## SHARP Project Description and Site Visit Request Form

**(Due by May 31, 2023 – Can be submitted anytime until that date)**

**Please *email* the completed form or for questions:**

**NCHFA Supportive Housing Development Team**

**SHDevelopment@nchfa.com**

**DATE:**

1. **Address of site under consideration. Submit a separate form for each site if multiple sites.**

|  |  |
| --- | --- |
| Project Name |       |
| Address |       |
| City |       |
| Zip Code |       |
| County |       |

1. **Choose one:**

**Rental Housing**

**Non-Congregate Shelter**

1. **Choose one:**

**New Construction**

**Acquisition & Rehabilitation**

**Rehabilitation Only**

**Acquisition Only**

1. **SHARP projects must serve all Qualifying Populations:**

**“Homeless” as defined by 42 CRF 91.5 *Homeless* (1), (2) or (3)**

**At Risk of Homelessness as defined by 24 CFR 91.5**

**Fleeing or attempting to flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking**

**Other Households with High Risk of Housing Instability and At-Risk of Homelessness**

**Detailed definitions of the qualifying populations (QP) can be found in HUD’s Notice** [**CPD-21-10: Requirements for the Use of Funds in the HOME-ARP Program**](https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/)**.**

1. **Please provide a brief description of the project:**

|  |
| --- |
|       |

1. **Project Information:**

|  |  |
| --- | --- |
| Applicant Organization |       |
| Project Contact Name |       |
| Project Contact Title |       |
| Mailing Address |       |
| City |       |
| Zip Code |       |
| County |       |
| Project Contact Office Email |       |
| Project Contact Telephone |        |
| Project Contact Cell Phone |       |

P

1. **Project Team (if known)**

Primary Project Contact (If different from above):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

Architect:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

General Contractor:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

Property Manager:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

Housing Development Consultant (As applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

1. **Owner status**

|  |  |
| --- | --- |
|        | Local Government |
|        | Nonprofit Organization |
|        | * Date of IRS 501(c)(3) determination letter
 |

1. **Supportive Services (All Applicants must complete)**

|  |  |
| --- | --- |
|       | Owner is the Supportive Service Provider |
|       | Owner has been providing supportive services since (insert date) |
|       | Number of clients currently being served |
|       | Owner is not the Supportive Service Provider. Supportive service provider will be:       |
|       | Supportive Service Provider has been providing supportive services since (insert date) |
|       | Number of clients currently being served by provider |

1. **Project Description:**

|  |  |  |
| --- | --- | --- |
| Housing Type | Number of Dwelling Units**\*** | Number of Bedrooms |
| Single Family detached |       |       |
| Multifamily |       |       |
| Non-Congregate Shelter |       |       |

\*Dwelling Unit = single family house, apartment, or SRO

1. **Proximity to Community Resources:**

Describe proximity of the following community resources to the proposed project site. Provide a **map** of the site which indicates the proximity of each community resource to the site.

|  |  |
| --- | --- |
| **Community Resources** | **Proximity to Site in miles** |
| Supportive services including medical facilities |        |
| Employment Centers |        |
| Parks and Recreation |        |
| Pharmacy |        |
| Grocery Store |        |

Will transportation be provided by owner?       Yes       No

Describe how residents will access transportation to community resources (i.e. grocery store, medical, work):

|  |
| --- |
|       |

1. **Please attach a *preliminary* site plan and floor plan if available.**
2. ***Preliminary* estimated development budget**

|  |  |
| --- | --- |
|  | **Amount ($)** |
| Acquisition |       |
| Construction or Rehabilitation Costs (including contingency) |        |
| Architect Design & Inspection |        |
| Soft Costs |        |
| Housing Development Consultant (as applicable) |        |
| Developers Fee |       |
| **Total** |        |

How were the new construction or rehabilitation costs determined?

|  |
| --- |
|       |

For rental housing only, do you plan on requesting SHARP Operating Cost Assistance Reserve?       Yes       No

1. **Preliminary Sources of funds**

|  |  |
| --- | --- |
|  | **Amount ($)** |
| SHARP Funding |        |
| Other:       |        |
| Other:       |        |
| Other:       |        |
| Other:       |        |
| Other:       |        |
| Other:       |       |
| **Total:**       |       |