



GCRA

FY 2024 Greenville County Affordable Housing Funding (GCAHF) and HOME Funding Application

Application Due Date:

Thursday, February 8, 2024

Training session will be held on **Wednesday, January 17, 2024** @ 2 p.m. and can be attended in person or virtually. In person at 301 University Ridge, South Tower, 4th Floor, Flex Room. To attend virtually please register [here](#) (will be held via Microsoft Teams).

APPLICATION SUBMISSION REQUIREMENTS

Submit an electronic application with digital signatures submitted via OneDrive. **Email Jose Reynoso** jreynoso@gcra-sc.org on or before **February 7, 2024** to receive an upload link. For questions contact

**Greenville County Redevelopment Authority
Attention: Imma Nwobodu, Program Director**

301 University Ridge, Suite S-4300

Greenville, SC 29607

Telephone: 864-242-9801

www.gcra-sc.org

APPLICATIONS SCORING (100 maximum points)

Application Completeness, Program Eligibility and Site Control 20 points

Maximum points will be awarded for those applications that meet threshold criteria such as program eligibility, site control and completeness.

Consistent with County's goals, Neighborhood Master Plan, Consolidated Plan and Housing Study report. Address demonstrated need. 20 points

Maximum points will be awarded for those applications that demonstrate sufficient market demand and support the goals and priorities of the Consolidated Plan and the 2018 Greenville County Housing Study report. Appropriateness of site selection are considered, and the design must be consistent with neighborhood design characteristics or master plans.

Financial feasibility. 25 points

Maximum points will be awarded for those applications that contain a realistic set of sources and uses development budget, a pro forma operating budget, and long-term financial sustainability of the project is highly likely.

Development team experience, capacity, project readiness and timeframe for completion. 25 points

Maximum points will be awarded for those applications that demonstrate a development team with a successful track record in projects of similar size, scale, type and complexity to the proposed project and capacity to fulfill their responsibilities and the readiness of the project to proceed.

Neighborhood Impact. 10 points [HOME]

Maximum points will be awarded for those applications where site selection is appropriate for use, the design is consistent with neighborhood design characteristics or master plans, and the project proposes considerable benefits to the neighborhood and/or special populations such as services or amenities.

OR

Income Targeting. 10 points [GCAHF]

Maximum points will be awarded for those applications/projects that specifically target households with fifty (50%) percent or below of the Area Median Income. **Projects with the largest percentage of households earning below 50% of the Area Median Income (AMI) will receive the highest score.**

Additional Required Documentation

Exhibit Name

Legal name of organization and executive director, type of organization (corporation, limited liability corporation, general partner, etc.), and list of board members including name, position, address, and phone number.

A

Evidence of site control

B

Market Study, discussing demand and need for proposed project. Phase I ESA, if appl.

C

Site plan, project location map, building elevations, & photos of building, if applicable

D

Articles of Incorporation, current by-laws, IRS 501 c(3) determination letter

E

Most recent financial statement (independent audit, 990 form, and auditor's management letter)

F

Completed CHDO Certification form [HOME]

G

A brief development team summary, including: List all members of the development team, their role in the project, relevant skills/education and relevant experience from other projects. List and describe projects completed by the organization similar to the proposed project in size, type of development, and complexity.

H

Sources and uses statement, operating budget identifying rents and expenses for first year, & 20 pro forma for the project or minimum affordability period **(see financial excel spreadsheet provided)**

I

Evidence of financial commitments

J

Marketing plan for the sale of home ownership units, if applicable

K

Funding Allocation

- ☐ Gap funding of housing development project or Down payment/Closing Cost Assistance
- ☐ No Maximum or Cap allocation
- ☐ 10 percent of total funding request will be grant, but not to exceed \$100,000
- ☐ **NON-profit Organization (Rental units projects):**
- ☐ 1% interest loan amortized for up to 30 years. 1-year payment deferment period during construction.
- ☐ **Non-profit (Homeownership unit projects)** 1% Interest rate
- ☐ **For-profit Organization (Rental unit projects)** 2% interest loan amortized for up to 30 years. 1 year payment deferment period during construction.
- ☐ **For-Profit Organization (Homeownership unit projects)** 2% interest rate

Affordability Period for HOME & GCAHF projects – Consistent with HOME regulation.

