

Homekey Round 2

Notice of Funding Availability (NOFA) September 9, 2021
(As Amended January 14, 2022)

Application Workbook

Rev. 2/1/22



State of California
Governor Gavin Newsom

Lourdes M. Castro Ramirez, Secretary
Business, Consumer Services and Housing Agency

Gustavo Velasquez, Director
Department of Housing and Community Development

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Sacramento, CA 95833
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Email: Homekey@hcd.ca.gov

Website: <https://homekey.hcd.ca.gov/>

Homekey Round 2 Project Overview

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§401 Pre-Application Consultation Requirement

Has the lead applicant (a public entity or tribal entity) undertaken a preapplication consultation with HCD regarding the proposed Homekey Project?

Instructions

"Yellow" shaded cells are for Applicant input. Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.

"Red" shaded cells indicate the Applicant has likely failed to meet a Homekey requirement. 'Applicant Scoring Criteria' worksheet cells shaded in "red" indicate that the Applicant has failed to meet the minimum points required.

"Orange" shaded cells' indicated required attachments. Electronically attached files must use the naming convention in the Application. For Example: "Housing Site Map" for the map indicating the original target housing location and all proposed housing location(s).

"Green" shaded cells indicate HCD Use Only.

"Blue" shaded cells indicate Application scores.

NOFA section references are made with "\$" and the corresponding NOFA section number.

Please don't hesitate to contact us with any questions or if you need assistance in completing this application.

For general Homekey NOFA and program questions email: homekey@hcd.ca.gov.

For application specific assistance complete the 'App Support' worksheet & email your Excel application to: appsupport@hcd.ca.gov

Homekey Summary (auto populated from Award, Match and Revenue worksheet)

Maximum Homekey Award		Applicant Requested Homekey Award		Lesser of Maximum and Requested Award	
Capital Baseline Award	\$0.00	Capital Baseline Award	\$0.00	Capital Baseline Award	\$0.00
Additional Contribution	\$0.00	Additional Contribution	\$0.00	Additional Contribution	\$0.00
Total Maximum Capital Award	\$0.00	Total Requested Capital Award	\$0.00	Total Capital Award	\$0.00
Operating Subsidy	\$0.00	Operating Subsidy	\$0.00	Operating Subsidy	\$0.00
50% of Relocation Costs	\$0.00	50% of Relocation Costs	\$0.00	50% of Relocation Costs	\$0.00
§207 Bonus Award - app submittal	\$0.00	§207 Bonus Award - app submittal	\$0.00	§207 Bonus Award - app submittal	\$0.00
§207 Bonus Award - full occupancy	\$0.00	§207 Bonus Award - full occupancy	\$0.00	§207 Bonus Award-full occupancy	\$0.00
Total Maximum Homekey Award	\$0.00	Total Requested Homekey Award	\$0.00	Total Homekey Award	\$0.00
Number of Doors at Acquisition	0	Number of Units Proposed in the Project	0		
Number of At-Risk of Homelessness Units	0	Number of Chronically Homeless Units	0	Number of Homeless Units	0
Number of Homeless Youth or Youth at Risk of Homelessness Units	0	Number of Assisted Units	0		
Number of Units accessible to persons with mobility disabilities	0	Number of Units accessible to persons with hearing or vision disabilities	0		

Project Overview

Project Name												
Project Address							Project City				State	Zip
Project County	Is the Project in a Rural Area per H&S Code §50199.21? (use the TCAC Method for determining rural status)											
Assessor Parcel Number (APN)	Enter parcel # 1 APN here	Enter parcel # 2 APN here	Enter parcel # 3 APN here	Enter parcel # 4 APN here	Enter parcel # 5 APN here	Enter parcel # 6 APN here	Enter parcel # 7 APN here	Enter parcel # 8 APN here	Enter parcel # 9 APN here	Enter parcel # 10 APN here	Enter parcel # 11 APN here	
Assessor Parcel Number (APN)	Enter parcel # 12 APN here	Enter parcel # 13 APN here	Enter parcel # 14 APN here	Enter parcel # 15 APN here	Enter parcel # 16 APN here	Enter parcel # 17 APN here	Enter parcel # 18 APN here	Enter parcel # 19 APN here	Enter parcel # 20 APN here	Enter parcel # 21 APN here	Enter parcel # 22 APN here	
Geographic Set Aside							Data Universal Numbering System (DUNS):					
Project Type (Transitional Housing is Interim Housing)												
Building Type												
Other building type not listed above (describe below)												

Project Narrative

If Project is also known under another name(s) or was formerly known under another name(s), provide the name(s).

Have you applied, do you plan to apply, or has the Project been awarded other HCD program funds?

Other HCD Program(s) Name(s):	Funding Amount	Funding Status	NOFA Date	Award Date/Expected Award Date

§200 Eligible Applicants

Applicant #1

Entity name							Organization type							
Address							City				State	CA	Zip	
Auth Rep					Title					Email				Phone
Contact					Title					Email				Phone
Address							City				State		Zip	
File Name	App1 Cert & Legal	See Certifications & Legal worksheet.						Uploaded to HCD?						
File Name	App1 Resolution	Signature required; see Applicant Documents worksheet.						Uploaded to HCD?						
File Name	App1 TIN Form	See Applicant Documents worksheet.						Uploaded to HCD?						

Co-Applicant #1 (if applicable)

Entity name							Organization type							
Address							City				State		Zip	
Auth Rep					Title					Email				Phone
Contact					Title					Email				Phone

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Address		City	State	Zip
File Name	Co-App1 Cert & Legal	See Certifications & Legal worksheet.		Uploaded to HCD?
File Name	Co-App1 Resolution	Signature required; see Applicant Documents worksheet.		Uploaded to HCD?
File Name	Co-App1 OrgDoc1, OrgDoc2, etc	See Applicant Documents worksheet.		Uploaded to HCD?
File Name	Co-App1 OrgChart	See Applicant Documents worksheet.		Uploaded to HCD?
File Name	Co-App1 Signature Block	See Applicant Documents worksheet.		Uploaded to HCD?
File Name	Co-App1 Payee Data Record	See Applicant Documents worksheet.		Uploaded to HCD?
File Name	Co-App1 TIN Form	See Applicant Documents worksheet.		Uploaded to HCD?
File Name	Co-App1 Cert of Good Standing	Dated 30 days or less from the Application due date.		Uploaded to HCD?
File Name	Co-App1 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable		Uploaded to HCD?

Co-Applicant #2 (if applicable)

Entity name		Organization type	
Address		City	State
Auth Rep	Title	Email	Phone
Contact	Title	Email	Phone
Address		City	State
File Name	Co-App2 Cert & Legal	See Certifications & Legal worksheet.	
File Name	Co-App2 Resolution	Signature required; see Applicant Documents worksheet.	
File Name	Co-App2 OrgDoc1, OrgDoc2, etc	See Applicant Documents worksheet.	
File Name	Co-App2 OrgChart	See Applicant Documents worksheet.	
File Name	Co-App2 Signature Block	See Applicant Documents worksheet.	
File Name	Co-App2 Payee Data Record	See Applicant Documents worksheet.	
File Name	Co-App2 TIN Form	See Applicant Documents worksheet.	
File Name	Co-App2 Cert of Good Standing	Dated 30 days or less from the Application due date.	
File Name	Co-App2 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board for Non-profit Corp.	

Development Team Contacts (provide information that is currently available)

Property Management Company

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Financial Consultant

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Legal Counsel

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

General Contractor

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Architect

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Development/Operating Funding Source

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Development/Operating Funding Source

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Development/Operating Funding Source

Legal Name	Contact Name	Email
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		State
		Zip

Development/Operating Funding Source

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

Development/Operating Funding Source

Legal Name	Contact Name	Email
Phone	Address	City
		State
		Zip

§201 Eligible Uses

Select below the eligible uses you are applying for:

<p>i. Acquisition or rehabilitation, or acquisition and rehabilitation, of motels, hotels, hostels, or other sites and assets, including apartments or homes, adult residential facilities, residential care facilities for the elderly, manufactured housing, commercial properties, and other buildings with existing uses that could be converted to permanent or interim housing.</p>			
File Name:	Rehab Description	Narrative description of current condition of structure(s) and overall scope of work.	Uploaded to HCD?
File Name:	PNA	Physical Needs Assessment prepared by a qualified independent third party contractor.	Uploaded to HCD?
<p>ii. Master leasing of properties for non-congregant housing. If Yes, provide a recent market study and/or rent roll, and/or other supporting documentation.</p>			
File Name:	Market Study	Provide a recent market study within the past year which conforms to Tax Credit Allocation Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD?
<p>iii. Conversion of units from nonresidential to residential.</p>			
<p>iv. New construction of dwelling units.</p>			
<p>v. The purchase of affordability covenants and restrictions for units. If Yes, provide a recent market study and/or rent roll, and/or other supporting documentation.</p>			
File Name:	Market Study	Provide a recent market study within the past year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD?
<p>vi. Relocation costs for individuals who are being displaced as a result of your Homekey Project.</p>			
<p>vii. Capitalized operating subsidies for units purchased, converted, constructed, or altered with funds provided pursuant to HSC §50675.1.3.</p>			

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§202 Eligible Projects

Select below the eligible project types you are applying for:

i. Conversion of nonresidential structures to residential dwelling units.		
ii. Conversion of commercially zoned structures, such as office or retail spaces, to residential dwelling units.		
iii. Adult residential facilities, residential care facilities for the elderly, manufactured housing, and other buildings with existing residential uses.		
iv. Multifamily rental housing projects.		
v. Excess state-owned properties.		
vi. Shared housing or scattered site housing is permitted as long as the resulting housing has common ownership, financing, and property management, and each household signs a lease.		
vii. Structure(s) lacking a permanent foundation such as manufactured home, recreational vehicle, and floating home, for temporary use only. HCD encourages Applicants to explore financing alternatives to Homekey for such structures. Must submit with application a detailed explanation of how the use will meet all Homekey requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA. Applicants seeking HCD's approval of structures lacking a permanent foundation are encouraged to discuss their options at the required pre-application consultation.		
File Name:	Non-Perm Structure	Detailed narrative of how the use will meet all Homekey Program requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA
Other eligible project not listed above (describe below)		Uploaded to HCD?
viii. Applicant acknowledges Homekey Assisted Units previously awarded under the first round of Homekey funding are ineligible for Homekey Round 2 funding.		

