

Homekey Round 2

Notice of Funding Availability (NOFA) September 9, 2021 (As Amended January 14, 2022)

Application Workbook

Rev. 2/1/22



**State of California
Governor Gavin Newsom**

**Lourdes M. Castro Ramirez, Secretary
Business, Consumer Services and Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and Community Development**

**2020 West El Camino Avenue
Sacramento, CA 95833
Phone: (916) 263-2771
Email: Homekey@hcd.ca.gov
Website: <https://homekey.hcd.ca.gov/>**

Homekey Round 2 Project Overview

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§401 Pre-Application Consultation Requirement

Has the lead applicant (a public entity or tribal entity) undertaken a preapplication consultation with HCD regarding the proposed Homekey Project? Yes

Instructions

"Yellow" shaded cells are for Applicant input. Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.

"Red" shaded cells indicate the Applicant has likely failed to meet a Homekey requirement. 'Applicant Scoring Criteria' worksheet cells shaded in "red" indicate that the Applicant has failed to meet the minimum points required.

"Orange" shaded cells indicated required attachments. Electronically attached files must use the naming convention in the Application. For Example: "Housing Site Map" for the map indicating the original target housing location and all proposed housing location(s).

"Green" shaded cells indicate HCD Use Only.

"Blue" shaded cells indicate Application scores.

NOFA section references are made with "\$" and the corresponding NOFA section number.

Please don't hesitate to contact us with any questions or if you need assistance in completing this application.

For general Homekey NOFA and program questions email: homekey@hcd.ca.gov.

For application specific assistance complete the 'App Support' worksheet & email your Excel application to: appsupport@hcd.ca.gov

Homekey Summary (auto populated from Award, Match and Revenue worksheet)

Maximum Homekey Award		Applicant Requested Homekey Award		Lesser of Maximum and Requested Award	
Capital Baseline Award	\$8,775,000.00	Capital Baseline Award	\$8,775,000.00	Capital Baseline Award	\$8,775,000.00
Additional Contribution	\$5,100,000.00	Additional Contribution	\$5,100,000.00	Additional Contribution	\$5,100,000.00
Total Maximum Capital Award	\$13,875,000.00	Total Requested Capital Award	\$13,875,000.00	Total Capital Award	\$13,875,000.00
Operating Subsidy	\$2,447,999.64	Operating Subsidy	\$2,447,999.64	Operating Subsidy	\$2,447,999.64
50% of Relocation Costs	\$0.00	50% of Relocation Costs	\$0.00	50% of Relocation Costs	\$0.00
\$207 Bonus Award - app submittal	\$0.00	\$207 Bonus Award - app submittal	\$0.00	\$207 Bonus Award - app submittal	\$0.00
\$207 Bonus Award - full occupancy	\$500,000.00	\$207 Bonus Award - full occupancy	\$500,000.00	\$207 Bonus Award-full occupancy	\$500,000.00
Total Maximum Homekey Award	\$16,822,999.64	Total Requested Homekey Award	\$16,822,999.64	Total Homekey Award	\$16,822,999.64
Number of Doors at Acquisition	52	Number of Units Proposed in the Project	51		
Number of At-Risk of Homelessness Units	0	Number of Chronically Homeless Units	0	Number of Homeless Units	5
Number of Homeless Youth or Youth at Risk of Homelessness Units	45	Number of Assisted Units	50		
Number of Units accessible to persons with mobility disabilities	0	Number of Units accessible to persons with hearing or vision disabilities	0		

Project Overview

Project Name	Mission Inn							
Project Address	5630-5638 Mission Street		Project City	San Francisco	State	CA	Zip	94112
Project County	San Francisco		Is the Project in a Rural Area per H&S Code §50199.21? (use the TCAC Method for determining rural status)			No		
Assessor Parcel Number (APN)	Block 7098 Lot 12							
Assessor Parcel Number (APN)								
Geographic Set Aside	Bay Area		Data Universal Numbering System (DUNS):					
Project Type (Transitional Housing is Interim Housing)	Interim Housing		Interim Housing with Plan to Convert to Permanent					
Building Type	Motel							
Other building type not listed above (describe below)								

Project Narrative
 The City and County of San Francisco (CCSF) plans to purchase the Mission Inn, a 52-unit motel located in the outer Mission District of San Francisco. This 1-, 2-, and 4-story complex of three buildings was built in 1950s and 1960s. The property was identified as a potential site for Homekey through a Request For Information. After completing due diligence, the CCSF entered into a Purchase and Sale Agreement with the seller. On or about May 16th, CCSF will purchase the motel property and intends to put it into service as Interim to Permanent Supportive Housing for Transition Age Youth and persons experiencing homelessness.

