

# FY 2019 CDBG/HOME REQUEST FOR PROPOSAL EVALUATION CRITERIA AND APPLICATION

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Applications will be reviewed and scored based on the following four evaluation criteria. Each criterion is assigned a maximum number of points as shown below.

Criterion 1 Demonstration of Need	0 – 20 Points
Criterion 2 Project Preparation	0 – 25 Points
Criterion 3 Management Capacity and Real Estate Experience	0 – 25 Points
Criterion 4 Capacity for Project Financing and Leveraging	0 – 30 Points
<b>TOTAL</b>	<b>0 – 100 Points</b>

# FY 2019 CDBG/HOME EVALUATION CRITERIA

## 1. DEMONSTRATION OF NEED

**Maximum Points Possible: 20 Points**

Proposal indicates which Consolidated Plan and Housing Blueprint objectives the applicant's project is designed to meet. All households must be low-income households (at or below 80% AMI), but proposal specifically focuses on the Consolidated Plan Housing Objectives #1, #2 or #3 by providing housing units to: homeless individuals and families; persons with physical or mental disabilities, including persons with HIV/AIDS; or households with very low- to extremely low-incomes, including low-income working families and other special needs populations. Very low-income is defined as at or below 50% of AMI, extremely low-income is defined as at or below 30% AMI, and special needs includes populations such as very low-income elderly, and victims of domestic violence.

Category	Guidance	Points Available
Target Population	Proposal clearly describes the targeted population to be served and explains how their needs will be served through this project.	0 to 5
Target Household AMI	All households served must be at or below moderate income (80% or below AMI).  Higher Points: 50% or below AMI  Highest Points: 30% or below AMI	0 to 5
Special Needs Population	Project will serve a special needs population.	0 to 5
Supportive Services	Project provides for supportive services.	0 to 5
	<b>Total</b>	<b>0 to 20</b>

## 2. PROJECT PREPARATION

**Maximum Points Possible: 25 Points**

Proposal provides evidence that the applicant is knowledgeable about housing in the proposed project area and has identified (or will identify) possible sites. Applicant will complete the acquisition and/or rehabilitation of the project and be fully leased up within 24 months from the date of the FCRHA grant award at the very latest.

Category	Guidance	Points Available
Housing Knowledge in Targeted Area	Proposal shows that applicant is knowledgeable about housing in proposed project area(s)/ neighborhood including extent of concentration of low-income residents and concentration of affordable housing.	0 to 5
Project Completion Timeline	Proposal provides evidence that project will be completed and fully leased up within 24 months from the date of the FCRHA grant award.  Highest Points: Complete the acquisition and/or rehabilitation by April 30, 2019, and be fully leased up within 6 months from the date of the FCRHA grant award.	0 to 5
Site Identification	Applicant has identified a potential project site (address, tax parcel ID)  Highest points: Signed contract.	0 to 5
Plan for Acquisition and/or Rehabilitation	Applicant has a plan for acquisition and/or rehabilitation.	0 to 5
Financing Commitment	Primary project financing commitments have been identified.  Highest Points: Applicant's first lender has provided a pre-approval letter demonstrating that applicant can likely secure additional project financing. Between the first trust and any additional equity or other financing secured by the applicant, all other non-CDBG and HOME project financing sources have been identified in writing.	0 to 5
<b>Total</b>		<b>0 to 25</b>

### 3. MANAGEMENT CAPACITY AND REAL ESTATE EXPERIENCE

**Maximum Points Possible: 25 Points**

Proposal demonstrates organizational capacity to successfully complete project activities and its objective(s), from acquisition and/or rehabilitation through lease up, and presents how the project will be accomplished within the specified time period. Applicant will complete the acquisition and/or rehabilitation of the project and be fully leased up within 24 months from the date of the FCRHA grant award at the very latest.

