
COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY

MULTIFAMILY HOUSING PROGRAM (MHP) APPLICATION

For eligible activities administered by the Michigan Economic Development Corporation (MEDC) on behalf of the Michigan Strategic Fund (MSF)



**MICHIGAN
ECONOMIC**
DEVELOPMENT
CORPORATION

Published December 2024

PURE *M*ICHIGAN®

INTRODUCTION & PROCEDURES

APPLICATION INSTRUCTIONS

MEDC will provide applicants with guidance on how to complete and submit the application through MEDC held Office Hours posted on the recovery [website](#). Questions and applications should be sent to this inbox: cdbg@michigan.org. MEDC will review questions once a week and provide responses on the website.

Please ensure to read the Multifamily Housing Program (MHP) Program Guidelines and the Grant Administration Manual before completing the application. The attached forms are designed to obtain pertinent information, not lengthy narrative. Forms provided must be used and completed according to instructions. Partial submissions will not be accepted. Please type or print all responses.

Section 1: Applicant Details

- **Applicant Information:** Identify the lead contact for the application submission and provide general applicant identification information.
- **Coordination and Partnerships:** Provide the co-applicants name (list all involved in this project) and details regarding the support being provided from co-applicants.
- **Application Funding:** Identify the total amount of funding requested and the jurisdictions involved and benefitting by the proposed project. Each project must be submitted as a separate application.
- **Capacity Plan:** MEDC needs to assess the capacity of the Unit of General Local Government (UGLG) implementing entity to carry out programs funded by the grant funds. The applicant should identify key staff and explain how they will ensure compliance with CDBG-DR regulations regarding compliance, financial management, project implementation, and closeout procedures.
 - Please attach an organizational chart that identifies key staff associated with project delivery, including proposed contractors and partners.
 - Identify if the applicant has worked with prior CDBG and/or HOME-related funding, has open findings on existing grants, and if there is any conflict of interest concerns.
 - Provide supporting documentation to highlight previous experience with a similar project type and project scale.
- **Grant Administration:** Applicants must identify if they plan to procure a Grant Administrator or will rely on their staff to administer and provide oversight of the grant funds. Documentation of the Grant Administrators experience with administering federal grants must be provided, including references.
- **Supporting Documentation:** Submit required documents by checking attachments that are included. Applicants can provide additional documents as needed.

Section 2: Project and Developer Information

Section 2 will focus on the proposed multifamily affordable housing development project and the development team that will be responsible for carrying out the activity. Each proposed project must be submitted as a separate application with the required corresponding documents.

Project Scope and Summary:

- **Project Title:** The name of the project should define the proposed project and reflect the project name anticipated to be used on marketing collateral including signage.
- **Project Description:** Provide project narrative, outlining the purpose of the project, how it addresses a remaining unmet need following the disaster, and the proposed scope of work. If there are multiple sites, express the need for each site and how they complement each other. Identify state and local assets.
 - Attach associated documentation to support the project description as applicable. A narrative can be attached to include a longer description or report associated with the project as necessary.
 - If the project has design or construction documents, including schematics or pre-design documents, specifications, or land surveys.