If Project is also known under another name(s) or was formerly known under another name(s), provide the name(s). N/A

Have you applied, do you plan to apply, or has the Project been awarded other HCD program funds? No

Other HCD Program(s) Name(s):	Funding Amount	Funding Status	NOFA Date	Award Date/Expected Award Date

§200 Eligible Applicants

Applicant #1								
Entity name	City and County of San Francisco			Organization type	City and County			
Address	440 Turk Street		City	San Francisco	State	CA	Zip	94201
Auth Rep	Shireen McSpadden	Title	Executive Director	Email	shireen.mcspadden@sfgov.org		Phone	415-350-4258
Contact	Dan Adams	Title	Senior Advisor, Housing Initiatives	Email	dan.adams@sfgov.org		Phone	415-505-9842
Address	1 Dr. Carlton B Goodlett Place #200		City	San Francisco	State	CA	Zip	94102
File Name	App1 Cert & Legal	See Certifications & Legal worksheet.					Uploaded to HCD?	Yes
File Name	App1 Resolution	Signature required; see Applicant Documents worksheet.					Uploaded to HCD?	Yes
File Name	App1 TIN Form	See Applicant Documents worksheet.					Uploaded to HCD?	Yes
Co-Applicant #1 (if applicable)								
Entity name				Organization type				
Address			City		State		Zip	
Auth Rep		Title		Email			Phone	
Contact		Title		Email			Phone	
Address			City		State		Zip	
File Name	Co-App1 Cert & Legal	See Certifications & Legal worksheet.					Uploaded to HCD?	
File Name	Co-App1 Resolution	Signature required; see Applicant Documents worksheet.					Uploaded to HCD?	
File Name	Co-App1 OrgDoc1, OrgDoc2, etc	See Applicant Documents worksheet.					Uploaded to HCD?	
File Name	Co-App1 OrgChart	See Applicant Documents worksheet.					Uploaded to HCD?	
File Name	Co-App1 Signature Block	See Applicant Documents worksheet.					Uploaded to HCD?	

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File Name	Co-App1 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?	
File Name	Co-App1 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable	Uploaded to HCD?	

Co-Applicant #2 (if applicable)

Entity name				Organization type	
Address		City		State	Zip
Auth Rep	Title	Email		Phone	
Contact	Title	Email		Phone	
Address		City		State	Zip

File Name	Co-App2 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?	
File Name	Co-App2 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 OrgDoc1, OrgDoc2, etc	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?	
File Name	Co-App2 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board for Non-profit Corp.	Uploaded to HCD?	

Development Team Contacts (provide information that is currently available)

Property Management Company

Legal Name	Dolores Street Community Services	Contact Name	Laura Valdez	Email	laura@dscs.org
Phone	415-282-6209	Address	938 Valencia Street	City	San Francisco
				State	CA
				Zip	94110

Financial Consultant

Legal Name	N/A	Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

Legal Counsel

Legal Name	City and County of San Francisco	Contact Name	Virginia Dario Elizondo	Email	virginia.dario.elizondo@sfcityattyy.org
Phone	N/A	Address	1390 Market Street, 5th Floor	City	San Francisco
				State	CA
				Zip	94102

General Contractor

Legal Name	TBD	Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

Architect

Legal Name	TBD	Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

Development/Operating Funding Source

Legal Name	City and County of San Francisco	Contact Name	Gigi Whitley	Email	gigi.whitley@sfgov.org
Phone	628-652-7739	Address	440 Turk Street	City	San Francisco
				State	CA
				Zip	94102

Development/Operating Funding Source

Legal Name		Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

Development/Operating Funding Source

Legal Name		Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

Development/Operating Funding Source

Legal Name		Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

Development/Operating Funding Source

Legal Name		Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

§201 Eligible Uses

Select below the eligible uses you are applying for:

i. Acquisition or rehabilitation, or acquisition and rehabilitation, of motels, hotels, hostels, or other sites and assets, including apartments or homes, adult residential facilities, residential care facilities for the elderly, manufactured housing, commercial properties, and other buildings with existing uses that could be converted to permanent or interim housing.			Yes
File Name:	Rehab Description	Narrative description of current condition of structure(s) and overall scope of work.	Uploaded to HCD? Yes
File Name:	PNA	Physical Needs Assessment prepared by a qualified independent third party contractor.	Uploaded to HCD? Yes
ii. Master leasing of properties for non-congregant housing. If Yes, provide a recent market study and/or rent roll, and/or other supporting documentation.			No
File Name:	Market Study	Provide a recent market study within the past year which conforms to Tax Credit Allocation Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD? N/A
iii. Conversion of units from nonresidential to residential.			Yes
iv. New construction of dwelling units.			No
v. The purchase of affordability covenants and restrictions for units. If Yes, provide a recent market study and/or rent roll, and/or other supporting documentation.			No
File Name:	Market Study	Provide a recent market study within the past year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD? N/A
vi. Relocation costs for individuals who are being displaced as a result of your Homekey Project.			No
vii. Capitalized operating subsidies for units purchased, converted, constructed, or altered with funds provided pursuant to HSC §50675.1.3.			Yes

§202 Eligible Projects

Select below the eligible project types you are applying for:

i. Conversion of nonresidential structures to residential dwelling units.	Yes
ii. Conversion of commercially zoned structures, such as office or retail spaces, to residential dwelling units.	No
iii. Adult residential facilities, residential care facilities for the elderly, manufactured housing, and other buildings with existing residential uses.	No
iv. Multifamily rental housing projects.	No
v. Excess state-owned properties.	No
vi. Shared housing or scattered site housing is permitted as long as the resulting housing has common ownership, financing, and property management, and each household signs a lease.	No