Threshold				2/1/22	
§300 Threshold Requirements					
To be eligible to receive funding, all projects must meet the following requirements as they relate to the Eligible Applicant and the project types.					
i. Applicant acknowledges that applications may be submitted independently by an Eligible Applicant, as defined in §200 and Article VII. Alternatively, each of the foregoing Eligible Applicants may apply jointly with a nonprofit or for-profit corporation as Co-Applicant, as specified ?					
ii. Applicant agrees Project(s) must serve persons qualifying as members of the Target Population per Article VII(xxxi)?					
iii. Applicant has completed the 'Supportive Services Plan' worksheet based on the anticipated needs of the Target Population and any proposed sub-populations to be served by the Project?					
iv. Applicant acknowledges the requirement to submit an overview below of the plan and timeline for any required entitlements, permits, and environmental clearances? Applicants must also complete the 'Local & Env Verification' worksheet. Applicants are encouraged to discuss their land use and environmental clearance plans, and related statutory authorities at the required pre-application consultation.					
File Name	Env. Report 1	Phase I (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?		
File Name	Env. Report 2	If Phase I requires a Phase II study, submit a Phase II (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?		
File Name	CEQA	Copy of CEQA Determination Documents	Uploaded to HCD?		
File Name	NEPA	Copy of Authority of Use Grant Funds (NHTF Verification from Responsible Entity)	Uploaded to HCD?		
File Name	Local Approvals	'Local & Env Verification' worksheet(s) completed and signed by local authority or Responsible Entity, if different from jurisdiction.	Uploaded to HCD?		
Construction start date		Construction completion date	Estimated occupancy date		
v. Applicant acknowledges the requirement to submit a Racial Demographic Data Worksheet (reports Continuum of Care (CoC) outcomes by race/ethnicity)?					
File Name	Racial Demographics	Racial Demographic Data Worksheet, which reports CoC outcomes by race and ethnicity. The worksheet on the Homekey webpage	Uploaded to HCD?		
vi. Applicant must have site control of all properties at the time of application, and control must not be contingent on the approval of any other party. Does Applicant have site control? If Yes, enter site control information for each APN and most recent execution date. Describe site control special circumstances below.					
APN	Address	Type of Site Control	Current owner	Execution date	Expiration date
Do not complete this row					
Do not complete this row					
Do not complete this row					
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Do not complete this row					
Do not complete this row					
h. Applicant acknowledges that if one or more sites will require a use change for permanent housing, Applicant must submit a commitment and plan to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements?					
File Name:	Use Change	Provide a commitment and plan to facilitate or expedite the use change processes	Uploaded to HCD?		
Provide details below for unusual site control special circumstances or "Other" types of site control:					
File Name:	Site Control1, Site Control2, etc	Provide documentation of the type of site control for each site above	Uploaded to HCD?		
File Name:	Prelim1, Prelim2, etc	Provide current preliminary title report for each site above	Uploaded to HCD?		
File Name:	Liability Insurance	Proof of General Liability Insurance that meets the requirements in §800(i)	Uploaded to HCD?		
File Name:	Automobile Insurance	Proof of Automobile Liability Insurance that meets the requirements in §800(ii)	Uploaded to HCD?		
File Name:	Property-Hazard Insurance	Proof of Property Insurance that meets the requirements in §800(v)	Uploaded to HCD?		

Threshold						2/1/22
vii. Applicant acknowledges that the Eligible Applicant applying for the Homekey funding is the entity that HCD relies upon for experience and capacity, and will control the project during acquisition, development, and occupancy?						
Indicate which Eligible Applicant HCD can rely on for experience and capacity:						
viii. Applicant agrees to provide a development plan that supports acquisition of a site and fund expenditure before all program deadlines and demonstrates evidence of strong organizational and financial capacity to develop the project?						
File Name:	Development Plan	Provide a development plan			Uploaded to HCD?	
ix. Applicant agrees that Assisted Units and other units of the Project must meet all applicable state and local requirements pertaining to rental housing, manufactured housing, including but not limited to requirements for minimum square footage, and requirements related to maintaining the Project in a safe and sanitary condition?						
x. Applicant acknowledges all Applicants must be in good standing with the State of California and all agencies and departments thereof? By way of example and not limitation, all Applicants must be qualified to do business in the State of California and must be in good standing with the California Secretary of State and the California Franchise Tax Board. Applicants that are delinquent in meeting material requirements of previous HCD awards may fail threshold review.						
xi. Applicant acknowledges that HCD will require Eligible Applicants to submit a complete application with all required documents? HCD reserves the right to request clarification of unclear or ambiguous statements made in an application and other supporting documents.						
xii. Applicant acknowledges the requirement to submit a concise, sufficiently detailed Relocation Assistance Narrative? The Narrative must show the Applicant's consideration of (I) applicable relocation assistance laws and requirements; and (II) all persons, businesses, or farm operations that may or will be displaced as a result of the Applicant's Homekey-funded activities. This Relocation Assistance Narrative does not take the place of the relocation plan, or the Certification Regarding Non-Application of Relocation Benefits and Indemnification Agreement, that the Grantee shall submit as a condition of funding.						
File Name:	Relocation Narrative	Relocation Assistance Narrative for relocation or no relocation			Uploaded to HCD?	
§301 Permanent Housing Requirements						
i. Applicant has funding commitments or other reasonable assurance to cover operations and service costs with specific funding sources (government/philanthropic/private) for the proposed Project for 5 years and a budget which covers operations and services costs through year 15 from the recordation of the use restriction?						
ii. Is the Applicant acquiring, rehabilitating, and operating a Permanent Housing project? If Yes, the Applicant or Co-Applicant must demonstrate the following minimum experience and capacity requirements below:						
a. Development, ownership, or operation experience (a1. or a2. must be Yes to pass Threshold)					Passes threshold?	
a1. Has Applicant developed, owned, or operated a project similar in scope and size to the Project? If Yes, provide details below:					No	
Project name and address		Who provides the experience	Experience type	Housing type	Population served	Latest date developed, owned, or operated
				Affordable Rental		
a2. If a1 above is Yes, skip. Applicant has operated at least two affordable rental housing projects in the last ten years, with at least one of those projects containing at least one unit housing a tenant who qualifies as a member of the Target Population (enter Project information below)?						No
Project name and address		Who provides the experience	Experience type	Housing type	Qualifying unit population served	Latest date developed, owned, or operated
				Affordable Rental		
				Affordable Rental		
b. Experience helping persons address barriers to housing stability & providing support services		Property manager service years	0.00	Supportive Service Provider service years	0.00	Pass threshold (three or more years of experience)?
						No
Has a property manager been selected?		If Yes, enter property manager name and complete experience chart below:		If No, Applicant certifies that this requirement will be reflected in future solicitation or memorandum of understanding?		
Has a supportive service provider been selected?		If Yes, enter supportive service provider name and complete experience chart below:		If No, Applicant certifies that this requirement will be reflected in future solicitation or memorandum of understanding?		
Project name and address		Experience provider	Housing type	Population Served		# of months serving
		Property Manager	Affordable Rental			
		Property Manager	Affordable Rental			
		Property Manager	Affordable Rental			
		Property Manager	Affordable Rental			
		Property Manager	Affordable Rental			
Enter Supportive Service Provider name and complete experience chart below:						
		Supportive Service Provider	Affordable Rental			
		Supportive Service Provider	Affordable Rental			
		Supportive Service Provider	Affordable Rental			
		Supportive Service Provider	Affordable Rental			
		Supportive Service Provider	Affordable Rental			
c. Experience administering a Housing First program that includes principles of harm reduction and low barriers to entry.						
File Name:	Housing First Perm	Provide experience administering a Housing First program of harm reduction and low barriers to entry			Uploaded to HCD?	
d. Development, ownership, or operation capacity.						
d1. Does Applicant have the capacity to develop, own, and operate a Permanent Housing Project? If Yes, provide details in the Project Staffing Chart below:						
d2. Applicant certifies that it will employ experienced staff without reliance upon another entity or parent company?						
d3. Applicant certifies that it has sufficient financial capacity to provide payroll and employment benefits to staff without reliance upon another entity or parent						
d4. Applicant certifies that it has sufficient financial capacity to carry out its obligations pursuant to Program requirements including, but not limited to providing financial guarantees without reliance upon another entity or parent company?						
Project Staffing Chart						
Staff type	Employee / Consultant full name		Position title	Full time / Part time	% of time dedicated to this project	

