

# **ATLANTA DEVELOPMENT AUTHORITY**

## **HOMELESS OPPORTUNITY FUND APPLICATION**

**This package includes:**

Program Guidelines

Application

***HOMELESS OPPORTUNITY FUND APPLICATION***

## **Part I. Program Guidelines**

### **Purpose of the Program**

The Purpose of the Homeless Opportunity Fund (“HOF”) is to assist the City in its effort to end long-term homelessness and help the homeless regain a stake in the community.

### **Measurement of Success**

Success of the program will be measured by (1) the expansion of the number of supportive housing units in the City as measured by units produced; (2) reductions in the number of chronically homeless persons as measured by the annual census; (3) the reduction in justice and healthcare system resources directly attributable to homeless persons entering supportive housing; (4) reductions in the number of homeless in Atlanta as measured by the annual census; (5) increases in the employment rate of persons in supportive housing; and (6) overall cost-benefit considerations.

### **Eligible Projects**

The HOF will be used as grant funding for the following types of projects:

1. Service Assisted Housing (Permanent Supportive Housing)
2. Assessment Centers for Women and Children (Shelters)
3. Public Toilets
4. Any other homeless-related facility that is consistent with the 10 Year Plan to End Homelessness and/or the goal of ending long-term homelessness.

### **Use of Funds**

HOF monies can only be applied to Capital Costs and can only be used as grants. Capital Costs are depreciable costs incurred to acquire, construct or improve land, buildings and equipment. Applicants are encouraged to be creative in how the funds will be used within the financial structure of a particular project. To the extent savings in debt costs are used to subsidize supportive services, the Atlanta Development Authority (“ADA”) will favor projects with little or no debt. Funding is limited to projects located within the city limits of Atlanta.

### **Priorities/Principles for Funding Decisions**

1. Program Purpose. All projects must help the city achieve the purpose of the program as defined above.
2. Long Term Homelessness. ADA shall give preference to projects dedicated to serving the chronically homeless.
3. Measurement of Success. ADA will give priority to projects based on the extent to which they help achieve the measures of success outlined above.
4. Cost Effectiveness. ADA will give priority to those projects that maximize the “measurement of success” while minimizing the amount of HOF funds used.
5. Project Readiness. HOF funds must be spent within 3 years of bond issuance. Thus, ADA will give priority to projects that demonstrate an immediate ability to move forward. ADA will consider such factors as site control, zoning approvals, and status of other funding sources needed for a successful project to determine project readiness.
6. Development Timetable. All funds will be distributed pursuant to a defined development timetable. Should the development timetable not be met, the related grant or award will

lapse and funds previously committed to projects shall be released for other eligible Homeless Opportunity Fund projects.

7. **Financial Leverage.** HOF funds are “gap funds” and should supplement other funding sources. Thus, ADA will give priority to those projects that maximize the use of other funding.
8. **Successful Operations.** All projects must demonstrate the ability to operate successfully. ADA will give preference to proven program operators.
9. **Long-term Operations.** ADA will give preference to projects that commit to a specified period of operation. It is the expectation that supportive housing projects shall commit to 15 years of operations.
10. **Service Plan.** Assessment centers and supportive housing developments must have a service plan that will meet the needs of the residents i.e., for employment.
11. **Quality.** Projects must demonstrate high quality construction and shall complement surrounding neighborhoods.
12. **Small scale development/mix of housing.** Stand-alone supportive housing projects should have no more than 40 units. Where supportive housing units are mixed within larger residential developments, no more than 20% of the total units should be dedicated to permanent supportive housing.
13. **Preference for facilities accommodating women and children.** ADA shall give preference to projects dedicated to serving homeless women and children.

### **Application Process**

ADA will use the following process for reviewing and considering applications for funding from the HOF.

1. Applications are submitted to ADA for consideration.
2. ADA internal staff will review and make recommendations based on financial and operational feasibility.
3. Applications will be forwarded to the Opportunity Bond Committee of the Commission on Homelessness for review and recommendation focusing on services provided and compatibility with the Commission’s ten year plan.
4. Review and approval by the HOF Committee of the ADA Board of Directors.
5. Execution of Funding Agreement. Distribution of funds per the approved budget.

### **Explanation of Terms**

#### **1. Assessment Centers for Women and Children**

Centers which provide 90 days of shelter staffed to help participants identify issues that contribute to the long-term homelessness of women and children and develop individual service plans that lead to permanent housing. The plans include transfer to either transitional housing, private sector affordable housing or permanent service assisted housing. Short term stability that leads to permanent housing is the goal of this form of shelter.