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vii. Structure(s) lacking a permanent foundation such as manufactured home, recreational vehicle, and floating home, for temporary use only. HCD encourages Applicants to explore financing alternatives to Homekey for such structures. Must submit with application a detailed explanation of how the use will meet all Homekey requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA. Applicants seeking HCD's approval of structures lacking a permanent foundation are encouraged to discuss their options at the required pre-application consultation.				No
File Name:	Non-Perm Structure	Detailed narrative of how the use will meet all Homekey Program requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA	Uploaded to HCD?	N/A
Other eligible project not listed above (describe below)				No
N/A				
viii. Applicant acknowledges Homekey Assisted Units previously awarded under the first round of Homekey funding are ineligible for Homekey Round 2 funding.				Yes

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File Name:	Development Plan	Provide a development plan	Uploaded to HCD?	Yes			
ix. Applicant agrees that Assisted Units and other units of the Project must meet all applicable state and local requirements pertaining to rental housing, manufactured housing, including but not limited to requirements for minimum square footage, and requirements related to maintaining the Project in a safe and sanitary condition?							
				Yes			
x. Applicant acknowledges all Applicants must be in good standing with the State of California and all agencies and departments thereof? By way of example and not limitation, all Applicants must be qualified to do business in the State of California and must be in good standing with the California Secretary of State and the California Franchise Tax Board. Applicants that are delinquent in meeting material requirements of previous HCD awards may fail threshold review.							
				Yes			
xi. Applicant acknowledges that HCD will require Eligible Applicants to submit a complete application with all required documents? HCD reserves the right to request clarification of unclear or ambiguous statements made in an application and other supporting documents.							
				Yes			
xii. Applicant acknowledges the requirement to submit a concise, sufficiently detailed Relocation Assistance Narrative? The Narrative must show the Applicant's consideration of (I) applicable relocation assistance laws and requirements; and (II) all persons, businesses, or farm operations that may or will be displaced as a result of the Applicant's Homekey-funded activities. This Relocation Assistance Narrative does not take the place of the relocation plan, or the Certification Regarding Non-Application of Relocation Benefits and Indemnification Agreement, that the Grantee shall submit as a condition of funding.							
				Yes			
File Name:	Relocation Narrative	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?	Yes			
§301 Permanent Housing Requirements (skip this application section as your Project Type is Interim Housing; please complete §302)							
i. Applicant has funding commitments or other reasonable assurance to cover operations and service costs with specific funding sources (government/philanthropic/private) for the proposed Project for 5 years and a budget which covers operations and services costs through year 15 from the recordation of the use restriction?							
ii. Is the Applicant acquiring, rehabilitating, and operating a Permanent Housing project? If Yes, the Applicant or Co-Applicant must demonstrate the following minimum experience and capacity requirements below:							
a. Development, ownership, or operation experience (a1. or a2. must be Yes to pass Threshold)			Passes threshold?	No			
a1. Has Applicant developed, owned, or operated a project similar in scope and size to the Project? If Yes, provide details below:							
Project name and address	Who provides the experience	Experience type	Housing type	Population served	Latest date developed, owned, or operated		
			Affordable Rental				
a2. If a1 above is Yes, skip. Applicant has operated at least two affordable rental housing projects in the last ten years, with at least one of those projects containing at least one unit housing a tenant who qualifies as a member of the Target Population (enter Project information below)?							
No							
b. Experience helping persons address barriers to housing stability & providing support services		Property manager service years	0.00	Supportive Service Provider service years	0.00	Pass threshold (three or more years of experience)?	No
Has a property manager been selected?		If Yes, enter property manager name and complete experience chart below:		If No, Applicant certifies that this requirement will be reflected in future solicitation or memorandum of understanding?			
Has a supportive service provider been selected?		If Yes, enter supportive service provider name and complete experience chart below:		If No, Applicant certifies that this requirement will be reflected in future solicitation or memorandum of understanding?			
Project name and address	Experience provider	Housing type	Population Served	# of months serving			
	Property Manager	Affordable Rental					
	Property Manager	Affordable Rental					
	Property Manager	Affordable Rental					
	Property Manager	Affordable Rental					
	Property Manager	Affordable Rental					
Enter Supportive Service Provider name and complete experience chart below:							
	Supportive Service Provider	Affordable Rental					
	Supportive Service Provider	Affordable Rental					
	Supportive Service Provider	Affordable Rental					
	Supportive Service Provider	Affordable Rental					
	Supportive Service Provider	Affordable Rental					
c. Experience administering a Housing First program that includes principles of harm reduction and low barriers to entry.							
File Name:	Housing First Perm	Provide experience administering a Housing First program of harm reduction and low barriers to entry	Uploaded to HCD?				
d. Development, ownership, or operation capacity.							
d1. Does Applicant have the capacity to develop, own, and operate a Permanent Housing Project? If Yes, provide details in the Project Staffing Chart below:							
d2. Applicant certifies that it will employ experienced staff without reliance upon another entity or parent company?							
d3. Applicant certifies that it has sufficient financial capacity to provide payroll and employment benefits to staff without reliance upon another entity or parent company?							
d4. Applicant certifies that it has sufficient financial capacity to carry out its obligations pursuant to Program requirements including, but not limited to providing financial guarantees without reliance upon another entity or parent company?							
Project Staffing Chart							
Staff type	Employee / Consultant full name	Position title	Full time / Part time	% of time dedicated to this project			
iii. One-for-one replacement of assisted housing							
a. Will the acquired housing or site be redeveloped/repositioned as part of the locality's overall goal to address the needs of Target Population and community?							
b. If Yes to iii a. above, will the target site be demolished before any occupancy by the Target Population?							
File Name:	One-for-one Replacement	iii(a) and (b): If the acquired housing or site will be redeveloped/repositioned per the locality's overall goal to address the needs of the Target Population and the community (unless the target site is going to be demolished before any occupancy by the Target Population), provide a letter of commitment to ensure one-for-one replacement of units.	Uploaded to HCD?				

