

Omit this page from your completed, submitted application. Do Not Submit This Page.

**CITY PARISH OFFICE OF COMMUNITY DEVELOPMENT REQUEST FOR PROPOSALS
APPLICATION: 2018 FUNDING PROJECTS:
Single-Family / Multi-Family HOUSING Development or Rehabilitation**

**APPLICATIONS ARE DUE NO LATER THAN 4:00pm TUESDAY, MAY 22, 2018.
All applications must be submitted to the Office of Community Development, 222 St. Louis
Street, Seventh Floor, Baton Rouge, LA 70802, (225) 389-3039.**

The application is online (both MSWord and PDF) at the City Parish of OCD Website:
<http://brgov.com/dept/ocd/announcements.htm>

Applications are available at the Office of Community Development (OCD) at the address above.

PRE-QUALIFICATION CRITERIA FOR APPLICANTS

Before completing the application form, please review the accompanying Proposal Application Instruction Package and the Pre-Qualification Criteria below. **DO NOT SUBMIT AN APPLICATION IF YOU CANNOT MEET ALL OF THE PRE-QUALIFICATIONS.** (Government agencies proposing to serve the City Parish residents are *not* required to meet these criteria.)

1. Agency must have two audit/audited financial statements that were completed within past 36 months.
2. Agency must have written financial and grants management procedures
3. Agency must have at least 12 months of experience that is similar or related to the activities for which funding is being requested from the City Parish.

APPLICATION SECTIONS

The Project application has different narrative sections. All applicants should complete Section I, Section II and Section III of the application form as well as Sections IV.01, IV.02, and the project budget section, Section V.01.

Incomplete applications may not be reviewed or may be penalized. The City Parish of Office of Community Development is not obligated to pursue missing information or to consider supplemental materials that are provided after the application deadline. Applicants should ensure that their applications are on time and complete at time of submittal.

The City Parish accepts proposals from any source, including agencies, governmental entities, and civic groups, however; only certain types of applicants may be designated as grant recipients, including governmental agencies in the City Parish and private non-profit organizations serving City Parish residents.

Requests for individual assistance, either for a homeowner or a business, should not be made on this Application Form. Call 225-389-3039 for more information.

One original and 4 copies of full application are to be transmitted no later than 4:00 PM on Tuesday, May 22, 2018 to:
 City Parish of Office of Community Development, 222 St. Louis Street,
 Seventh Floor, Baton Rouge, LA 70802
 Phone: (225)-389-3039, TDD (225) 389-3082, Fzx: (225)-389-3039

For OCD Use Only:
 Proposal #
 Date received

City Parish of Office of Community Development Application Form for 2018 Funding of Projects for Single-Family / Multi-Family HOUSING Development or Rehabilitation Only

▶ Section I: PROJECT IDENTIFICATION AND CONTACTS: ALL Applicants Complete ◀

Project Name:

Amount Requested from City Parish (\$):

Other Funding for Project (\$):

A. Applicant Identification

Organization's **Legal** Name: _____

Contact Person's Name: _____ Title: _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

Executive Director's Name *(if different from above)*: _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

B. Summary Description of Project: *(max. 8 lines w/ 11pt. type)* Describe **proposed project**, not all of agency's activities.

C. Project Site(s) Location

Enter location(s) of **project activity**, not service area, and include Metro Council District(s). If not known, call the Office of Community Development at 225-389-3039.

| Street Address | Zip | Council District |
|----------------|-----|------------------|
| | | |
| | | |
| | | |

Census Tract

Identify percentage of households in poverty for the census tract where the proposed project location _____

D. Service Area (select one):

- 1. City-Parish wide
- 2. All low/moderate income neighborhoods (see LMI map in instructions)
- 3. Partial service area in City-Parish of East Baton Rouge. Note percentage of service in City-Parish: _____
- 4. Other, specify: _____

Applicant Certification of Accuracy: Application is complete and accurate to the best of my knowledge.

| | | |
|--------------------------------------------------------|------------------|-------------|
| <i>Name/Title of Responsible Agency Representative</i> | <i>Signature</i> | <i>Date</i> |
|--------------------------------------------------------|------------------|-------------|

