

Request for Funding
Nonprofit Housing Organizations and
Governmental Entities

Application No.
(City Use Only)

CF NOFA#
(City Use Only)

APPLICATION

Organization Information

- 1) **Organization Name:**
- 2) **Organization Address (City, State, Zip):**
- 3) **Type of Organization:** 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:** _____
- 10) **Organization's Purpose/Mission Statement:**

Project Development Information

- 1) Project Name:
- 2) Project Development Activity (check applicable activity):
- Affordable Single Family Supportive Housing
 Special Needs Housing Other:

3) Project Property Information:

Property #	Project Type (Enter: New Construction, Rehabilitation or Property Improvements)	Address	Neighborhood Location	Census Tract
1				
2				
3				
4				
5				

Project Funding Information

1) ConnectFree Program Funding Request (Connection Costs Only):

2) Total Project Funding Sources:

Property #	Property #1	Property #2	Property #3	Property #4	Property #5	Total Funds
ConnectFree						
Other Funding Received from the City for each property						
Other Funding Provided by Organization for each property						
Total						

Project Income and Special Needs Household 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) Special Needs Households

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.

Income Levels:

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

Special Needs Population:

Category	Number of Units
Elderly	
Disabled (Not Elderly)	
Homeless	
Persons with HIV/AIDS	
Veterans	
Other:	
Not Applicable	
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
	(Check if Item is included, Pending and/or Enter Status of Item).		
Required for All Projects Types:			
Documentation to support property ownership or site control (i.e. Warranty Deed, Trust Deed or Letter of Intent to Acquire Property).			
Appraisal Report and/or Alachua County Property Appraisers Report for each identified project.			
Alachua County Tax Collector's receipt for most recent taxes paid on proposed projects.			
Provide a map of the proposed development area.			
Provide a development timeline for the project.			
Provide Notarized Statement on Letterhead Certifying Clientele Served are Low-Income Households and/or Special Needs Households (as defined by ConnectFree Resolution)			
Required for All Single Family Affordable Housing Projects Only:			
Homebuyer Photo Identification			
Homebuyer Income Certification or Memorandum of Income (include 2 Months Paystubs AND 3 Months Bank Statements)			
Copy of Sales and Purchase Contract			
Copy of Warranty Deed to Homebuyer			
Copy of Certificate of Occupancy (issued by City Building Department)			

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

Reviewed by HCD Staff

Date

Approved by HCD Staff

Date

COMMENTS: _____