#### **2. Service Assisted Housing**

This housing combines decent, safe, affordable apartments with individualized support services and assistance with employment. It is designed to reintegrate long-term homeless individuals and families with severe and prolonged mental illness, chronic chemical dependence, developmental disabilities, and chronic unemployment into the community by addressing their basic needs for housing and ongoing support. It is

designed to decrease the residents' use of public emergency services—hospitals, police, jails and courts.

**3. Severe and Prolonged Mental Illness**

The person has a substantial history of a serious psychiatric disorder that has required:

- a) Recent psychiatric hospitalization; or
- b) Multiple or lengthy psychiatric hospitalizations in the past; or
- c) Extensive community treatment and support services over a sustained period time; or
- d) The person exhibits signs and symptoms of a psychiatric disorder of sufficient severity to cause a current disturbance in several areas of role performance.

**4. Chronic Chemical Dependence**

The person has a substantial history of at least one year of physiological dependence upon mood altering chemicals, with or without prior treatment episodes, to the extent that the dependence interferes significantly with social, economic and/or physical functioning.

**5. Developmental Disabilities**

The term developmental disability means a severe, chronic disability of an individual five years of age or older that:

- a) Is attributable to a mental or physical impairment or combination of mental or physical impairments;
- b) Is manifested before the individual attains age 22;
- c) Is likely to continue indefinitely;
- d) Results in substantial functional limitations in three or more of these areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and
- e) Reflects the individual's need for a combination and sequence of special interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children, means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

**6. Chronic Unemployment**

The person has a substantial history of unemployment that demonstrates a lack of job readiness/preparation and/or marketable skills sufficient to meet income needs for safe and secure housing and/or is in recovery from addiction.

**7. Long Term Homelessness**

Long term homelessness is when a person or family has been homeless for more than one year and only when the person or family resides in one of the places described below:

- a) Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- b) An emergency shelter;
- c) Transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter; or
- d) Any of the above places but is spending a short time (up to 30 consecutive days) in a hospital, or other institution.

## **Part II Application Fee**

A **non-refundable** Application Fee of **\$250.00** must accompany each Application. Check should be made payable to the **Atlanta Development Authority**.

## **Part III. Receipt of Applications**

The applicant must submit **two copies of the Application** in three ring binders with content, formatting, and pagination identical to that of the attached Application. Only complete Applications will be accepted and they will be accepted only at the Atlanta Development Authority, 86 Pryor Street, SW, Suite 300, Atlanta, Georgia 30303-3131. The signature page of this application must bear original signatures. Applications should be delivered to the attention of the Project Manager, Homeless Opportunity Fund.

## **Part IV. Review of Applications for Completeness**

### **A. Applications must be complete.**

An application must be complete, as determined by ADA in its sole discretion, based on the requirements in this Program Description and the attached Application. An application will be considered received only when it is complete.

### **B. Responsibility for complete and current information.**

It is the sole responsibility of the applicant to submit a complete application with current information. ADA reserves the right to request additional information or documentation as needed to complete the application assessment.

## **Part V. Review Process**

- A. Only complete applications will be considered for available funding. Applications in each category will be evaluated and projects will be induced until the total amount of funding available is exhausted.

**Part VI. Document Order**

All documents must be submitted in the order shown below:

**TAB A     Applicant Information**

**TAB B     Project Information**

**TAB C     Project Financing/Development Budget**

**TAB D     Ability to Proceed**

**TAB E     Experience of Project Team/Project Schedule**

**TAB F     Application Certification/Signatures**

**For more information contact:**

**Lonnie Smith, Program Manager, Homeless Opportunity Fund  
(404) 614-8306**

# **ATLANTA DEVELOPMENT AUTHORITY**

## **Homeless Opportunity Fund Program**

### **Application**

**Submit Two (2) Copies in 3 ring binders to:**

Atlanta Development Authority  
Attn: Project Manager, Homeless Opportunity Fund Program  
86 Pryor Street, SW, Suite 300  
Atlanta, Georgia 30303

**ATLANTA DEVELOPMENT AUTHORITY**

**APPLICATION FOR  
HOMELESS OPPORTUNITY FUND**

**NAME OF PROPOSED PROJECT:** \_\_\_\_\_

**TAB A - APPLICANT INFORMATION**

A. Name of Applicant: \_\_\_\_\_

B. Address of Applicant: \_\_\_\_\_

C. Designated Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

D. Ownership Entity Name: \_\_\_\_\_

**Legal Form:**

For-Profit Corporation

Not for Profit Corp.