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c. Will all of the proposed housing be located within the original target housing location neighborhood?				
File Name:	Housing Site Map	Map indicating the original target housing location and all proposed housing location(s).	Uploaded to HCD?	
File Name:	Outside Neighborhood	If replacement housing is proposed outside the target neighborhood, include a justification explaining why it is necessary to locate this replacement housing outside the target neighborhood (i.e., offsite) and how doing so supports and enables the Target Population to maintain housing.	Uploaded to HCD?	

§302 Interim Housing Requirements

i. Applicant acknowledges the Interim Housing Project will be evaluated on Funding commitments or other reasonable assurance to cover operations and service costs with specific funding sources (government/philanthropic/private) for the Project for five years and submit a budget to cover operations and services costs through year 15 from the recordation of the use restriction.				Yes
ii. Is the Applicant acquiring, rehabilitating, and/or operating an Interim Housing project? If Yes, the Applicant must meet the following experience and capacity below:				Yes
a. Successful development, ownership, or operation of an Interim Housing project, such as an emergency shelter or Transitional Housing for at least three of the last ten years for individuals who qualify as members of the Target Population.		Years	20.00	Pass Threshold
				Yes

Project Name and Address	Who provided experience	Experience type	Interim Housing project type	Population Served	# of months serving in the last ten years
5th Street Apartments, 374 5th Street, San Francisco, CA 94107	City and County of San Francisco	Operated	Transitional Housing	Homeless Youth or Youth at Risk of Homelessness	72
Transitional Housing Program Plus, 134 Golden Gate Ave, San Francisco, CA 94102	City and County of San Francisco	Operated	Transitional Housing	Homeless Youth or Youth at Risk of Homelessness	36
Transitional Housing at G House, 6324 Geary Boulevard, San Francisco, CA 94121	City and County of San Francisco	Operated	Transitional Housing	Homeless Youth or Youth at Risk of Homelessness	36
1020 Haight Street, San Francisco, CA 94117	City and County of San Francisco	Operated	Transitional Housing	Homeless Youth or Youth at Risk of Homelessness	12
Castro Youth Housing Initiative, various locations in San Francisco, CA	City and County of San Francisco	Operated	Transitional Housing	Homeless Youth or Youth at Risk of Homelessness	12
Transitional Housing and HIV Services, 129 Hyde Street, San Francisco, CA 94102	City and County of San Francisco	Operated	Transitional Housing	Homeless Youth or Youth at Risk of Homelessness	36
Diamond Youth Emergency Shelter, 536 Central Ave., San Francisco, CA 94117	City and County of San Francisco	Operated	Emergency Shelter	Homeless Youth or Youth at Risk of Homelessness	36

Explanations:

b. Does Applicant have experience linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability?				Yes
File Name:	Interim Hsg Exp	Provide experience in linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability	Uploaded to HCD?	Yes

c. Does Applicant have experience administering a Housing First program that includes principles of harm reduction and low barriers to entry?				Yes
File Name:	Housing First Interim	Provide experience administering a Housing First program that includes principles of harm reduction and low barriers to entry	Uploaded to HCD?	Yes

d. Development, ownership, or operation capacity.				
d1. Does Applicant have the capacity to develop, own, and operate a Permanent Housing Project? If Yes, provide details in the Project Staffing Chart below:				Yes
d2. Applicant certifies that it will employ experienced staff without reliance upon another entity or parent company?				Yes
d3. Applicant certifies that it has sufficient financial capacity to provide payroll and employment benefits to staff without reliance upon another entity or parent company?				Yes
d4. Applicant certifies that it has sufficient financial capacity to carry out its obligations pursuant to Program requirements including, but not limited to providing financial guarantees without reliance upon another entity or parent company?				Yes

