



Department of Housing & Community Development
Post Office Box 490—Station 22
Gainesville, FL 32627-0490
Ph. (352) 393-8565
wachteljs@gainesvillefl.gov

Request for 2025 Affordable Housing Development Grant

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.
2. Applications must be submitted and received by 9:00 a.m. (local time), Monday, February 10, 2025. 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. The City **WILL NOT** accept applications submitted late, by mail, or by 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 for this grant must complete and submit the Project Summary JotForm which can be accessed by clicking on the following link: <https://form.jotform.com/243655068016154>
7. Applicants for this grant may be required to present the project, either virtually or in-person.
8. Applicants are advised to review the Gainesville SHIP Local Housing Assistance Plan (LHAP) <https://www.gainesvillefl.gov/files/assets/public/v/1/housing-amp-community-development/documents/city-of-gainesville-2023-2026-lhap-final.pdf> before completing the application process. Strategies C and F of Section II are particularly applicable.
9. Funding awards may be subject to approval by the City Commission and are based on funding availability.
10. The City reserves the right to reject any and all applications.

Organization/Business Information

- 1) **Organization/Business Name:**
- 2) **Organization/Business Address (City, State, Zip):**
- 3) **Type of Organization/Business:** For Profit Non-Profit Gov. 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/Business Contact Person and Title:**
- 9) **Telephone:** _____ **Email Address:** _____

Development Project Information

1. **Project Name:**
2. **Project Location/Address:**
3. **Project size in acres:**
4. **Total number of units:**
5. **Describe the project in detail (use number of units, not percentages). Attach additional sheets if necessary. What is the mix of affordable and market rate units? What is the mix of single-family and multiple-family units? What is the mix of rental and for-sale units? What are the building heights, in stories?**
6. **How long is the Affordability Period and how will it be enforced? (NOTE: must be at least 10 years for ownership units, and at least 15 years for rental units)**
7. **Have you completed a First Step Meeting with the City's Department of Sustainable Development?** Yes, comments attached Scheduled for _____
(First Step Meeting must be completed before final approval of grant request)

Project Funding Information

Important Notes:

- City funding for this grant is provided only as reimbursement.
- SHIP funding for this grant must be expended by certain dates. See Exhibit B of the City’s LHAP.
- Maximum funding is \$25,000 per affordable rental unit.
- Maximum funding is \$50,000 per affordable single-family unit for first-time homebuyers.

1) Total Project Costs:

2) Total City Funding Requested:

How much, on a per unit basis, for rental units?

How much, on a per unit basis, for single-family first-time homebuyer units?

3) Total Project Funding Sources:

Funding Source	Amount
City funds for Affordable Rental Housing	
City funds for Affordable SF 1 st Time Homebuyer Housing	
TOTAL	

(Please list all funding sources--must equal total project costs listed #1 above)

4) What happens to this project if the City does not fund it, or funds it at a level lower than requested?

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
A.	Detailed narrative of proposed project.	<input type="checkbox"/>
B.	Documentation to support property ownership or site control (i.e. Warranty Deed, Trust Deed or Letter of Intent to Acquire Property).	<input type="checkbox"/>
C.	Alachua County Tax Collector's receipt for most recent taxes paid on proposed projects.	<input type="checkbox"/>
D.	Map of the proposed development area.	<input type="checkbox"/>
E.	Development costs plan.	<input type="checkbox"/>
F.	Site Plan.	<input type="checkbox"/>
G.	Preliminary drawings of elevations and floorplans.	<input type="checkbox"/>
H.	Development timeline for the project.	<input type="checkbox"/>
I.	Project rent limits and/or sale prices.	<input type="checkbox"/>
J.	A copy of the Applicant's most recent audit and/or certified financial statement.	<input type="checkbox"/>
K.	Copies of commitment and support letters from financial institutions and partnering organizations.	<input type="checkbox"/>
L.	Summary of how the project will be marketed, how the project will find tenants/homebuyers, and how the project will reach out to the local community.	<input type="checkbox"/>
M.	A list of paid staff (full and/or part time) that will have responsibility for the proposed project including job titles, summary of housing development experience, and summary of project duties.	<input type="checkbox"/>
N.	A list of all housing developments completed since 2014.	<input type="checkbox"/>
O.	If applicable, up to 5 references from Local Governments that provided the Applicant with funding for housing developments that have been completed.	<input type="checkbox"/>