

APPENDIX B
Department of Workforce Services
HOME-ARP Affordable Housing Development
23-DWS-S014

Grant Application Narrative

Organization Name:

Directions: Narrative **must** be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

1. GENERAL PROJECT INFORMATION

1.a Please indicate your project's type.

Multi-family Transitional Family Single Room Occupancy

1.b Please provide a detailed summary of this project including: 1) specific developer and service provider partnerships, 2) how the project would meet the needs of the qualifying population(s), and 3) the plan for the long-term sustainability of the project. Additionally, 4) include how the proposed project aligns with the goals and objectives of HOME-ARP, as outlined in 24 CFR Part 92 and HUD Notice CPD-21-10.

1.c Does your budget reflect the complete cost of the project? Please use the template provided in the RFGA notice and attach via the cover sheet. The evaluation committee will score accordingly.

YES

NO

1.d What contingencies are in place for rising construction costs?

1.e What is the amount and source of any other funding secured for this project? (if applicable)

1.f List any pending funding requests for this project.

1.g Please describe any established partnerships that will provide supportive services for the qualifying population(s) associated with this application and attach the corresponding MOUs via the cover sheet.

2. PROJECT DESCRIPTION

2.a What is the anticipated completion date for this project? Please justify your response.

2.b What is the total number of units in this project?

2.c What is the bedroom size breakdown for all units?

2.d What percent of the project is dedicated to serving households that are part of the qualifying population(s)? (minimum of 70% required) Please also provide a justification as to your estimated percentage.

2.e What percentage of units are restricted to low income households? Please also provide a to your estimation.

2.f What HOME-ARP qualifying population(s) will this project serve? (select all that apply).

_____ **Category 1: Individuals that are literally homeless, as defined by Federal Code 24 CFR 91.5**

_____ **Category 2: Individuals at risk of becoming literally homeless, as defined by Federal Code 24 CFR 91.5**

_____ **Category 3: Individuals fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking**

_____ **Category 4: Other individuals who do not meet the other criteria but do meet one of the following: other families requiring services or housing assistance to prevent homelessness and at great risk of housing instability**

2.g In what ways could this project be considered innovative (i.e., social enterprises, unique services, specialized housing structure, etc.)?

3. APPLICANT INFORMATION

3.a Describe previous background and experience working with the qualifying population(s) that will be served by the project.

3.b Describe previous experience with HOME funded and other affordable housing projects, including project size, date completed, and population(s) served. Attach examples of other affordable housing projects completed in Utah that were completed by your affiliated agency.

3.c Describe your agency's experience administering federal funding restrictions, such as Davis Bacon Section 3, URA, etc.

4. ENVIRONMENTAL CONSIDERATIONS

4.a Is the project construction currently underway?

YES NO

4.b Have environmental reviews been completed?

YES NO

4.c Are there wetland or flood plains associated with the project site?

YES NO

4.d Is the project site of historic significance or part of the national register of historic places?

YES NO

4.e Are there any known environmental hazards that will need to be addressed as part of the project's development?

YES NO

Optional Non-Profit Application Narrative

Organization Name:

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1. GENERAL PROJECT INFORMATION

1.b Describe the need for additional funding for the applied project's operating costs and what activities would be funded with additional capacity funding.

1.c Describe the applied for project's feasibility if not awarded additional non-profit capacity funding for the project outlined in the main application sections.