Project Staffing Chart

Staff type	Employee / Consultant full name	Position title	Full time / Part time	% of time dedicated to this project
Consultant	Dan Adams	Senior Advisor, Housing Initiatives,	Full Time	25%
Consultant	Kathleen Mertz	President, REANA Consulting Inc	Part Time	10%
Employee	Salvador Menjivar	Director of Housing, HSH	Full Time	5%
Employee	Elizabeth Hewson	Manager of Supportive Housing	Full Time	10%
Employee	Alison Schlageter	Supportive Housing Program	Full Time	10%
Employee	Noora Almajid	Youth Housing Program Manager, HSH	Full Time	20%
Employee	Sharon Christen	Real Estate Principal Analyst, HSH	Full Time	25%

§500 Article XXXIV

Applicant acknowledges per HSC §37001, subdivision (h)(2), article XXXIV, §1 of the California Constitution is not applicable to a development that consists of the acquisition, rehabilitation, reconstruction, alterations work, new construction, or any combination thereof, of lodging facilities or dwelling units using moneys received from the CSFRF established by the federal American Rescue Plan Act of 2021 (ARPA) (Public Law 117-2)? As such, Article XXXIV is not applicable to Homekey funded development.				Yes
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§501 Housing First

Applicant acknowledges that the Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, in its property management and tenant selection practices? Projects shall accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project funding sources..				Yes
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§502 Tenant Selection

Applicant acknowledges that referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) for persons who are experiencing homelessness? For persons At Risk of Homelessness, CES or another comparable prioritization system based on greatest need shall be used. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the NOFA. CoC collaboration in Project and supportive service design is also strongly encouraged to help target and serve greatest need populations. If referrals will be made using a prioritization system other than CES, the Applicant must describe the plan for tenant selection, and it shall be reasonably detailed and comprehensive, as determined by the Department in its sole and absolute discretion.				Yes
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§503 Participation in Statewide HDIS/HMIS

Applicant acknowledges Homekey Grantees must support CoC participation in the statewide Homeless Data Integration System (HDIS), and, in accordance with state and federal law (including all applicable privacy law), disclose relevant data to the local Homeless Management Information System (HMIS)? Note: Another comparable data collection system may be appropriate for specific projects or sub-populations including, but not limited to, domestic violence victims, veterans, and youth.				Yes
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§504 Relocation

Applicant acknowledges Homekey Grantees must comply with all applicable federal, state, and local relocation law. Grantees must have a relocation plan prior to proceeding with any phase of a project or other activity that will result in the displacement of persons, businesses, or farm operations?				Yes
File Name:	Relocation Plan	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?	Yes

§505 Accessibility and Non-Discrimination

Applicants acknowledges all developments shall adhere to the accessibility requirements set forth in California Building Code Chapter 11A and 11B and the Americans with Disabilities Act, Title II?				Yes
File Name:	Access & Non-Discrimination	Provide a non-discrimination policy	Uploaded to HCD?	Yes

§506 Prevailing Wage

Applicant acknowledges use of Homekey funds is subject to California's prevailing wage law (Lab. Code, § 1720 et seq.). Applicant is urged to seek professional legal advice about the law's requirements. Prior to disbursing the Homekey funds, HCD will require a certification of compliance with California's prevailing wage law, as well as all applicable federal prevailing wage law. The certification must verify that prevailing wages have been or will be paid, and that labor records will be maintained and made available to any enforcement agency upon request. The certification must be signed by the general contractor(s) and the Grantee.				Yes
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File Name:	Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD?	Yes
§507 Environmental Clearances				
Applicant acknowledges HCD encourages Eligible Applicants to fully engage with HCD's technical assistance and to consider the CEQA exemption set forth at HSC §50675.1.4 and the provision for land use consistency and conformity set forth at HSC §50675.1.3, subdivision (i)? Applicants should consult with their counsel for legal advice in construing application of the foregoing exemptions to their Project. It is entirely within an Applicant's discretion to determine whether to use the statutory CEQA exemption, whether the exemption applies to the Applicant's proposed activity, or whether some other mechanism applies and could be used to satisfy obligations under CEQA.				Yes
§508 Land Use				
Applicant acknowledges Pursuant to HSC section 50675.1.3, subdivision (i), Homekey Projects are deemed consistent and in conformity with any applicable local plan, standard, or requirement, and any applicable coastal plan (local or otherwise). Such Projects shall not be subject to any discretionary local permit review or approval process (e.g., a discretionary use permit process) before being able to proceed as a permitted use.				Yes

Certification & Legal Disclosure

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On behalf of the entity identified in the signature block below, I certify that:

1. The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I possess the legal authority to submit this application on behalf of the entity identified in the signature block.
3. The following is a complete disclosure of all identities of interest - of all persons or entities, including affiliates, that will provide goods or services to the Project either (a) in one or more capacity or (b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the Project. "Related Party" is defined in Section 10302 of the California Code of Regulations (CTCAC Regulations):

N/A

4. As of the date of application, the Project, or the real property on which the Project is proposed (Property) is not party to or the subject of any claim or action at the State or Federal appellate level.
5. I have disclosed and described below any claim or action undertaken which affects or potentially affects the feasibility of the Project. In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

Shireen McSpadden	Executive Director, Department of Homelessness and Supportive Housing		
Printed Name	Title of Signatory	Signature	Date

Legal Disclosure

For purposes of the following questions, and with the exceptions noted below, the term "applicant" shall include the applicant and joint applicant, and any subsidiary of the applicant or joint applicant if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project.