Category	Guidance	Points Available
Organizational Experience in Owning and Managing Real Estate	Proposal demonstrates successful track record as evidence of adequate organizational experience in owning and managing real estate. If the non-profit applicant does not have an established track record, the organization is partnered with another non-profit organization with applicable experience.	0 to 5
Staff Experience	Description of staff involved and their expertise as it pertains to project activities.	0 to 5
Acquisition/Rehabilitation and Rental Management Plan	<p>Proposal presents a clear and reasonable acquisition/rehabilitation and rental management plan for how to accomplish project goals, including a realistic plan for lease-up, and describes prospective sources of eligible tenants.</p> <p>Higher Points: Complete the acquisition and/or rehabilitation by July 31, 2019 and be fully leased-up within 9 months from the date of the FCRHA grant award.</p> <p>Highest Points: Complete the acquisition and/or rehabilitation by April 30, 2019 and be fully leased-up within 6 months from the date of the FCRHA grant award.</p>	0 to 10
Previous Project Completion Experience	Proposal describes how the organization has previously met similar-type project completion deadlines in the last 5 years, including previous HCD or CCFP affordable housing project awards, if applicable.	0 to 5
<b>Total</b>		<b>0 to 25</b>

#### 4. CAPACITY FOR PROJECT FINANCING AND LEVERAGING

**Maximum Points Possible: 30 Points**

Proposal provides evidence that the organization is fiscally sound, estimated project costs are realistic, project financing and monthly operating plans are feasible, and financing sources are committed or secured. Proposal identifies additional resources other than county funds or county contributions that can help support the proposed project. Resources may include volunteers, in-kind contributions, cash donations, goods, supplies and services donations, grants and/or contracts. Leverage is not required if the project will serve households earning at or below 30% of AMI. The project must be able to build adequate operating and maintenance reserves.

Category	Guidance	Points Available
Fiscal Condition and Financing Stability	Applicant provides evidence of the fiscal condition and financial stability of their organization.	0 to 8
Project Costs and Financing	Estimated project costs and financing are clearly described. Documentation identifies proposed project financing.	0 to 5
Project Cash Flow and Pro Forma	Financing plans are feasible and show a positive monthly cash flow.	0 to 5
Leveraging	Financing other than county funds has been committed or secured.  Highest points: Applicant demonstrates additional commitments of at least 20% of non-county resources to be used towards the total estimated project costs from all sources.	0 to 5
Equity Contribution and Reserves	The ability to provide an equity contribution and the ability to set aside funds to build adequate operating and maintenance reserves has been demonstrated.	0 to 7
<b>Total</b>		<b>0 to 30</b>

# APPLICATION INSTRUCTIONS

## Application Submission

**Applications must be received by the Fairfax County Department of Housing and Community Development, 1<sup>st</sup> floor reception desk, 3700 Pender Drive, Fairfax, Virginia, 22030 by 4:00 p.m., Friday, September 28, 2018.**

- **Late applications will not be considered.** Allow extra time for hand deliveries due to traffic and building security procedures.
- **Any application submitted with an unsigned Application Cover Sheet will not be accepted.**
  1. Submissions by facsimile machine or e-mail will not be accepted.
  2. Applicants are required to submit one original and five (5) copies of the application along with requested worksheets and attachments for each proposed project.
  3. To maintain the application's print quality, the applicant should not use colored, textured, heavy weight or tabbed paper.
  4. Application responses should be typewritten according to the following specifications:
    - i. Where narrative response is requested, the written response should be in a legible font size of 12 point or larger and limited to the number of pages indicated.
    - ii. Where completion of worksheets is indicated, the responses should be made on the worksheets provided.
    - iii. Narrative responses and requested attachments should be placed in the sequence indicated in the Application Components section.
  5. Attachments (other than narratives and worksheets):
    - i. All attachments should be on 8½ by 11-inch or 8½ by 14-inch white paper for submission.
    - ii. Attachments are not subject to the page limits for narrative responses.
  6. Applicants may submit one or more project proposals; however, each proposal must be submitted separately with all requested forms and attachments.

## Questions

For additional information, please contact Laura Lazo, Associate Director at 703-246-5166 or Malia Stroble, REFGM Division Administrative Assistant at 703-246-5170 (TTY: 711).

## **APPLICATION COMPONENTS**

The response for each component is to be in a written narrative, on an application worksheet, and/or through an attachment as instructed in the Application Components. Each of the following Application Components is to be submitted in the following sequence.

### **A. Application Cover Sheet**

Each application must include a FY 2019 Application Cover Sheet – Worksheet A. Applicant's executive director or designee authorized to legally bind the applicant organization must sign each Application Cover Sheet. The total proposed funding request amount should be listed on the Application Cover Sheet. Applicants that submit jointly with other non-profit organizations should designate one organization as the application contact. This organization will complete and sign the Application Cover Sheet. Joint organization applications are to be indicated on the Application Cover Sheet and each participating organization is to be listed where requested.