Limited Partnership

**E. Project Team**

**Social Services Provider:**

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Manager:**

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect:**

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Physical Needs Assessment Firm:**

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor:**

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Attorney:**

Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**TAB B - PROJECT INFORMATION**

A. Name of Project: \_\_\_\_\_

B. Property Address: \_\_\_\_\_

C. Census Tract: \_\_\_\_\_ Council District: \_\_\_\_\_

D. NPU: \_\_\_\_\_ Direct Access to mass transit? \_\_\_yes \_\_\_no

E. 1. Funding Uses - Choose all that apply:

Acquisition                  Conversion                  Furniture/Fixtures/Equipment

New Construction    Rehabilitation                  Soft Costs/Financing Costs

2. Narrative Description of Use of Funds (1 page limit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If acquisition and/or rehabilitation were selected, is the project occupied?

No\_\_\_\_ Yes\_\_\_\_

If yes, describe relocation plans.

\_\_\_\_\_  
\_\_\_\_\_

Total Hard Rehabilitation or Conversion Costs \_\_\_\_\_ Total # Units \_\_\_\_\_

F. Total Project Composition:                  Number                  Percent

\*Total Residential Units:                  \_\_\_\_\_                  \_\_\_\_\_

\*Targeted Service Assisted Units:                  \_\_\_\_\_                  \_\_\_\_\_

\*Market Rent Units:                  \_\_\_\_\_                  \_\_\_\_\_

Commercial/Retail (square footage): \_\_\_\_\_

\*Indicate total # of Beds if the project is an Assessment Center

G. Manager/Employee Units: Are there one or more manager or employee units in the Project?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Unit Type(s): \_\_\_\_\_

H. Breakdown of Targeted Service Assisted units by square footage and monthly rent charged.

# of Bedrooms	# of Baths	Square Feet Per Unit	# of Units Per Bedroom Type	Total # of Beds (only if rented per bed)	Monthly Rent for Target Population	Percent of Units For Target Population
<b>TOTALS</b>						

J. Services to be Provided.

1. Identify the targeted homeless population to be served (see definitions)
2. Indicate below all social services that will be provided. Detailed narrative descriptions of the Service Plan and sources of funding are to be included in an attachment directly behind Tab B.

	<u>Yes</u>	<u>On Site?</u> <u>Yes</u> <u>No</u>
General Supportive Services		
Independent Living Skills		
Health/Medical Services		
Mental Health Services		
Chemical Dependency Services		
Development Disabilities Services		
Vocational Services		
Other Services for Women with Children		
Case Management Services		
Representative Payee		
Training in Activities of Daily Living		
Other Services for Women with Children		

24/7 Crisis Intervention

Other \_\_\_\_\_

3. Identify the services provided by other organizations in the community. Attach a letter from each organization describing their agreement to provide services to the residents.

4. List any accreditation or certification maintained by the organization providing services.

K. Indicate how the project will identify eligible residents, the eligibility criteria that will be used, and sources of referral that will be used.

L. Project Amenities.

1. Indicate below all tenants activities and physical amenities that will be provided. Detailed narrative descriptions may be included in an attachment directly behind Tab B.

	<u>Yes</u>	<u>No</u>
Daycare Facility		
Community/Meeting Room		
Central Laundry Facility		
Counseling Rooms		
Service Provider Offices		
Other Meeting Rooms		
Tot Lots		
Fitness Room		
Business/Computer Center with Internet Access		
After School Program for Children		
Immediate Access to Mass Transit		
Other (Specify)		

\_\_\_\_\_

M. Project Buildings

1. Give number of buildings with dwelling units: \_\_\_\_\_

2. Total number of buildings in Project: \_\_\_\_\_

3. Describe all non-residential buildings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

N. Project Design. Check the one design that best describes this Project:

Garden Apartments

Mid Rise

Conversion

Townhouses

Single Family Detached

Lofts

Other: \_\_\_\_\_

O. Project Size. Identify total acreage, and units per acre, of entire Project:

\_\_\_\_\_

**TAB C - PROJECT FINANCING / PROPOSED STRUCTURE**

	Acquisition	New Construction/ Rehabilitation/ Conversion	Furniture/ Fixtures and Equipment	Soft Costs/ Financing Costs	TOTALS
Homeless Opportunity Bonds					
Tax Exempt Bonds/ Conventional Loan					
Low Income Housing Tax Credits					
CDBG/HOME/ HOPWA/Other HUD Funding					
Federal Home Loan Bank (AHP)					
Private Donations					
Other _____					
<b>TOTALS</b>					

\* Explain below whether the funds have been committed, or are being sought in a future funding cycle.

