

EXHIBIT A



**CIVIC SAN DIEGO  
2017 NOFA APPLICATION**

PROJECT APPLICANT

1. Project Applicant

Applicant Name (Organization/ Agency) \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

E Mail: \_\_\_\_\_

What is the role of the Applicant in the project (*check all that apply*)

- ☐ Ownership Entity
- ☐ Managing Partner or Managing Member
- ☐ Sponsoring Organization
- ☐ Developer
- ☐ Other (describe): \_\_\_\_\_

2. Legal Status of Applicant

- ☐ General Partnership
- ☐ Joint Venture
- ☐ Limited Partnership Corporation
- ☐ Nonprofit Organization
- ☐ Other - specify \_\_\_\_\_

3. Status of Organization

- ☐ Currently Exists
- ☐ To be formed (estimated date): \_\_\_\_\_

4. Name(s) of individuals who will be General Partner(s) or Principal Owner(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROJECT DESCRIPTION

5. Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_

6. Project Type (check all that apply):

- ☐ Rental
- ☐ Senior
- ☐ Special Needs
- ☐ Other - describe \_\_\_\_\_
- ☐ SRO Studio Apartments

7. Project Activity (check all that apply):

- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Redevelopment
- ☐ New Construction
- ☐ Mixed Income
- ☐ Mixed Use
- ☐ Other (please specify): \_\_\_\_\_

8. Project Description

No. Units Total \_\_\_\_\_ No. Units Restricted \_\_\_\_\_ No. Res. Bldgs. \_\_\_\_\_

Commercial/Office Uses (specify) \_\_\_\_\_

Commercial Floor Area \_\_\_\_\_

No. Stories \_\_\_\_\_ Office Floor Area \_\_\_\_\_

Land Area \_\_\_\_\_ Residential Floor Area \_\_\_\_\_

Elevators \_\_\_\_\_ Other Uses (specify) \_\_\_\_\_

Community Room(s) Floor Areas \_\_\_\_\_

9. Parking

Total Parking Spaces \_\_\_\_\_

Parking Type \_\_\_\_\_

Residential Spaces and Ratio \_\_\_\_\_

Guest Spaces \_\_\_\_\_

Commercial Spaces and Ratio \_\_\_\_\_

Office Spaces and Ratio \_\_\_\_\_

10. Number of Housing Units by Income Category

Category	Number of Units	Percentage of Units
0% to 30% AMI (Extremely Low)		
31% to 50% AMI (Very Low)		
51% to 80% AMI (Low)		
Unrestricted		

11. Unit Amenities (air conditioning, laundry in unit, balconies, etc.):

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12. Number of Unit Types:

Studio 

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1-Bedroom 

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2-Bedroom 

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3-Bedroom 

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PROJECT NARRATIVE *(Please use additional sheets of paper as needed.)*

13. Project Description: Provide a brief narrative summary of the proposed project. Please include location, project type (new versus rehab), target population and any unique project characteristics.

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14. Project Design: Provide a description of the project's architectural and site plan concepts and how these concepts address the opportunities and limitations of the site and location.

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15. Green Building Features: Describe the green building features that will be incorporated into the project.

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16. On-Site Amenities: Describe any on site amenities including any project characteristics that address the special needs of the population you intend to serve.

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17. Neighborhood Off-Site Amenities: Describe the property location neighborhood transportation options local services and amenities within 1/4 mile and 1/2 mile of the site.

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18. Potential Development Obstacles: Are there any known issues or circumstances that may delay or create challenges for the project? If yes, list issues below including an outline of steps that will be taken and the time frame needed to resolve these issues.

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SITE INFORMATION (Please use additional sheets of paper as needed.)

19. Site Control

- a. Site control at the time of application is required. What is the level of site control currently
- b. Held by the applicant? \_\_\_\_\_
- c. Will site acquisition be a purchase or long term lease? \_\_\_\_\_
- d. What is the purchase price of the land? \_\_\_\_\_

For proposed leaseholds indicate the amount of the annual lease payment and the basis for determining that amount: \_\_\_\_\_

- e. What is the current County-assessed value of the site? \_\_\_\_\_
- f. Who is the current property owner and what is their address and contact information? \_\_\_\_\_

20. Site Information

- a. Total square footage of site \_\_\_\_\_
- b. Existing uses on the site and the approximate square footage of all structures:

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- c. Planned use of on-site existing structures

- ☐ Demolish
- ☐ Rehabilitate
- ☐ Other (describe) \_\_\_\_\_

- d. Provide the following information for each on-site building to be retained as part of this project: Square Footage, Date Built, No. of Stories, Occupancy Status: No. of existing residents and their respective income levels, Relocation Plan, if applicable.

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- e. Provide a brief description of the condition of any buildings to be rehabilitated:

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- f. Describe unique site features (parcel shape, historic resource, etc.)

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- g. Identify problem site conditions (high noise levels, ingress/egress issues, etc.)

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- h. Is the site in a floodplain? Yes \_\_\_\_\_ No \_\_\_\_\_ Map used \_\_\_\_\_  
If yes, type of floodplain \_\_\_\_\_ Number of years \_\_\_\_\_

- i. Describe adjoining land uses:

East  
West  
North  
South

## 21. Zoning

- a. What is the current zoning of the project site? \_\_\_\_
- b. Is the proposed project consistent with the existing zoning status of the site?  
Yes \_\_\_\_\_ No (explain)
- c. Indicate any discretionary review permits required for the project (Planned  
Community Permits, Design Review Permits, Rezoning, Entitlement Timing, etc.)

