**A close up of a logo

Description automatically generated**

**Housing & Community Development Department**

**Post Office Box 490—Station 22**

**Gainesville, FL 32627-0490**

**Ph. (352) 393-8565**

[**wachteljs@gainesvillefl.gov**](mailto:wachteljs@gainesvillefl.gov)

**REQUEST FOR A $460,000 LOAN FOR A LOCAL GOVERNMENT CONTRIBUTION FOR AFFORDABLE RENTAL HOUSING DEVELOPMENT PURSUANT TO RFA 2023-201 (9% LIHTC/LGAO)**

**APPLICATION**

**Instructions**

1. **If you have any questions, contact Neighborhood Planning Coordinator John Wachtel, at (352) 393-8565, or by email at** [**wachteljs@gainesvillefl.gov**](mailto:wachteljs@gainesvillefl.gov)**.**
2. **Applications must be submitted and received by 9:00 a.m. (local time), Wednesday, July 5, 2023. Late applications will not be accepted.**
3. **Applications will be accepted only by email in the form of full color PDFs to** [**wachteljs@gainesvillefl.gov**](mailto:wachteljs@gainesvillefl.gov)**. The City WILL NOT accept applications submitted by mail or FAX.**
4. **All signatures within an application packet must be in blue ink; and all attachments must be titled and labeled.**
5. **Applications must include a PowerPoint Presentation, using the template provided on the City’s Housing and Community Development Website.**
6. **Applicants** **must complete the online project summary (JotForm) provided on the City’s Housing and Community Development Website.**
7. **Applicants for this loan may be required to present the project (in-person) to the City’s Affordable Housing Advisory Committee on Tuesday, August 1, 2023 at 6:00 p.m.; and to the Gainesville City Commission on Thursday, August 24, 2023 (meeting dates are subject to change).**
8. **Funding awards may be subject to approval by the City Commission and are based on funding availability.**
9. **The City reserves the right to reject any and all applications.**

**Organization Information**

1. **Organization Name:**
2. **Organization Address (City, State, Zip):**
3. **Type of Organization:** **For Profit Non-Profit Governmental Agency**
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:**

**Project Development Information**

1. **Project Name:**
2. **Project Location/Address:**
3. **Project Census Tract:**
4. **Project Development Activity (check all applicable activity):**

**Multi-Family Rental  Supportive Housing**

**Single Room Occupancy  Other:**

1. **Demographic Commitment per RFA 2023-201:**

**Family  Elderly (if Elderly, what is minimum age?)**

1. **Project Type:** **New Construction** **Rehabilitation** **Other:**
2. **Building Type:  Single-Family Detached  Duplexes  Townhouses**

**Mid-Rise, 4 story  Mid-Rise, 5-6 Story  High-Rise**

1. **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 BEFORE Development (Existing)** |  |  |  |  |  |  |  |
| **Total Units AFTER Development** |  |  |  |  |  |  |  |

1. **Have you completed a First Step Meeting with the City’s Department of Sustainable Development?  Yes, comments attached  No**

**Project Funding Information**

1. **RFA 2023-201 Funding Goals (if applicable):**

|  |  |
| --- | --- |
| **GOALS** | **Enter “X” for**  **All that Apply** |
| **Section Four A.11.b.(1): Application has received continuous LGAO Support since 2021 or earlier** |  |
| **Section Four A.11.b.(2): Application has received continuous LGAO Support since 2022 or earlier** |  |
| **Section Four A.11.b.(3): Application has not received previous LGAO Support** |  |
| **Section Five B.1.c.: Application is for a development with a demographic commitment of Family that select and qualify for the Geographic Area of Opportunity Development/Small Area Difficult to Develop Area (SADDA) Goal outlined in Section Four A.10.a.(1)(d) of the RFA** |  |

1. **Total Project Costs:**
2. **Total Project Sources (include the City’s Local Government Contribution):**

|  |  |
| --- | --- |
| **Funding Source** | **Amount** |
| **Local Government Contribution** | **$ 460,000** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

***(Please list all funding sources--must equal total project costs listed above #2)***

1. **Is this project a Priority 1 Application under RFA 2023-201? Yes No**

**Project Rental Information**

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

**Extremely Low (30% or less AMI)**  **Very Low (31% - 50% AMI)**

**Low (51%- 80% AMI)  Moderate (> 80% AMI)**

1. **Income Levels and Special Needs:**

**Please complete the following tables to the best of your ability. Show actual or estimated number of units for the development occupants/beneficiaries. Total Income Units must equal Total Units AFTER Development in #8, 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** |  |

**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 Date**

***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.** | **Detailed narrative of proposed project.** |  |  |  |
| **B.** | **Documentation to support property ownership or site control (i.e. Warranty Deed, Trust Deed or Letter of Intent to Acquire Property).** |  |  |  |
| **C.** | **Appraisal Report and/or Alachua County Property Appraisers Report for each identified project.** |  |  |  |
| **D.** | **Alachua County Tax Collector’s receipt for most recent taxes paid on proposed projects.** |  |  |  |
| **E.** | **Map of the proposed development area.** |  |  |  |
| **F.** | **Development costs plan.** |  |  |  |
| **G.** | **Site Plan.** |  |  |  |
| **H.** | **Preliminary drawings of construction plans.** |  |  |  |
| **I.** | **Development timeline for the project.** |  |  |  |
| **J.** | **Project rent limits (HUD, LIHTC, etc.)** |  |  |  |
| **K.** | **Copy of Applicant’s most recent audit and/or certified financial statement.** |  |  |  |
| **L.** | **Copies of commitment and support letters from financial institutions and partnering organizations.** |  |  |  |
| **M.** | **Summary of how the project will be marketed, how the project will find tenants, and how the project will reach out to the local community.** |  |  |  |
| **N.** | **A 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).** |  |  |  |
| **O.** | **A list of all housing developments completed since 2010.** |  |  |  |
| **P.** | **3-5 Business References.** |  |  |  |
| **Q.** | **3-5 References from Local Governments that provided funding to housing developments that have been completed.** |  |  |  |