Section II: CHECKLIST: ALL Applicants Complete ◀

A. Checklist -- Indicate whether the following documents/attachments are submitted with application.

| Document or Attachment | # Copies | Yes | No | NA | If needed but not included, date to submit: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|----|---------------------------------------------|
| APPLICATION GENERAL SECTIONS: | | | | | |
| I. Project Identification and Contacts | 5 | | | | |
| II. Checklist | 5 | | | | |
| III. General and Compliance Items | 5 | | | | |
| PROJECT SECTION (COMPLETE ONE): | | | | | |
| IV.01 Community/Public Facilities, Historic/ Access, Public Infrastructure or IV.02 Service Projects or IV.03 Economic Development | 5 | | | | |
| BUDGET SECTION (COMPLETE ONE OR BOTH): | | | | | |
| V.01 For Capital Projects and/or V.02 For Operational Support | 5 | | | | |
| ATTACHMENTS, ORGANIZATIONAL CAPACITY : | | | | | |
| IRS 501(c)(3) determination * | 5 | | | | |
| Most recent audit/financial statement (no older than late 2017); may be bound | 5 | | | | |
| Income and Expense Statements for Jan-March 2018 | 5 | | | | |
| Financial management procedures | 5 | | | | |
| Articles of Incorporation | 5 | | | | |
| Corporation By Laws | 5 | | | | |
| Listing of Board of Directors (name, address, phone number, office held, term, compensation, profession, qualification, race, gender, ethnicity) | 5 | | | | |
| Minutes of last three board meetings | 5 | | | | |
| SAVE Affidavit(attached) signed by ED, notarized** | 5 | | | | |
| HUD Form 2880 – Identity of Interest | 5 | | | | |
| HUD Form 92273 – Rent Calculation and Utility Allowance | 5 | | | | |
| ATTACHMENTS, PROJECT-SPECIFIC: | | | | | |
| Evidence of site control | 5 | | | | |
| Capital project cost estimate | 5 | | | | |
| Property appraisal | 5 | | | | |
| Resumes/references of principal staff | 5 | | | | |
| Job descriptions for implementing staff | 5 | | | | |
| Copy of office/program site lease | 5 | | | | |
| Documentation of match | 5 | | | | |
| Commitments for operational funding (for capital projects to be acquired/developed) | 5 | | | | |
| Letters of support (if desired) | 5 | | | | |

NOTE: "NA" means Not Applicable to this proposal, or not required.

* These attachments are not required of for-profits and governmental units. ** Not required of governmental units.

B. Explanation of Missing Documents: If any documentation is applicable but is not provided, explain why it is not included in this package. (Attach page as needed to answer.)

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE

BEFORE ME, the undersigned authority, personally came and appeared

who, being duly sworn did depose and say:

That he is a duly authorized representative of _____

receiving value for services rendered in connection with

a public project of the City of Baton Rouge, Parish of East Baton Rouge, Louisiana: that he has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by him whose services in connection with the project or in securing the public contract were in the regular course of their duties for him; and that no part of the contract price received by him was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by him whose services in connection with the project were in the regular course of their duties for him.

This affidavit is executed in compliance with the provisions of LA R.S. 38:2224.

Affiant's Signature

SWORN TO AND SUBSCRIBED before me, on this _____ day of
_____ 20_____.
Baton Rouge, Louisiana.

NOTARY PUBLIC

► Section III: GENERAL and COMPLIANCE Items: ALL Applicants Complete ◀

A. Organizational Type:

- Governmental unit of the City Parish
- Other governmental unit or authority
- Non-profit corporation; date of incorporation: _____
- For-profit corporation; date of incorporation: _____
- Other or Not Applicable. Explain: _____

Organizations desiring designation as City Parish CHDO, contact the Office of Community Development at 225-389-3039 for more information.

B. Type of Funding Requested

- Grant Loan (Explain below) Combination (Explain below)

If this is a loan request or a combined loan/grant request, provide proposed repayment schedule and terms. *Please note that for-profit agencies are generally not eligible for grants. (Expand space below as needed to answer.)*

C. Board Engagement (*non-profits, for-profits, governmental authorities complete; NA for govt. units*)

- Board meeting schedule (e.g., bi-monthly): _____
- Board approval required for annual budget? _____
- Board review of income/expense statements? _____ If yes, how often? _____

D. Organizational Policies and Practices: Indicate below if the organization has in place the items listed. For items not currently in place, or partially in place, explain in the space below the listing why these are not in place.

