

## GRANT APPLICATION INSTRUCTIONS

### PAGE 1:

SHIP Funding Amount Requested: Please provide the amount of SHIP funds requested for the project covered in this application. (Please note that the SHIP amount should be the same on the first page as provided in Part 2, #1; Part 4, #2; and Part 4, 5C.)

Project Name: Please provide a name for your project.

Requested Strategy: Please indicate the SHIP strategy associated with your project. For example, if you are proposing to build new single family homes, check the "New Construction" strategy. If you are fixing existing single family units, check "Homeowner Rehabilitation," etc.

### **PART 1: AGENCY INFORMATION PAGES 4 THROUGH 6 (20 Points Maximum):**

1. Project Name. Please provide a name for your project.
2. Applicant Information.
  - a. Agency Name. Please complete the Agency Name as it appears on the Florida Secretary of State website ([www.sunbiz.org](http://www.sunbiz.org)) and provide the agency address and phone number.
  - b. Contact Person. Please provide the name, address, phone number and E-Mail address of the person who will be the main contact receiving information about the status of the SHIP grant application.
3. Application Type. Please check each box that applies to your organization. For example, check the not-for-profit box if your organization is a not-for-profit. Please provide the name of the Executive Director as listed with the Secretary of State. Also provide the non-profit organization information if it isn't already on file with Lee County and label it Exhibit A. This includes:
  - a. Proof of recognition by the State of Florida as a non-profit organization as evidenced by the non-profit agency charter or a similar document;
  - b. Proof of recognition by the IRS as a 501c3 or c4 corporations as evidenced by a letter from the IRS;
  - c. A copy of most recent audit and current financial statements;
  - d. List of Board of Directors;
  - e. Copy of agency operational procedures, strategic plan or agency manual;
  - f. Existing non-profits that have been in existence long enough to file federal taxes must included a copy of the latest federal tax return (IRS Form 990).
4. Project Partner Information. If applicable, please provide the partner's organization name, contact name, address, phone and E-Mail address. Please also check the box indicating whether the partner organization is a non-profit or for-profit business.
5. Previous SHIP Funding: Please check the box indicating if your agency has been awarded SHIP dollars in the past 3 years.

Please list any open Contract(s) by providing the contract number, SHIP amount awarded, and current balance. Identify the status of the contract, reason if the project is delayed, and a plan

to complete the project or return funds. If needed, you may include a separate sheet and label it Exhibit B.

6. Staff Experience and Training. The purpose of this question is to understand if your agency has the capacity to complete the project as proposed in the application. Please provide each staff person's name, their years of experience, the percent of their time that will be dedicated to this project, and their technical training. Please note that agencies conducting counseling are required to be HUD certified. If needed, you may include a separate sheet and label it Exhibit C.
7. Outreach Plan. Please indicate how your agency will obtain clients. If needed, you may include a separate sheet and label it Exhibit D.

QUESTIONS 8 through 11 FOR RAPID REHOUSING AND RENTAL ASSISTANCE ONLY.

8. Please indicate if your agency has experience providing Rapid rehousing or rental assistance.
9. Agency Services: Please check the appropriate box indicating what services your agency provides.
10. Client Meetings: Please describe how your agency will interact with the client, frequency of meetings, review needs, etc. If needed, you may include a separate sheet and label it Exhibit E.
11. Other Resources & Services: Please indicate if other resources or services will be provided to the Client. If needed, you may include a separate sheet and label it Exhibit F.

**PART 2: PROJECT INFORMATION PAGES 7 THROUGH 9 (40 Points Maximum):**

1. Amount of Funds Requested. Please indicate the amount of SHIP funds requested for the project covered in this application. (Please note that the funds amount should be the same as provided on the first page and in Part 4, numbers 2 and 5C.)
2. Project Description. Please provide a detailed description that includes the following:
  - Detailed description of the project including location, number of units, type of housing and income groups served, how the project will be developed (i.e. if partnerships are needed, etc.) estimated timing for completion, and any information that you feel will be helpful to understand how your agency will be able to complete the project and how the SHIP funds will be used. If needed, you may include a separate sheet and label Exhibit G.
3. Project Schedule: Please complete the estimate schedule by showing when each task listed is anticipated to start and end. The chart is based on the year's quarters and should be completed with the deadlines for expending the SHIP money dates in mind.
4. Energy Efficient Features & Green Building Design. Please check the box indicating if energy efficient features and green building design standards will be incorporated into the project. If yes, please explain the design standards that will be used in your project. Lee County is committed to making the county's housing stock more energy efficient, as a result the county

will encourage the following features when economically feasible in the rehabilitation or construction of homes:

- a. Water conserving appliances and fixtures (toilets, shower heads, faucets);
  - b. Energy Star Appliances (refrigerator, stove);
  - c. Efficient lighting interior/exterior;
  - d. Upgrading of insulation (attics, walls, new roofing materials)
  - e. Tank less water heaters;
  - f. Water-permeable walkways;
  - g. Air conditioning units with high Seer Rating;
  - h. Construction waste management; and
  - i. Impact resistant windows.
5. Minimum Accessibility Design: Please indicate whether the project will meet the minimum accessibility design criteria provided in F.S. 420.9075(3)(d). If not, please explain why. In considering request for funding assistance, Lee County encourages the incorporation of minimum accessibility design according to the Florida Building Codes ([https://codes.iccsafe.org/category/Florida?year\[\]=Current+Adoption&page=1](https://codes.iccsafe.org/category/Florida?year[]=Current+Adoption&page=1)).
6. Unit Type by Income Level: Please provide the number of units your project will be providing by type of housing unit (single family, multi-family etc.), household income level to be served, and the number of units which will be for special needs, elderly or farm workers.
7. Special Needs Population: Please indicate if the requested funds will be used to provide housing for the specific special needs group listed.