- Associated documentation may also include feasibility studies or other environmental studies already completed. Or endorsements and permits.
- **Project Site:** Provide a clear address location of project, if the project has not been assigned an address at the time of application, please ensure to include location/cross streets (if available) (i.e., SW corner of 5th Avenue and Main Street).
 - The Project Site map should include surrounding neighborhood points of interest, community resources, and highlight other elements that may support the project description and public benefit.
- **Project Disaster Tie-Back:** Describe how the project addresses an unmet need following the qualifying disaster.
 - Provide evidence of the disaster tie-back for the project. For direct property impacts this may include damage assessments, FEMA PW outlining impacts and needs, and before and after photos. For indirect impacts, this may include photos, impact reports or assessments, associated data, news articles referencing impact to the project site, community input and public feedback, government-issued plans or declarations for disaster impacts, etc.
- **Most Impacted and Distressed (MID):** Identify where the project site is located within the qualifying MID areas identified, according to the qualifying disaster. If the project site is not located in one of the identified areas, the project is ineligible.
- **National Objective:** Indicate whether the project will meet the national objective of LMH, or UN.
 - Include a narrative and supporting documentation as evidence for the national objective selection and determination process. Please refer to the GAM for more information.
- **Benefit to Disadvantaged & Vulnerable Populations:** Projects that benefit the most at-risk and vulnerable populations may receive additional points. Explain the extent to which the project benefits disadvantaged, vulnerable, and underserved communities and include documentation of the Social Vulnerability Index (SoVI) and other data of the area served.
 - Provide data and associated maps that will support this narrative and determination. An additional document or report may be attached to provide further detail.
- **Compliance Check:** Select all elements that may apply or could potentially apply to the proposed project including but not limited to Procurement, Fraud, Waste and Abuse, Crosscutting Federal Requirements related to Civil Rights, Fair Housing, Section 504, ADA, Labor Standards, Section 3, MBE/WBE, etc.).
- **Mitigation Measures:** Select the mitigation measures that the project will address. Note, these measures should be outlined and expressed within the project description and scope of work.
- **Resilience Metrics:** Select the resilience metrics being calculated/tracked for the project. Note, these measures should be outlined and expressed within the project description and scope of work.
- **Community Outreach Efforts:** Community outreach efforts must be submitted with the application according to the MEDC Citizen Participation Plan.
 - Confirm the outreach efforts were completed and attach the supporting documentation to include Public Hearing Notice, Public Hearing Meeting Minutes or Summary, and the Public Participation Form.
 - Attach the Local Citizen Participation Plan for review.
- **Project Budget Details:**
 - Include a proposed project budget with detailed description of anticipated costs by category of work, including support services, program management, and administration. Provide the amount for all leveraged funding and details regarding the purpose of the funding.
 - Attach, as supporting documentation, a preliminary construction cost estimate prepared by a licensed engineer or architect.
- **Excel Proforma Workbook:** Complete the CDBG-DR Excel Proforma workbook that will be used to analyze the fiscal viability of the project as well as determine the funding needs and award of CDBG-DR funding. The Excel workbook includes details pertaining to Total Development Budget, Sources and Uses, Tax Credit Information (if project is applying for competitive and/or non-competitive tax credits), Subsidy Layering, Leveraging and Cost Effectiveness, Long-Term Fiscal Viability, etc.

- **Project Activities:** Indicate the start date and end date of listed project activities, this should align with the Project Schedule. The program has a set timeline and projects must be closed out within three years, unless MEDC provides an extension. The start and end dates do not include the grant closeout period.

Attached Documents:

- Indicate with a check whether the listed documents are attached. If the documents are not applicable, please indicate so. If the documents are applicable, but are not readily available, please indicate anticipated date of availability. This section should act as a guide to completing the application.

THRESHOLD REQUIREMENTS

The application must meet the following minimum threshold requirements:

- **Eligible Activities** – New construction, substantial rehabilitation or reconstruction of affordable rental units.
- **Eligible Applicants** – Applicant must be a unit of local government.
- **Eligible Location** – Project benefits HUD-identified MID Areas.
- **Meets National Objective** – Low Moderate Housing (LMH) or Urgent Need (UN)
- **Minimum Development Size** – The developments must be comprised of at least five (5) residential rental units.
- **Eligible Project Type** – Projects must be new construction, reconstruction, or substantial rehabilitation of one of the following development types:
 - Family Housing
 - Elderly Housing
 - Special Needs/Vulnerable Populations
 - Supportive Housing/Permanent Supportive Housing (PSH)
- **Commitment to Minimum Building Standards** – Projects must be new construction, reconstruction, or substantial rehabilitation of one of the following development types:
 - Green and Resilient
 - Broadband, where feasible
 - Energy Efficient
- **Local Support** – The proposed project demonstrates the support of the jurisdiction and other jurisdictions within the proposed development’s sphere of influence, where applicable.
- **Application** – Submission is timely and complete with supporting documentation.

