

**Rhode Island Housing and the Department of Behavioral Healthcare,
Developmental Disabilities & Hospitals**

**Funding Application for the Thresholds Program and Neighborhood
Opportunities Program Operating Renewals**

Due: 4:00 pm – April 21, 2017

Applicant Name: _____
Project Name: _____
Address(es): _____

Please indicate the amount of funds you are requesting.

Thresholds Capital Funds: \$ _____

NOP Operating Funds: \$ _____

Application Mailing Instructions:

Submit two hard copies of the application (including all spreadsheets and attachments) to:

Diane Benjamin, Program Coordinator
Rhode Island Housing
44 Washington Street
Providence, RI 02903
dbenjamin@rihousing.com

**Please omit extraneous material and do not place application in a binder.
Information may be requested in several places – please answer ALL questions.*

1. Applicant Information

Organization: _____

Ownership entity if different from above: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Tax ID: _____ Agency DUNS # (required): _____

Executive Director: _____

Telephone: _____ E-mail: _____

Contact Person: _____ Title: _____

Telephone: _____

E-mail Address: _____

Type of Organization:

Housing developer: Organization is: non-profit for-profit

Housing Authority

Municipality

Social Service Agency

Other: _____

2. Project Location

Project Name: _____

Street Address:* _____

City/Town: _____ Zip Code: _____

Plat: _____ Lot(s): _____ Census Tract: _____ Block Group: _____

**For scattered site developments attach a separate list of addresses.*

3. Project Involves (check all that apply)

Acquisition

New Construction Rehabilitation

Demolition Relocation *If yes, submit a relocation plan.*

Environmental Remediation

Property is: Vacant Land
Existing building Year built: _____ to be demolished?
Property/site is in a 100-year Flood Zone Yes

Submit a FEMA flood map for every project address. Failure to submit the appropriate map will result in your application not being considered for funding.

4. Proposed Design of Units:

Townhouse Single Family Flat Duplex Triplex Fourplex
Other _____

5. Occupancy and Relocation

Number of current residential units in building: _____ Number of commercial spaces: _____
Is property occupied? No Yes
If yes, number of occupied units: _____ Number of operating businesses: _____
Number requiring permanent relocation: households: _____ businesses: _____
Number requiring temporary relocation**: households: _____ businesses: _____

6. Total number of proposed residential units:

Total Number of Units: _____ Number of Affordable Units: _____
Thresholds units: _____ # BHRI units: _____
Existing NOP units: _____ # HOME units: _____

If mixed use development, indicate total commercial square footage: _____

Proposed use of commercial space: _____ Total number of on-site parking spaces: _____

*****Temporary relocation applies to tenants who are eligible to return to the development upon completion. Temporary relocation cannot exceed 12 months. Temporarily relocated tenants must be re-housed in the development at rents that do not exceed 30% of household income.***

7. For rehabilitation of an existing HOME, BHRI, Thresholds or NOP-assisted property:

Total Number of Units: _____ Number of Existing Affordable Units: _____
#Existing HOME Units: _____ #Existing BHRI Units: _____
#Existing Thresholds Units: _____ #Existing NOP Units: _____

8. Site Control. *Attach evidence of site control.*

- Applicant Owned
- P & S Agreement
- Option
- RIH Land Bank Purchased with RIH bridge loan? Yes No
- No Site Control

Explanation, if needed:

Name of Current Owner: _____

Address: _____

Acquisition Cost: _____

If you do not yet own the property, but intend to acquire it at a later date with HOME **do not order an appraisal at this time.**

NOTE: If the property is in the Rhode Island Housing Land Bank or has been acquired with a Rhode Island Housing bridge loan, please remember to add carrying costs/interest to your acquisition budget.

9. Project Status

Respond to each item.

Item	Already Obtained	Not Needed	In Process	Expected Date
Zoning Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Planning/Subdivision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Comprehensive Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Septic Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HUD Flood Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RI Historic Preservation & Heritage Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase I Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase II Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

10. Project Schedule

Benchmark	Expected Date
Commitment of all funding	
Acquisition of property	
Completion of design/engineering	
Request for Construction/Rehab Bids	
Award of construction contract	
Start construction	
Construction completion	
Submission of occupant eligibility documentation	
Full Occupancy	

11. Address each of the following issues concisely and by heading:

- a) Describe rehabilitation required / new construction plans
- b) Explain how the project will help create additional housing options for disabled households or otherwise further deconcentration.
- c) List all previous affordable housing projects your organization has produced.
(use chart at Attachment A)

12. Provide the most recent financial audit for your organization.

All applicants must sign the Agreement and Certification

Agreement and Certification

The undersigned specifically agrees that the funds requested by this application will be secured by a Mortgage and/or Deed Restriction on the property described herein and that Rhode Island Housing, its agents, successors and assigns make no representations or warranties, express or implied, to the Applicant regarding the property, the condition of the property or the value of the property.

I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

Organization Name:

By: _____ Title: _____

Print or type name

Signature: _____ Date: _____

NOP Operating Application Supplement

Application is open only to existing NOP projects for one-year renewals of Permanent Supportive Housing projects.

Applicants seeking NOP operating funds must comply with NOP income and rent restrictions.

Number of existing PSH units: _____

Amount of NOP Operating you are requesting: _____

Use Steps 1-3 to calculate your NOP request.

(Download Supplemental Information)

(Attach a separate sheet showing your calculations)

1. For each NOP unit, determine the difference between the minimum NOP/PSH rent and the low HOME rent for the appropriate unit size.
2. Multiply that difference by the number of NOP units, then by 12 (months).
3. If tenants will pay their own utilities, deduct the utility allowance from the NOP PSH/FHF rent and from the low HOME rent for the appropriate unit size.

Thresholds Program Application Supplement

**Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals**

- 1. Amount of Thresholds funds requested: \$ _____
Square footage of building: _____
Square footage of living space: _____
Square footage of Thresholds Unit(s): _____

- 2. Name and Address of Agency providing services and/or referrals:

- 3. Include a letter of endorsement from the services/referral agency addressing the need for the project.

Any project that proposes to fill a housing need for a population other than the general population of Community Support Program clients*, must include a needs assessment that demonstrates that the behavioral healthcare agency or the agency serving intellectually challenged individuals can provide a sufficient number of referrals to keep the housing occupied.

- 4. Provide a description of previous housing experience you have had partnering with either a mental health agency or an agency that serves developmentally disabled individuals.

***Community Support Program clients must be capable of living in the community independently without 24-hour supervision but with the help of services, as needed, through the referring agency.**

Application Checklist

Remember to:

- Sign and date your application
- Include Board Resolution authorizing submission
- Include Plat, Lot and zip codes for all addresses
- Include Attachment A
- Complete **all** Development Proforma pages/budgets

Attach (for all applications):

- Property Deed and legal description of each property
- Letters of funding commitment
- Evidence of site control
- Current appraisal (if required).
- Evidence of zoning approval
- List of addresses for scattered sites (if applicable)
- Site location map (show the location and surrounding area)
- Photographs of property
- Detailed construction estimates (rehabilitation budget) prepared by qualified professionals.
- Tenant Selection policy for all Rental Proposals
- Thresholds – Include letter of endorsement from BHDDH Agency (if applicable)

For proposals involving relocation:

- Relocation plan that includes household and unit size and current gross rent
- Evidence of demand for housing project
- Organization's financial compilation or audit
- FEMA Flood Map for each address