NOTE: Unsigned Application Cover Sheets will result in the rejection of the application.

### **B. Application Summary Sheet**

Each application must include an Application Summary Sheet – Worksheet B. The information on the Application Summary Sheet provides a concise project description. Use the space provided and do not attach additional pages.

### **C. Demonstration of Need (Maximum 20 Points)**

This section of the proposal describes affordable housing needs that the project will address and clearly defines the client population to be served.

1. Complete Worksheet C: Demonstration of Need. Identify the priority household populations the applicant's project is designed to serve.
2. Provide a narrative on no more than one (1) typewritten page that lists and responds to each request for information in the order presented below. Document your source(s) of information. Clearly label your narrative and place directly after Worksheet C.
  - a. Describe the population, community and number to be served by the proposed project, including the type of affordable housing that will result from this project.
  - b. Does this project serve special needs populations? If yes, describe special needs population to be served.
  - c. Describe the need to be addressed and whether supportive services for the targeted population will also be provided or leveraged.

### **D. Project Preparation (Maximum 25 Points)**

This section addresses status of the proposed project and whether the proposed project preserves and/or rehabilitates existing affordable units within the areas of greatest need or targeted areas as designated by Fairfax County. Proposal provides evidence that applicant is

prepared to proceed with acquisition and/or rehabilitation.

1. Complete Worksheet D1: Targeted Areas.
2. Complete Worksheet D2: Project Preparation. Clearly label requested attachments as directed and place behind Worksheet D2.
  - a. Provide a narrative on no more than two (2) typewritten pages. The narrative should list and respond to each request for information in the order presented below.
    - For what purposes are you requesting this funding?
    - Outcome to be achieved (include description of all units, both CDBG/HOME and non-CDBG/HOME) and why this is a need in Fairfax County and/or one of the Participating Jurisdictions (Town of Clifton, Vienna, Herndon and the City of Fairfax)
    - Project activities or services that address proposed outcomes.
    - Meet Energy Star standards?
    - Meet Section 504 accessibility standards?
    - Is made affordable to very low-income (< 50% AMI) households?
    - Is made affordable to extremely low-income (< 30% AMI) households?
    - Are designated for low- and very low-income elderly residents?
    - Are designated for persons with HIV/AIDS?
    - Are designated for the homeless? Of these, how many are chronically homeless?
    - Will provide permanent housing to formerly-homeless households? Of these, how many were chronically homeless?
    - Are subsidized with project-based assistance through a federal, state or local rent assistance program?
  - b. If the proposal is a collaborative submission with other organizations, explain how the project will be jointly conducted, identify roles and responsibilities of each participating party, and describe the proposed project and beneficiaries who will benefit from the collaboration. Include a letter of agreement between the collaborating organizations.

**E. Management Capacity & Experience in Real Estate (Maximum 25 Points)**

Applicant describes the project activities, from acquisition and/or rehabilitation through lease up, and how these will be accomplished within a specified time period, preferably by April 30, 2019 or within 24 months from the date of the FCRHA grant award.

1. Provide a narrative labelled Worksheet E of no more than five (5) typewritten pages. The narrative should list and respond to each request for information in the order presented below.
  - a. Provide evidence of a successful track record of adequate organizational experience in owning and managing real estate. If the non-profit applicant does not have an established track record, describe how the organization has partnered with another non-profit organization with applicable experience.



- b. Provide details of how your organization's experience relates to the proposed affordable housing project, including successful leasing of units.
- c. Provide a description of staff that will be involved in this project and their expertise as it pertains to the proposed activities.
- d. Present a detailed, realistic work plan for how to accomplish project goals that includes: an estimated project timeline, start date, milestones to be accomplished during the funding period, anticipated property closing date, when funds will be completely expended, and estimated project completion date that reflects when unit(s) will be leased up.
- e. Provide information on how your organization plans to lease up units in a timely manner, if applicable.
- f. Provide information on the last five years of HCD- or CCFP-funded projects similar to the proposed projects and the timeline of activities from start to project completion and whether or not your organization met proposal timeline goals. If your organization did not have a HCD- or CCFP-funded project in the last five years, describe other experience with similar type projects in the last five years.

**F. Capacity for Project Financing and Leveraging (Maximum 30 Points)**

Applicant provides evidence of its fiscal condition and financial stability. Applicant clearly describes estimated project costs and financing plan, and includes documentation to support project feasibility and a positive monthly operating budget.

