability). (A more detailed description is required in Part B. 2.)

B.1.4 Summarize any environmental and other investigations that have occurred to date (Phase 1 or Phase 2, and Radon/Asbestos/Lead Paint for existing buildings) and those that are still needed. Describe whether this project is in a Flood Plain, Airport Noise or Runway Hazard Area, or Coastal Area. (Any existing reports on these issues are required in Part B.2.)

B.1.5 Summarize the status of site control, the appraised value compared to the purchase price, and how the schedule for acquiring the site may affect the ability to meet the CoCBuilds development schedule. (Appraisal and Evidence of Site Control are required in Part B.2.)

B.1.6 Summarize the status of entitlement, the major upcoming target dates, and any challenges the entitlement schedule may present to meeting the CoCBUILDS development schedule. (A City zoning letter and any other information relevant to entitlement is required to be attached in Part B.2).

B.1.7. Describe possible barriers to the success of the development plan, including any challenges in meeting the CoCBUILDS development schedule or accurately estimating development and operating costs. (A Development Schedule and Sources and Uses are required to be attached in Part B.2)

B.1.8. Describe any current occupants and why you do not believe they require re-location.

B.1.9 Describe any construction and soft cost estimates you have received to date, and how reliable those estimates are in light of the percentage of completion of the project design.

B.1.10 Describe the overall financing plan, financing commitments you have received, and plans for submitting other financing applications. Describe how the planned financing applications not yet secured would have affect the ability to meet the CoCBUILDS development schedule. (Additional information is required in Attachment B.2.)

B.1.10 Indicate how funds in this application will be used by category and dollar amount. (A more detailed Sources and Uses of funds is required in Attachment B.2.)

Eligible Use	Amount
<u>New Construction: (24 CFR 578.47)</u>	
<u>Rehabilitation: (24 CFR 578.45)</u>	
<u>Acquisition: (24 CFR 578.43)</u>	
<u>Project-Based Rental Assistance: (24 CFR 578.51)</u>	
<u>Supporting Services: (24 CFR 578.53)</u>	
<u>Operating Costs: (24 CFR 578.55)</u>	
<u>Administrative Costs: (24 CFR 578.59)</u>	
TOTAL CoCBUILDS Funding Request (not to exceed \$7,500,000)	

Notes: Up to 20% of total funds requested can be used for project-based rental assistance, supportive services, and/or operating costs. Non-capital costs funds awarded under this NOFO may be eligible for renewal in the CoC Program competition. Up to 10% of project funds can be used to support administrative costs. Projects cannot request both operating costs and project-based rental assistance to be used at the same site/structure. Descriptions of the allowable costs for each line item are included in the links above.



B.1.11 Briefly describe how the project will secure the HUD required cash or in-kind match of no less than 25% of the total requested funds?

B.1.12 Describe the Market Study you have conducted to date, any rental subsidy commitments you have received, and the feasibility of the rents you plan for the PSH Units. Explain why rent levels proposed for the PSH Units are feasible if you do not receive an award of Project-Based Vouchers or other rental subsidy.

B.1.13. Explain why you recommend the Project for consideration for the CoCBuils NOFO.

## **B.2. PROJECT PROFILE**

### **B.2.1 OWNERSHIP AND LOCATION**

- B.2.1.1 PROPERTY NAME:
- B.2.1.2 ADDRESS, CITY, ZIP:
- B.2.1.3 ASSESSOR PARCEL NUMBER:
- B.2.1.4 OWNER OF RECORD:
- B.2.1.5 OWNER TYPE OF LEGAL ENTITY:
- B.2.1.6 FLOOD ZONE: Yes No
- B.2.1.7 SUSCEPTIBLE TO SEA LEVEL RISE: Yes No
- B.2.1.8 AFFECTED BY AIRPORT NOISE: Yes No
- B.2.1.9 ANY RISK OF LANDSLIDES, RUPTURES, LIQUEFACTION: Yes No
- B.2.1.10 ELIGIBLE FOR NON-DISCRETIONARY LOCAL APPROVAL PROCESS: Yes No
- B.2.1.11 PROPERTY WEBSITE:
- B.2.1.12 LISTED FOR SALE: Yes No AT WHAT PRICE:
- B.2.1.13 TOTAL PARCEL SQUARE FEET:
- B.2.1.14 PROXIMITY TO PUBLIC TRANSPORTATION:
- B.2.1.15 PROXIMITY TO LIBRARY:
- B.2.1.16 PROXIMITY TO GROCERY STORE:
- B.2.1.17 PROXIMITY TO PHARMACY:
- B.2.1.18 PROXIMITY TO HEALTH FACILITY:
- B.2.1.19 PROXIMITY TO OTHER:

### **B.2.2 PHYSICAL DESCRIPTION OF EXISTING BUILDING**

#### **COMPLETE THE FOLLOWING SECTIONS ONLY IF YOU ARE RENOVATING AN EXISTING BUILDING:**

- B.2.2.1 IMPROVEMENTS SIZE (Building Footprint):
- B.2.2.2 NUMBER OF FLOORS:
- B.2.2.3 TOTAL BUILDING AREA (all floors):
- B.2.2.4 NUMBER OF ELEVATORS:
- B.2.2.5 TOTAL NUMBER OF UNITS
  - B.2.2.5.1 Number with kitchens (sink, refrigerator, microwave, 2 burner range, and hood):
  - B.2.2.5.2 Number with kitchenettes (sink, mini-fridge, microwave):
  - B.2.2.5.3 Number of units with mobility accessibility:
  - B.2.2.5.4 Number of units with communication accessibility:
- B.2.2.6 SIZE OF UNITS (a range from min SF to max SF or an average):
- B.2.2.7 RESIDENT MANAGER APARTMENT: Yes No
- B.2.2.8 RESIDENT COMMON ROOMS AND AREAS:
- B.2.2.9 VENTILATION: Independent to each Unit? Yes No
- B.2.2.10 TYPE OF PARKING:

- B.2.2.11 TOTAL NUMBER OF PARKING SPACES:
- B.2.2.12 ANY CURRENT PERMANENT RESIDENTS:
- B.2.2.13 DATE OF CONSTRUCTION:
- B.2.2.14 FENCING:      Yes      No
- B.2.2.15 VEHICULAR GATES:      Yes      No
- B.2.2.16 SECURITY CAMERA SYSTEM:      Yes      No
- B.2.2.17 OUTDOOR AREA FOR PETS:                                      Yes      No
- B.2.2.18 CODE COMPLIANT FIRE SAFETY    Yes      No
- B.2.2.19 OFFICE SPACES FOR PROPERTY MANAGEMENT:      Yes      No
- B.2.2.20 OFFICE SPACES FOR SERVICE PROVIDERS:      Yes      No
- B.2.2.21 ESTIMATED TOTAL DEVELOPMENT COST

**B.2.3 DESCRIPTION OF PROPOSED NEW CONSTRUCTION**

**COMPLETE THE FOLLOWING SECTIONS IF YOU ARE CONSTRUCTING THE IMPROVEMENTS:**

- B.2.3.1 IMPROVEMENTS SIZE (Building Footprint):
- B.2.3.2 NUMBER OF FLOORS:
- B.2.3.3 TOTAL BUILDING AREA (all floors):
- B.2.3.4 NUMBER OF ELEVATORS:
- B.2.3.5 TOTAL NUMBER OF UNITS
  - B.2.3.5.1 Number of Studios
  - B.2.3.5.2 Number of One-bedroom
  - B.2.3.5.3 Number of Two-bedroom
  - B.2.3.5.4 Number of Three-Bedroom
  - B.2.3.5.5 Number of Four Bedroom
- B.2.3.6 ACCESSIBILITY
  - B.2.3.6.1 Universal Design (Yes/No)
  - B.2.3.6.2 Number of units with mobility accessibility:
  - B.2.3.6.3 Number of units with communication accessibility:
- B.2.3.7 AVG SIZE OF UNITS
  - B.2.3.7.1 Studios
  - B.2.3.7.2 One Bedroom Units
  - B.2.3.7.3 Two Bedroom Units
  - B.2.3.7.4 Three Bedroom Units
  - B.2.3.7.5 Four Bedroom Units
- B.2.3.8 RESIDENT MANAGER APARTMENTS (number and type):
- B.2.3.9 RESIDENT COMMON AREAS (describe):
  - B.2.3.9.1 Community Kitchen:
  - B.2.3.9.2 Other Community Meeting Rooms:
  - B.2.3.9.3 Computer Lab
  - B.2.3.9.4 Child care, afterschool, or youth program area:
  - B.2.3.9.5 Outdoor meeting spaces and amenities:
- B.2.3.10 Green Building Certification    Yes      No
- B.2.3.11 TYPE OF PARKING:
- B.2.3.12 TOTAL NUMBER OF AUTOMOBILE PARKING SPACES:
- B.2.3.13 TOTAL NUMBER OF BIKE PARKING SPACES
- B.2.3.14 FENCING:      Yes      No