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- d. If rezoning is required identify the requested zoning district for the project: \_\_\_\_

## 22. Community Priorities

- a. Explain how this project meets the objectives of the housing goals and priorities  
identified in this NOFA and the goals and objectives of the City's AHMP and  
community priorities:

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PROJECT FUNDING (Please use additional sheets of paper as needed.)

23. Project Budget \_\_\_\_\_
- a. City Funds Requested \_\_\_\_\_ Funds Per Assisted Unit \_\_\_\_\_
- b. Total Project Cost \_\_\_\_\_ Cost Per Assisted Unit \_\_\_\_\_
- c. Other Sources of Permanent Financing not including private bank loans \_\_\_\_\_

<u>Type of Funding</u>	<u>Amount</u>
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- |  |  |
|--|--|
| <input type="checkbox"/> 9% Low Income Housing Tax Credits |  |
| <input type="checkbox"/> 4% Low Income Housing Tax Credits |  |
| <input type="checkbox"/> CalHFA/Conventional Lender        |  |
| <input type="checkbox"/> Other (explain)                   |  |

d. How will the requested City funding be used? \_\_\_\_\_

e. Amount of developer fee and percentage of project cost? \_\_\_\_\_

- f. Assess the chances, and the timeline, of the project securing required funding and steps that will be taken to make the project competitive.

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- g. What is the self-scored nine percent (9%) tax credit tie breaker score for the project if applicable? \_\_\_\_\_

DEVELOPER EXPERIENCE (Please use additional sheets of paper as needed.)

Developers must have successfully completed a minimum of two affordable housing projects, preferably of similar size and complexity, as the proposed project to qualify for this NOFA.

24. Provide a summary of affordable housing experience:

Years Experience \_\_\_\_\_

Number of Projects \_\_\_\_\_

Number of Projects in San Diego County \_\_\_\_\_

Average Size of Projects \_\_\_\_\_

Number of Units Placed in Service \_\_\_\_\_

25. Describe two projects completed in the last three years that are similar to the proposed project and provide photographs of each project, more specifically with regard to their affordability levels, as well as their covenant period for affordability

a. Project 1 / Name of Project

Location

Number of Units

Type of Development (senior, family, etc.)

Name of Project Manager

Number of Stories

Unit Types (studio, 1 bedroom, etc.)

Type of Construction

Project Amenities

Entitlement Date

Occupancy Date

Funding Sources

b. Project 2 / Name of Project

Location

Number of Units

Type of Development (senior, family, etc.)

Name of Project Manager

Number of Stories

Unit Types (studio, 1 bedroom, etc.)

Type of Construction

Project Amenities

Entitlement Date

Occupancy Date

Funding Sources

26. Personnel

List the names of key members of the applicant's development team, their titles, responsibilities, and years of experience in affordable housing.

Project Staff	Name	Role in Proposed Project	Years of Housing Dev Experience	Years with this Developer
Project Manager				
Director of Real Estate Development				
Executive Director				
Chief Financial Officer				
Other				
Other				

27. Other Team Members

Indicate which of the following development team members have been selected and identify them if different from applicant:

Developer \_\_\_\_\_

Architect(s) \_\_\_\_\_

Engineer(s) \_\_\_\_\_

Attorney(s) and/or Tax Professionals \_\_\_\_\_

Property Management Agent \_\_\_\_\_

Financial and Other Consultant (s) \_\_\_\_\_



General Contractor \_\_\_\_\_

Investor \_\_\_\_\_

28. List all other participants and affiliates (people, businesses, and organizations) proposing to participate in the project.

Name

Address

_____	_____
_____	_____
_____	_____

29. Property Management

Describe how the property will be managed including the number of staff, locations and management office hours.

_____
_____
_____

30. If the project will be managed by an agency other than the project applicant describe the project applicant's role in the ongoing management of the project and resolution of management issues.

_____
_____
_____
_____

31. Community Contacts

## Applicant Certification

I certify that the information submitted in this application and all supporting materials is true, accurate and complete to the best of my knowledge. I acknowledge that if facts and or information herein are found to be misrepresented it shall constitute grounds for disqualification of my proposal. I further certify that all of the following statements are true except if I have indicated otherwise on this certification:

- ☐ No mortgage on a project listed by me has ever been in default, assigned to the Government, or foreclosed, nor has mortgage relief by the mortgagee been given;
- ☐ I have not experienced defaults or noncompliance under any contract or Regulatory agreement nor issued IRS Form 8823 on any Low Income Housing Tax Credit (LIHTC) projects I was involved in
- ☐ To the best of my knowledge there are no unresolved findings raised as a result of audits, management reviews or other investigations concerning me or my projects for the past ten years
- ☐ I have not been suspended, barred or otherwise restricted by any state agency from participating in the LIHTC program or other affordable housing programs
- ☐ I have not failed to use state funds or LIHTC allocated to me in any state

I have checked each deletion, if any, and have attached a true and accurate signed statement, if applicable, to explain the facts and circumstances which I think help to qualify me as a responsible principal for participation in this NOFA.

Applicant Name(s)

Signature Date

Print Name and Title

*This application and all supporting material are regarded as public records under the California Public Records Act.*