* HOME Affordability Period

Rental Housing Activity	Minimum Period of Affordability in Years
Less than \$15,000 per unit	5 years
\$15K-\$40K per unit	10 years
Greater than \$40K per unit	15 years
New Construction	20 years

Homeownership Activity	Minimum Period of Affordability in Years
Less than \$15,000 per unit	5 years
\$15K-\$40K per unit	10 years
Greater than \$40K per unit	15 years

***Minimum Investment: \$1,000 per unit**



Greenville County Redevelopment Authority
Greenville County, Affordable Housing Fund (GCAHF) and HOME Funding Application

Date:

Applicant/Sponsor:

Executive Officer:

Project Officer:

Address:

City:

State:

Zip:

Email:

Phone#

Phone:

DUNS#

Tax ID#

Applicant/Sponsor Type (x)

CHDO

Municipality

General Partnership

Joint Venture

Nonprofit Corporation

Corporation

Limited Liability Corporation

Other:

Developer:

Executive Officer:

Primary Contact:

Address:

City:

State

Zip

Email:

Phone

Fax:

Application Type (x):

Homeownership

Rental

New Construction

Rehabilitation

Homebuyer Assistance

#Total Units

#Family Units

#Senior Units

#Handicap Accessible Units

#Other Special Needs



Greenville County Redevelopment Authority
Greenville County, Affordable Housing Fund (GCAHF) and HOME Funding Application

Development Description

Project Name:

Project Address: Parcel#

Neighborhood:

Census Tract:

For scattered site projects list addresses and parcels below:

<u>Parcel No.</u>	<u>Address:</u>	<u>Census Tract:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME projects with five or more housing units proposed must provide 20% of the total assisted houses for families with household incomes at 50% or less of AMI and at least 5% of the new housing units must be handicap accessible units. Projects with the largest percentage of households earning below 50% of the Area Median Income (AMI) will receive the highest score.

<u>Income Group</u>	<u>#Units</u>	<u>Unit Type (X):</u>	
Less than 30% of AMI	<input type="text"/>	Single Family	<input type="text"/>
31-50% of AMI	<input type="text"/>	Duplex	<input type="text"/>
51-60% of AMI	<input type="text"/>	Tri-plex	<input type="text"/>
61-80% of AMI	<input type="text"/>	Townhome	<input type="text"/>
Greater than 80% of AMI	<input type="text"/>	Apartment	<input type="text"/>

Funding Request:

Total Development Cost:	<input type="text"/>	
Total Funds Requested:	<input type="text"/>	Total HOME Amount Requested: _____
% of Total Development Cost:	<input type="text"/>	
Total Funds Per Unit:	<input type="text"/>	Total GCAHF Amount Requested: _____

Program Eligibility & Consistent with County's Goals

Clearly and objectively describe, in narrative form, the entire project you propose to undertake and why. Discuss 1) the goals and objectives of the Greenville County 2020-2024 Consolidated Plan your proposal addresses, 2) project location, housing type, unit description, target population (seniors, disabled, veterans, families etc.) and income groups and income groups and Quantiles identified in the Housing Study that will be served by the project that will be served by the project, 3) all the key steps that must be taken to achieve the project, 4) specific use of HOME and/or GCAHF funds and how the project would not proceed *without* an investment of the funding. [Attach additional pages as necessary]

Site Control

Does the applicant have site control of property for proposed project?

☐

Yes

☐

No

☐

n/a

☐

Deed

☐

Purchase contract

☐

Option

☐

Other:

Expiration date of contract or option:

(month, date & year)

Total Cost of land:

\$

Parcel (acres) or Building Size

(square feet):

Parcel Number (s):

Proposed Property Address:

City:

State:

Zip Code:

Present zoning classification:

Is a conditional use permit required?

When is approval for it expected?

Are all utilities presently available to the site?

Yes

No

If No, which utilities need to be brought to the site?

Site currently used for:

Prior site uses:

Developer Capacity

Briefly describe your development team. Be sure to list all members of the development team including any consultants, their specific role in the project, relevant skills/education and experience from other projects. List and describe projects completed by the organization similar to the proposed project in size, type of development, and complexity. Show evidence of completion of up to 10 housing units [Attach additional pages if necessary]

Describe special marketing and outreach efforts to be undertaken in order to achieve the affordable housing you propose. Include a list of any minority newspapers, minority oriented radio and television stations and community groups that have significant contact with targeted groups that will be used to market the project. If available, provide a copy of any advertisements, brochures or postcards used to market the project units. Additionally, if Market Study of Need is available, please submit with application.

Neighborhood Impact

Please describe in narrative terms the impact of your proposal upon the neighborhood in which it is located. Does the project propose considerable benefits to the neighborhood and/or special populations such as support services and/or amenities? Does the proposal support economic diversity and integration where all of the units serve low-income households in an area with an AMI above 80 percent. Is the project located within a Greenville County Special Emphasis area or low income census tract? Does it support community master plans or community stability through the infill development and/or quality design?