EVALUATION CRITERIA

Upon determination that applications meet threshold requirements, applications will be evaluated and scored on the following project components:

- **Project Readiness (maximum 20 points):** Applicant has some form of site control, and the project is anticipated to receive entitlements within a year of award of funding. Higher points maximum the maximum points for this criterion will be awarded for projects that are shovel ready or able to proceed with construction within 6 months or less.
- **Project Budget and Leveraging (maximum 25 points):** Project budget is complete and anticipated development costs meets cost reasonableness. Project meets minimum leveraging criteria (i.e., CDBG-DR funding does not exceed 40% of Total Development Costs), 20-year proforma demonstrates long-term financial viability and positive cashflow during affordability period.
- **Sources and Uses (maximum 10 points):** All sources and uses of funds (federal, state, local, private, etc.) are clearly included and accompanied by sufficient evidence of commitment, all

financial gaps are adequately covered, funding is available and eligible for proposed uses, and there is no Duplication of Benefits from any sources.

- **Experience and Qualifications (maximum 20 points):** Development Team has recent demonstrated experience successfully completed affordable housing project(s) similar in size, scope, budget, and complexity of funding. Greater points will be given for the number of completed projects. Additionally, the Development Team must demonstrate operational and fiscal capacities.
Affordability – Unit and Income Mix (maximum 10 points): All units will be affordable to lower income households; unit mix is proportionate amongst income levels.
- **Scope of Development (maximum 10 points):** Scope of proposed development, including maximizing the number of housing units provided, adequate open space and community areas, onsite amenities, and building design and aesthetics are appropriate to the surrounding area/community. Please note: projects serving special populations with increased accessibility requirements must provide more than the minimum 5% of units for mobility and 2% of units for visual/audio accessibility accommodations.
- **Proximity to Amenities Increasing Opportunity (maximum 5 points):** Projects are in locations that increase access for lower income households to transportation, amenities, parks, education, health, goods, services, job and employment centers, etc.
- **Special Consideration for Disadvantaged and Vulnerable Populations (maximum 4 points):** Projects that serve and benefit the most at-risk and vulnerable populations may receive additional points, as follows:
 - Project has greater than 10% of units serving Extremely Low Income households **(2 point)**
 - Project serves Elderly Persons **(1 point)**
 - Project serves individuals with at least one disability **(1 point)**

SUBMITTAL REQUIREMENTS

Section 3: Required Attachments

Applicant Documents

- MID Area Documentation
- Disaster Tie-Back Documentation
- National Objective Documentation
- Published Public Notice
- Public Hearing Minutes or Summary
- Authorizing Resolution
- Anti-Displacement and Relocation Assistance Plan
- Subrecipient Policies and Plans
- CDBG-DR Assurances and Certifications

