Program Information

No data saved

Case Id: 30322 **Name:** V - 2021

Address: *No Address Assigned

Program Information

Please review the <u>SPRING 2022 CONSOLIDATED (RFP) REQUEST FOR PROPOSALS - Affordable Housing Projects January 31, 2022 to April 4, 2022</u> prior to completing the application. For Information regarding the <u>scoring guidelines</u>, please refer to the RFP.



JERSEY CITY HOUSING GRANTS PROGRAM Jersey City
Division of Community
Development
Acohen@jcnj.org
(201) 547-4583

The HOME Investment Partnerships Program (HOME) is the largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households. The program is designed to reinforce several important values and principles of community development, such as empowering people and communities to design and implement strategies tailored to their own needs and priorities. HOME aims to expand and strengthen partnerships among all levels of government and the private sector in the development of affordable housing.

The City of Jersey City also maintains its own Affordable Housing Trust Fund (AHTF). The AHTF seeks applications from for-profit, nonprofit and public entities to award funds for the purpose of developing affordable housing. All development funds shall be awarded by the City from the AHTF as loans to supplement other private or public funds needed to complete the project. Only nonprofit and public entities will be eligible to use a portion of the fund award for predevelopment costs.

A. General Information

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No data saved

Address: *No Address Assigned

A. General Information

Please provide the following information.

A.1. Project Name: (Please include block/lot and ward.)

A.2. Amount Requested:

\$0.00

A.3. Project Contact (Developer)

A.4. Address

A.5. Mailing Address

A.6. Work Phone

A.7. Cell Phone

A.8. Email Address

| B. Project Inform | nation | | 30322 V - 2021 *No Address Assigned | |
|--------------------------------|--------------------------------|--------------------|---|------|
| B. Project Information | 1 | | | |
| Please provide the following | ng information. | | | |
| B.1. Which type of appl | ication are you submitti | ng? | | |
| B.2. Project Property Ac | | | | |
| Homeownership | following numbers for y Total | our project: Block | Lot | Ward |
| Production | | | | |
| | | | | |
| B.4. Construction Type: | | | | |
| If Other, please explain | : | | | |
| B.5. Housing Type | | | | |
| | | | | |
| If Other, please explain | : | | | |

Neighborly Software

B.6. Project Summary - Briefly describe your project:

B.7. Proposed use of Development Subsidy Funds:

Select all that are applicable:

C. Developer Information

Case Id: 30322 **Name:** V - 2021

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| C. Developer Information | mation | Info | oper | Deve | C. |
|--------------------------|--------|------|------|------|----|
|--------------------------|--------|------|------|------|----|

Please provide the following information.

C.1. Legal Form:

If Other, please explain:

C.2. If a non-profit, is designation registered with the State of New Jersey and/or the Internal Revenue Service (IRS)?

If registered with the IRS, please use the 'explain' box to indicate the IRS Code designation -- explain:

C.3. Please indicate which of these statements applies/apply to the development firm.

| | • |
|------------------------|---|
| Select all that apply: | If the firm is a MBE or WBE, please use the 'explain' box |
| | to list the certificate number(s) explain: |

- C.4. Explain the role and activities of the non-profit developer/applicant/sponsor in the development. If inapplicable, type 'N/A.'
- C.5. Please provide a 1) Name; 2) Federal ID or Social Security #; and 3) Ownership % for all General Partners/Corporate Officers. List the Managing General Partner FIRST. If inapplicable, type 'N/A.'
- C.6. Please list any legally affiliated entities (parent organization, subsidiaries, partnerships, etc.), and provide a 1) Name; 2) Federal ID #; and 3) Relationship to Applicant for each. If inapplicable, type 'N/A.'
- C.7. If you are aware of code violations and/or outstanding taxes on properties owned by your organization or by affiliates in Jersey City, please describe such issues below and explain how you are addressing them.

D. Development Team & Experience

No data saved

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D. Development Team & Experience

Please enter numerical value, if none enter "0".

- D.1. How many full-time equivalent (FTE) employees are on staff?
- D.2. Has the developer completed other residential development projects?
- D.3. If the developer has completed other market and/or affordable projects, how many projects has the developer completed?
- D.4. If the developer has completed other projects, how many NEW CONSTRUCTION units has the developer been responsible for producing?
- D.5. If the developer has completed other projects, how many REHAB units has the developer been responsible for producing?
- D.6. Has the developer completed other affordable housing residential project(s)?
- D.7. How many affordable units have you completed and what type of housing?
- D.8. Please provide the AMI of the households of previous affordable housing projects completed and when:
- D.9. Please list Projects currently being funded by DCD:
- D.10. Track Record of Prime Contractor List the contractor's five most recently completed projects.
- D.11. Track Record of Architect List the architect's five most recently completed projects.