In addition to each of these entities themselves, the term "applicant" shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company. For projects using tax-exempt bonds, it shall also include the individual who will be executing the bond purchase agreement.

The following questions must be responded to for each entity and person qualifying as an "applicant," or "joint applicant" as defined above.

Explain all positive responses on a separate sheet and include with this questionnaire in the application.

Exceptions:

Public entity applicants without an ownership interest in the proposed project, including but not limited to cities, counties, and joint powers authorities with 100 or more members, are not required to respond to this questionnaire.

Members of the boards of directors of non-profit corporations, including officers of the boards, are also not required to respond. However, chief executive officers (Executive Directors, Chief Executive Officers, Presidents or their equivalent) must respond, as must chief financial officers (Treasurers, Chief Financial Officers, or their equivalent).

Civil Matters

1. Has the applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan or been foreclosed against in <i>past ten years</i> ?	No
2. Is the applicant currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application?	No
3. Have there been any administrative or civil settlements, decisions, or judgments against the applicant within the past ten years that materially and adversely affected (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application?	No
4. Is the applicant currently subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency?	Yes
5. In the past ten years, has the applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment?	Yes

Criminal Matters

6. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, felony charges against the applicant?	No
7. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, misdemeanor charges against the applicant for matters relating to the conduct of the applicant's business?	No
8. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, criminal charges (whether felony or misdemeanor) against the applicant for any financial or fraud related crime?	No
9. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could materially affect the financial condition of the applicant's business?	No
10. Within the past ten years, has the applicant been convicted of any felony?	No
11. Within the past ten years, has the applicant been convicted of any misdemeanor related to the conduct of the applicant's business?	No
12. Within the past ten years, has the applicant been convicted of any misdemeanor for any financial or fraud related crime?	No

Provide a letter of explanation if you responded "Yes" to any of the questions above.

File Name:	Cert & Legal Explanation	Letter of explanation for any "Yes" answers or red shaded items above.	Uploaded to HCD?	Yes
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Shireen McSpadden	Executive Director		
Printed Name	Title of Signatory	Signature	Date

Applicant Documents

2/1/22

Certifications & Legal Disclosure

A completed and signed Certification is required for each Joint Applicant. Each Joint Applicant must sign an individual Certification form. A completed and signed Legal Disclosure is also required for each Joint Applicant. The hard copy Certifications & Legal Disclosure should be submitted with the application as detailed in the NOFA.

Resolutions

Applicant may use their own Resolution format as long as it contains ALL of the authorizations as in the sample.
The person attesting to the resolution signing cannot be the same person authorized to execute the documents in the name of the applicant.
If more than one authorized signatory is identified, state whether both signatories are required or only one signatory is required to submit and execute Program docs.
If the application is being signed by a designee of the authorized signatory, the applicant must also submit a designee letter or other proof of signing authority.

A resolution is required of each Joint Applicant - both private and public entities. A sample resolution template is available on the [Homekey website](#).

Organizational Documents

Organizational documents are required for all Applicants except Governmental entities are not required.

Submit organizational documents supporting the Resolution submitted with the application.

Corporation organizational documents

Articles of Incorporation (Corp. Code §154, 200 and 202) as certified by the CA Secretary of State.
Bylaws and any amendments thereto (Corp. Code §207(b), 211 and 212)
Certificate of Amendment of Articles of Incorporation (Corp. Code §900-910 (general stock), §5810-5820 (public benefit and religious corporations), §7810-7820 (mutual benefit corporations), or §12500-12510 (general cooperative corporations)) as applicable.
Restated Articles of Incorporation (Corp. Code §901, 906, 910 (general stock), §5811, 5815, 5819 (public benefit and religious corporations), §7811, 7815 and 7819 (mutual benefit corporations) and §12501, 12506 and 12510 (general cooperative corporations)) as applicable.
Statement of Information (CA Secretary of State form SI-100 or SI-200)
Shareholder Agreements (Corp. Code §186) if applicable.
Certificate of Good Standing certified by Secretary of State.

Limited Liability Company

Articles of Organization (CA Secretary of State form LLC-1)
Certificate of Amendment (CA Secretary of State form LLC-2) if applicable
Restated Articles of Organization (CA Secretary of State form LLC-10) if applicable
Certificate of Correction (CA Secretary of State form LLC-11) if applicable
Statement of Information (CA Secretary of State form LLC-12 or LLC-12NC)
Operating Agreement (Corp. Code §17707.02(s) and 17701.10)
Certificate of Good Standing certified by Secretary of State

Limited Partnership

Certificate of Limited Partnership (CA Secretary of State form LP-1)
Amendment to Certificate of Limited Partnership (CA Secretary of State form LP-2) if applicable.
Certificate of Correction (CA Secretary of State form LP-2) if applicable.
Limited Partnership Agreement (CA Corp. Code §15901.02(x) and 15901.10)
Certificate of Good Standing certified by Secretary of State.