Threshold					2/1/22
iii. One-for-one replacement of assisted housing					
a. Will the acquired housing or site be redeveloped/repositioned as part of the locality's overall goal to address the needs of Target Population and community?					
b. If Yes to iii a. above, will the target site be demolished before any occupancy by the Target Population?					
File Name:	One-for-one Replacement	iii(a) and (b): If the acquired housing or site will be redeveloped/repositioned per the locality's overall goal to address the needs of the Target Population and the community (unless the target site is going to be demolished before any occupancy by the Target Population), provide a letter of commitment to ensure one-for-one replacement of units.			Uploaded to HCD?
c. Will all of the proposed housing be located within the original target housing location neighborhood?					
File Name:	Housing Site Map	Map indicating the original target housing location and all proposed housing location(s).			Uploaded to HCD?
File Name:	Outside Neighborhood	If replacement housing is proposed outside the target neighborhood, include a justification explaining why it is necessary to locate this replacement housing outside the target neighborhood (i.e., offsite) and how doing so supports and enables the Target Population to maintain housing.			Uploaded to HCD?
§302 Interim Housing Requirements					
i. Applicant acknowledges the Interim Housing Project will be evaluated on Funding commitments or other reasonable assurance to cover operations and service costs with specific funding sources (government/philanthropic/private) for the Project for five years and submit a budget to cover operations and services costs through year 15 from the recordation of the use restriction.					
ii. Is the Applicant acquiring, rehabilitating, and/or operating an Interim Housing project? If Yes, the Applicant must meet the following experience and capacity below:					
a. Successful development, ownership, or operation of an Interim Housing project, such as an emergency shelter or Transitional Housing for at least three of the last ten years for individuals who qualify as members of the Target Population.				Years	0.00
				Pass Threshold	No
Project Name and Address		Who provided experience	Experience type	Interim Housing project type	Population Served
					# of months serving in the last ten years
Explanations:					
b. Does Applicant have experience linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability?					
File Name:	Interim Hsg Exp	Provide experience in linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability			Uploaded to HCD?
c. Does Applicant have experience administering a Housing First program that includes principles of harm reduction and low barriers to entry?					
File Name:	Housing First Interim	Provide experience administering a Housing First program that includes principles of harm reduction and low barriers to entry			Uploaded to HCD?
d. Development, ownership, or operation capacity.					
d1. Does Applicant have the capacity to develop, own, and operate a Permanent Housing Project? If Yes, provide details in the Project Staffing Chart below:					
d2. Applicant certifies that it will employ experienced staff without reliance upon another entity or parent company?					
d3. Applicant certifies that it has sufficient financial capacity to provide payroll and employment benefits to staff without reliance upon another entity or parent					
d4. Applicant certifies that it has sufficient financial capacity to carry out its obligations pursuant to Program requirements including, but not limited to providing financial guarantees without reliance upon another entity or parent company?					
Project Staffing Chart					
Staff type	Employee / Consultant full name	Position title	Full time / Part time	% of time dedicated to this project	
§500 Article XXXIV					
Applicant acknowledges per HSC §37001, subdivision (h)(2), article XXXIV, §1 of the California Constitution is not applicable to a development that consists of the acquisition, rehabilitation, reconstruction, alterations work, new construction, or any combination thereof, of lodging facilities or dwelling units using moneys received from the CSFRF established by the federal American Rescue Plan Act of 2021 (ARPA) (Public Law 117-2)? As such, Article XXXIV is not applicable to Homekey funded development.					
§501 Housing First					
Applicant acknowledges that the Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, in its property management and tenant selection practices? Projects shall accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project funding sources..					
§502 Tenant Selection					
Applicant acknowledges that referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) for persons who are experiencing Homelessness? For persons At-Risk of Homelessness, CES or another comparable prioritization system based on greatest need shall be used. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the NOFA. CoC collaboration in Project and supportive service design is also strongly encouraged to help target and serve greatest need populations. If referrals will be made using a prioritization system other than CES, the Applicant must describe the plan for tenant selection, and it shall be reasonably detailed and comprehensive, as determined by the Department in its sole and absolute discretion.					
§503 Participation in Statewide HDIS/HMIS					
Applicant acknowledges Homekey Grantees must support CoC participation in the statewide Homeless Data Integration System (HDIS), and, in accordance with state and federal law (including all applicable privacy law), disclose relevant data to the local Homeless Management Information System (HMIS)? Note: Another comparable data collection system may be appropriate for specific projects or sub-populations including, but not limited to, domestic violence victims, veterans, and youth.					
§504 Relocation					

Threshold			2/1/22
Applicant acknowledges Homekey Grantees must comply with all applicable federal, state, and local relocation law. Grantees must have a relocation plan prior to proceeding with any phase of a project or other activity that will result in the displacement of persons, businesses, or farm operations?			
File Name:	Relocation Plan	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?
§505 Accessibility and Non-Discrimination			
Applicants acknowledges all developments shall adhere to the accessibility requirements set forth in California Building Code Chapter 11A and 11B and the Americans with Disabilities Act, Title II?			
File Name:	Access & Non-Discrimination	Provide a non-discrimination policy	Uploaded to HCD?
§506 Prevailing Wage			
Applicant acknowledges use of Homekey funds is subject to California's prevailing wage law (Lab. Code, § 1720 et seq.). Applicant is urged to seek professional legal advice about the law's requirements. Prior to disbursing the Homekey funds, HCD will require a certification of compliance with California's prevailing wage law, as well as all applicable federal prevailing wage law. The certification must verify that prevailing wages have been or will be paid, and that labor records will be maintained and made available to any enforcement agency upon request. The certification must be signed by the general contractor(s) and the Grantee.			
File Name:	Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD?
§507 Environmental Clearances			
Applicant acknowledges HCD encourages Eligible Applicants to fully engage with HCD's technical assistance and to consider the CEQA exemption set forth at HSC §50675.1.4 and the provision for land use consistency and conformity set forth at HSC §50675.1.3, subdivision (i)? Applicants should consult with their counsel for legal advice in construing application of the foregoing exemptions to their Project. It is entirely within an Applicant's discretion to determine whether to use the statutory CEQA exemption, whether the exemption applies to the Applicant's proposed activity, or whether some other mechanism applies and could be used to satisfy obligations under CEQA.			
§508 Land Use			
Applicant acknowledges Pursuant to HSC section 50675.1.3, subdivision (i), Homekey Projects are deemed consistent and in conformity with any applicable local plan, standard, or requirement, and any applicable coastal plan (local or otherwise). Such Projects shall not be subject to any discretionary local permit review or approval process (e.g., a discretionary use permit process) before being able to proceed as a permitted use.			

Certification & Legal Disclosure

2/1/22

On behalf of the entity identified in the signature block below, I certify that:

1. The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I possess the legal authority to submit this application on behalf of the entity identified in the signature block.
3. The following is a complete disclosure of all identities of interest - of all persons or entities, including affiliates, that will provide goods or services to the Project either (a) in one or more capacity or (b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the Project. "Related Party" is defined in Section 10302 of the California Code of Regulations (CTCAC Regulations):

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4. As of the date of application, the Project, or the real property on which the Project is proposed (Property) is not party to or the subject of any claim or action at the State or Federal appellate level.

5. I have disclosed and described below any claim or action undertaken which affects or potentially affects the feasibility of the Project. In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

Printed Name	Title of Signatory	Signature	Date

Legal Disclosure

For purposes of the following questions, and with the exceptions noted below, the term "applicant" shall include the applicant and joint applicant, and any subsidiary of the applicant or joint applicant if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project.

In addition to each of these entities themselves, the term "applicant" shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company. For projects using tax-exempt bonds, it shall also include the individual who will be executing the bond purchase agreement.

The following questions must be responded to for each entity and person qualifying as an "applicant," or "joint applicant" as defined above.

Explain all positive responses on a separate sheet and include with this questionnaire in the application.

Exceptions:

Public entity applicants without an ownership interest in the proposed project, including but not limited to cities, counties, and joint powers authorities with 100 or more members, are not required to respond to this questionnaire.

Members of the boards of directors of non-profit corporations, including officers of the boards, are also not required to respond. However, chief executive officers (Executive Directors, Chief Executive Officers, Presidents or their equivalent) must respond, as must chief financial officers (Treasurers, Chief Financial Officers, or their equivalent).

Civil Matters

- | | |
|---|--|
| 1. Has the applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan or been foreclosed against in <i>past ten years</i> ? | |
| 2. Is the applicant currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application? | |
| 3. Have there been any administrative or civil settlements, decisions, or judgments against the applicant within the past ten years that materially and adversely affected (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application? | |
| 4. Is the applicant currently subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency? | |
| 5. In the past ten years, has the applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment? | |

Criminal Matters

- | | |
|--|--|
| 6. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, felony charges against the applicant? | |
| 7. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, misdemeanor charges against the applicant for matters relating to the conduct of the applicant's business? | |
| 8. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, criminal charges (whether felony or misdemeanor) against the applicant for any financial or fraud related crime? | |
| 9. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could materially affect the financial condition of the applicant's business? | |
| 10. Within the past ten years, has the applicant been convicted of any felony? | |
| 11. Within the past ten years, has the applicant been convicted of any misdemeanor related to the conduct of the applicant's business? | |
| 12. Within the past ten years, has the applicant been convicted of any misdemeanor for any financial or fraud related crime? | |

Provide a letter of explanation if you responded "Yes" to any of the questions above.

