SALT LAKE CITY

HOMELESS HOUSING GRANT PROGRAM



APPLICATION RELEASE DATE: SEPTEMBER 30, 2022

APPLICATION DEADLINE: OCTOBER 14, 2022 @ 5:00 PM

Through the Fall 2022 Notice of Funding Availability (NOFA) for the Homeless Housing Grant Program, Salt Lake City intends to allocate \$6 million for permanent supportive housing and/or transitional shelter housing projects. Refer to the Homeless Housing Grant Program Funding Guidelines for eligibility and project requirements and preferences.

	Project Name				Date of Application	on.	
	Project Name				Date of Application		
	Requested Funding Amount			Total Project Cost	Total Design Cont		
	Requested Fullating Air	ount		iotai i ioject cost			
IRY	Estimated Construction	Start Date		Estimated Constru	action Completion Date		
A: PROJECT SUMMARY					·		
Ins.	Project Street Address		••••••	City	State	Zip	
PRO	Contact Name		Contact Phone		Contact Email Ad	dress	
Ä							
	Requested Funding Am			Total Project Cost			
		ount		iotai i ioject cost			
	Project Type:					_	
	☐ New Construction, U	•			☐ New Construction, Demolition of Existing Structures		
	☐ Renovation/Rehabili	_	-	☐ Addition to Exis	sting Structure		
	☐ Adaptive Reuse of an	n Existing Structure		☐ Other:			00000
	☐ Adaptive Reuse of an	1 Existing Structure		□ Other:			
	☐ Adaptive Reuse of an	n Existing Structure		□ Other:			
	Adaptive Reuse of an	n Existing Structure		□ otner:	Tax ID Number		
		n Existing Structure		Li otner:	Tax ID Number		
		n Existing Structure		City	Tax ID Number State	Zip	
MARY	Business Name	□ LLC	□ Sole Owner			Zip □ Joint Venture	
UMMARY	Business Name Street Address			City	State	•	
NT SUMMARY	Business Name Street Address Entity Type:	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other:	State ☐ Partnership more of the entity	☐ Joint Venture	
ICANT SUM MARY	Business Name Street Address Entity Type:	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other:	State □ Partnership	☐ Joint Venture	
IPPLICANT SUMMARY	Business Name Street Address Entity Type: Ownership - Provide the	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other: olders owning 10% or	State ☐ Partnership more of the entity	☐ Joint Venture	
B: APPLICANT SUM MARY	Business Name Street Address Entity Type: Ownership - Provide the	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other: olders owning 10% or	State ☐ Partnership more of the entity	☐ Joint Venture	
B: APPLICANT SUMMARY	Business Name Street Address Entity Type: Ownership - Provide the	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other: olders owning 10% or	State ☐ Partnership more of the entity	☐ Joint Venture	
B: APPLICANT SUM MARY	Business Name Street Address Entity Type: Ownership - Provide the	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other: olders owning 10% or	State ☐ Partnership more of the entity	☐ Joint Venture	
B: APPLICANT SUMMARY	Business Name Street Address Entity Type: Ownership - Provide the	□ LLC	□ Sole Owner	City ☐ 501(c) 3 ☐ Other: olders owning 10% or	State ☐ Partnership more of the entity	☐ Joint Venture	
B: APPLICANT SUM MARY	Business Name Street Address Entity Type: Ownership - Provide the Name, Title	☐ LLC ☐ C Corp following informa	□ Sole Owner	City ☐ 501(c) 3 ☐ Other: olders owning 10% or	State ☐ Partnership more of the entity	☐ Joint Venture	

FALL 2022 • HHGP • NOTICE OF FUNDING AVAILABLITY

		n: Please provide the following information for each relevant development team membe	• • • • • • • • • • • • • • • • • • • •
	Role	Firm/Organization	Years Experience
	Owner		
	Developer		
	Architect		
≧	Contractor		
C. DEVELOPMENT TEAM OVERVIEW	Prop. Manager		
		opment team's experience and ability to successfully develop the project:	
	Describe the operati	tion team's experience and capacity to successfully operate the project:	
		ntial Units - Total: utial Units - 40% AMI & <: description of the number of units, area median income (AMI) rent/income restrictions, a	ınd unit sizes (studio, 1-bedroom, etc.)
~	Parrel Size	Commercial So Ft	
VIEW	Parcel Size: Building Sg Ft:	Commercial Sq Ft: # of Parking Spaces:	
VEKVIEW	Building Sq Ft:	# of Parking Spaces:	
O	Building Sq Ft:		
O	Building Sq Ft:	# of Parking Spaces:	
O	Building Sq Ft:	# of Parking Spaces:	
O	Building Sq Ft:	# of Parking Spaces:	
•	Building Sq Ft:	# of Parking Spaces:	
•	Building Sq Ft: What is the planned	# of Parking Spaces:	
O	Building Sq Ft: What is the planned	# of Parking Spaces: d zoning and use(s) of the site?	
O	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	
0	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).
0	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).
0	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).
0	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).
D. HOUSING & LAND USE OVERVIEW	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).
0	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).
O	Building Sq Ft: What is the planned Does the project me	# of Parking Spaces: d zoning and use(s) of the site? eet all current zoning, infrastructure, and utility requirements?	of these process(es).

