**Supportive Housing Development Program**

**Project Description and Site Visit Request Form**

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

**NCHFA Supportive Housing Development Team**

**SHDevelopment@nchfa.com**

**DATE:**

**CYCLE APPLYING:**

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:**

**New Construction**

**Acquisition & Rehabilitation**

**Rehabilitation Only**

**Acquisition Only**

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

|  |
| --- |
|       |

1. **Population to be served:**

|  |
| --- |
|       |

1. **Project Information:**

P

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

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

Housing Development Consultant:

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

Architect:

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

General Contractor:

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

Property Manager:

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

1. **Owner status**

|  |  |
| --- | --- |
|        | Local Government |
|        | For-profit (Can only apply for projects with Olmstead Units) |
|        | 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 | Number of Beds |
| Single Family detached |       |       |       |
| Multifamily |       |       |       |
| Facility |       |       |       |

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

1. **Access to Services:**

Describe proximity of the following services and facilities to the proposed project site. Provide a **map** of the site which indicates the proximity of each service to the site.

|  |  |
| --- | --- |
| **Service/Facility** | **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 essential services (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 |        |
| Developers Fee |       |
| **Total** |        |

How were the new construction or rehabilitation costs determined?

|  |
| --- |
|       |

1. **Preliminary Sources of funds**

|  |  |
| --- | --- |
|  | **Amount ($)** |
| SHD (NCHFA Funding) |        |
| Other:       |        |
| Other:       |        |
| Other:       |        |
| Other:       |        |
| Other:       |        |
| Other:       |       |
| **Total:**       |       |