Explanation of HOME, CDBG, TAD, TAX CREDITS, AHP, Hud Continuum of Care, HOPWA, or other funding.

\_\_\_\_\_

If HOME, CDBG, TAX CREDITS, AHP, Hud Continuum of Care, HOPWA and/or other funding is shown as already committed, attach a letter or executed contract from the appropriate governmental entity detailing the commitment, including the dollar amount, source of funding, conditions of funding (including income and/or rent restrictions), whether the funding is a loan or a grant, and if a loan, the interest rate, loan term, amortization, and payback schedule. Attach the letter(s) under Tab C.

B. If HOME, CDBG, TAX CREDITS, AHP, HUD Continuum of Care, HOPWA and/or other funding is shown and is not firmly committed, attach an explanation of how the development will be completed without those funds. This includes funds needed to complete public improvements such as sewer lines, streets and sidewalks. Attach the explanation under Tab C.

Is the Applicant able to complete the project if those funds are not received?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Rental Assistance.

1. Are Housing Choice Project Based Vouchers anticipated for this Project?

No \_\_\_\_ Yes \_\_\_\_ If yes, specify number of units to be requested \_\_\_\_\_.

Status of Request \_\_\_\_\_

2. Are Shelter Plus Care Certificates anticipated for this project?

3. Are Supportive Housing Subsidies (SHP) from the HUD Continuum of Care Grant anticipated in this project.

4. Describe other source of rental assistance \_\_\_\_\_.

D. Current Project Debt

1. Is there current debt associated with the project? Yes \_\_\_\_ No \_\_\_\_

Loan Balance(s): \_\_\_\_\_ Monthly Debt Service \_\_\_\_\_

Remaining Term: \_\_\_\_\_ Describe source of revenue anticipated to service this debt  
\_\_\_\_\_

E. New Primary Lender Information

Lender: \_\_\_\_\_

Term: \_\_\_\_\_ Rating: \_\_\_\_\_ Loan Amount Requested \_\_\_\_\_

Loan Status \_\_\_\_\_

Describe source of revenue anticipated to service this debt.

- F. A copy of the signed Commitment Letter from the above lender, including a contact person's name, address and telephone number and credit underwriting standards, must be attached under Tab C. A Final Commitment letter must be provided prior to approval of the Project.

**CHANGES TO THE PROPOSED FINANCING STRUCTURE AFTER SUBMISSION MAY RESULT IN LOSS OF PRIORITY DUE TO UNREADINESS TO PROCEED.**

- G. A copy of the signed Service Agreement with the Services Provider must be provided under Tab C.
- H. Economic Feasibility of the Project. A complete development budget must be attached under Tab C and include, at a minimum, the following:
  - 1. Detailed Sources and Uses
  - 2. Project rental rates
  - 3. Service Assisted rental rates if no subsidy is available
  - 4. Project income available to pay the cost of services.
  - 5. Annual Operating Budget/Source of Funding
  - 6. 15 Year Detailed Proforma
  - 7. Detailed Total Development Cost
  - 8. Amount of Grant requested
  - 9. Detailed construction/rehabilitation budget
  - 10. Detailed Service Budget
- I. Measures of Success. Describe how the project will capture data that shows the cost benefit of the project. This must include data on the \$\$ value of public resources saved in the justice and healthcare systems.

**TAB D - ABILITY TO PROCEED**

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Project.

A. Site Control

Site Control must be demonstrated by the Applicant and documentation should be included under TAB D. At a minimum, an Option Agreement to Purchase must be held by the Applicant for the proposed site. Site control may be evidenced by:

\_\_\_\_\_ Option Agreement/Contract for Purchase & Sale

\_\_\_\_\_ Recorded Certificate of Title

\_\_\_\_\_ Recorded Deed

\_\_\_\_\_ Long-Term Lease: If site control is demonstrated by long-term lease, a copy of the executed lease must be provided. The lease may be contingent only upon the receipt of financing.