**PART 3: PROPERTY INFORMATION PAGES 10 & 11:**

**New Construction Only:**

1. Project Address. Please provide the project address.
2. Project STRAP. Please provide the project STRAP number. The STRAP number can be found on the Lee County Property Appraiser's website by address. ([www.leepa.org](http://www.leepa.org))
3. Location. Please indicate by checking the box where the property is located.

QUESTIONS 4 & 5 ARE FOR NEW CONSTRUCTION PROJECTS ONLY.

4. Site Encumbrances: Please check the boxes indicating if there are mortgages and/or liens on the property. If so, please provide the names on the mortgages/liens.
5. Zoning, Land Use & Access: Please provide the general property information as requested.
  - Lee Plan Land Use Map Classification: This information may be obtained using the LeeSpinS website: <http://leegis.leegov.com/LeeSpinS/>.
  - Current allowable units: Once the land use designation is obtained, the associated density is provided in the Lee Plan (See Table 1 (a)). Multiply the total project acreage by the allowable density to obtain the maximum allowable units.

- Proposed Units: Indicate the total number of units proposed for your project.
- Current Zoning: This information may be obtained using the LeeSpinS website: <http://leegis.leegov.com/LeeSpinS/>.
- Zoning Resolution; if any: Please indicate if the property was subject of a rezoning and provide the associated zoning resolution number if applicable.
- Proposed Zoning: Please indicate if the property needs to be rezoned to accommodate your project plans.
- Please indicate if the property is required to be subdivided and if so, explain.
- Access to Public Streets: Please indicate the names of the street(s) where the property is located and other street that are in the immediate area.
- Condition of streets: Please indicate if the street is paved, how many lanes, median divided, etc.
- City projects: If the project is within an incorporated area, please provide a letter from the City, Town or Village indicating the proposed project is consistent with their comprehensive plan and zoning regulations.

ALL PROJECTS MUST COMPLETE QUESTIONS 6 & 7

6. Site Control: Please indicate if your agency owns the parcel and provide a copy of the Deed or similar. Please label the Deed, Exhibit H. If the agency does not own the property, please explain if ownership is anticipated in the near future.
7. Project Accessibility and Environmental Review.
  - Please indicate if the project is within ½ mile of public transit. If so, please list the transit routes. (See <https://www.leegov.com/leetran>) .
  - Please indicate if an environmental review of the property has been conducted. If so, please attach the study and label it Exhibit I.
  - Please indicate if the property is adjacent to a known brownfield, old commercial or an industrial site. If so, please provide a plan, labeled Exhibit J, indicating how impacts will be mitigated.
  - Please indicate if the project will impact threatened or endangered species. If so, please provide a mitigation plan, labeled Exhibit K, indicating mitigation strategies that will minimize potential impacts.

**PART 4: FINANCIAL FEASIBILITY PAGE 12 (40 Points Maximum):**

Complete the budget sheet (see example on the next page)

1. Complete the total project cost.
2. Indicate the amount of SHIP funds being requested.
3. Indicate the total number of units in the proposed project.
4. Indicate the total SHIP funds per unit
5. Other Funding Sources
  - a. 1<sup>st</sup> Mortgage Company. Please provide the name of the Company that holds the first mortgage on the property.
  - b. Non SHIP State Funds (specify what type of funding). Please list other sources of funding for your project excluding the SHIP dollars you are requesting. Please provide the amount of funding associated with each source.
  - c. SHIP Funds. Please provide the amount of SHIP funds requested for the project covered in this application.
  - d. Federal Funds (specify what type of funding). Please list any federal funds you are receiving for this project and the associated amount.
6. Construction Costs. Please provide the costs for materials & labor used in performance of eligible activities on assisted units; such as engineering costs and construction, general requirements, administrative cost, site preparation, rehabilitation and repair.
7. Developer Fee. Please provide the total developer fee.

**EXAMPLE:**

**Financial Feasibility (example)**

<b>1. Total Project Cost:</b>	\$1,386,000	(will match 8 below)
<b>2. SHIP Funds Required:</b>	\$240,000	(will match 5C below)
<b>3. Total Number of Units:</b>	6	
<b>4. Total SHIP Funds per Unit:</b>	6 units at \$40,000 = \$240,000	(\$240,000.00 / 6 units - \$40,000 per Unit)

<b>5. Other Funding Sources</b>	
A. 1 <sup>st</sup> Mortgage Company (name) <u>Bank of America – 1<sup>st</sup> mortgage around \$120,000 for each house</u>	\$720,000
B. Non SHIP State Funds (specify what type of funding) <u>Down Payment Assistance Program FHFC – 2<sup>nd</sup> mortgage at \$5,000 for each unit</u>	\$30,000
C. SHIP funds	\$240,000
D. Federal Funds (specify what type of funding) <u>HOME Funds – 4<sup>th</sup> Mortgages at \$25,000 for each unit</u>	\$150,000
<b>6. Construction Costs:</b> Material and labor used in performance of eligible activities on assisted units; construction soft cost such as engineering costs and construction, rehabilitation and repair.	\$180,000
<b>7. Developer Fee</b> Total developer fee (fee per units is 5% = \$11,000 x 6 units)	\$66,000
<b>8. TOTAL PROJECT BUDGET (Add items 1 -3)</b>	<b>\$1,386,000</b>

**PAGE 13:**

AUTHORIZATION AND ACKNOWLEDGEMENT FORM. The name on the form must be authorized to sign on behalf of the organization. [It should match the information provided on the Florida Secretary of State website ( <https://dos.myflorida.com/sunbiz/>) . Please complete the name, title and agency name on the form. Please have the authorized person sign and date the form.