- An adopted Code of Ethics applicable to staff, Board members, volunteers
- An adopted Conflict of Interest policy applicable to staff, Board, volunteers
- Procedures to protect client-confidentiality, for staff and volunteers
- Selection standards and training process for volunteers
- Procedure/document informing clients of their rights and responsibilities
- An adopted grievance policy, provided to clients at admission

(Expand space below as needed to explain.)

E. Project Site Control: Indicate below the status of site control for the site where project will be carried out. *Provide documentation of site control (lease agreement, purchase option, property deed) as an Attachment at end of application.*

- Applicant owns property... Date acquired: _____
- Lease... Expiration Date: _____
- Option to purchase... Expiration Date: _____
- Other, describe below. *(Expand space below as needed to answer.)*

F. Project Site Compliance: If project operations are currently being carried out at the site, indicate if site is compliant, partially compliant, or is not compliant with the items listed. For items with which the site is not compliant or partially compliant, explain in the space below what actions are planned to achieve compliance.

- Building Code compliance
- Fire Code compliance, and date of last inspection
- Health Code compliance, if applicable, and date of last inspection
- Emergency evacuation plan, posted on site

(Expand space below as needed to explain.)

G. Section 3 Resident(s) and Business Concern

A "Section 3 resident" is:

- 1) a public housing resident; or
- 2) a low- or very low- income person residing in the metropolitan area or non-metropolitan county where the Section 3 covered assistance is expended.

A "Section 3 business concern" is a business that can provide evidence that they meet one of the follow criteria:

- 1) 51 % or more owned by Section 3 residents; or
- 2) at least 30% of its full time employees include persons that are currently Section 3 residents, or were Section 3 residents within three years of the date of first hire; or
- 3) provides evidence, as required, of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet one of the preceding two qualifications.

Will this project assist Section 3 residents with job creation?

Yes No

Is the entity applying a Section 3 business concern?

Yes No

H. Disadvantaged Business Enterprise; Minority-and/or Woman-Owned Business Enterprise

The City Parish is committed to working with firm(s) that will provide high-quality services and that is dedicated to diversity and to containing costs. The City-Parish strongly encourages respondents that are certified by State of Louisiana, or any other city or state, or the federal government, as minority- and/or woman- owned business enterprise ("M/WBEs"), as well as respondents that are not yet certified, but have applied for certification, to submit documentation supporting application or certification.

Is the entity applying as a Disadvantage Business Enterprise and/or Minority-and/or Woman-Owned Business Enterprise?

Yes No

I. Accessibility for Persons with Physical Disabilities *(Complete either 1 or 2 below; complete 3 if applicable)*

Facilities and services assisted with CDBG/ESG/HOME funds should be accessible to the disabled whenever feasible. Accessibility examples: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from floor, drain lines under lavatory sink wrapped/insulated, access between floors (elevators, ramps, lifts), other improvements needed to assure full access including serving the blind and deaf.

1. For Capital /Development Projects: Will completed project meet Uniform Federal Accessibility Standards (UFAS) for accessibility by the disabled? ___ Yes ___ No

2. For Multi-Family Housing Construction Projects with 5 or More Units, or Rehabilitation Projects with 15 or More Units: Will project be Section 504 compliant, with at least 5% of units accessible for person with mobility impairments, at least 2% of units accessible for hearing/sight-impaired persons, and the common spaces accessible? ___ Yes ___ No

3. For Service Programs (Direct Services) and Other Non-Capital Projects: Is the facility in which the program operates in compliance with UFAS accessibility standards? ___ Yes ___ No

**If you responded "No" above, describe the accessibility problems and your proposed methods to address the problems, including funding and timetable. (Expand space below as needed to answer.)*

J. Zoning: Provide the zoning status of the project site. If zoning is not known, contact the City Parish Planning Commission at (225) 389-3144. *(Not required/not applicable for City Parish infrastructure projects.)*

1. What is current zoning classification of project site? _____

2. Is site zoned correctly for the proposed activity? Yes No Don't know

**If "No" or "Don't Know," explain in detail your plan and timetable to obtain needed zoning change, special-use permit, or variance. (Expand space below as needed to answer).*

