# Eastern PA CoC - CoCBuilds PSH NOFO Application

## Application

### ****Eastern PA CoC, PA-509**** ****CoCBuilds PSH NOFO Application**** ****Deadline: 5pm on Thursday, October 3rd, 2024****

### ****Instructions:****

### Please complete all required questions below and submit required attachments. Required attachments include:

### Budget (required, using CoC-provided template)

### Evidence of housing leveraging commitment (if applicable to your project)

### Evidence of healthcare/supportive services leveraging commitment (if applicable to your project)

### Additional optional attachments may be submitted (see instructions below)

### All applicants should review the full list of Rating Factor Narrative questions that the CoC will be required to submit to HUD as part of the CoCBuilds application package (found in Appendix A of the RFP).  This application is based heavily on the rating factor narrative questions that must be submitted in the CoC’s application to HUD. Selected applicants will work with the CoC to further develop their narrative responses and answer additional narrative questions in order to submit a competitive application to HUD.

### ****Applicant Information****

### 1) Applicant Name:\*

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### 2) Primary Contact Person Name:\*

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### 3) Primary Contact Person Email: \*

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### 4) Primary Contact Person Phone:

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### 5) Secondary Contact Person Name:

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### 6) Secondary Contact Person Email:

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### 7) Secondary Contact Person Phone:

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### 8) Location(s) of Proposed Project (*****please include full address as well as the county in which the site is located*****): If the proposed project will have multiple sites, please include all proposed site locations.\*

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### 9) Clearly identify:

### the applicant,

### developer (if different from applicant),

### and relevant subrecipients (if applicable), and

### ****define the role each of these entities will play in the project**** (e.g., developer, property management, service provider, etc.)

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### 10) Identify any other partners involved in the project that are not the applicant, developer, or subrecipient, and describe their role in the project  \*

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### ****Project Budget and Overview****

#### 11) Check which of the following budget line items you are requesting: Please note that CoC program rules state that CoC program funds used for Rental Assistance may not be combined in a single structure or housing unit with CoC program funds used for Operating Costs.  \*

[ ] Acquisition

[ ] New Construction

[ ] Rehabilitation

[ ] Project-Based Rental Assistance

[ ] Operating Costs

[ ] Supportive Services

[ ] Administrative Costs

### 12) Total Budget Request (Dollar Amount):  \*

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#### 13) ****Please attach your project budget using the budget template provided by the CoC.**** File may be uploaded as Excel workbook format (.xls or .xlsx). Click "Browse" to locate the file on your computer.\*

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### 14) Please provide a general overview of your project, including:

### the scope and scale of the project (which must include number and configuration of PSH units to be developed with the requested funds),

### current status of the project in terms of the development process and with funding,

### and any other pertinent information for the reviewer to understand the project being proposed (e.g., general location, partnerships/collaborations, etc.).

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### ****Development Experience and Leveraging****

### 15) Describe the applicant, developer, and/or relevant subrecipients’ experience with other projects that have a similar scope and scale as the proposed project. NOTE: Maximum points for experience with at least four other projects that have a similar scope and scale as the proposed project  \*

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### 16) Describe the applicant, developer, and relevant subrecipients’ experience leveraging resources substantially similar to the funds being proposed in the current project. NOTE: Maximum points for at least 3 examples of prior leveraging experience. Examples of resources that will be considered include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811.  \*

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### 17) Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project. Describe the source and dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit.  \*

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### 18) If there are current properties under construction or rehabilitation where CoCBuilds funds could be used to obtain units, in addition to the bulleted items above, provide:

### the amount and type of funds being used to construct the property;

### evidence of site control; (this can be submitted as a supplemental attachment at end of application)

### evidence of completed and approved environmental review; (this can be submitted as a supplemental attachment at end of application)

### identify the owner of the property and their experience with construction or rehabilitation; and

### the number of units that will be finished using CoCBuilds funds.

### If not applicable, indicate Not Applicable.  \*

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### ****Experience Managing Projects Serving Households Experiencing Homelessness****