[Any other CA Secretary of State filings applicable to revivals, conversions or mergers.](#)

Organizational Chart

The Organizational chart must depict the organizational structure of the entities in relation to the applicant.

Signature Block

All Applicants must submit a Signature Block in a Microsoft Word Document that will be used in the HCD legal documents such as the Standard Agreement.

Payee Data Record STD-204 or Taxpayer Identification Number (TIN)

[The TIN must be submitted by all governmental entity Applicants. All other Applicants must submit the STD-204 Payee Data Record. Available on the Homekey website.](#)

§300(iii) Supportive Services Plan (SSP)

2/1/22

Homekey applications must include an initial plan for providing supportive services based on the anticipated needs of the Target Population and any proposed sub-populations to be served by the Project. The checklist below shall serve as a guide to ensure your SSP is complete.

Part I.	Tenant Selection
Yes	Section 1: Tenant Selection Criteria
Yes	Section 2: Referrals
Yes	Section 3: Housing First Certification §501
Part II.	Supportive Services Detail
Yes	Section 1: Supportive Services Provider Information
Yes	Section 2: Supportive Services Chart
Yes	Section 3: Supportive Services Coordination
Part III.	Staffing
Yes	Section 1a: Staffing Description
Yes	Section 1b: Staffing Chart
Yes	Section 2: Staffing Ratios
Part IV.	Supportive Services Budget
Part V.	Property Management Plans and Tenant Selection
Yes	Section 1: Property Management Plans and Tenant Selection
Part VI.	Measurable Outcomes and Plan for Evaluation
Yes	Section 1: Measurable Outcomes
Yes	Section 2: Plan for Evaluation

Part I. Tenant Selection

§502 asks for a detailed description of the Tenant Selection process. Using the titled sections below, the narrative should be as specific as possible, delineating the roles of property management and the support service provider and how these functions will be coordinated. Your description should clearly and conclusively document processes to ensure compliance with the Homekey Round 2 NOFA for Tenant Selection and Housing First Practices.

Section 1: Tenant Selection Criteria

Target Population and Eligibility Criteria

a. Do you use Housing First Practices? Yes

b. Describe the criteria that will be used to ensure that tenants are eligible to occupy the Homekey Assisted Units.

The available units are part of the SF Coordinated Entry (CE) process, designated to serve homeless households referred through HSH's Online Navigation and Entry (ONE) system which serves as San Francisco's federally compliant HMIS system. Youth are referred to vacancies for Interim Housing and Permanent Supportive Housing units via CE and prioritized via an assessment. Factors that affect prioritization for housing are vulnerability, chronicity of homelessness, and barriers to housing. Applicants must meet the definition of homelessness as defined by Part 578.3 of Title 42 of the United States Code, and must meet occupancy limits for the units.

c. Description of the Target Population to be served, and identification of any additional subpopulation target or occupancy preference for the Project. (all sub-population targeting must be approved by HCD prior to standard agreement issuance and must be consistent with federal and state fair housing requirements).

45 of the 52 units will serve homeless Transition Age Youth (TAY) and adults as defined by Part 578.3 of Title 42 of the United States Code (90%) 5 units, will target young adults aged 25-29 who are currently experiencing homelessness and were part of the Homeless Response System as TAY (10%) . San Francisco's Proposition C, passed by voters in 2018, speaks specifically to housing for the TAY population and allows for young adults aged 25-29 to be placed in TAY designated Permanent Supportive Housing. Additionally, according to current data, 10% of the persons served by the Youth Access Points and prioritized for housing through Coordinated Entry are young adults aged 25-29 who were homeless as TAY. Therefore, under Homekey definitions there are two target populations.

d. Describe any additional eligibility criteria other than those indicated above, i.e., information needed to determine if the tenant can comply with lease terms. **NOTE:** Selection criteria designed to assess anything other than the ability to comply with lease terms generally run afoul of fair housing laws designed to protect equal access to housing for people with disabilities. [See Between the Lines. A Question and Answer Guide on Legal Issues in Supportive Housing Chapter 4.](#)

All placements will be made using the core components of Housing First, as set forth in the Welfare and Institutions Code Section 8255. Placements will be referred based on eligibility and occupancy standards and Homekey target population definitions. There are no minimum income requirements. No distinction will be drawn between a person who keeps his/her own unit and one who does so with the assistance of an attendant. Homeless status will be verified in writing. All placements may request a reasonable accommodation as part of the referral and application process.

e. Identify all disclosures that will be provided to applicants/tenants. Example: Megan's Law disclosures.

The occupancy package includes a full set of disclosures as required by law. This includes, but is not limited to, disclosures and policies such as bed bug disclosures, grievance policy, reasonable accommodation policy, smoke detector notice, guest policy, community rules, and Covid-19 addendum.