IMPORTANT: If title to the property is not held by the Applicant, a fully executed, enforceable contract for purchase and sale or assignment of contract must be provided which obligates the seller or assignor to transfer the site to the Applicant contingent ONLY upon approval of the project. If site control is evidenced by contract for purchase and sale, the Authority may give preference to those contracts that evidence ability to extend.

B. Zoning and Land Development Regulations

1. a. Is the site appropriately zoned for the proposed Project? No \_\_\_ Yes \_\_\_\_\_

b. Indicate zoning designation(s): \_\_\_\_\_  
Variance Required? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain reason and status.

\_\_\_\_\_  
\_\_\_\_\_

c. Zoning permits \_\_\_\_\_ units per acre, or \_\_\_\_\_ for the site (PUD)

d. Total Number of Units in Project: \_\_\_\_\_

2. Applicant must provide a letter from the appropriate local government official that the Project is consistent with zoning and land development regulations regarding density and intended use.

3. If new construction, applicant must provide a letter from the appropriate local government official regarding availability of utilities.

C. Site Plan

1. Has the preliminary or conceptual site plan been approved by the City of Atlanta?  
Yes \_\_\_\_ No \_\_\_\_  
Attach copy of the site plan is attached. Attach copy of map indicating location of project.
2. If formal site development process is underway, provide Application # \_\_\_\_\_.  
Date submitted (or to be submitted) to the City \_\_\_\_\_.
3. Rehabilitation: Pre-construction analysis/detailed unit by unit scope of work prepared by a third party must be provided.

D. Environmental Safety:

1. If new construction or conversion of a building not previously used as residential, applicant must provide a Phase I environmental report. A Phase II report will be required if recommended in Phase I.
2. Has the property ever been used for storage of hazardous or toxic materials?  
No \_\_\_\_ Yes \_\_\_\_
3. Are there any potential environmental hazards? No \_\_\_\_ Yes \_\_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

E. Concurrency

Attach a letter or other certification from the local government or provider certifying the availability of infrastructure (electricity, water, sewer capacity, roads, etc.) and capacity for the proposed Project. Letters must be Project-specific and dated within three (3) months of the date of the Application.

F. Commitment to Non-Discrimination

1. The Homeless Opportunity Fund seeks applicants who are committed to the practice of non-discrimination in the selection of the development team members and the procurement of subcontractors and suppliers.
2. Describe below the applicant's Minority Business Enterprise Opportunity Program.

\_\_\_\_\_  
\_\_\_\_\_

## **TAB E – PROJECT TEAM EXPERIENCE**

The past performance record of the Project team (which consists of Applicant, Management Agent, Service Provider, General Contractor, Physical Needs Assessment Firm, Architect/Engineer) will be carefully reviewed.

1. Experience of Applicant.

Name: \_\_\_\_\_

- a. Fill out the attached chart.
- b. Provide copies of financials for the last two years, one of which must be audited.
- c. Has the Applicant, or any of the principals of the Applicant been associated with any development that has gone into default or given “troubled project” status?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, attached a detailed explanation of the situation(s) and resolution(s).
- d. Has the Applicant or any principal of the Applicant been involved in any legal proceedings in the last three (3) years to include bankruptcy, judgments, tax liens, etc.  
If yes, attach a detailed explanation.

2. Experience of Service Provider. Name: \_\_\_\_\_

- a. Fill out the attached chart.

3. Experience of the Management Agent. Name: \_\_\_\_\_

- a. Fill out the attached chart.
- b. Has the Management Agent, or any of the principals of the Management Agent been associated with any development that has gone into default or given “troubled project” status? Yes \_\_\_\_ No \_\_\_\_  
If yes, attached a detailed explanation of the situation(s) and resolution(s).
- c. Has the Management Agent or any principal of the Management Agent been involved in any legal proceedings in the last three (3) years to include bankruptcy, judgments, tax liens, etc. If yes, attach a detailed explanation.

4. Experience of General Contractor. Name: \_\_\_\_\_

- a. Fill out the attached chart.  
Attach executed construction contract under Tab E.
- b. Has the General Contractor or any principal of the General Contractor been involved in any legal proceedings in the last three (3) years to include bankruptcy, judgments, tax liens, etc. If yes, attach a detailed explanation.

1. Experience of Physical Needs Assessment Firm.

Name: \_\_\_\_\_

- a. Fill out the appropriate attached chart.  
Attach executed contract under Tab E.