| D.12. Does developer o | r owner hold a direct fir | nancial interest in any d | evelopment team mem | ber? |
|---|---|---------------------------|--|-------------------------|
| If Yes, please provide d | etails of the relationship | o. | | |
| D.13. Does any member applicant or the propos | • • | icipal government have | any direct or indirect in | nterest in the |
| If Yes, please explain. | | | | |
| D.14. Is the developer/a board members CURRE Government? | • | • | m member including any ortunities by any agency | • |
| If Yes, please explain: | | | | |
| D.615. Have they EVER | BEEN DEBARRED? | | | |
| If Yes, please explain: | | | | |
| D.16. Other Properties | Currently Owned by the | Applicant & Affiliate E | ntities in Jersey City | |
| Applicant/Affiliate | Property Name | Property Address | Block # | Lot # |
| D.17. If the developer h If inapplicable, type 'N/ D.18. How many years | Α'. | | rojects in some other ca | pacity, please specify. |
| • | • | • • | lable housing units, are blain. If inapplicable, typ | |
| | | | | |

E. Proposed Development & Site Info

Case Id: 30322 **Name:** V - 2021

Address: *No Address Assigned

No data saved

| Ε. | Pro | posed | Develo | pment | & | Site | Info |
|----|-----|-------|--------|-------|---|------|------|
| | | | | | | | |

Please provide the following information.

- E.1. Describe the experience of the specific staff members who will manage this project. (Attach in the Required Documents tab, the resumes for the staff.)
- E.2. Residential Floor Area Planned Gross Sq. Ft.
- E.3. Please provide the following numbers, as applicable:

| Buildings - Total # of | Years Old - Age of | Stories - # of Stories | Occupied/Not | Years Vacant (If |
|--------------------------|----------------------|------------------------|--------------|------------------|
| Buildings Planned | existing Building(s) | | Occupied | Applicable) |

E.4. Building Types

| Structure Basement | Exterior | Parking | Other Description |
|--------------------|----------|---------|-------------------|
|--------------------|----------|---------|-------------------|

- E.5. Will this project target special populations?
- E.6. Does your development plan include acquisition of units with existing State or Federal subsidies?

If Yes, please indicate the kind of existing subsidy.

- E.7. Does your development plan seek to preserve federally-assisted low-income housing which would otherwise convert to market rate use through mortgage payment, foreclosure, or expiring subsidies?
- E.8. Are any project buildings in a National or City historic district?
- **E.9. Form of Site Control**

If Other selected, please explain:

| E.10. Please provide the follo | wing information regarding | the site: | |
|--|--|---|--------------------------|
| Price | Date of Acquisition (mm/dd/yyyy) | Expiration date of option/contract (mm/dd/yyyy) | |
| E.11. Does current site zoning | g allow the proposed use? | | |
| If no, please explain what ste | ps have been or will be take | n to obtain zoning approval. | |
| E.12. Will the current site(s) r | equire lots to be subdivided | ? | |
| E.13. Please describe any kno | wn environmental concerns | for the project AND any other | unusual site conditions. |
| Does the developer have any | environmental reports for t | he proposed development or p | roject: |
| If Other is selected, please ex | plain: | | |
| CURRENT SPACE. | S THE MOVING OF EXISTING | RESIDENTIAL OR COMMERCIAL | . OCCUPANTS FROM THEIR |
| E.16. Relocation Information | | | 1 |
| Please answer the following: | Yes/No | # of Occupants | |
| If you answered yes to any of Relocation Plan (for any **No files uploaded | the above questions, uploa project displacing tenants) | d your relocation plan. | |
| E.17. Heating System | | | |
| If Other selected, please expl | ain: | | |
| E.18. Air Conditioning System | 1 | | |

Printed By: Victoria Gangadin on 2/3/2022

If Other selected, please explain:



E.19. Domestic Hot Water

If Other selected, please explain:

E.20. Equipment included with units:

Check those that apply: Other Description

F. Structure & Capacity

Case Id: 30322 **Name:** V - 2021

No data saved

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F. Structure & Capacity

Please provide the following information.

F.1. Who will perform property management?

Please provide the Point of Contact and Name of Management Company (if applicable).

- F.2. How many units is your staff or 3rd party management company currently managing?
- F.3. How many income-restricted units is your staff/management company currently managing?
- F.4. Describe staff/management company's experience managing income-restricted rental units and how the roles of property management, asset management, and ongoing compliance will be delegated.
- F.5. Do you expect to receive or are you currently receiving any rental subsidies for this development?

If Yes, please indicate the type of subsidies expected and describe the source and purpose of the subsidies.

- F.6. # of units expected to receive assistance:
- F.7. # of years in assistance contract:

G. Seller Information

Case Id: 30322 **Name:** V - 2021

No data saved

Address: *No Address Assigned

G. Seller Information

Complete this section if funds are being utilized for acquisition.