Project Documents

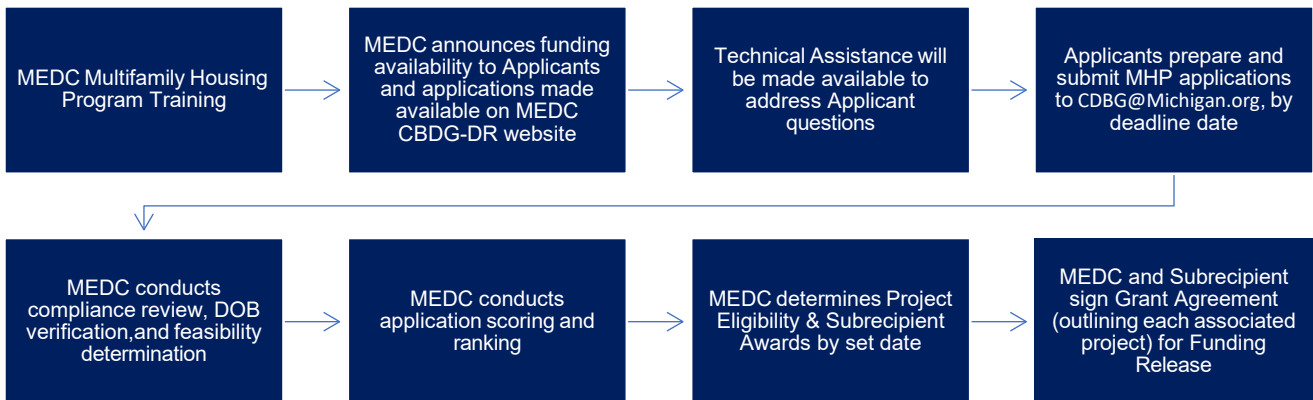
- Project Location Map
- Flood Map
- Site Plan
- Site Photos
- Site Control
- Valuation of Property
- Evidence of Compliance with Local Zoning/Approvals
- Support of Local Jurisdiction and Community

- Project Schedule/Timeline
- Plans and Specifications
- Preliminary Cost Estimates
- Funding Commitments
- Market Study
- Draft Affirmative Fair Housing Marketing Plan (AFHMP)
- Excel Proforma Workbook

Developer Documents

- Development Team Qualifications
- Development Team Experience
- Organizational Chart of Partnership
- Legal Entity and Formation Documents
- SAM Registration – Unique Entity Identifier (UEI)
- Federal Suspension and Debarment
- Audited Financial Statements
- Credit References

APPLICATION REVIEW PROCEDURES



It is anticipated that MEDC will use a single round of competitive funding to award funds to local governments for eligible multifamily rental projects. If all of the funding is not awarded in the first round, MEDC may offer additional rounds of funding. MEDC may, at its discretion, prioritize applications not funded with this round of funding should additional funds become available.

Application reviews will be based on application responses, supporting documentation submitted, and third-party verifications. MEDC will post the funding rounds and publish the awards on the main recovery website: <https://www.miplace.org/cdbq-dr/>.

SECTION 1

APPLICANT INFORMATION

Official Applicant: Unit of General Local Government (UGLG)	
Mailing Address: Street/PO Box, City/County, State & Zip Code	
Applicant Project Point of Contact (POC) Name	
Applicant POC Title	
Applicant POC Address	
Applicant POC Telephone Number	
Applicant POC Fax Number	
Applicant POC E-Mail Address	
Applicant's Unique Entity Identifier (UEI) #	
Applicant's Federal Tax ID (FEIN) #	

SECOND POINT OF CONTACT

Applicant Second POC Name	
Applicant Second POC Title	
Applicant Second POC Telephone Number	
Applicant Second POC Email Address	

CHIEF ELECTED OFFICIAL

Chief Elected Official Name	
Chief Elected Official Title	
Chief Elected Official Email	

CAPACITY PLAN

--	--

Does the UGLG have open CDBG and/or HOME grants, including CDBG housing grants, or executed Letters of Intent (LOI) related to a CDBG project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the grant number(s) and project name in the case of a LOI:	
Does the UGLG have any unresolved CDBG and/or HOME grant issues and/or findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide the grant number and explain the issues and/or findings:	
Does UGLG have Single Audit Findings? If yes, please explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Conflict of Interest, check all that apply:	<input type="checkbox"/> Employees, agents, consultants, officers, elected board members or appointed officials of the UGLG will obtain a financial interest or benefit from a CDBG assisted activity or will have an interest in any contract, subcontract or agreement with respect thereto, or in the proceeds hereunder, either for themselves or for those with whom they have family or business ties, during their tenure or for one year thereafter. <input type="checkbox"/> Officials and staff of the UGLG will be a party to contracts involving the procurement of goods and services assisted with CDBG funds. <input type="checkbox"/> No conflicts.