File Name:	Cert & Legal Explanation	Letter of explanation for any "Yes" answers or red shaded items above.	Uploaded to HCD?
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Printed Name	Title of Signatory	Signature	Date

Applicant Documents	2/1/22
Certifications & Legal Disclosure	
A completed and signed Certification is required for each Joint Applicant. Each Joint Applicant must sign an individual Certification form. A completed and signed Legal Disclosure is also required for each Joint Applicant. The hard copy Certifications & Legal Disclosure should be submitted with the application as detailed in the NOFA.	
Resolutions	
Applicant may use their own Resolution format as long as it contains ALL of the authorizations as in the sample. The person attesting to the resolution signing cannot be the same person authorized to execute the documents in the name of the applicant. If more than one authorized signatory is identified, state whether both signatories are required or only one signatory is required to submit and execute Program docs. If the application is being signed by a designee of the authorized signatory, the applicant must also submit a designee letter or other proof of signing authority.	
A resolution is required of each Joint Applicant - both private and public entities. A sample resolution template is available on the Homekey website .	
Organizational Documents	
Organizational documents are required for all Applicants except Governmental entities are not required. Submit organizational documents supporting the Resolution submitted with the application.	
Corporation organizational documents Articles of Incorporation (Corp. Code §154, 200 and 202) as certified by the CA Secretary of State. Bylaws and any amendments thereto (Corp. Code §207(b), 211 and 212) Certificate of Amendment of Articles of Incorporation (Corp. Code §900-910 (general stock), §5810-5820 (public benefit and religious corporations), §7810-7820 (mutual benefit corporations), or §12500-12510 (general cooperative corporations)) as applicable. Restated Articles of Incorporation (Corp. Code §901, 906, 910 (general stock), §5811, 5815, 5819 (public benefit and religious corporations), §7811, 7815 and 7819 (mutual benefit corporations) and §12501, 12506 and 12510 (general cooperative corporations)) as applicable. Statement of Information (CA Secretary of State form SI-100 or SI-200) Shareholder Agreements (Corp. Code §186) if applicable. Certificate of Good Standing certified by Secretary of State.	
Limited Liability Company Articles of Organization (CA Secretary of State form LLC-1) Certificate of Amendment (CA Secretary of State form LLC-2) if applicable Restated Articles of Organization (CA Secretary of State form LLC-10) if applicable Certificate of Correction (CA Secretary of State form LLC-11) if applicable Statement of Information (CA Secretary of State form LLC-12 or LLC-12NC) Operating Agreement (Corp. Code §17707.02(s) and 17701.10) Certificate of Good Standing certified by Secretary of State	
Limited Partnership Certificate of Limited Partnership (CA Secretary of State form LP-1) Amendment to Certificate of Limited Partnership (CA Secretary of State form LP-2) if applicable. Certificate of Correction (CA Secretary of State form LP-2) if applicable. Limited Partnership Agreement (CA Corp. Code §15901.02(x) and 15901.10) Certificate of Good Standing certified by Secretary of State.	
Any other CA Secretary of State filings applicable to revivals, conversions or mergers.	
Organizational Chart	
The Organizational chart must depict the organizational structure of the entities in relation to the applicant.	
Signature Block	
All Applicants must submit a Signature Block in a Microsoft Word Document that will be used in the HCD legal documents such as the Standard Agreement.	
Payee Data Record STD-204 or Taxpayer Identification Number (TIN)	
The TIN must be submitted by all governmental entity Applicants. All other Applicants must submit the STD-204 Payee Data Record. Available on the Homekey website.	

§300(iii) Supportive Services Plan (SSP)

2/1/22

Homekey applications must include an initial plan for providing supportive services based on the anticipated needs of the Target Population and any proposed sub-populations to be served by the Project. The checklist below shall serve as a guide to ensure your SSP is complete.

Part I.	Tenant Selection
	Section 1: Tenant Selection Criteria
	Section 2: Referrals
	Section 3: Housing First Certification §501
Part II.	Supportive Services Detail
	Section 1: Supportive Services Provider Information
	Section 2: Supportive Services Chart
	Section 3: Supportive Services Coordination
Part III.	Staffing
	Section 1a: Staffing Description
	Section 1b: Staffing Chart
	Section 2: Staffing Ratios
Part IV.	Supportive Services Budget
Part V.	Property Management Plans and Tenant Selection
	Section 1: Property Management Plans and Tenant Selection
Part VI.	Measurable Outcomes and Plan for Evaluation
	Section 1: Measurable Outcomes
	Section 2: Plan for Evaluation

Part I. Tenant Selection

§502 asks for a detailed description of the Tenant Selection process. Using the titled sections below, the narrative should be as specific as possible, delineating the roles of property management and the support service provider and how these functions will be coordinated. Your description should clearly and conclusively document processes to ensure compliance with the Homekey Round 2 NOFA for Tenant Selection and Housing First Practices.

Section 1: Tenant Selection Criteria

Target Population and Eligibility Criteria

- a. Do you use Housing First Practices?
- b. Describe the criteria that will be used to ensure that tenants are eligible to occupy the Homekey Assisted Units.

c. Description of the Target Population to be served, and identification of any additional subpopulation target or occupancy preference for the Project. (all sub-population targeting must be approved by HCD prior to standard agreement issuance and must be consistent with federal and state fair housing requirements).

d. Describe any additional eligibility criteria other than those indicated above, i.e., information needed to determine if the tenant can comply with lease terms. **NOTE:** Selection criteria designed to assess anything other than the ability to comply with lease terms generally run afoul of fair housing laws designed to protect equal access to housing for people with disabilities. [See Between the Lines, A Question and Answer Guide on Legal Issues in Supportive Housing Chapter 4.](#)

e. Identify all disclosures that will be provided to applicants/tenants. Example: Megan's Law disclosures.

Section 2: Referrals

The following addresses the required use of the Coordinated Entry System (CES) for all referrals into Homekey Assisted Units or an alternate comparable prioritization system for those At Risk of Homelessness based on greatest need. Note that use of standard waiting lists is prohibited, in that both of these systems must prioritize referrals based on highest acuity needs, rather than first-come first served.

a. Describe how the local CES will be used to fill Homekey Assisted Units based on the use of a standardized assessment tool which prioritizes those with the highest need and the most barriers to housing retention. Include the CES agency's name, primary staff person's name, and contact information. If the local CES is not yet operational, describe when it'll be established and the plan to use it.

b. If using a separate comparable prioritization system than CES to refer persons At Risk of Homelessness describe that system. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the Homekey NOFA.

Section 3: Housing First Certification §501

The Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, in its property management and tenant selection practices. Complete the checklist below to certify compliance with Housing First.

Tenant Screening

1. If the project cannot serve someone, it works through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
2. The project does everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."
3. Access to the project is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or any other unnecessary condition not imposed by the terms of the funding itself.
4. People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy. Building and units include physical features that accommodate disabilities.

Housing-Based Voluntary Services

1. If serving youth experiencing homelessness, services use a positive youth development model and culturally competent services to engage with tenants.
2. Services are informed by a harm-reduction philosophy that recognizes that substance use/ addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding substance use and are offered education regarding safer practices and how to avoid risky behaviors.
3. Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.
4. Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants. Housing and service goals and plans are highly tenant driven.
5. Supportive services emphasize engagement and problem-solving over therapeutic goals.

Housing Permanency

1. Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
2. Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
3. Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.
4. Program Requires Housing Providers to Provide Tenants with Leases and Reflects Tenants' Rights & Responsibilities Of Tenancy Under CA Law (including eviction protections).

Part II. Supportive Services Detail

Section 1: Supportive Services Provider Information

If already identified, list the supportive service provider (s) for the Target Population and any proposed sub-populations to be served by the Project. If more than one Provider will be offering services, describe how services will be coordinated.

Provider Name	Populations the Provider will serve	Services Provider will offer

Describe any known conflicts and/or the mitigation strategy for when Homekey funding or other program requirements conflict with Housing First practices, as applicable.

If your tenants include minor children and/or adult dependents of Homekey Tenants, describe any additional criteria that will be used to ensure applicants are eligible to occupy the Homekey Assisted Units.

Section 2: Supportive Services Chart

Required Services: List and describe all services as required in §300 to be offered to tenants of the Homekey Assisted Units.

Resident Service	Service Description	Frequency	Hours	Service Provider	Off-site Service Location
List each service separately	Describe service, including the degree to which services are provided.	Frequency of services provided	Provide the hours of availability	Provider's Name	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more that one-half mile.
Case management					
Behavioral health services					
Physical health services					

§300(iii) Supportive Services Plan (SSP)

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Assistance obtaining benefits and essential documentation					
Education and employment services					
Other services, such as housing retention skills, legal assistance, family connection services, etc.					
Other Residential Services (specify)					
Other Residential Services (specify)					

Section 3: Supportive Services Coordination

1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, and the frequency, travel time and cost to the tenant for transportation required to access the services to include both public transportation and private transportation services (e.g. van owned by the provider). If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

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2. Describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to Homekey tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based, barriers to services. If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

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Part III. Staffing

Section 1a: Staffing Description

Describe the overall staffing pattern, including the roles and responsibilities for each position listed in the Staffing Chart below. List the target populations served through each position.

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Section 1b: Staffing Chart

List all staff positions that will provide services to the tenants of the Homekey Assisted Units. Include any staff positions of partnering organizations who have committed time to the Project. Include the services coordination staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the organization under which the position resides, and the location of the position (on-site or off-site). Do not include staff which serve non-Homekey Units. If a staff position serves both tenants in Homekey and non-Homekey units, include only that portion (i.e., % FTE) of the staff position dedicated to Homekey Assisted Units. Attach a copy of each positions duty statement, if these documents are available.

NOTE: Indicate which staff position will be responsible for Homeless Management Information System data entry and CoC coordination.