- B.2.3.15 VEHICULAR GATES:      Yes      No
- B.2.3.16 SECURITY CAMERA SYSTEM:      Yes      No
- B.2.3.17 QUICK RESPONSE FIRE SPRINKLER AND FIRE ALARM SYSTEM:      Yes      No
- B.2.3.18: OFFICE SPACES FOR PROPERTY MANAGEMENT:      Yes      No
- B.2.3.19: OFFICE SPACES FOR SERVICE PROVIDERS:      Yes      No
- B.2.3.20: ESTIMATED TOTAL DEVELOPMENT COST

**B.2.4 TARGET POPULATION**

- B.2.4.1 TOTAL UNITS
- B.2.4.2 NUMBER OF GENERAL POPULATION UNITS
  - B.2.4.2.1 Studios general population:
  - B.2.4.2.2 One-Bedroom general population:
  - B.2.4.2.3 Two Bedroom general population:
  - B.2.4.2.4 Three Bedroom general population:
  - B.2.4.2.5 Four Bedroom general population:
- B.2.4.3 NUMBER OF PSH UNITS
  - B.2.4.3.1 Studios PSH:
  - B.2.4.3.2 One-Bedroom PSH:
  - B.2.4.3.3 Two Bedroom PSH:
  - B.2.4.3.4 Three Bedroom PSH:
  - B.2.4.3.5 Four Bedroom PSH:

### **B3 REQUIRED ATTACHMENTS FOR THE PROPOSED COCBUILDS PROJECT**

B.3.1 **Location Map** showing the Property in relation to transit, shopping, services, etc.

B.3.2 **Marketing Materials, Tax Assessor's listing or real estate listings** that describe the Property, its assessed value and the asking price

B.3.3 **Photographs** of the Property's exterior (and interior if applicable)

B.3.4 **One-Page Program Concept** proposing a specific number and type of units, income limits, rent limits, and specific populations to be served, showing the need for the units for the populations targeted, and describing the service and affordability needs of the target population and how the project will meet those needs. Please include a unit matrix that demonstrates unit size and AMI levels for PSH Units.

B.3.5 **Development Sources and Uses** listing all estimated costs of acquisition renovation, and development for CoCBUILDS units. Show the estimated CoCBUILDS capital award and all other amounts, sources and types of development funding for CoCBUILDS units, including whether the funding commitment is secured, and the estimated application date for any funding source not yet secured.

B.3.6 **Fifteen-Year Income and Expense Projections**, showing the projected rental income, operating expenses, property management fees, and supportive services costs for CoCBUILDS units. Show the use of any budgeted CoCBUILDS funds including operating subsidies/supportive services costs (up to 20% of the total award) and administrative funds (up to 10% of award). List any other cash or in-kind funding sources and amounts planned to fund supportive services/operating expenses to CoCBUILDS units.

B.3.7 **Preliminary Development Schedule**, listing a schedule of benchmark activities, showing those completed and showing projected dates for those not completed, incorporating the dates of CoCBUILDS award and completion deadlines.

B.3.8 **Property Appraisal** within 12 months

B.3.9 **Market Study** within 12 months

B.3.10 **Evidence of Site Control** (or grant deed if acquired)

B.3.11 **Preliminary Title Report**

B.3.12 **For New Construction, Preliminary Site Plan, Elevations, Unit Design, and other Available Drawings**

B.3.13 **Phase I and Phase 2 reports**

B.3.14 **For existing buildings**, other physical inspection reports (PNA, Lead-Based Paints, Asbestos, Radon)

B.3.15 **For existing buildings**, as built drawings if available

B.3.16 **Zoning letter** from city planning concerning the proposed use and plan for entitlement

B.3.17 **Financing commitment letters** for each source of financing listed as committed under the Development Sources and Uses.

**IF ANY REQUIRED ATTACHMENTS ARE OMITTED, PLEASE EXPLAIN (identify by number and name)**

#### **A.6 OPTIONAL ATTACHMENTS FOR PART B PROJECT DESCRIPTION**

**B.4.1 Environmental Justice Statement.** Describe how your project advances environmental justice in Minority Populations and Low-Income populations in one or more of the following ways: Reducing or mitigating exposure to environmental and health hazards, improving protection from and resilience to environmental harms, expanding environmental benefits, and overcoming prior disinvestment in environmental infrastructure. Additional information on this question may be found on page 41 of the CoCBuilds NOFO.