# Gainesville

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

wachteljs@gainesvillefl.gov

# REQUEST FOR A \$37,500 GRANT FOR A LOCAL GOVERNMENT CONTRIBUTION FOR AFFORDABLE RENTAL HOUSING DEVELOPMENT PURSUANT TO RFA 2024-205 (SAIL)

## **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 5:00 p.m. (local time), Tuesday, May 21, 2024. 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 by mail or FAX.
- 4. All signatures within an application packet must be in <u>blue ink</u>; and <u>all attachments must be</u> 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 Department Website.
- 7. Applicants for this grant <u>may be required</u> to present the project (in-person) to the City's Affordable Housing Advisory Committee on <u>Tuesday, May 28, 2023 at 6:00 p.m.</u> (meeting date is subject to change).
- 8. Funding awards may be subject to approval by the City Manager and/or 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 Yea             | ar:            |                     |  |  |
| 6) | Number of Staff Employed (full time equ             | iivalents):    |                     |  |  |
| 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)                              | <ul> <li>Project Development Activity (check all applicable activity):</li> <li>         ☐ Multi-Family Rental ☐ Supportive Housing</li> <li>         ☐ Single Room Occupancy ☐ Other:</li> </ul> |                          |                 |              |           |              |             |                |
| 4)                              | Demographic Commitment per RFA 2024-205:  Family Elderly (if Elderly, what is minimum age?)   |                          |                 |              |           |              |             |                |
| 5)                              | 5) Project Type: New Construction Rehabilitation Other:   |                          |                 |              |           |              |             |                |
| 6)                              | 6) Building Type: Single-Family Detached Duplexes Townhouses Mid-Rise, 4 story Mid-Rise, 5-6 Story High-Rise  |                          |                 |              |           |              |             |                |
| 7)                              | Total Units BE  | EFORE and A              | <u>AFTER</u> Co | onstruction/ | Rehab/Red | levelopment  | t <b>:</b>  |                |
|                                 | Number of<br>Units  | Single Room<br>Occupancy | 1 Bedroom       | 2 Bedroom    | 3 Bedroom | 4 Bedroom    | Other:      | Total<br>Units |
|                                 | Total Units BEFORE Development (Existing)   |                          |                 |              |           |              |             |                |
|                                 | Total Units  AFTER  Development   |                          |                 |              |           |              |             |                |
| 8)                              | Have you comp<br>Development?   |                          | -               | _            |           | artment of S | Sustainable | ę              |

# **Project Funding Information**

| Funding Source                       | Amount                                       |
|--------------------------------------|--|
| Local Government Contribution        | \$ 37,5                                      |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
| TOTAL                                |  |
| (Please list all funding sourcesmust | t equal total project costs listed above #1) |

| 1) Project Primary Target Market [Househo                                       | old Area Median Income (AMI)]:   |  |  |
|---|--|--|--|
| <ul><li>□ Extremely Low (30% or less AMI)</li><li>□ Low (51%-80% AMI)</li></ul> | <ul><li>☐ Very Low (31% - 50% AMI)</li><li>☐ Moderate (&gt; 80% AMI)</li></ul> |  |  |

#### 2) 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 <u>AFTER</u> Development in #7, Project Development Information.

**Project Rental Information** 

#### **Income Levels:**

| Income Group             | Number of Units |
|--------------------------|-----------------|
| (Area Median Income-AMI) |                 |
| 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**

| a) Employees of, or related to employees of, the City of Gainesville?  Yes No be Members of, or related to Members of the Gainesville City Commission?  Yes No commission of the program for which funds are requested, either as clients or as paid providers of good services?  Yes No  Services?  Yes No services?  Yes No services?  Yes No services of good services?  Yes No services of the program for which funds are requested, either as clients or as paid providers of good services?  Yes No service | Are there any officers or employees of the organiza<br>business or partnership associates, who will be invo   | ion or members of their immediate families, or their ved with conducting this project and are:                               |  |  |
|--|---|--|--|--|
| a potential conflict of interest does not necessarily make the project ineligible for funding, but the existe an undisclosed conflict may result in the termination of any funding awarded. The disclosure statement m 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 C Gainesville to contact and receive information from my agents, financial institutions or other organizations.  | b) Members of, or related to Members of the Gaine<br>c) Beneficiaries of the program for which funds are      | esville City Commission? Yes No  |  |  |
| Gainesville to undertake the necessary actions to verify the information supplied. Further, I give permission for C<br>Gainesville to contact and receive information from my agents, financial institutions or other organizations.   | a potential conflict of interest does not necessarily<br>an undisclosed conflict may result in the terminatio | make the project ineligible for funding, but the existence of<br>on of any funding awarded. The disclosure statement must be |  |  |
|  |   |  |  |  |
| Signature of Applicant Date  | Gainesville to contact and receive information from my ag   | rents, financial institutions or other organizations.  |  |  |
|  | Signature of Applicant  | Date   |  |  |
| Print Name of Applicant and Title 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.   |   |         |                |  |
| Ε. | Map of the proposed development area.   |   |         |                |  |
| F. | Development costs plan.   |   |         |                |  |
| G. | Site Plan.  |   |         |                |  |
| Н. | 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). |   |         |                |  |
| О. | 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.   |   |         |                |  |