- **G.1. Seller First Name**
- **G.2. Seller Last Name**
- **G.3. Seller Address**
- G.4. Seller Phone Number 1
- G.5. Seller Phone Number 2
- G.6. Is this an arms length transaction?
- G.7. Explain the relationship between buyer and seller.
- G.8. Are there any liens or other encumbrances against the project property? (For example: Deed Restrictions)

If Yes selected, please explain:

H. Market Analysis

Case Id: 30322 Name: V - 2021

No data saved Address: *No Address Assigned

H. Market Analysis

Applicants must submit a market analysis demonstrating the need for and marketability of the proposed project. The Market Analysis may be conducted in-house or by a 3rd party professional.

H.1. Is there anything in proximity to the project that could have a noteworthy positive impact on the marketability of this development?

If Yes, please explain:

- H.2. Describe the Community Coordination that has taken place thus far. Provide details about meetings or consultations with residents and neighborhood organizations pertaining to the project.
- H.3. Describe how you determined the need/market demand for the proposed project.
- H.4. Explain how you arrived at the projected home sales prices (for Homeownership Production Applications) or projected rents (for Rental Production Applications).
- H.5. Describe your method for pre-selecting applicants?
- H.6. How will you ensure lease-up to eligible tenants within 18 months?
- H.7. Describe your Marketing Plan for the proposed project. Have you completed an Affirmative Marketing Plan (required for projects with 5+ affordable units)?

I. Additional Project Info

No data saved

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I. Additional Project Info

Please provide the following information.

I.1. Development Timeline - Enter a date that the item was accomplished, or, for future events, the date when that item is expected to be accomplished.

| Site | Date Accomplished | Date Expected |
|------|-------------------|---------------|
| | | Accomplished |

I.2. Construction Financing - Enter a date that the item was accomplished, or, for future events, the date when that item is expected to be accomplished.

| Construction Financing | Date Accomplished | Date Expected |
|------------------------|-------------------|---------------|
| | | Accomplished |

I.3. Plans - Enter a date that the item was accomplished, or, for future events, the date when that item is expected to be accomplished.

| Plans | Date Accomplished | Date Expected |
|-------|-------------------|---------------|
| | | Accomplished |

I.4. Development Team Information

| Team | Name | Address | Phone | Certified | Certification |
|------|------|---------|-------|---------------|---------------|
| | | | | MBE/Certified | Numbers |
| | | | | WBE | |

I.5. Properties Included in the Project Site(s)

| Address | Acquired Vacant | Block # | Lot # | Form of Site Control | Acquisition Price (Actual/Anticipated) | Date of Appraisal | Appreciated Value |
|---------|--------------------|---------|-------|----------------------------|--|----------------------|----------------------|
| | | | | | \$0.00 | | \$0.00 |

I.6. Other Properties Currently Owned by the Applicant & Affiliate Entities in Jersey City

| Applicant/Affiliate | Property Name | Property | Block # | Lot # | Affordable |
|---------------------|----------------------|----------|---------|-------|------------|
| | | Address | | | Housing? |



K. Required Documents

Name: V - 2021

No data saved *No Address Assigned

Case Id: 30322

| K. Required Documents |
|--|
| Please provide the following information. Please upload a document stating "N/A" for any items listed below that are not applicab |
| Documentation |
| IRS 501 (c)(3) Exemption Letter *Required **No files uploaded |
| Organization/Business Articles of Incorporation *Required **No files uploaded |
| Organization/Business By-Laws *Required **No files uploaded |
| Current Board of Directors List *Required **No files uploaded |
| Certificate of Good Standing *Required **No files uploaded |
| System Award Management SAM Registration *Required **No files uploaded |
| Most Recent Audited Financial Statements (For newly formed entities, submit YTD financial statement) *Required **No files uploaded |
| Most Recent Tax Return (for-profit) or Form 990 (non-profit) or Newly Formed Entity – Upload Most Recent Personal Tax Return *Required **No files uploaded |
| Site Control Documentation *Required **No files uploaded |

| Market Study *Required files uploaded |
|---|
| Relocation Plan (for any project displacing tenants) files uploaded |
| Financing & Funding Interest Letters files uploaded |
| Most Recent Appraisal - (Cannot be more than 12 months old.) files uploaded |
| Application for Financing Form - (HOMEOWNERSHIP PROJECTS) files uploaded |
| Application for Financing Form (Rental Projects) files uploaded |
| Affirmative Marketing Plan (For 5+ Unit Projects) files uploaded |
| Architectural Plans, Drawings, or Conceptual Sketches files uploaded |
| Key Development Staff Resumes & References files uploaded |
| Supportive Services Plan (For SUPPORTIVE HOUSING RENTAL PROJECTS ONLY) files uploaded |
| Zoning Conformance Compliance files uploaded |
| Additional Documentation files uploaded |



Submit Case Id: 30322 **Name:** V - 2021

No data saved *No Address Assigned

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator.

LEAD AGENCY

I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.

Authorized Signature

**Not signed

Date