**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**](mailto: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:** |  |