### 19) Describe your organization’s experience and your proposed subrecipients’ experience administering programs for individuals and families experiencing homelessness where one member of the household has a disability. This description should include: Experience managing properties, such as how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties. NOTE: Maximum points for experience with the above activities in at least 4 properties  \*

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### 20) ****Access to Amenities****

#### Is the location of the project accessible to amenities such as shopping, medical care, etc. either via walking or public transportation?\*

( ) Yes

( ) No

#### If yes, please briefly describe.\*

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#### If no, please describe plan for providing transportation for program participants.  \*

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### 21) Describe the type and frequency of supportive services that will be available to program participants in the proposed project. State whether your organization or another organization will provide supportive services. Please also describe the prior experience of this organization in providing supportive services to participants experiencing homelessness where one member of the household has a disability.  \*

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### ****Clear and Realistic Implementation Schedule****

### 22) Please provide your implementation schedule based on the proposed CoCBuilds project. You may either provide your schedule in the space below or submit your schedule as an attachment. (If attaching your schedule, please write in "ATTACHED") ****Response should include:****

### Based on the type of capital cost requested, provide:

### New construction – date construction will begin and end, and date property will be available for move-in

### Acquisition – date property will be acquired

### Rehabilitation – dates rehabilitation of the property will begin and end

### Proposed schedule for site control, environmental review, execution of grant agreement, start and completion dates, occupancy certificate timeline, date property will be available for households to occupy units

### Based on your proposed schedule, what would be your desired grant term with HUD?

### Two, Three, Four, Five Years

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#### 23) ****Implementation Schedule Attachment (optional)**** ****If you wish to submit your implementation schedule as an attachment, you may upload and attach here****. Accepted file types: Word, Excel, PDF Please ensure that your attachment clearly includes all the required information:

#### Based on the type of capital cost requested, provide:

#### New construction – date construction will begin and end, and date property will be available for move-in

#### Acquisition – date property will be acquired

#### Rehabilitation – dates rehabilitation of the property will begin and end

#### Proposed schedule for site control, environmental review, execution of grant agreement, start and completion dates, occupancy certificate timeline, date property will be available for households to occupy units

#### Based on your proposed schedule, what would be your desired grant term with HUD?

#### Two, Three, Four, Five Years

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### ****Experience Managing Rental Housing****

### 24) Describe the rental housing projects you or your subrecipient have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization’s information, type of program participants assisted, and experience.  \*

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### 25) Include the number of grants for affordable housing awarded over the last three years, total amount of awards, and the type of subsidy funding or financing provided for housing. NOTE: Maximum points will be available for adequately describing management of at least 4 times the number of properties and units proposed in this application.  \*

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### ****Housing Leveraging****

#### 26) Will this project leverage non-CoC funded housing resources?  \*

( ) Yes

( ) No

**If yes to housing leveraging:**

### 27) What is the source of the commitment? (i.e., what entity or funding source is committing the units)

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**If yes to housing leveraging:**

### 28) What percentage of subsidies or number of units are being committed to the project from leveraged resources? NOTE: Maximum points for project that provides leveraged housing resources for at least 50% of the total amount being requested OR at leveraged housing resources for at least 25% of the proposed units  \*

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**If yes to housing leveraging:**

#### 29) ****Please attach written commitment from the housing leveraging partner related to this leveraging commitment.**** Acceptable file type: PDF If selected for funding, the CoC will work you to finalize the leveraging commitment documentation to meet HUD’s requirements.  \*

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### ****Healthcare Leveraging****

#### 30) Will this project leverage non-CoC funded healthcare or supportive services?  \*

( ) Yes

( ) No

**If yes to healthcare/supportive service leveraging:**

### 31) Please describe the types of healthcare or supportive services to be provided. Services may include supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder services, treatment and recovery services, or other health or social services.  \*