Financing other than county funds has been committed or secured, and applicant demonstrates evidence of additional non-county commitments that are available to or attainable by the applicant that will significantly support the project. Resources may include volunteers; in-kind contributions; cash donations; good, supplies and services donations; as well as grants and/or contracts. Leverage may not include other Fairfax County sources of support. Leverage is not required if the project will serve households earning 30% of AMI and below.

An equity contribution from the non-profit is not required, but if contributed, would give a non-profit a preference in funding.

The project should have adequate operating and maintenance reserves to ensure the long-term sustainability of the project.

1. Complete Worksheet F.
2. Respond to each request for information in the order presented below. Provide no more than two (2) typewritten pages of narrative, and any additional supporting documents. Clearly label as Attachments and place directly after Worksheet F.
  - a) Indicate whether any other county contributions, including a request for rehabilitation funds, project based vouchers, or other awards are anticipated to support this project. Explain their commitment status and include a commitment letter, if available. County awards may include loans, cash grants or contracts.

Other county contributions may include space, utilities, equipment, staff or services.

- b) Describe any non-county resources, including cash, that have been leveraged and are committed or secured.
  - c) Provide a statement describing the fiscal condition and stability of your organization, and how the additional units proposed in this project will impact your organization's cash flow situation.
3. Provide a current organization-wide budget, including an unaudited income and expenses statement for the most recent completed fiscal year and most recent fiscal month, year to date. Clearly label as an Attachment.
  4. Provide a current organization portfolio debt service performance report. Clearly label as an Attachment.
  5. Provide three (3) most recently-ended annual audited financial statements and auditor's opinion and management letter, if issued. Audits must be conducted by an independent licensed certified public accountant. Applicants should note that an A-133 audit (Single Audit) is required by Federal regulations if total federal dollars expended in any fiscal year of the organization exceeds \$750,000 from all sources. If a Single Audit is required, include it in the submission. If an audit(s) is not available, please explain why. Clearly label as an Attachment.
  6. If the project involves an acquisition, provide a pro-forma analysis of the project's financial performance for at least the first 5 years of the affordability period, including rental income (within affordability guidelines), expenses, and deposits to reserves. Use Worksheet G or submit your own pro-forma with similar-type information and label as Worksheet G.
  7. Describe your organization's ability to provide an equity share and how it will be able to maintain project operating and maintenance reserves. Clearly label as an Attachment.

If an applicant is awarded grant funds, the organization will be required to cooperate with Fairfax County and the FCRHA to periodically review the organization's annual financial operations, as requested. In addition, the organization will be required to maintain a separate FCRHA reserve account associated with the housing units acquired and/or rehabilitated through this grant award.

# WORKSHEET A – FY 2019 APPLICATION COVER SHEET

PLEASE READ AND SIGN BELOW.

Total Funding Requested \$ \_\_\_\_\_

Non-profit Organization Name:

Address:

Contact Person:

Telephone:

Fax:

Federal Tax ID:

Identify if the application(s) is being submitted jointly with other organizations:

Yes (List other organization(s) by name):

No

**[SIGN BELOW, UNSIGNED COVERSHEETS/APPLICATIONS WILL NOT BE ACCEPTED]**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this proposal is accurate. By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish the items or services, subject to final negotiation and acceptance by Fairfax County, and subsequent contract award.

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Executive Director (or name of representative) – Signature

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Print Name

Title/Date

**DEADLINE FOR SUBMISSION FOR CONSIDERATION OF FUNDING IS:  
4:00 P.M., Friday, September 28, 2018**

**SUBMIT ORIGINAL AND FIVE (5) COPIES TO:  
Fairfax County Department of Housing and Community Development  
First Floor Reception Desk  
3700 Pender Drive, Fairfax, VA 22030**

# WORKSHEET B – APPLICATION SUMMARY SHEET

**Project Title:**

Funding Requested: Acquisition: \$ \_\_\_\_\_ Rehabilitation: \$ \_\_\_\_\_

Total Funding Requested \$ \_\_\_\_\_

Are you currently a Fairfax County approved Community Housing Development Organization (CHDO)\*?

Yes             No

Do you intend to apply for CHDO designation under this RFP?

