

AFFORDABLE HOUSING & HOMELESS
HOUSING AND ASSISTANCE FUNDS
148/149 FUNDS
APPLICATION

Proposals must be RECEIVED by: 9/30/22 at 4pm

JEFFERSON COUNTY
THROUGH THE COUNTY & CITY OF PORT TOWNSEND
HOUSING FUND BOARD

Application

Affordable Housing & Homeless Housing and Assistance Funds

148/149 Funds

For use from 1/1/23 to 12/31/23

GENERAL INFORMATION –It is understood that if awarded funding for this period, there is no guarantee of future funding beyond this award.

We estimate the available funding for this period to be approximately \$102,000 in Fund 148, \$518,500 in Fund 149

LIST ELIGIBLE USES of FUNDS

Name of Project or Program			
Requested total amount for this application:		\$	
Area of the County to be served:			
Name of Applicant/Agency:		Federal Tax ID #:	
Contact Person:		Title:	
Address:		City:	
State:		Zip:	
Phone Number:		Fax Number:	
E-mail:			

CERTIFICATION by Authorized Agency Representative (Board President, CEO, or another person authorized to bind the agency in a contract).

Name of Authorized Agency Representative (print): _____

Title: _____

- Applicant certifies that these funds will be used as described in this application unless a change has been mutually agreed upon between Contractor and Jefferson County Board of County Commissioners. Substantive amendment requests will also require the approval of the Housing Fund Board (“HFB”).
- Applicant certifies that the information in this application is true and correct.
- Applicant certifies that it has no outstanding obligations to the County with respect to housing funds.

Signature of Authorized Agency Representative

Date

SPECIFIC INFORMATION

Please separately tab each section of the application submission as to Project or Program Description, Capacity, Alignment, Approach, Impact of Funds, Budget.

PROJECT DESCRIPTION

- Name of Project or Program:

- Amount requested: _____
- Provide a brief description of the Project or Program: **(LIMIT 200 WORDS)**
- Specify the Project or Program goals and expected outcomes. Specify the methods by which the Project or Program will be measured and assessed. **(LIMIT 300 WORDS)**
- Specify the number of units of housing to be created or number of individuals who will be served by the Project or Program.
- **Specify the eligible use under 148/149 for which the Project or Program qualifies.**

A CAPACITY - Experience Providing Similar Program Services or Developing Similar Projects (15 Points)

Provide a brief description of the recent (within the last 5 years), relevant (same or similar Project or Program), and successful (goals and objectives met) experiences of the organization.. If the organization has previously received funds from the 148 or 149 Fund provide a brief update. **(LIMIT 300 WORDS)**

- If this is a collaborative Project or Program, identify the other partners involved, their role, and your role. If you are partnering with another agency/agencies, *attach their letter of commitment and any MOUs.*

Financial Capacity

Please provide the following if applicable:

- ✓ Current operating budget for the organization requesting the funding
- ✓ Annual report for the previous year
- ✓ Most recent year audited financials OR
If applicant has not been audited within the last two (2) years, a certified “Current Financial Statement” must be submitted in lieu of an audit report

B ALIGNMENT- Aligns with 5 Year Housing Plan and includes community outreach (15 Points) (LIMIT 400 WORDS)

C APPROACH - Completeness of Proposal and Readiness (20 Points) (LIMIT 400 WORDS)

- Is the Project or Program ready to use the funding now or are there actions to be taken before the Project or Program can begin? If so, what are those actions?
- Will the requested funds fully fund the Project or Program? If not, how does the organization intend to fill the gap?
- Could the Project or Program be scaled (include the per unit cost of the Project or Program)?
- Have additional funds have been requested or will be requested. Identify the sources for those requests and the status of the requests.

D IMPACT OF FUNDS - Leverage of Other Funds and Number of Persons Assisted (25 Points) (LIMIT 400 WORDS)

- Are you using any matching funds? If yes, what is the source?
- Are the requested funds to be used as a match for this Project or Program? If yes, provide a description of the Project or Program to be matched and how it relates to the goals and priorities of the Five-Year Plan. Also, provide a budget for the entire Project or Program including funding from all sources and identify what portion of the Project or Program these funds will support.
- Specify the number of housing units that will be created or the number of individuals who will be assisted with this Project or Program in the first year.
- Discuss how this Project or Program will be sustained after these funds are exhausted.

E PROJECT OR PROGRAM BUDGET – A Feasible Financial Plan (25 Points)

BUDGET FORMS

Funding period **begins August 1, 2022** and **ends July 31, 2023**

Please use the attached budget templates. If you need additional space, you may insert rows. “Proposal” refers to the funds requested from these funds that will be applied to this specific Project or Program. Blank spaces are provided for additional categories. Justification for budget items must be specific, and that same specificity should be reflected in subsequent billings. A maximum 10% Administration fee is allowed for projects if needed, however, Administration fees are not allowed for Capital Projects.

CAPITAL BUDGET FOR REAL ESTATE DEVELOPMENT USES

Financing Categories	Estimate	Basis of Estimate
Total Acquisition Costs	\$	
Construction	\$	
Construction Fees	\$	
Financing Fees and Charges	\$	
Guarantees and Reserves	\$	
Developers Fee	\$	
	\$	
	\$	
Subtotal	\$	
TOTAL	\$	

SOURCES

Financing Categories	Estimator	Indicate if Committed or Application has been made. If not made indicate date application is to be submitted
Private Loan	\$	
Jefferson County Funds	\$	
Public Sources (State or Federal Funds)	\$	
Foundations	\$	
Donations	\$	
Low Income Housing Tax Credits (indicate 9% or 4%)	\$	
Historic Tax Credits	\$	
New Market Tax Credits	\$	
Gap (if any)	\$	

TOTAL	\$	
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Please include any budget narrative that is descriptive or helpful to explain any part of your proposed expenditures in your capital budget(s). (LIMIT 300 WORDS)

PROGRAM OPERATING BUDGET

[DATES]

Budget Categories	Program	Proposal	Justification	Priority
Salaries	\$	\$		
Benefits	\$	\$		
Rental Subsidies	\$	\$		
Utilities	\$	\$		
Insurance	\$	\$		
Food/Supplies	\$	\$		
Furnishings/Equipment	\$	\$		
Repair/Maintenance	\$	\$		
Transportation (explain)	\$	\$		
	\$			
Subtotal	\$	\$		
Administration (10% max.)	\$	\$		
TOTAL	\$	\$		

If your Project or Program includes salaries and benefits, please list position(s) and FTE to be paid by these funds (FTE should be that percentage of time the employee is dedicated to this Project or Program):

Position	Salary	Benefits	FTE

FUNDING SOURCES FOR THE PROGRAM in 2022

Funding Sources	Awards 20XX	Awards 20XX	Indicate if Committed or Application has been made.
Public Sources (State or Federal Funds)	\$	\$	
Private Donations	\$	\$	
Foundation Grants	\$	\$	
United Campaigns	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL	\$	\$	

Please include any budget narrative that is descriptive or helpful, to explain any part of your proposed expenditures. For instance, if you are requesting furnishings or appliances specifically for housing included in your Project or Program, what are the items you are requesting?

(LIMIT 300 WORDS)