Title	Minimum requirements	Total FTE:	0	Employing Organization	Location
List each staff position	List min. required staff preparation include (education & experience).	Indicate FTE staff positions for Homekey units (half-time is 0.5)		List which organization will employ each staff position	Select "On-Site" or "Off-Site"

§300(iii) Supportive Services Plan (SSP)

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Section 2: Staffing Ratios

1. Indicate the overall services staffing level for the Project by completing the calculation below.

a. Total Homekey Assisted Units	0
b. Total FTE Service Staff from the Staffing Chart for the Homekey Assisted Units - Provide only the number of ongoing direct service staff positions that will provide services to the tenants of the Homekey Assisted Units, (for example, case manager, psychiatric nurse, services coordinator, etc). Do not include supervisors, peer support positions, or HMIS Administration positions.	
c. Number of Homekey units per FTE Staff Person (a÷b)	0

2. Complete case manager staffing ratio chart to show how many staff are assigned per client (for example 2:1, 3:1, etc.). Include all case management.

Population Type:	Chronically Homeless	Homeless	At-Risk of Homelessness
Case Manager Ratio			

Part IV. Supportive Services Budget

Provide a line item supportive services budget for the Project using the format below. Complete both income and expense portions of the budget on a yearly basis. Include all costs associated with implementing your SSP, including any in-kind services. Include income and expenses for all staff positions and partnering organizations who have committed time to the Project. Total expenses should equal total income. Add expense item categories & lines as necessary. Don't include costs associated with providing services in non-Homekey Assisted Units. If costs are associated with both Homekey & non-Homekey Assisted Units, include only the Homekey Assisted Units portion.

Income Source/Program Name	Amount	Type	Funding Status	% of Total Budget
				0.00%
				0.00%
				0.00%
				0.00%
Total Revenue	\$0			0.00%
Expense Item	Amount	Type	Funding Status	% of Total Budget
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)				
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
	FTE			0.00%
Fringe Benefits				0.00%
Total Staff Expenses	\$0			0.00%
Tenant Transportation (per SSP)				0.00%
Staff training (per SSP)				0.00%
Equipment				0.00%
Supplies				0.00%
Travel				0.00%
Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)				0.00%
Training				0.00%
Consultants: List by Function				0.00%
Subcontractors/Partners-list by Entity/Service type				0.00%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%

§300(iii) Supportive Services Plan (SSP)

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<i>Other Expenses: (type in expense description)</i>				0.00%
Total Expenses	\$0			0.00%

Part V. Property Management Plans and Tenant Selection

Section 1: Property Management Plans and Tenant Selection

The Property Management Plan and tenant selection policies submitted with the Homekey application will be evaluated for the following consistent with state Housing First requirements. These documents must identify, describe, and utilize Housing First and low-barrier tenant selection processes that prioritize those with the highest needs for available housing. The descriptions of the use of Housing First and tenant selection in this SSP must be consistent with the Property Management Plan and the tenant selection policies. The Property Management Plan and tenant selection policies should address the following and be consistent with state Housing First requirements, as well as and other Homekey program requirements:

1. Applicant eligibility and screening standards
2. Confidentiality
3. Substance abuse policy
4. Communication between property manager and supportive services staff
5. Eviction policies and eviction prevention procedures
6. Process for assisting tenants to apply for different forms of cash and non-cash benefits to aid the household in retaining their housing, if needed
7. How applicants and residents will be assisted in making reasonable accommodation requests, in coordination with the services provider and persuasive to outside entities, such as Housing Authorities, to ensure that persons with disabilities have access to and can maintain housing
8. Policies and practices to facilitate Voluntary Moving On strategies
9. Appeal and Grievance Procedures

File Name	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies	Uploaded to HCD?	
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Part VI. Measurable Outcomes and Plan for Evaluation

Specific target populations will likely have varying outcomes and evaluation strategies. List outcomes and evaluations plans specific to each target population.

Section 1: Measurable Outcomes

Outcomes are what you expect to happen for the people served by your Project. Outcomes are sometimes called results. Outcome objectives are time-specific measurable goals that identify how you know if you are achieving your desired results. Outcome objectives are sometimes called outcome benchmarks or indicators. Categorize the outcomes for your Project into the following three categories:

Category	Outcomes	Outcome Objectives
Residential Stability: Tenants maintain permanent housing (see examples in cell comments to the right)		
Increased Skills and/or Income: Tenants gain job-related skills, participate in job-related training and/or education, gain stipend part-time or full-time supported employment, gain access to mainstream service/income support Programs for which they are eligible (see examples in cell comments to the right)		
Greater Self- Determination: Tenants gain daily living skills and ability to plan and advocate for themselves to maximize independence and self-sufficiency (see examples in cell comments to the right)		
Other (specify)		

Section 2: Plan for Evaluation

Describe your evaluation plan, including how you intend to collect, track and analyze data on the effectiveness of your Project, including the outcomes Projected above. Indicate who will analyze the data and perform your Program evaluation. (e.g., staff, consultant, etc.).

Local Jurisdiction and NEPA Responsible Entity Verification (if applicable)			2/1/22	
<p>Applicant: Submit this form to the agency or department of local government responsible for administration of the items listed. This form may be submitted to more than one agency or department if necessary. If the NEPA Responsible Entity is not a local government (e.g. State of Calif. HOME Program, USDA RD), also submit a copy of this form to the appropriate NEPA Responsible Entity. If an item is not required, indicate the reason in the box below. Complete both Sections 1 & 2.</p>				
Project Applicant:				
Applicant Address:				
Applicant City:				
Project Name:				
Project Address/site:				
Project City:				
Project County:				
Assessor Parcel Numbers (APNs):				
Section 1				
<p>Local jurisdiction or NEPA Responsible Entity: The Applicant named above has submitted an application to the State Dept. of Housing and Community Development (the Department) requesting funding for the project named above, under the Homekey program. Projects submitted for program funding are subject to a competitive rating process. Project readiness is a component of that process. Verification of items listed below will be used in evaluating Homekey applications.</p>				
		Not Required for this Project	Final date of Public Comment Period	Approved Date
All Environmental Clearances (CEQA and NEPA) necessary to begin construction are either final approved or unnecessary:	CEQA			
	NEPA			
Specify in the box below, items not required and explain why (include documentation, if applicable):				
Section 2				
<p>Note: Any project using Homekey funds for any of the purposes listed in the Homekey NOFA is deemed consistent with "local plan, standard, or requirement, and any applicable coastal plan, local or otherwise," and "allowed as a permitted use, within the zone in which the structure is located, and shall not be subject to a conditional use permit, discretionary permit, or any other discretionary reviews or approvals." (Health and Safety Code 50675.1.3 (i))</p>				
		Not Required for this Project	Verified as Complete and date completed	
All necessary land use approvals or entitlements necessary prior to issuance of a building permit, including any required discretionary approvals, such as site plan or design review.				
Specify in the box below, items not required and explain why (include documentation, if applicable):				
<p>Project Applicant has submitted a complete application to the relevant local authorities for land use approval under a nondiscretionary local approval process, where the application has been neither approved or disapproved. A nondiscretionary local approval process is one that includes little or no subjective judgement by the public official and is limited to ensuring that the proposed development meets a set of objective zoning, design review and/or subdivision standards in effect at the time the application is submitted to the local government. A "nondiscretionary local approval process" includes Streamlined Ministerial Approval Processing under to Chapter 366, Statutes of 2017 (SB 35), By-Right Processing for Permanent Supportive Housing under Chapter 753, Statutes of 2018 (AB 2162), housing element law (Government Code Section 65583.2(i)), or other local process that meets the definition of non-discretionary approval process.</p>				
<p>Projects located within the boundaries of an incorporated city, the city shall make the necessary determinations, and for Projects located in the unincorporated areas of a county, the county shall make the necessary determinations. The appropriate entity shall sign below.</p>				
Dated:				
Statement completed by:				
Signature:				
Title:				
Agency or Department Name:				
Agency or Department Address:				
Agency or Department Phone:				

§205 Maximum Program Award, Capital Funding Match, and Rent/Subsidy Revenue

Doors at Acquisition			Proposed Units for Project																	Maximum Capital Award (Baseline and Additional Contribution) Based on Doors at Acquisition																
			Monthly Unit Rent										Target Population - Homekey Assisted Units (Article VII)																							
Bdrm size	Number of Doors at Acquisition	Baseline Award based on Units and Bdrm Size at Acquisition	Bdrm size	Number of Units Proposed	Unit Size (Square Feet)	Income Limit AMI	Mngr Units	Restricted	Proposed Rent for Restricted Units	Unrestricted	Monthly Utility Allowance ¹	Subsidy Program #1 Name	Monthly Rent Subsidy Amount	Subsidy Program #2 Name	Monthly Rent Subsidy Amount	At-Risk of Homelessness Units	Chronically Homeless Units	Homeless Units	Homeless Youth or Youth at Risk of Homelessness Units	Total Assisted Units	Baseline Award based on Units and Proposed Population Served	Baseline Award based on Units and Proposed Bdrm Size	Maximum Baseline Award based on Proposed Project	Total Unit Square Feet	% of Total Unit Square Feet	Unit's Pro-Rated Share of Project Cost Based on Square Feet	Project Cost Assisted Units + Manager Units	Adjusted Award lesser of Assisted Unit Project Cost and Baseline	Funding Gap on Assisted Units	Per Unit Funding Gap	Per Unit Local Match (Lesser of Per Unit Funding Gap and \$100,000)	Additional Per Unit Award (Equal to Local Match)	Maximum Match (Proposed Assisted Units x Per Unit Amount)	Maximum Additional Award (Equal to Maximum Local Match)	Maximum Capital Award	
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0						\$0												0	\$0.00	\$0.00	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	0	\$0		0			0					0				0	0	0	0	0	\$0.00	\$0.00	\$0.00	0	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Annual Net Rents								\$0	\$0	\$0	Annual Subsidy Revenue		\$0		\$0	0.00%	0.00%	0.00%	0.00%	0.00%	Total Budgeted Development costs from 'Dev Budget' worksheet cell L126							\$0.00								