Yes             No

**Project Type** (please mark all that apply):

Estimated total # of units to be acquired: \_\_\_\_\_

Estimated total # of units to be rehabilitated: \_\_\_\_\_

**Unit Type** (please check all that apply):

Condominium    Single family detached    Townhouse   Other: Specify \_\_\_\_\_

**Anticipated Service Area Neighborhood or Street Boundaries:**

Magisterial/Supervisor District(s):

Tax Map(s) #:

Brief Project Description:

**\*All CHDO Certification documents submitted as part of this FY 2019 RFP are strictly preliminary. Revisions to HOME Final Rule require CHDO Certification at each use of HOME CHDO funds. Additional certification will be required if awarded HOME CHDO funding via the FY 2019 RFP.**

## WORKSHEET C – DEMONSTRATION OF NEED

Indicate the objectives as to which the applicant’s project is designed to meet. All households must be low income households (at or below 80% AMI), but indicate very low income (at or below 50% AMI), extremely low income (at or below 30% AMI), or special needs population for objective #3.

### Specific Housing Objectives

The table below shows the specific objectives to meet the four goals outlined in Appendix 1.

Objective Number	Objective Description	Yes/No
1	Provide affordable housing units/rental subsidies to homeless individuals and families	
2	Provide housing units affordable to persons with physical or mental disabilities, including persons with HIV/AIDS	
3	Provide housing units affordable to households with very low (<50 percent AMI) to extremely-low incomes (<30 percent AMI), including low-income working families and other special needs populations	If yes, 30% AMI = ____% of Project Units 50% AMI = ____% of Project Units Special Needs population: _____
4	Provide sufficient workforce housing through land use policy	
5	Provide sufficient workforce housing through private sector partnerships	
6	Preserve existing Public Housing by ensuring greater sustainability	
7	Promote resident self-sufficiency	
8	Foster coordination and partnerships	

## WORKSHEET D1 – TARGETED AREAS

Attach a map or project narrative with the following information about the proposed project area. Clearly label the map or narrative and place directly after Worksheet D1.

1. Demographics and affordable housing
  - a. Concentration of low-income residents
  - b. Concentration of affordable housing
  - c. Minority concentration
  
2. Project will preserve and/or rehabilitate affordable units (Check One):  
 Yes     No
  
3. Estimated total # of new affordable housing units in area project will produce: \_\_\_\_\_

## WORKSHEET D2 – PROJECT PREPARATION

Number of years organization has been in operation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Number of years organization has been in housing development: \_\_\_\_\_

Total number of units:

Produced: \_\_\_\_\_  
Rehabilitated: \_\_\_\_\_  
Owned: \_\_\_\_\_  
Managed: \_\_\_\_\_  
Constructed: \_\_\_\_\_

Estimate percentage of above total housing units produced that served very low and low-income persons:

30% of median and below \_\_\_\_\_  
50% of median and below \_\_\_\_\_  
60% of median and below \_\_\_\_\_  
80% of median and below \_\_\_\_\_

Number of employees/volunteers in organization: \_\_\_\_\_  
full-time employees \_\_\_\_\_  
part-time employees \_\_\_\_\_  
volunteers \_\_\_\_\_

Number of employees/volunteers to work on this project: \_\_\_\_\_  
full time \_\_\_\_\_  
part time \_\_\_\_\_  
volunteers \_\_\_\_\_

**Type of Proposed Project** (Check One):

Project preserves and/or rehabilitates existing affordable units (Check One):

Yes No

Please check **Yes** or **No**, as appropriate, for the proposed project and provide attachments as indicated in the sequence below. Clearly label requested attachments and place directly after Worksheet D2.

1. Do you have a site(s) identified? If yes, provide location site map(s) for the project(s). Include as an Attachment. Yes No
2. If the site is identified, do you anticipate the property requiring a rezoning/special use permit for your proposed project? Yes No
3. Do you have a signed contract? If yes, provide a copy. Include as an Attachment. Yes No
4. Has total project financing been identified for this project? Yes No

5. Is project ready for implementation? Yes No

Identify the condition of the housing units to be preserved and/or rehabilitated (Check One):

- No rehabilitation needed, units have been inspected and meet county codes and standards;
- Minor rehabilitation required (total rehabilitation costs below \$20,000 per unit);
- Substantial rehabilitation required (total rehabilitation costs \$20,000 or more per unit).