ADMINISTRATION

Identify who will be responsible for administering the proposed project (Check One). NOTE – Administrative contracts cannot be signed until authorized by the MEDC.

- A CGA will be procured to assist the UGLG with administering the project.** The CGA has not yet been selected and the contract amount is unknown. The contract has not yet been signed and MEDC will fund the costs.
- UGLG staff will administer the project.** Provide the name and contact information for the point of contact at the UGLG who will be responsible for administering the proposed project:
Name:
Business Address:
Phone #:
E-mail:

ATTACHED DOCUMENTS

ATTACHED	ATTACHMENT DOCUMENT NAME
<input type="checkbox"/> Yes <input type="checkbox"/> No	Organizational Chart (Identify Key Staff)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Experience Documentation (Similar projects of size, scale, and type)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Statements (Single Audit or Comprehensive Annual Financial Report (CAFR))

Additional Comments:

AUTHORIZED OFFICIAL FOR APPLICANT

SIGNATURE:			
Name and Title		Date:	
E-Mail Address			

SECTION 2: PROJECT/DEVELOPMENT TEAM INFORMATION

PROJECT INFORMATION/SCOPE

Project Name:		Project Address/Location*: <small>*use cross-streets if no address assigned at time of application</small>	
City/State/Zip Code:		County:	APN(s):
Census Tract(s):		Congressional District:	Legislative District:
<p>Project Description (please be as descriptive as possible as the information provided will be used to score the project):</p> <p>Project Financing Plan:</p>			
Property Valuation:	Purchase Price:	Appraised Value:	Appraisal Date:
Form of Site Control:	<input type="checkbox"/> None <input type="checkbox"/> Purchase Agreement <input type="checkbox"/> Option	<input type="checkbox"/> Grant/Warranty Deed <input type="checkbox"/> Ground Lease <input type="checkbox"/> Other:	
Does Project Tie-Back to 2020 Severe Storm Disaster?			
Most Impacted and Distressed (MID) Area Served:	<input type="checkbox"/> Midland County <input type="checkbox"/> Saginaw County <input type="checkbox"/> Gladwin County		
Which CDBG-DR Eligible Activity does the project fall under?	<input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Rehabilitation <input type="checkbox"/> Reconstruction		
Project Characteristics:	Total Land Area (acres):		Total Building Area (gross sq. ft.)
	Net Building Area (sq. ft.)		
	Space		Gross Square Footage
	Residential Units - Low Income:		
	Residential Units - Market:		
	Nonresidential/Manager Units:		
	Common Space:		
	Recreation:		
	Other:		
	# of Buildings:		# of Stories:
# of Manager Units:			
Type of Parking:		Total Parking Spaces:	