File Name:	Utility Allowance	¹ Local housing authority document showing current utility allowance chart, with relevant components circled.	Uploaded to HCD?
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Homekey Award including Capital (Baseline and Match), Operating Subsidy, Relocation, and Bonuses						
File Name:	Appraisal	If land costs will be included in the Development Budget, attach an appraisal dated within 60 days of the application submittal date.	Uploaded to HCD?			
§205 Capital Award Calculation						
						HCD Amount
1. Maximum Homekey Capital Award based on:						\$0
2. Maximum Homekey Contribution (1:1 match) Award from above cell AJ25						\$0
A. Total Maximum Homekey Capital Award (1 + 2)						\$0
Capital Award based on how many Assisted Units from above cell U25						0
Total proposed Project units from above cell E25						0
§206 Homekey Operating Subsidy Calculation						
i.a. Assisted Units reserved for those experiencing Chronic Homelessness, for Homeless Youth, or for Youth at Risk of Homelessness from above cells R25 + T25						\$0
i.b. All other Assisted Units from above cells Q25 + S25						\$0
Total qualifying monthly amount per unit						\$0
Operating Subsidy: Maximum Homekey Amount						
ii. Operating Subsidy Source: 'Operating' worksheet cell C38						\$0
ii. Operating Subsidy Source: 'Operating' worksheet cell C39						\$0
iii. Operating Subsidy Need Analysis - sum of negative Net Operating Income from 'Cash Flow' worksheet row 43 and Reserve Deposits from 'Cash Flow' worksheet rows 37 and 38 for the first five years						
Operating Subsidy: Need Analysis						
	Year 1	Year 2	Year 3	Year 4	Year 5	Five Year Total
	\$0	\$0	\$0	\$0	\$0	\$0
iv. If requesting an operating subsidy, upload a letter of support from the local Continuum of Care (CoC) or Housing Authority confirming the need for an operating subsidy and evidencing other operating funding, such as rental subsidies, were sought for the Project, but the funding isn't available for this use.						
File Name:	Op Subsidy Confirmation	A letter template and a list of potential Homekey complementary funding can be found on the Homekey webpage.	Uploaded to HCD?			
B. Homekey Operating Subsidy if requested in 'Overview' worksheet cell AK129 (lesser of Need Analysis and Max Homekey Amount)						\$0
50% of Relocation Costs if requested on 'Overview' worksheet cell AK128 ('Dev Budget' worksheet cell L31 x .5)						\$0
§207 Bonus Award: will Tribal Entity be submitted before May 02, 2022? If Yes, \$10,000 bonus award per Assisted unit.						\$0
§207 Bonus Award: will Project's Assisted units achieve full occupancy within eight months of award date? If Yes, \$10,000 bonus award per Assisted unit						\$0
C. Total Other Homekey Award						\$0
Maximum Homekey Program Award (Capital plus Operating Subsidy plus Other) (A + B + C)						\$0

Proposed Project Units by Bedroom Size		
Total 0 bedroom units	0	0.00%
Total 1 bedroom units	0	0.00%
Total 2 bedroom units	0	0.00%
Total 3 bedroom units	0	0.00%
Total 4 bedroom units	0	0.00%
Total 5 Bedroom units	0	0.00%
Total proposed units	0	0.00%

Assisted Units by Bedroom Size		
Total 0 bedroom units	0	0.00%
Total 1 bedroom units	0	0.00%
Total 2 bedroom units	0	0.00%
Total 3 bedroom units	0	0.00%
Total 4 bedroom units	0	0.00%
Total 5 Bedroom units	0	0.00%
Total Assisted units	0	0.00%

Sources of Funds

2/1/22

Funding Committed by Application Due Date?	Source Name	Source Type	Lien No.	Funding Amount	Interest Rate		Repayment Terms		Required Debt Service Amount
					Type	Rate	Type	Due in (yrs)	
1	Yes	Homekey Capital Award from 'Overview' worksheet	\$0	State-HCD					
2									
3									
4									
5									
6									
7									
8									
9									
10									

\$0

\$0

File Name: EFC1, EFC2, EFCI3, etc. Documentation for the executed funding commitments (see below) Uploaded to HCD?

"Article VII((xii) **"Enforceable Funding Commitment"** means a letter or other document, in form and substance satisfactory to the Department, which evidences an enforceable commitment of funds or a reservation of funds by a Project funding source, and which contains the following: a. The name of the Applicant or Grantee; b. The Project name; c. The Project site address, assessor's parcel number, or legal description; and d. The amount, interest rate (if any), and terms of the funding source. The Enforceable Funding Commitment may be conditioned on certain standard underwriting criteria, such as appraisals, but may not be generally conditional. Examples of unacceptable general conditions include phrases such as "subject to senior management approval," or a statement that omits the word "commitment," but instead indicates the lender's "willingness to process an application" or indicates that financing is subject to loan committee approval of the Project. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as committed.

Applicant comments: Include a description of balloon payments and unusual or extraordinary circumstances.

2/1/22	Sources/Uses of Funds											
USES OF FUNDS	Homekey Award	0	0	0	0	0	0	0	0	0	0	Total Sources/Costs
Project Development Costs												
LAND COST/ACQUISITION												
Land Cost or Value												\$0
Demolition												\$0
Legal												\$0
Land Lease Rent Prepayment												\$0
Total Land Cost or Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Existing Improvements Cost or Value												\$0
Off-Site Improvements												\$0
Total Acquisition Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Land Cost / Acquisition Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Predevelopment Interest/Holding Cost												\$0
Assumed, Accrued Interest on Existing Debt (Rehab/Acq)												\$0
Excess Purchase Price Over Appraisal												\$0
REHABILITATION												
Site Work												\$0
Structures												\$0
General Requirements												\$0
Contractor Overhead												\$0
Contractor Profit												\$0
Prevailing Wages												\$0
General Liability Insurance												\$0
Urban Greening												\$0
Other Rehabilitation: (Specify)												\$0
Other Rehabilitation: (Specify)												\$0
Other Rehabilitation: (Specify)												\$0
Total Rehabilitation Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Relocation Expenses												\$0
NEW CONSTRUCTION												
Site Work												\$0
Structures												\$0
General Requirements												\$0
Contractor Overhead												\$0
Contractor Profit												\$0
Prevailing Wages												\$0
General Liability Insurance												\$0
Urban Greening												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Total New Construction Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ARCHITECTURAL FEES												
Design												\$0
Supervision												\$0
Total Architectural Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Survey & Engineering												\$0
CONSTRUCTION INTEREST & FEES												
Construction Loan Interest												\$0
Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Bond Premium												\$0
Cost of Issuance												\$0
Title & Recording												\$0
Taxes												\$0
Insurance												\$0
Employment Reporting												\$0
Other Construction Int. & Fees: (Specify)												\$0
Other Construction Int. & Fees: (Specify)												\$0
Other Construction Int. & Fees: (Specify)												\$0
Other Construction Int. & Fees: (Specify)												\$0
Total Construction Interest & Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PERMANENT FINANCING												
Loan Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Title & Recording												\$0
Taxes												\$0
Insurance												\$0
Other Perm. Financing Costs: (Specify)												\$0
Other Perm. Financing Costs: (Specify)												\$0
Other Perm. Financing Costs: (Specify)												\$0
Other Perm. Financing Costs: (Specify)												\$0
Total Permanent Financing Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotals Forward	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LEGAL FEES												
Legal Paid by Applicant												\$0
Other Attorney Costs: (Specify)												\$0
Other Attorney Costs: (Specify)												\$0
Other Attorney Costs: (Specify)												\$0
Total Attorney Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RESERVES												
Operating Reserve												\$0
Replacement Reserve												\$0
Transition Reserve												\$0