K. Non-Discrimination and Employment Opportunities *(Not applicable for governmental units)*

1. Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices (for agencies with 15+ employees) or provision of services (all organizations)?
___ Yes, currently ___ Not currently ___ Willing to adopt policy as stated ___ NA for governmental units

2. If new jobs are created by the requested funding, will you be willing to adopt a hiring policy giving preference to low and/or moderate income residents of the City of Baton Rouge and Parish of East Baton Rouge?
___ Yes, currently ___ Not currently ___ Willing to adopt policy as stated ___ NA for governmental units

L. Relocation: Does project require temporary or permanent relocation or moving of occupants from a structure?
___ Yes ___ No ___ Don't know

**If Yes, project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) and budget should reflect costs for this line item. Please items 1-5 below:*

1. # units vacant? ____ How long have these units been vacant? _____

2. # units occupied? ____ # occupied units requiring: Temporary relocation ____, Permanent Relocation ____

3. # occupied units that are: Owner-occupied ____, Renter-occupied ____, Businesses ____

4. Projected total relocation cost *(Must be included on budget form)* \$ _____

5. Describe relocation plans including timetable, notifications to seller and occupants. *(Expand space below as needed to answer).*

M. Sustainability Factors: For the proposed development or assistance, describe any aspects of the project which address the following energy conservation/sustainability priorities, as applicable:

- The proposed utilization of alternative energy
- Alleviation of significant health and safety problems, reductions of air/noise/water pollution and/or relief from environmental nuisances
- Incorporation of certified green building techniques (EarthCraft, LEED, etc.)
- Retrofitting of existing non-residential facilities/properties for energy and water use reduction strategies, including provision of conservation education where applicable;
- Repurposing or recycling of appropriate materials;
- Supporting the development of user-friendly greenspace such as community gardens, rooftop gardens and dwellings, outdoor activity space, etc.
- For single-family rehabilitation projects, provide description of efforts to improve building envelope leaks and address water conservation

(Expand space below as needed to answer.)

N. Current Projects with HUD Funding

List all currently funded projects using HUD grant funds, indicate originally scheduled completion dates. If delayed, explain delays and provide estimated new completion dates. *(Expand space below if needed for answer.)*

**► Section IV.01: To Be Completed by Projects Proposing Single-Family / Multi-Family HOUSING: ◀
Development, Rehabilitation, Partial Rehabilitation, and Development Projects by Community Housing
Development Organizations (CHDOs)**

A. Total Housing Units to be developed or fully rehabilitated for sale or rent
(N/A for homeowner and homebuyer assistance, partial rehab, and energy conservation)

| # Units Proposed to be Produced with City Parish \$ Requested | Total # Units Proposed to be Produced in Entire Project | Total # of Market Rate Rental Units | Total #of Affordable Rental Units | # Units to Sell/Rent at 0-30% Local Area Median Income (AMI)* | # Units to Sell/Rent at 31-50% Local AMI | # Units to Sell/Rent at 51-60% Local AMI | # Units to Sell/Rent at 61-80% Local AMI | # Units Set Aside for Special Needs** |
|---------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------|
| | | | | | | | | |

| Number of Bedrooms in Each Affordable Unit | Number of Bedrooms in Each Market Rate Unit |
|--------------------------------------------|---------------------------------------------|
| | |

* See Instruction packet for Area Median Income, or AMI, currently in effect.
** Special needs due to age (frail elderly), mental illness, substance abuse, or other physical/development impairments.

B. Planned Use of Requested Funds (complete all that apply)

| Anticipated Use of Funds: | # Units or Households To Be Assisted | # Existing Homeowner Units To Be Assisted | # Assisted Units For Sale | # Assisted Units For Rent |
|--------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|---------------------------|---------------------------|
| New construction of housing units | | | | |
| Rehabilitation (full) of existing housing units | | | | |
| Rehabilitation (partial) of existing housing units (includes emergency and conservation repairs) | | | | |
| Other (specify): | | | | |

C. Project Beneficiaries (Information should relate only to activities supported by the requested funding)
Describe specifically who will benefit and how they will benefit from the proposed housing, including demographics (such as age and gender of clients, neighborhoods to be targeted/served, or income requirements). Explain how beneficiaries will be selected. *(Expand space below as needed to answer.)*

D. Age of Building(s) Proposed for Funding and/or Adjacent Buildings

1. If new construction, what is the approximate age of any adjacent or nearby structure(s)? _____.
2. If renovation/rehab, what is the age of the existing structure(s) or facility(ies)? (Structures over 50 years old are considered historic and require a historic assessment prior to funding. Call the Office of Community Development at 225-389-3039 for more information.)_____.