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**If yes to healthcare/supportive service leveraging:**

### 32) What is the source of the commitment? (i.e., what organization or entity is committing the services)\*

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**If yes to healthcare/supportive service leveraging:**

### 33) What is the dollar amount of the commitment? NOTE: Maximum points for project that provides leveraged services that are equivalent to at least $7,500 per unit included in the proposed project. Partial points may be awarded for leveraged housing units that are less than this threshold.  \*

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**If yes to healthcare/supportive service leveraging:**

#### 34) ****Please attach written commitment from the healthcare/supportive service leveraging partner related to this leveraging commitment.**** Acceptable file type: PDF If selected for funding, the CoC will work you to finalize the leveraging commitment documentation to meet HUD’s requirements.\*

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### ****Experience Promoting Racial Equity****

### 35) Describe:

### Experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects

### Experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

### Experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

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### ****Other Experience****

#### 36) Repairs: Does your organization or proposed subrecipients have a plan for maintaining the property annually and conducting needed repairs?  \*

( ) Yes

( ) No

### 37) Repairs: Optional Comments If you wish to add additional comments you may do so here.

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#### 38) Reserve funds: Will there be reserve funds specifically for maintenance and repair of proposed units?  \*

( ) Yes

( ) No

### 39) Reserve funds: Optional Comments If you wish to add additional comments you may do so here.

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#### 40) Managing Rental Housing: Does your organization or proposed subrecipients have experience managing rental housing?\*

( ) Yes

( ) No

### 41) Managing Rental Housing: Optional Comments If you wish to add additional comments you may do so here.

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#### 42) Mixed-Used Development: Will the PSH units be part of mixed-use development in which individuals and families that do not have disabilities will also reside?  \*

( ) Yes

( ) No

### 43) Mixed-Use Development: Optional Comments If you wish to add additional comments you may do so here.

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#### 44) Will you pursue any environmental justice policy initiatives within the project, including: a) Reducing or mitigating exposure to environmental and health hazards (e.g. industrial facilities, EPA superfund sites, brownfields and legacy pollution, heat islands), b) Improving protection from and resilience to environmental harms (e.g. fire-resistant materials, floodproofing), c) Expanding environmental benefits (e.g. clean air and water, public transportation, bike and walking paths, clean energy, green technology, biodiversity), or d) Overcoming prior disinvestment in environmental infrastructure (e.g. drainage systems, green spaces, pollution controls) Check all that apply. ****NOTE: If you voluntarily choose to address a policy initiative in your application, you will be required to adhere to the information submitted with your application should you receive an award.****  \*

[ ] Reducing or mitigating exposure to environmental and health hazards (e.g. industrial facilities, EPA superfund sites, brownfields and legacy pollution, heat islands)

[ ] Improving protection from and resilience to environmental harms (e.g. fire-resistant materials, floodproofing)

[ ] Expanding environmental benefits (e.g. clean air and water, public transportation, bike and walking paths, clean energy, green technology, biodiversity)

[ ] Overcoming prior disinvestment in environmental infrastructure (e.g. drainage systems, green spaces, pollution controls)

[ ] None of the above

### ****Additional Attachments****

#### 45) ****Evidence of Site Control (optional)**** If you wish to submit evidence of site control, you may upload and attach here. Accepted file type: PDF

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#### 46) ****Evidence of Completed and Approved Environmental Review (optional)**** If you wish to submit evidence of environmental review, you may upload and attach here. Accepted file type: PDF

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#### 47) ****Other Attachments (optional)**** If you need to submit other attachments to reflect requirements as outlined above, you may upload and attach here. (Maximum number of attachments: 4) Please only submit attachments that are necessary to reflect requirements as outlined above. ****Additional attachments are not required.****Acceptable file types: Excel, Word, PDF

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## Thank You!

### Thank you for submitting your application for the Eastern PA CoC CoCBuilds PSH NOFO RFP. You will receive an automated email with a copy of your responses for your records.