2/1/22	Sources/Uses of Funds										
USES OF FUNDS	Homekey Award	0	0	0	0	0	0	0	0	0	Total Sources/Costs
Project Development Costs											
Rent Reserve											\$0
Other Reserve Costs: (Specify)											\$0
Other Reserve Costs: (Specify)											\$0
Other Reserve Costs: (Specify)											\$0
Total Reserve Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CONTINGENCY COSTS											
Construction Hard Cost Contingency											\$0
Soft Cost Contingency											\$0
Total Contingency Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER PROJECT COSTS											
TCAC App/Allocation/Monitoring Fees											\$0
Environmental Audit											\$0
Local Development Impact Fees											\$0
Permit Processing Fees											\$0
Capital Fees											\$0
Marketing											\$0
Furnishings											\$0
Market Study											\$0
Accounting/Reimbursable											\$0
Appraisal Costs											\$0
Other Costs: (Specify)											\$0
Other Costs: (Specify)											\$0
Other Costs: (Specify)											\$0
Other Costs: (Specify)											\$0
Other Costs: (Specify)											\$0
Other Costs: (Specify)											\$0
Total Other Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL PROJECT COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DEVELOPER COSTS											
Developer Overhead/Profit											\$0
Consultant/Processing Agent											\$0
Project Administration											\$0
Broker Fees Paid to a Related Party											\$0
Construction Oversight by Developer											\$0
Other Developer Costs: (Specify)											\$0
Total Developer Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2/1/22		Year 1 Annual Income and Expenses		
Employee Information				Comments
	Employee Job Title	Salary/Wages	Value of Free Rent	
	On-Site Manager(s)	\$0	\$0	
	On-Site Assistant Manager(s)	\$0	\$0	
	Supportive Services Staff Supervisor(s)	\$0		
	Supportive Services Coordinator, On-Site	\$0		
	Other Supportive Services Staff (inc. Case Manager)	\$0		
	On-Site Maintenance Employee(s)	\$0	\$0	
	On-Site Leasing Agent/Administrative Employee(s)	\$0	\$0	
	On-Site Security Employee(s)	\$0	\$0	
		\$0	\$0	
		\$0	\$0	
Total Salaries and Value of Free Rent Units		\$0	\$0	
6711	Payroll Taxes	\$0		Show free rent as an expense?
6722	Workers Compensation	\$0		
6723	Employee Benefits	\$0	Yes	
Employee(s) Payroll Taxes, Workers Comp. & Benefits		\$0		
Total Employee(s) Expenses		\$0		
Employee Units				
Income Limit	Job Title(s) of Employee(s) Living On-Site	Unit Type (No. of bdrms.)	Square Footage	
		0	0	
		0	0	
		0	0	
Total Square Footage			0	
Year 1 Annual Operating Budget				
Acct. No.	Revenue - Income	Residential	Commercial	Comments
5120/5140	Rent Revenue - Gross Potential		\$0	
	Restricted Unit Rents	\$0		
	Unrestricted Unit Rents	\$0		
5121	Tenant Assistance Payments			
	Subsidy Program #1 Name	\$0		
	Subsidy Program #2 Name	\$0		
	Operating Subsidy: (specify)	\$0		
	Operating Subsidy: (specify)	\$0	\$0	
5910	Laundry and Vending Revenue	\$0		
5170	Garage and Parking Spaces	\$0	\$0	
5990	Interim Housing Revenue	\$0	\$0	
Gross Potential Income (GPI)		\$0	\$0	
	Vacancy Rate: Restricted Units	5.0%		
	Vacancy Rate: Unrestricted Units	5.0%		
	Vacancy Rate: Tenant Assistance Payments	5.0%		
	Vacancy Rate: Operating Subsidy: (specify)	5.0%		
	Vacancy Rate: Laundry & Vending & Other Income	5.0%		
	Vacancy Rate: Commercial Income		50.0%	
5220/5240	Vacancy Loss(es)	\$0	\$0	
Effective Gross Income (EGI)		\$0	\$0	
Acct. No.	Expenses	Residential	Commercial	Comments
Administrative Expenses: 6200/6300				
6203	Conventions and Meetings	\$0	\$0	
6210	Advertising and Marketing	\$0	\$0	
6250	Other Renting Expenses	\$0	\$0	
6310	Office/Administrative Salaries -- from above	\$0	\$0	
6311	Office Expenses	\$0	\$0	
6312	Office or Model Apartment Rent	\$0	\$0	
6320	Management Fee	\$0	\$0	
6330	Site/Resident Manager(s) Salaries -- from above	\$0	\$0	
6331	Administrative Free Rent Unit -- from above	\$0	\$0	
6340	Legal Expense -- Project	\$0	\$0	
6350	Audit Expense	\$0	\$0	
6351	Bookkeeping Fees/Accounting Services	\$0	\$0	
6390	Miscellaneous Administrative Expenses	\$0	\$0	
6263T	Total Administrative Expenses	\$0	\$0	

2/1/22				
Year 1 Annual Income and Expenses				
Acct. No.	Expenses	Residential	Commercial	Comments
Utilities Expenses: 6400				
6450	Electricity	\$0	\$0	
6451	Water	\$0	\$0	
6452	Gas	\$0	\$0	
6453	Sewer	\$0	\$0	
	Other Utilities: (specify)	\$0	\$0	
6400T	Total Utilities Expenses	\$0	\$0	
Operating and Maintenance Expenses: 6500				Comments
6510	Payroll -- from above	\$0	\$0	
6515	Supplies	\$0	\$0	
6520	Contracts	\$0	\$0	
6521	Operating & Maintenance Free Rent Unit -- from above	\$0	\$0	
6525	Garbage and Trash Removal	\$0	\$0	
6530	Security Contract	\$0	\$0	
6531	Security Free Rent Unit -- from above	\$0	\$0	
6546	Heating/Cooling Repairs and Maintenance	\$0	\$0	
6548	Snow Removal	\$0	\$0	
6570	Vehicle & Maintenance Equipment Operation/Reports	\$0	\$0	
6590	Miscellaneous Operating and Maintenance Expenses	\$0	\$0	
6500T	Total Operating & Maintenance Expenses	\$0	\$0	
Taxes and Insurance: 6700				Comments
6710	Real Estate Taxes	\$0	\$0	
6711	Payroll Taxes (Project's Share) -- from above	\$0	\$0	
6720	Property and Liability Insurance (Hazard)	\$0	\$0	
6729	Other Insurance (e.g. Earthquake)	\$0	\$0	
6721	Fidelity Bond Insurance	\$0	\$0	
6722	Worker's Compensation -- from above	\$0	\$0	
6723	Health Insurance/Other Employee Benefits--from above	\$0	\$0	
6790	Miscellaneous Taxes, Licenses, Permits & Insurance	\$0	\$0	
6700T	Total Taxes and Insurance	\$0	\$0	
Supportive Services Costs: 6900				Comments
6990	Staff Supervisor(s) Salaries - from above	\$0	\$0	
6990	Services Coordinator Salaries, On-Site - from above	\$0	\$0	
6990	Other Supportive Services Staff Salaries - from above	\$0	\$0	
6990	Supportive Services Admin Overhead	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6900T	Total Supportive Services Costs	\$0	\$0	
Total Operating Expenses		\$0	\$0	Comments
Funded Reserves: 7200		Residential	Commercial	
7210	Required Replacement Reserve Deposits	\$0	\$0	
7220	Other Reserves: (specify)	\$0	\$0	
7230	Other Reserves: (specify)	\$0	\$0	
7240	Other Reserves: (specify)	\$0	\$0	
	Total Reserves	\$0	\$0	
Ground Lease		Residential	Commercial	
	Ground Lease	\$0	\$0	
	Total Ground Lease	\$0	\$0	
Net Operating Income		\$0	\$0	
Financial Expenses: 6800				Comments
6820	1st Mortgage Debt Service	\$0	\$0	
6830	2nd Mortgage Debt Service	\$0	\$0	
6840	3rd Mortgage Debt Service	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6800T	Total Financial Expenses	\$0	\$0	
Cash Flow		\$0	\$0	
7190	Asset Management/Similar Fees	\$0	\$0	

§304 Application Scoring Criteria (207 Points Max)										2/1/22				
Project Name and address			Who provides the experience	Experience Provider	Housing type	Population Served			# of months serving					
Explanation:														
c. Commitment letter(s) or MOU(s) documenting how the complete development and management team (which may include Applicant, Developer, Property Manager, and Lead Service Provider) are connected and will work together on the Project - 15 points										0.00				
File Name:	Commitment letter(s) or MOU(s)			Provide commitment letter(s) or MOU(s) documentation				Uploaded to HCD?						
3. Racial equity and community engagement - max 20 points "For HCD use only"										0.00				
a. Racial Disparities Analysis - 10 points (HCD will score Racial Disparities Analysis based on the submitted Continuum of Care Outcomes)														
File Name:	Racial Disparities Analysis			Provide the Continuum of Care Outcomes by Race and Ethnicity				Uploaded to HCD?						
b. Community Engagement - 10 points (HCD will score Community Engagement based on the submitted narrative)														
File Name:	Community Engagement			Provide a detailed narrative of how the Applicant has engaged or will engage with the target community, including people currently experiencing homelessness and people with lived experience of homelessness, to inform the design of the project. Provide documentation of this engagement, including meeting notes, community planning documents, MOU of partnership with community organizations, etc.				Uploaded to HCD?						
4. Community impact and site selection - max 92 points										0.00				
a. Project serves specific sub-populations from Award, Match, and Revenue cells R26, S36, T26 - 20 points			Chronic Homelessness	0.00%	Homelessness	0.00%	Homeless Youth or Youth at Risk of Homelessness	0.00%	0.00					
b. Assisted Units include units for large family housing types - 10 points		Percentage of Assisted units that are three bedrooms or larger from 'Award, Match, and Revenue' worksheet cells U43 + U44 + U45			0.00%	Percentage of Assisted units that are two bedrooms or larger from 'Award, Match, and Revenue' worksheet cells U42 + U43 + U44 + U45			0.00%	0.00				
c. Commitment to 55 year deed restriction to serve Target Population, waiving potential accommodation by HCD to increase income limits as described in §303(ii) - max 20 points				Total Assisted units Applicant elects to waive the right to increase income levels pursuant to §303(ii).				Percentage of Assisted units elected to waive increase of income limits		0.00%	0.00			
d. Extent Project commits to being accessible to persons with disabilities - max 10 points				Total units from 'Award, Match, and Revenue' worksheet cell E25				0	0.00					
# of units exceeding state and federal accessibility requirements set forth in §505, specifically units with features accessible to persons with mobility disabilities - 5 points						% of units exceeding state and federal accessibility requirements as set forth in §505				0.00%	0.00			
# of units with features accessible to persons with hearing or vision disabilities as defined in 24 CFR Part 8.22 and the parallel ADAAG 2010 and CBC Ch. 11B provisions - 5 points						% of units accessible to persons with hearing or vision disabilities				0.00%	0.00			
e. The Project requires no rehabilitation/construction, or the rehabilitation/construction and full occupancy can be completed within eight months of award - max 10 points										0.00				
f. Capital match vs. minimum match required per Assisted unit; and average total cost per Assisted unit vs. minimum baseline per door										0.00				
f1. Capital match exceeds the minimum match required per Assisted Unit, 1 pt for every \$10,000 over the required match - max 10 points		Maximum match for Assisted units from 'Award, Match, and Revenue' worksheet cell A125/U25		\$0	Minimum match required for Assisted units from 'Award, Match, and Revenue' worksheet cell A125		\$0	Excess match (per unit)		\$0	Increments of \$10,000 over baseline amount		0	0.00
f2. Where average total cost per Assisted Unit is below the minimum baseline per door, 1 pt for every \$10,000 under baseline amount - max 10 pts		Average baseline per Assisted Unit from 'Award, Match, and Revenue' worksheet cells X25 / U25		\$0	Average cost per Assisted unit from 'Award, Match, and Revenue' worksheet cells O32 / U25		\$0	Requested below minimum baseline (per unit)		\$0	Increments of \$10,000 under baseline amount		0	0.00
g. Site Selection - max 12 points										0.00				
File Name:	Amenities Site Map			Map indicating the proposed housing location(s) and scoring related amenities below.				Uploaded to HCD?						