3. Is/are building(s) historic? ___Yes ___No Is the neighborhood or district historic? ___Yes ___No

4. If significant renovations have already occurred to structures, describe and give date(s), if known. (*Expand space below as needed to answer.*)

E. Overview Project Description: Describe specifically the proposed housing development or assistance, including information on the type of units to be produced or assisted in entire project, information on type of units to be produced or assisted with requested City Parish funding, and information on the present condition or characteristics of the units to be assisted. In description, distinguish between existing housing stock and new or expanded housing stock. Provide a map or a description of project area noting the distance to CATS bus routes, adjacent to the proposed project site/target area.

Note: Housing development and substantial rehabilitation projects will be funded only to support gap financing at the amount required to determine project feasibility for the delivery of HOME Assisted Units. (Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)

F. Planning Process and Delivery of Proposed Units: Describe the extent to which your project will utilize partnerships, joint ventures, strategic alliances, and/or mergers with other organizations in development of the housing units. (*Expand space below as needed to answer.*)

G. Project Management: Describe the process or entity that will be used to provide day-to-day management of construction activities, review of billings, and inspection of work in progress. (*Expand space below as needed to answer.*)

H. Timetable: Provide timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume that City Parish funding will be available after November of the program year from which funding is being requested. Timetable should include any needed design or bid preparation activities, bidding and procurement actions, and all major components including marketing of completed units if applicable. Include anticipated project-completion date. (*Expand space below as needed to answer.*)

Note: that general construction contractors and sub-contractors are subject to City Parish, state and federal procurement requirements and competitive bidding/selection and that insurance requirements apply.

Note: that the City Parish strongly discourages housing projects that cannot be completed, fully expended, and occupied within 24 months after the project's receipt of funds.

I. Source of Budget Estimate: Provide source of project's estimated costs and breakouts, by name (architect, contractor, and agency), qualifications, and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications. (*Expand space below as needed to answer.*)

J. Property Appraisal: If the project includes acquisition of land/buildings, attach a copy of the property appraisal that was conducted no later than 12 months prior to the submission date of this proposal. If no such appraisal is available, explain below the basis for the valuation of the land/buildings, and the plan to obtain the needed appraisal. (*Expand space below as needed to answer.*)

K. Wage Rates: Davis-Bacon Federal Wage Rates are usually required for any housing construction/rehabilitation projects funded by CDBG (8 or more total units). Do cost estimates include these Wage Rates? ___Yes ___No
*If no, explain below why wage rates are not included. (*Expand space below as needed to answer.*)

L. Proposed Use of City Parish Funding: Explain how you determined the amount of City Parish funding that will be needed for the project, how you anticipate the City Parish's funding will be used, and any phasing or timing considerations in drawing the City Parish's funding. If applying for both capital and operating funds (*submit separate budgets*), explain how the operational support is directly related to the capital project. (*Expand space below as needed to answer.*)

M. Estimated Annual Operational Budget: For facility proposed to be acquired, constructed or renovated, provide the anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. Attach documentation of commitments, if available, at end of application. Provide and attach operating proforma. (*Expand space below as needed to answer.*)

N. Tax Credits and Other Public Funds: If the proposed project financing includes Low Income Housing Tax Credits (LIHTC), Housing Opportunity Bond, and/or Tax Exempt Bond Financing; attach copy of LIHTC. Explain anticipated timing and availability of these funds. (*Expand space below as needed to answer.*)

O. Program Income and/or CHDO Proceeds: Explain any fees and income that are anticipated to be generated by the completed project. Include an estimate of the amount of revenue to be generated, its source, and anticipated use. If the agency has any previously-funded projects that generated program income and/or CHDO proceeds, please list those

projects, the amount of program income that was generated, when received, and how the amount was used. (*Expand space below as needed to answer.*)