Project Amenities:	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Cable <input type="checkbox"/> Laundry Facilities <input type="checkbox"/> Washer/Dryer Hook-up <input type="checkbox"/> Playground/Tot-Lot <input type="checkbox"/> Community Center <input type="checkbox"/> Open Space/Common Areas <input type="checkbox"/> BBQ Facilities <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:																																																								
Project Type (Select One):	<input type="checkbox"/> Family <input type="checkbox"/> Senior <input type="checkbox"/> Special Needs/Vulnerable Populations <input type="checkbox"/> Supportive Housing/Permanent Supportive Housing (PSH)																																																								
Total Number of Units: Number of CDBG-DR Designated Units:																																																									
Accessibility Units:	# of Mobility Units (must be minimum 5% of total units) # of Visual/Hearing Impaired Units (must be minimum 2% of total units)																																																								
Unit/Affordability Mix:	<table border="1"> <thead> <tr> <th>Income Levels</th> <th>SRO/ Efficiency</th> <th>1 bedroom</th> <th>2 bedroom</th> <th>3 bedroom</th> <th>4 bedroom</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>30%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>50%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>60%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>80%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager's Unit</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Market Rate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Income Levels	SRO/ Efficiency	1 bedroom	2 bedroom	3 bedroom	4 bedroom	Total	30%							50%							60%							80%							Manager's Unit							Market Rate							Total						
Income Levels	SRO/ Efficiency	1 bedroom	2 bedroom	3 bedroom	4 bedroom	Total																																																			
30%																																																									
50%																																																									
60%																																																									
80%																																																									
Manager's Unit																																																									
Market Rate																																																									
Total																																																									
National Objective (met/being met):	<input type="checkbox"/> Low to Moderate Housing (LMH) <input type="checkbox"/> Urgent Need (achievable with mixed income projects that include market rate units)																																																								
If infrastructure in support of housing is being funded as part of the project, what is the percentage of the LMI persons benefiting from the project based on the service area (see HUD LMI list posted on MEDC website).	%																																																								
Benefit to Disadvantaged & Vulnerable Populations: (Address the extent to which the project benefits such populations and underserved communities and include documentation of the Social Vulnerability Index (SoVI), or other data of the area served.																																																									

<p>Compliance Check <i>(select all that apply/potentially apply):</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Will NOT trigger relocation or displacement of tenants. <input type="checkbox"/> Will trigger Davis Bacon/federal prevailing wages. <input type="checkbox"/> Will impact historic properties or archaeological sites and districts. <input type="checkbox"/> Will impact wetlands. <input type="checkbox"/> Located in a floodplain and/or will impact a floodplain. <input type="checkbox"/> Located in a coastal zone. <input type="checkbox"/> Will require local, state, and federal permits. <input type="checkbox"/> Will result in the acquisition of easements. <input type="checkbox"/> Will result in special fees (i.e., tap in / hookup fees, special assessments). <input type="checkbox"/> None of the above
<p>Mitigation Measure: <i>(select all that apply):</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Incorporates resilient construction standards <input type="checkbox"/> Uses resilient building materials and technology <input type="checkbox"/> Incorporates elevation standards <input type="checkbox"/> Use of more renewable energy technologies <input type="checkbox"/> Utilization of backup power for critical facilities <input type="checkbox"/> Integration of open space or use of nature to manage flooding <input type="checkbox"/> Other:
<p>Resilience Metrics <i>(select all that apply):</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Number of acres no longer vulnerable to flood events <input type="checkbox"/> Number of properties with access above 100 year or 500-year flood level <input type="checkbox"/> Number of residents protected from future flooding <input type="checkbox"/> Other:
<p>Green Building Metrics: <i>(Select that which applies)</i></p>	<p>Will meet the following industry-recognized standard:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enterprise Green Communities <input type="checkbox"/> LEED (New Construction, Homes, Midrise, Existing Buildings Operations and Maintenance, or Neighborhood Development) <input type="checkbox"/> ICC-700 National Green Building Standard <input type="checkbox"/> Living Building Challenge <input type="checkbox"/> Other Equivalent Comprehensive Green Building Program Acceptable to HUD:
<p>Energy Efficiency Metrics <i>(select that apply):</i></p>	<p>Will meet the following minimum energy efficiency standard:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ENERGY STAR <input type="checkbox"/> DOE Zero Energy Ready Home <input type="checkbox"/> EarthCraft House, Earth Craft Multifamily <input type="checkbox"/> Passive House Institute Passive Building or EnerPHit certification from the Passive House Institute US (PHIUS), International Passive House Association <input type="checkbox"/> Greenpoint Rated New Home, Greenpoint Rated Existing Home (Whole House or Whole Building label) <input type="checkbox"/> Earth Advantage New Homes <input type="checkbox"/> Other Equivalent Energy Efficiency Standard Acceptable to HUD:
<p>Will project meet broadband infrastructure requirement?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain

OWNERSHIP ENTITY INFORMATION

Owner Name:		Taxpayer ID/EIN:																															
Type of Ownership (select only one):	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Local Government <input type="checkbox"/> Other: <input type="checkbox"/> None of the above																																
Ownership Principals:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 15%;">Taxpayer ID/EIN</th> <th style="width: 15%;">GP/LP</th> <th style="width: 15%;">Ownership Interest</th> <th style="width: 35%;">Nonprofit</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">%</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">%</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">%</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">%</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">%</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			Name	Taxpayer ID/EIN	GP/LP	Ownership Interest	Nonprofit				%	<input type="checkbox"/> Yes <input type="checkbox"/> No				%	<input type="checkbox"/> Yes <input type="checkbox"/> No				%	<input type="checkbox"/> Yes <input type="checkbox"/> No				%	<input type="checkbox"/> Yes <input type="checkbox"/> No				%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Taxpayer ID/EIN	GP/LP	Ownership Interest	Nonprofit																													
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
			%	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
Is any part of the Ownership on HUD's Excluded Parties List?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate which Owner(s):																																

DEVELOPMENT TEAM INFORMATION

<u>Developer</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Architect</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Engineer</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		E
<u>General Contractor</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		E
<u>Property Management</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Legal</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Consultant</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Guarantor</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Management Agent</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Private/Public Lender (Construction)</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:
Phone:	Fax:		Email:
<u>Private/Public Lender (Permanent)</u>			
Mailing Address	Contact:	Title:	SAM UEI Number:

Phone:	Fax:	Email:
<u>Private/Public Lender</u>		
Mailing Address	Contact:	Title:
Phone:	Fax:	SAM UEI Number:
<u>Equity Lender (if applicable)</u>		
Mailing Address	Contact:	Title:
Phone:	Fax:	SAM UEI Number:
<u>Other</u>		
Mailing Address	Contact:	Title:
Phone:	Fax:	SAM UEI Number:
Development Team Experience. Please explain the development team number of projects and description of projects of similar size, scope, complexity, budget, sources of funding, target population(s). Include year developed/ placed in service, number of units, affordability mix, etc.		
Has any development team member participated as owner or manager in the development or operation of a project that has defaulted in the previous five years? If yes, explain. Please list the names and dates of projects.		<input type="checkbox"/> No <input type="checkbox"/> Yes;
Has any development team member acting in the role of sponsor, developer, guarantor or owner been involved with any project with a defaulted or nearly defaulted loan? If yes, explain.		<input type="checkbox"/> No <input type="checkbox"/> Yes;
Has any development team member received a reservation, allocation, or commitment of funding credits within the last four years that it was unable to use or has a member of the development team been unable to place a project in service within the time allowed by the funder? If yes, explain.		<input type="checkbox"/> No <input type="checkbox"/> Yes;
Does any development team member have unpaid fees, loan arrearages or other obligations due on any projects? For general partners or management agents with projects that received tax credit allocations, have tax credit compliance problems occurred in the management of the		<input type="checkbox"/> No <input type="checkbox"/> Yes;

PROJECT BUDGET DETAILS		
Total Project Budget:		
Total Funding Sources not including CDBG-DR Funds:		
Total Financing Gap:		
TYPE OF FUNDS <i>(grant, silent loan, debt service, residual receipts, etc.)</i>	SOURCE OF FUNDS	AMOUNT
	Amount of CDBG-DR funds requested	
	Entitlement CDBG (state, city)	
	UGLG's Local Funding	
	HOME Investment Partnership (HOME)	
	Housing Trust Fund (HTF)	
	Low Income Housing Tax Credit (LIHTC)	
	Multifamily Bonds (tax-exempt)	
	Multifamily Bonds (taxable)	
	Project-Based Housing Vouchers (PBV)	

	American Rescue Plan Act (ARPA)	
	State and Local Fiscal Recovery Funds (SLFRF)	
	Other:	
	Other:	
	Other:	
	Other:	

* Note: All identified leveraged funding must be confirmed ahead of the grant agreement through a verified duplication of benefits analysis.