Project Timeline

	Proposed Activities	Completion Date
A.	Site Control:	
	Option	
	Site acquisition/Purchase	
B.	Financing:	
	1. Construction loan	
	Conditional commitment	
	Loan closing	
	2. Permanent loan	
	Conditional commitment	
	Loan closing	
C.	Plans and Specifications	
	Preliminary drawings	
	Initial working drawings	
	Working drawings & specifications	
D.	Closing and Transfer of Property	
E.	Marketing	
F.	Construction Starts	
G.	Completion of Construction	
H.	Lease-up Period	From:
		To:
I.	First Building to be Placed in Service	
J.	Last Building to be Placed in Service	

Project Name: _____ Applicant Name: _____

CONFLICT OF INTEREST ACKNOWLEDGEMENT

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members? ☐ Yes ☐ No

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

I (Chief Executive Officer)

Name and title

Hereby certify that the information set forth in this application/proposal is, to the best of my knowledge, true and correct. I realize that Greenville County Redevelopment Authority will be relying upon this information and the representations herein as part of their decision-making process in the awarding of funds. Should any information change from that originally submitted, I agree to promptly advise GCRA. I understand that erroneous, misleading, or false information can adversely impact funding decisions.

Signature

Date

Certification for CHDOs Only [HOME]

Please complete the following checklist, provide back-up documentation as needed, and keep a copy for your records. The questions refer to the definition of a CHDO in Subpart A, Section 92.2 of the HOME Final Rule.

I. LEGAL STATUS

A. The nonprofit organization continues to be organized under State or local laws, as evidenced by:

____ A Charter, *or*
____ Articles of Incorporation

B. No part of its net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by:

____ A Charter, *or*
____ Articles of Incorporation

C. Maintains a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c) of the Internal Revenue Code of 1986, as evidenced by:

____ A 501(c) Certificate from the IRS

D. Has among its purposes the provision of decent housing that is affordable to low-and moderate-income people, as evidenced by a statement in the organization's:

____ Charter,
____ Articles of Incorporation,
____ By-laws, *or*
____ Resolutions

II. CAPACITY

A. Conforms to the financial accountability standards of Attachment F of OMB Circular A-110, "Standards for Financial Management Systems," as evidenced by:

____ A notarized statement by the president or CFO of the organization;
____ A certification from a Certified Public Accountant; *or*
____ A HUD approved audit summary

B. Has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:

____ Resumes and/or statements that describe the experience of paid staff members who have successfully completed projects similar to those to be assisted with HOME funds.

Note: *If there has been staff turnover in the Executive Director or Chief Financial Officer positions since the last time the organization was recertified as a CHDO, please submit copies of the new staff resume(s).*

III. ORGANIZATIONAL STRUCTURE

A. Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations, as evidenced by the organization's:

____ By-Laws,
____ Charter, *or*
____ Articles of Incorporation

Board Member Code

Qualification Code:

1	Lives in low-income community
2	Lives in a low-income household
3	Elected representative of low-income neighborhood association

Current Board Roster:

Name	Job & Title	State or public official (Y/N)	Home Address	Low- Income Rep. (Y/N)	Low-income Rep. Qualification

Note: Under the HOME Program, for urban areas the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole state).

B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME-assisted affordable housing projects, as evidenced by:

____ The organization's By-laws,
____ Resolutions, *or*
____ A written statement of operating procedures approved by the governing body.

C. A CHDO may not be a governmental entity and must not be controlled by a governmental entity. If the CHDO was created by a governmental entity, however, the State or local government may not have the right to appoint: (1) more than one-third of the membership of the organization's governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; (3) no more than one-third of the governing board members are public officials or employees of the governmental entity; and (4) the officers or employees of the governmental entity may not be officers or employees of the CHDO, as evidenced by the organization's:

- ☐ By-Laws,
- ☐ Charter, *or*
- ☐ Articles of Incorporation
- ☐ Not applicable

D. If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:

- ☐ By-Laws,
- ☐ Charter, *or*
- ☐ Articles of Incorporation
- ☐ Not applicable

IV. RELATIONSHIP WITH FOR-PROFIT ENTITIES

A. CHDO is not controlled, nor receives directions from individuals or entities seeking profit from the organization, as evidenced by:

- ☐ The organization's By-laws, *or*
☐ A Memorandum of Understanding (MOU)

B. A CHDO may be sponsored or created by a for-profit entity, however, if:

(1) The for-profit entity's primary purpose does not include the development or management of housing, as evidenced by:

- ☐ The for-profit organization's By-laws,
☐ Not applicable

(2) The CHDO is free to contract for goods and services from vendor(s) of its own choosing, and

(3) The officers and employees of the for-profit entity may not be officers or employees of the CHDO, as evidenced by the CHDO's:

- ☐ By-Laws,
☐ Charter, *or*
☐ Articles of Incorporation
☐ Not applicable

We certify that the information provided herein is accurate, and that to the best of our knowledge, the:

(name of organization)

continues to comply with all requirements to be considered a Community Housing Development Organization as described in 24 CFR 92.2.

Signature of Board President (or Chair) Name (please print) Date

Signature of Executive Director Name (please print) Date