6. Experience of Architect or Engineer. Name \_\_\_\_\_

- a. Fill out the appropriate attached chart.  
Attach executed contract under Tab E.

H. Construction/Rehabilitation Period \_\_\_\_\_ months. A projected construction schedule must be included under Tab D. This construction time line must describe the time frames and critical dates for financing, completion of plans and specifications, permitting, and construction of buildings and amenities.

I. Proposed Project Schedule

<u>ACTIVITY</u>	<u>DATE</u>
<b>HOMELESS OPPORTUNITY COMMITTEE APPROVAL</b>	_____
<b>FINALIZE SITE PLANS &amp; ARCHITECTURAL DRAWING</b>	_____
<b>FINALIZE CONSTRUCTION BUDGET</b>	_____
<b>SECURE ALL NECESSARY LOCAL APPROVALS</b>	_____
<b>OBTAIN FIRM LENDER COMMITMENT(S)</b>	_____
<b>CLOSING</b>	_____
<b>START CONSTRUCTION OR REHABILITATION</b>	_____
<b>COMPLETE CONSTRUCTION OR REHABILITATION</b>	_____
<b>START LEASE-UP</b>	_____
<b>PROJECT STABILIZATION</b>	_____



## EXPERIENCE OF SERVICE PROVIDER

Name: \_\_\_\_\_

<b>Social Service Title</b>	<b>Staffing Level</b>	<b>Staff Ratio to Program Participants</b>	<b>Education Required</b>	<b>% Time To Be Dedicated to Target Residents</b>	<b>Funding Source</b>
<b>Case Managers</b>					
<b>Residential Aids</b>					
<b>Vocational Counselors</b>					
<b>Job Developers</b>					
<b>Substance Abuse Professionals</b>					
<b>ADL Specialists</b>					
<b>Peer Counselors</b>					
<b>Supervisors/Team Leaders</b>					

ATTACH ADDITIONAL SHEETS IF NECESSARY

## **EXPERIENCE OF MANAGEMENT AGENT**

Name: \_\_\_\_\_

<b>Project Name/Location</b>	<b># of Units</b>	<b># Assisted Units</b>	<b>Source of Project Funding</b>	<b>Period Managed</b>

ATTACH ADDITIONAL SHEETS IF NECESSARY

## **EXPERIENCE OF GENERAL CONTRACTOR**

Name: \_\_\_\_\_

<b>Project Name</b>	<b>Location (City, State)</b>	<b># of Units</b>	<b>New Const. or Rehab</b>	<b>Design Type</b>	<b>Year Completed</b>

ATTACH ADDITIONAL SHEETS IF NECESSARY

**EXPERIENCE OF PHYSICAL NEEDS ASSESSMENT FIRM**

Name: \_\_\_\_\_

<b>Project Name</b>	<b>Location (City, State)</b>	<b># of Units</b>	<b>Design Type</b>	<b>Year Completed</b>

ATTACH ADDITIONAL SHEETS IF NECESSARY

## **EXPERIENCE OF ARCHITECT OR ENGINEER**

Name: \_\_\_\_\_

<b>Project Name</b>	<b>Location (City, State)</b>	<b># of Units</b>	<b>New Const. or Rehab</b>	<b>Design Type</b>	<b>Year Completed</b>

ATTACH ADDITIONAL SHEETS IF NECESSARY

**MINORITY/WOMEN BUSINESS ENTERPRISES**

<b>Company Name</b>	<b>Address</b>	<b>Phone #</b>	<b>Contact Person</b>	<b>Type of Work</b>

**TAB F - CERTIFICATION (Original Signatures Required)**

The undersigned Applicant certifies that the information in this Application is true, correct and authentic.

THE APPLICANT FURTHER ACKNOWLEDGES HAVING READ THE APPLICABLE PROGRAM GUIDELINES AND ACKNOWLEDGE HAVING READ THE INSTRUCTIONS FOR COMPLETING THIS APPLICATION.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESENTS THAT HE OR SHE HAS THE AUTHORITY TO BIND THE APPLICANT AND ALL INDIVIDUALS AND ENTITIES NAMED HEREIN TO THIS WARRANTY OF TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION.

THE APPLICANT ACKNOWLEDGES THAT THE INVITATION TO SUBMIT AN APPLICATION DOES NOT CONSTITUTE A COMMITMENT TO FUND THE PROPOSED PROJECT.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name and Title (typed or printed)

\_\_\_\_\_  
Witness Name (typed or printed)