§304 Application Scoring Criteria (207 Points Max)							2/1/22
Project site is located within 1/2 mile of a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop OR the project includes an alternative transportation service for residents (e.g., van or dial-a-ride service), if costs of obtaining and maintaining the van and its service are included in the budget and the operating schedule is either on demand by tenants or a regular schedule is provided - 4 points							0.00
i. Project site is located within 1/2 mile of a full-scale grocery store/supermarket where staples, fresh meat, and fresh produce are sold 1 mile for projects in rural areas? - 2 points							0.00
ii. Project site is located within 1/2 mile (1 mile for projects in rural areas) of a qualifying medical clinic with a physician, physician's assistant, or nurse practitioner on-site for a minimum of 40 hours each week, or hospital (not a private doctor's office)? A qualifying medical clinic must accept Medi-Cal/Medicare payments, or Health Care for the Homeless, or have an equally comprehensive subsidy program for low-income patients. - 1 point							0.00
iii. Project site is located within 1/2 mile of a book-lending public library (1 mile for projects in rural areas)? - 1 point							0.00
iv. Project site is located within 1/2 mile of a pharmacy (1 mile for projects in rural areas). May be included in a grocery store or health facility? - 2 points							0.00
v. For Projects with units serving Homeless Youth: Project site is within one mile of at least two of the following: community colleges, universities, trade schools, apprenticeship programs, employment programs, childcare centers for parenting youth, and/or community centers for youth (e.g., LGBTQ+ centers, drop-in youth centers)? - 2 points							0.00
5. Negative Points - max minus 20 points							
a. For any Project resulting in the permanent displacement of residents (not businesses or farm operations), as outlined below:							
The Project permanently displaces existing residents:	Total existing units	0	Total household units that will be displaced		Percentage of household units that will be displaced	0.00%	0.00
<p style="color: red;">Note: In the event of program oversubscription, where Applicants have the same score and the same date and time stamp, HCD may consider additional criteria as a tiebreaker, including but not limited to the cost-effectiveness, community impact, affirmatively furthering fair housing, innovative housing types, tenant stability and proximity to transit, services and amenities.</p>							

Application Development Team (ADT) Support Form

2/1/22

Complete the "yellow" cells in the form below for application related issues and email a copy to: appsupport@hcd.ca.gov

Name:							Contact Phone:	
Issue #	Program Name &	Tab	Cell #	Update/Comment	Urgency	ADT Status	Status Date	
1	Homekey							
2	Homekey							
3	Homekey							
4	Homekey							
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Homekey Application Upload Document Checklist			2/1/22
Document upload requirements and compliance information in column AK is auto-populated from document submittal replies in the worksheets noted below. Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.			
Overview worksheet			
File Name	App1 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?
File Name	App1 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?
File Name	App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?
File Name	Co-App1 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 OrgDoc1, OrgDoc1, etc...	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?
File Name	Co-App1 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable	Uploaded to HCD?
File Name	Co-App2 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?
File Name	Co-App2 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 OrgDoc2, OrgDoc2, etc...	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?
File Name	Co-App2 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board for Non-profit Corp.	Uploaded to HCD?
File Name:	Rehab Description	Narrative description of current condition of structure(s) and overall scope of work.	Uploaded to HCD?
File Name:	PNA	Physical Needs Assessment prepared by a qualified independent third party contractor.	Uploaded to HCD?
File Name:	Market Study	Provide a recent market study within the past year which conforms to Tax Credit Allocation Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD?
File Name:	Market Study	Provide a recent market study within the past year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD?
File Name:	Non-Perm Structure	Detailed narrative of how the use will meet all Homekey Program requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA	Uploaded to HCD?
Threshold worksheet			
File Name	Env. Report 1	Phase I (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?
File Name	Env. Report 2	Phase II (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?
File Name	CEQA	Copy of CEQA Determination Documents	Uploaded to HCD?
File Name	NEPA	Copy of Authority of Use Grant Funds (NHTF Verification from Responsible Entity)	Uploaded to HCD?
File Name	Local Approvals	'Local & Env Verification' worksheet(s) completed and signed by local authority or Responsible Entity, if different from jurisdiction.	Uploaded to HCD?
File Name	Racial Demographics	Racial Demographic Data Worksheet, which reports CoC outcomes by race and ethnicity. The worksheet on the Homekey webpage	Uploaded to HCD?
File Name:	Use Change	Provide a commitment and plan to facilitate or expedite the use change processes	Uploaded to HCD?
File Name:	Site Control1, Site Control2, etc	Provide documentation of the type of site control for each site above	Uploaded to HCD?
File Name:	Prelim1, Prelim2, etc	Provide current preliminary title report for each site above	Uploaded to HCD?
File Name:	Liability Insurance	Proof of General Liability Insurance that meets the requirements in §800(i)	Uploaded to HCD?
File Name:	Automobile Insurance	Proof of Automobile Liability Insurance that meets the requirements in §800(ii)	Uploaded to HCD?
File Name:	Property-Hazard Insurance	Proof of Property Insurance that meets the requirements in §800(v)	Uploaded to HCD?
File Name:	Development Plan	Provide a development plan	Uploaded to HCD?
File Name:	Relocation Narrative	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?
File Name:	Housing First Perm	Provide experience administering a Housing First program of harm reduction and low barriers to entry	Uploaded to HCD?
File Name:	One-for-one Replacement	iii(a) and (b) If the acquired housing or site will be redeveloped/repositioned per the locality's overall goal to address the needs of the Target Population and the community (unless the target site is going to be demolished before any occupancy by the Target Population), provide a letter of commitment to ensure one-for-one replacement of units.	Uploaded to HCD?
File Name:	Housing Site Map	Map indicating the original target housing location and all proposed housing location(s).	Uploaded to HCD?
File Name:	Outside Neighborhood	If replacement housing is proposed outside the target neighborhood, include a justification explaining why it is necessary to locate this replacement housing outside the target neighborhood (i.e., offsite) and how doing so supports and enables the Target Population to maintain housing.	Uploaded to HCD?
File Name:	Interim Hsg Exp	Provide experience in linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability	Uploaded to HCD?
File Name:	Housing First Interim	Provide experience administering a Housing First program that includes principles of harm reduction and low barriers to entry	Uploaded to HCD?
File Name:	Relocation Plan	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?
File Name:	Access & Non-Discrimination	Provide a non-discrimination policy	Uploaded to HCD?
File Name:	Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD?
Certification & Legal worksheet			
File Name:	Cert & Legal Explanation	Letter of explanation for any "Yes" answers or red shaded items above.	Uploaded to HCD?
Supportive Services Plan worksheet			
File Name:	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies	Uploaded to HCD?
Award, Match, and Revenue worksheet			
File Name:	Utility Allowance	1Local housing authority document showing current utility allowance chart, with relevant components circled.	Uploaded to HCD?
File Name:	Appraisal	If land costs will be included in the Development Budget, attach an appraisal dated within 60 days of the application submittal date.	Uploaded to HCD?
File Name:	Op Subsidy Confirmation	A letter template and a list of potential Homekey complementary funding can be found on the Homekey webpage.	Uploaded to HCD?
Dev Sources worksheet			
File Name:	EFC1, EFC2, EFC3, etc.	Documentation for the executed funding commitments (see below)	Uploaded to HCD?
Application Scoring Criteria worksheet			
File Name	Subsidy Program #1 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?
File Name	Subsidy Program #2 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?
File Name	Operating Subsidy: (specify)	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?
File Name	Operating Subsidy: (specify)	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?
File Name:	Commitment letter(s) or MOU(s)	Provide commitment letter(s) or MOU(s) documentation	Uploaded to HCD?
File Name:	Racial Disparities Analysis	Provide the Continuum of Care Outcomes by Race and Ethnicity	Uploaded to HCD?
File Name:	Community Engagement	Provide a detailed narrative of how the Applicant has engaged or will engage with the target community, including people currently experiencing homelessness and people with lived experience of homelessness, to inform the design of the project. Provide documentation of this engagement, including meeting notes, community planning documents, MOU of partnership with community organizations, etc.	Uploaded to HCD?
File Name:	Amenities Site Map	Map indicating the proposed housing location(s) and scoring related amenities below.	Uploaded to HCD?