PROJECT ACTIVITIES (Timeline includes timing of procurement and start-up)		START DATE	END DATE
Acquisition (if applicable)			
Environmental Review			
Entitlements			
Design & Engineering			
Bidding			
Construction			
Additional Comments:			
COMMUNITY OUTREACH EFFORTS			
Project information posted on the UGLG's public website, newspapers of general circulation, or other media:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
UGLG allowed for a 10-day public comment period (from the day of the Public Notice), allowing comments through a range of channels, including mail, email, phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
UGLG held a public hearing and allowed a minimum of 5 business days to notify the public of the meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3 – REQUIRED ATTACHMENTS		
DOCUMENTATION	INCLUDED WITH SUBMISSION (If no, please provide additional information)	ADDITIONAL INFORMATION
APPLICANT DOCUMENTS		
MID Area Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Disaster Tie-Back Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:

National Objective Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
<u>Published</u> Public Notice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Public Hearing Minutes or Summary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Authorizing Resolution	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Anti-Displacement and Relocation Assistance Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Subrecipient Policies & Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
PROJECT DOCUMENTS		
Aerial Project Location Map, Flood Map, Site Plan, and Site Photos	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Evidence of Site Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Valuation of Property (i.e., appraisal or current tax documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Evidence of Compliance with Local Zoning/Approvals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Support of Local Jurisdiction and Community	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Project Schedule/Timeline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Plans and Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Project Contract(s), Bids, Quotes, Estimates, Consultant Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Preliminary Construction Cost Estimate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Funding Commitments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Market Assessment or Study (not more than 180 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Draft Affirmative Fair Housing Marketing Plan (AFHMP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Supportive Services Plan (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
MHP Excel Proforma Workbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
DEVELOPER DOCUMENTS		
Development Team Qualifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Development Team Experience (list of affordable housing portfolio)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Organizational Chart of Partnership Structure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Legal Entity (select applicable structure): <input type="checkbox"/> Corporations <ul style="list-style-type: none"> • Articles of Incorporation • Bylaws • Resolution Authorizing Signer <input type="checkbox"/> LLC <ul style="list-style-type: none"> • Operating Agreement • Certificate of Good Standing from State of Organization • Resolution Authorizing Signer <input type="checkbox"/> LLP <ul style="list-style-type: none"> • Limited Partnership Agreement • Certificate of Good Standing from State of Organization • Resolution Authorizing Signer <input type="checkbox"/> Partnership <ul style="list-style-type: none"> • Partnership Agreement 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:

• Resolution Authorizing Signer		
IRS Employee Identification Number (EIN)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
SAM Registration – Unique Entity Identifier (UEI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Federal Suspension and Debarment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Audited Financial Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Credit References	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:
Operating Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable/not available until <input type="checkbox"/> Other:

AUTHORIZED OFFICIAL FOR APPLICANT

By signing, I agree that the information provided is true and accurate, as of the date of this application. I understand and agree that the project will be subject to federal, state, and local requirements and regulations. I understand that the submission of this application by you nor the review of this application by MEDC implies nor constitutes an award. I understand that participation is voluntary in nature, and that I am under NO obligation to participate. I may elect not to proceed at any time before signing a development agreement. I understand that an environmental review must be completed before funds can be committed, a Notice to Proceed can be issued, or construction can begin. I understand that choice-limiting actions as defined at 24 CFR 58.22 are prohibited until the environmental review is approved by MEDC or this application is rejected or withdrawn.

Please ensure to sign and date your application, applications not signed and dated are considered incomplete and will not be evaluated.

SIGNATURE:

Name and Title		Date:	
E-Mail Address			