FALL 2022 • HHGP • NOTICE OF FUNDING AVAILABLITY

	Tax Parcel Identification Number(s):					
	Does the Applicant have site control of the property?	☐ Yes	□ No			
	If the Applicant does not currently have site control, explain how site control will be obtained, including timing:					
E						
N.						
OVE						
<u></u>	Is the site occupied?	□ No	_	_		
PER	If Yes, will the proposed project displace residents and/or businesses	5?	☐ Yes	□ No		
E. PROPERTY OVERVIEW	If we side who and/out we in a case our continue to discuss and decorate	h - h :		a a a loca alo		
шi	If residents and/or businesses are anticipated to be displaced, descri	be now impacts to low-in	icome residents will be r	esolved:		
	Note: Projects shall comply with Salt Lake City's Residential Demolition Provisi	ons, City Code 18.64.050, a	nnd the Federal Uniform Rel	ocation Assistance and Real		
	Property Acquisition Act.					
	How will prospective tenants be identified, evaluated, and selected	for housing. Include any	nartnershins with service	providers and/or coordination		
	efforts with the Salt Lake Valley Coalition to end homelessness, the		•	providers unayor coolamation		
	onor with the suite take valley counted to one noncressions y ale	out take county coop ex				
	What is the length of the initial lease term to be provided?:					
	Will the project include 24-hour staffing? If yes, please describe the	level and type of staffing:				
SI.	Has the project secured or is planning to secure project-based housi	ng vouchers?: If yes, plea:	se describe:			
OBJECTIVES						
Ä						
0 5						
IES 6	Describe any specific populations the project will target (i.e. chronica	Illy homoloss victims of	Jamastic violanca, atc.):			
F: HOMELESSNES	Describe any specific populations the project will target (i.e. chilorites	iny nomeless, victims or t	Joinesuc violence, etc.).			
ᆲ						
<u> </u>						
芷						
	Describe the supportive services that will be offered on-site and off-s	ite, including hours of on	-site services. Have partr	nerships with service		
	providers been formalized. Attach letters of interest/commitment.					

	5 d	1 1 (1 10
	Provide a narrative on the project's financial viability. How will ongoing	annual operations be funded?:
	Summarize other funding sources and terms for development of the pro	ect, and the status of financial commitments to the project
	Summanize other funding sources and terms for development of the pro-	ect, and the states of maricul communicities to the project.
₹		
뭁		
₹ E		
FINANCIAL VIABILIT		
<u>5</u>	If the project is not awarded funding from Salt Lake City, what impact w	and it have an the financial via hility of the project? How would financial
Ą		oute it have on the infancial viability of the project: now would infancial
É	gaps be filled?	
6.		
	If funding for the project is, in part, dependent upon the award of Low-II	roma Hauring Tay Cradits ar another local state, or foderal housing
	program, describe how the project will be implemented in the event that	
	program, describe now the project will be implemented in the event that	t aforementioned financing is defiled.
	<u> </u>	
H. ATTACHMENTS	A. Preliminary project drawings, including a site plan, elevation di	:
AE.	B. Sources and uses.	
통	C. Operating proforma.	
Ħ	D. Project timeline, including significant project milestones.	
Æ	E. Notes from a SLC Development Review Team, or other jurisdicti	on's comparable meeting, if available. \qed
Ŧ		
	Annicont Contification	
	Applicant Certification	
	I/We hereby certify that all statements in this application are true and co	omplete.
6		
AT	Auulienst/usist)	Du/siamatum)
Ĕ	Applicant(print)	By (signature)
ERT		
I: APPLICANT CERTIFICATIO	Title	Date
AN		
Ę		
44		
≟	Applicant(print)	By (signature)
	Title	Date

Application questions may be directed to CanTech@slcgov.com

Applications must be submitted via email to CanTech@slcgov.com by October 14, 2022 at 5:00 PM Late or incomplete applications may not be considered