P. Affirmative Marketing Plans: Housing development projects must include plans for marketing the assisted units to low-income eligible buyers or tenants, as applicable. Provide information regarding your marketing plan, including (1) a description of how you intend to attract low-income individuals/families, including any collaborative marketing efforts with other entities (2) copies or descriptions of any marketing materials for prospective applicants, and (3) informational materials describing homebuyer/ tenant/ resident responsibilities. (*Expand space below as needed to answer.*)

Q. Organizational Capacity: Describe other similar housing projects that you are currently developing and/or have recently developed. For each project, please provide (1) brief description of the project; (2) the status and anticipated completion dates; (3) the target market for the project; (4) current occupancy rate; (5) sources of financing; (6) how the project was implemented and managed; and (7) organization's business plan. (*Expand space below as needed to answer.*)

R. Staff and Consultant Services: Job descriptions of all staff to be paid under this project should be included as an attachment, as noted in the Section II. Checklist. If any consultants are to be used in implementing the proposed project, describe the consultant service below and explain why this is needed. (*Expand space below as needed to answer.*)

S. Previous Loan Status: If applicant has outstanding loans with the City Parish Office of Community Development on any previously funded housing projects, describe the terms and payment history. (*Expand space below as needed to answer.*)

**▶ Section IV.02: To Be Completed by Proposed CAPITAL PROJECTS FOR HOMELESS ◀
AND SPECIAL-NEEDS HOUSING: Acquisition, Development, and/or Rehabilitation**

A. For Homeless and Special-Needs Housing Facilities

| Bed Capacity Parish* in Facility | # Housing Units** in Facility | # Emergency Shelter Beds | # Transitional Housing Beds | # Permanent Supportive Housing Beds | Permitted Stay in months |
|----------------------------------------|----------------------------------|-----------------------------|--------------------------------|----------------------------------------|--------------------------------|
| | | | | | |

* Bed capacity is count of # of persons that could be housed if all bed spaces were full. Count a single bed as 1; count a crib as 1. Count a double/queen/king as 2 if this bed is intended for double occupancy, or as 1 if it is intended for single occupancy.

** Housing unit count not applicable for congregate housing such as shelters and transitional housing provided in group setting with shared common areas.

B. Populations to be Served: Specify the demographic and special-needs populations to be served by the project. If housing will serve homeless persons, include an estimate of the % beds to be occupied by the chronic homeless (defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years).

| Demographic Population (men, women w/children, etc.) | Approximate % of beds this group will occupy | Special-Needs Population (homeless, mentally ill, etc.) | Approximate % of beds this group will occupy |
|------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| | | | |
| | | | |
| | | | |

NOTE: percentages above may total more than 100% because categories may overlap.

*Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.

C. Project Beneficiaries: Describe specifically who will benefit from the proposed housing, including any eligibility requirements such as employed at time of admission, disability diagnosis, etc. If the chart in Section B. above includes a special-needs group, be specific as to how the facility/program will provide service targeted to that groups' needs. (*Expand space below as needed to answer.*)

D. Age of Building(s) Proposed for Funding and/or Adjacent Buildings

1. If new construction, what is the approximate age of any adjacent or nearby structure(s)?

_____.

2. If renovation/rehab, what is the age of the existing structure(s) or facility(ies)? (Structures over 50 years old are considered historic and require a historic assessment prior to funding. Call the Office of Community Development at 225-389-3039 for more information.)_____.

3. Is/are building(s) historic? ___Yes ___No Is the neighborhood or district historic? ___Yes ___No

4. If significant renovations have already occurred to structures, describe and give date(s), if known. (*Expand space below as needed to answer.*)

E. Overview Project Description: Describe specifically the proposed housing facility, including: whether proposed project is new construction, rehabilitation, or an adaptive reuse; information on the type of units to be developed or rehabilitated; and, if rehab or adaptive reuse, information on the present condition or characteristics of the facility or units. *(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)*

F. Project Management: Describe the process or entity that will be used to provide day-to-day management of construction activities, review of billings, and inspection of work in progress. *(Expand space below as needed to answer.)*