Do you have schematics and a preliminary site plan for the project? Yes No

Do you have detailed cost estimates for rehabilitation work? If yes, submit one copy and identify source of estimates. Include as attachment. Yes No

Do you have an engineering report detailing property condition? Yes No

Has an appraisal been completed for the property? Yes No

If yes, what is the appraised value of the property? \$ \_\_\_\_\_

What is the assessed value of the property? \$ \_\_\_\_\_



## **WORKSHEET E – MANAGEMENT CAPACITY & EXPERIENCE IN REAL ESTATE**

[narrative]

## WORKSHEET F – ESTIMATED PROJECT COSTS AND FINANCING

### 1. Estimated Project Costs:

	Per Unit	Total
Acquisition	\$	\$
Rehabilitation	\$	\$
Other (e.g., financing, insurance, legal)	\$	\$
<b>Total Estimated Project Cost</b>	<b>\$</b>	<b>\$</b>

### 2. Project Financing: *(If additional space is needed, insert additional page(s) following this one, and clearly label as Worksheet F, Continued.)*

**Proposed CDBG/HOME Funds:**

\$

### Equity

Source:	Amount: \$	Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	Amount: \$	Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	Amount: \$	Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Equity:</b>	<b>\$</b>	

### Loans

1st Trust: \$	at %IRR* for months	Source: Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
2nd Trust: \$	at %IRR* for months	Source: Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
3rd Trust \$	at %IRR* for months	Source: Committed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Loans:</b>	<b>\$</b>	

**TOTAL PROJECT FINANCING:**

\$

**TOTAL CDBG/HOME as % of Total Project Financing:**

%

\* IRR-Internal rate of return also known as the effective interest rate.

**Complete For Rental Projects Only:**

**Occupancy Income Limits:**

**Total # Units in Proposed Project:**

**Affordable Units**

- # units at or below 30% AMI:
- # units at or below 50% AMI:
- # units at or below 60% AMI:
- # units at or below 80% AMI:

**Market Rate Units**

- # units at market rate:

**PROPOSED RENT SCHEDULE:**

<b>UNIT TYPE</b>	<b>TOTAL NO. OF UNITS BY TYPE</b>	<b>RENT</b>	<b>UTILITIES</b>	<b>INCOME SERVED AS PERCENT OF AMI</b>

Does the project involve any temporary relocation? (Check One):

Yes      No

**Projects requiring permanent relocation will not be considered for funding.**

## WORKSHEET G – PROJECT PRO-FORMA

	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year	5 <sup>th</sup> Year
<b><i>Budgeted Rent</i></b>					
<i>Less: Vacancy Loss (5%)</i>					
<b><i>Effective Gross Income</i></b>					
<b><i>Operating Expenses</i></b>					
<i>Real Estate Taxes</i>					
<i>Management Fees</i>					
<i>Maintenance &amp; Repairs</i>					
<i>HOA Fees</i>					
<i>Insurance</i>					
<i>Utilities</i>					
<i>Miscellaneous</i>					
<b><i>Total Operating Expenses</i></b>					
<b><i>Net Income</i></b>					
<i>Less: RHA Reserves*</i>					
<b><i>Net Operating Cash Flow</i></b>					
* Calculated as (Net Income - \$200) x 25%					

## WORKSHEET H – APPLICATION CHECKLIST

### A. FY 2019 APPLICATION COVER SHEET

- Worksheet A

### B. APPLICATION SUMMARY SHEET

- Worksheet B

### C. DEMONSTRATION OF NEED

- Worksheet C
- Attachment (population served, supportive services)

### D. PROJECT PREPARATION

- Worksheet D1
- Attachment (proposed project area)
- Worksheet D2
- Attachment, if applicable (site map)
- Attachment, if applicable (signed contract)
- Attachment, if applicable (cost estimate for rehabilitation work)
- Attachment (project details)
- Attachment, if applicable (collaboration)

### E. MANAGEMENT CAPACITY & EXPERIENCE IN REAL ESTATE

- Worksheet E

### F. CAPACITY FOR PROJECT FINANCING AND LEVERAGING

- Worksheet F
- Attachment (county and non-county resources, fiscal condition, cash flow)
- Attachment (organization budget)
- Attachment (portfolio debt service performance report)
- Attachment (three (3) most recent annual audited financial statements)
- Worksheet G, if applicable
- Attachment (equity information, reserves)

#### **\*If applicable**

- CHDO Certification Documents (see Appendix 7)

### APPLICATION CHECKLIST

- Worksheet H