G. Timetable: Provide your timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume that the City Parish's funding will be available after November of the program year from which funding is being requested. Timetable should include any needed design or bid preparation activities, procurement actions, and all major components up to occupancy of the facility. *Note that general construction contractors and sub-contractors are subject to City Parish, state and federal procurement requirements and competitive bidding/selection and that insurance requirements apply. (Expand space below as needed to answer.)*

H. Source of Budget Estimate: Provide source of project's estimated costs and breakouts, by name (architect, contractor, agency), qualifications, and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications. *(Expand space below as needed to answer.)*

I. Property Appraisal: If the project includes acquisition of land/buildings, attach a copy of the property appraisal that was conducted no later than 18 months prior to the submission date of this proposal. If no such appraisal is available, explain below the basis for the valuation of the land/buildings, and the plan to obtain the needed appraisal. *(Expand space below as needed to answer.)*

J. Wage Rates: Davis-Bacon Federal Wage Rates are usually required for any housing construction/rehabilitation projects funded by CDBG (8 or more total units). Do cost estimates include these Wage Rates? ___ Yes ___ No
*If no, explain below why wage rates are not included. *(Expand space below as needed to answer.)*

K. Proposed Use of City Parish Funding: Explain how you determined the amount of City Parish funding that will be needed for the project, how you anticipate the City Parish's funding will be used, and any phasing or timing considerations in drawing the City Parish's funding. If applying for both capital and operating funds *(submit*

separate budgets), explain how the operational support is directly related to the capital project. (*Expand space below as needed to answer.*)

L. Estimated Annual Operational Budget: For the facility proposed to be acquired, constructed or renovated, provide anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. Provide documentation of commitments, if available, and an operating proforma. (*Expand space below as needed to answer.*)

M. Program Income: Explain any fees and income that are anticipated to be generated by the completed project. If the completed project will charge a fee for service or housing, explain how fees are calculated and applied, how much annual revenue is predicted to be generated by these fees, and how the revenue will be used. Address specifically the disposition of fee-generated revenues above and beyond the program's operational expenses (*Expand space below as needed to answer.*)

N. Agency Construction Experience: Describe other similar construction projects that the agency has recently developed (within last five years). For each project, please provide (1) a brief description of the project; (2) its completion date; (2) its current use and/or occupancy rate; (3) sources of construction financing; (4) current sources of operational funding; and (5) how the project was implemented and managed. (*Expand space below as needed to answer.*)

O. Agency Operational Experience: Describe experience that relates specifically to the proposed activity. If agency has not previously implemented any activities similar to proposal, describe other major areas of experience related to agency's ability to implement proposed project. If needed, attach documentation of experience in related area (may include letters of support, funding commitments, and descriptions of past activities). (*Expand space below as needed to answer.*)

P. Collaborations and Partnerships: Briefly describe any collaborations, partnerships, or other working relationships within your service arena which will enhance effective service delivery and /or problem resolution for clients of the proposed facility. (*Expand space below as needed to answer.*)

Q. Client-Service Effectiveness: Specify the benefits that agency clients have realized, in the past two years, from related services provided by this agency. Include numbers and types of clients realizing or achieving each benefit. If available, attach documentation of client service levels and achievements, such as copies of reports to other funders. (*Expand space below as needed to answer.*)

NOTE: If project includes both capital and operational funding and agency is submitting request for funding for both components, the same match cannot be used for both components.

| Proposed Source | C/IK ¹ | \$ Value | Status Code ² | Date that \$/Resource will be Available to Project |
|-----------------|-------------------|----------|--------------------------|----------------------------------------------------|
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| Total \$ Value: | | | | |

¹Indicate whether Resource is being provided as Cash (C) or an In Kind (IK) contribution.

²Status Codes:

C = Committed: Attach documentation or provide timetable for submission of documentation. Professional in-kind match is considered as Committed only with written documentation. For continual-funding resources not yet committed for next year, provide most recent award letters. Additional documentation may be submitted as available through August. If committed but undocumented, explain in C. below.

A = Applied For: Provide status and estimated notification date C. below.

TBR = To Be Raised: Describe funding plan and timetable in C. below.

C. Explanation of Status for Other Resources (*Expand space below as needed to answer.*)

D. For Housing Development Projects Only: **Attach development’s sources and uses statement.*