Section 2: Referrals

The following addresses the required use of the Coordinated Entry System (CES) for all referrals into Homekey Assisted Units or an alternate comparable prioritization system for those At Risk of Homelessness based on greatest need. Note that use of standard waiting lists is prohibited, in that both of these systems must prioritize referrals based on highest acuity needs, rather than first-come first served.

a. Describe how the local CES will be used to fill Homekey Assisted Units based on the use of a standardized assessment tool which prioritizes those with the highest need and the most barriers to housing retention. Include the CES agency's name, primary staff person's name, and contact information. If the local CES is not yet operational, describe when it'll be established and the plan to use it.

The City of San Francisco's Coordinated Entry is the foundation of the Homelessness Response System (HRS) and is designed to assess, prioritize and match people experiencing homelessness to housing opportunities. Coordinated Entry organizes the Homelessness Response System with a common population-specific assessment, a centralized data system, a "by name" database of clients and a prioritization method. Coordinated Entry Access Points are the community gateways into San Francisco's Homelessness Response System and serve: Adults, Families and Transitional Age Youth. CE Access Points are located throughout the City and are operated by local non-profit service providers. At these community Access Points, eligible adults, youth and families experiencing homelessness are provided with Problem Solving opportunities, shelter, housing opportunities, and other services in San Francisco. The city operates separate Access Points for adults, families, and youth, which are designed to facilitate access to the HRS for each population. All Access Points provide the same assessment approach, including standardized decision-making based on the unique needs of the individuals and families they are designed to serve. The Department of Homelessness and Supportive Housing adopted CES Standards on February 1, 2021 and this, along with contact information, are attached to this application for reference.

b. If using a separate comparable prioritization system than CES to refer persons At Risk of Homelessness describe that system. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the Homekey NOFA.

N/A

Section 3: Housing First Certification §501

§300(iii) Supportive Services Plan (SSP)

2/1/22

The Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, in its property management and tenant selection practices. Complete the checklist below to certify compliance with Housing First.

Tenant Screening	
1. If the project cannot serve someone, it works through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.	Yes
2. The project does everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."	Yes
3. Access to the project is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or any other unnecessary condition not imposed by the terms of the funding itself.	Yes
4. People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy. Building and units include physical features that accommodate disabilities.	Yes

Housing-Based Voluntary Services	
1. If serving youth experiencing homelessness, services use a positive youth development model and culturally competent services to engage with tenants.	Yes
2. Services are informed by a harm-reduction philosophy that recognizes that substance use/ addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding substance use and are offered education regarding safer practices and how to avoid risky behaviors.	Yes
3. Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.	Yes
4. Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants. Housing and service goals and plans are highly tenant driven.	Yes
5. Supportive services emphasize engagement and problem-solving over therapeutic goals.	Yes

Housing Permanency	
1. Substance use in and of itself, without other lease violations, is not considered a reason for eviction.	Yes
2. Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	Yes
3. Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.	Yes
4. Program Requires Housing Providers to Provide Tenants with Leases and Reflects Tenants' Rights & Responsibilities Of Tenancy Under CA Law (including eviction protections).	Yes

Part II. Supportive Services Detail

Section 1: Supportive Services Provider Information

If already identified, list the supportive service provider (s) for the Target Population and any proposed sub-populations to be served by the Project. If more than one Provider will be offering services, describe how services will be coordinated.

Provider Name	Populations the Provider will serve	Services Provider will offer
Larkin Street Youth Services	Homeless Youth, Transition Age Youth, Homeless Adults	Outreach, Intake and Assessment, Case Management, Housing Stability Support, Coordination with Property Management, Wellness and Safety Checks, Socialization, Exit Planning Strategies

Describe any known conflicts and/or the mitigation strategy for when Homekey funding or other program requirements conflict with Housing First practices, as applicable.

None

If your tenants include minor children and/or adult dependents of Homekey Tenants, describe any additional criteria that will be used to ensure applicants are eligible to occupy the Homekey Assisted Units.

N/A

Section 2: Supportive Services Chart

Required Services: List and describe all services as required in §300 to be offered to tenants of the Homekey Assisted Units.

Resident Service	Service Description	Frequency	Hours	Service Provider	Off-site Service Location
List each service separately	Describe service, including the degree to which services are provided.	Frequency of services provided	Provide the hours of availability	Provider's Name	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more that one-half mile.
Case management	One-site Case management ratio of 20:1. One Case Manager and one supervisory Program Manager	Depends on needs of clients	8 hours a day; 5 days a week	Larkin Street Youth Services	
Behavioral health services	The on-site Behavioral Health Clinician will provide behavioral health screening, clinical assessments, crisis intervention and support services for clients with greatest acuity of behavioral health needs. They will also facilitate and coordinate Collaborative Case Conferences to assist in determining treatment plans for clients with behavioral health concerns.	Depends on needs of clients	8 hours a day; 5 days a week	Larkin Street Youth Services	

§300(iii) Supportive Services Plan (SSP)

2/1/22

Physical health services	The on-site Support Services provider will provide referral services and coordination with clinics and hospitals. The Support Service provider uses a holistic and trauma informed approach to ensure client's physical health needs are met. HSH is also continuing to partner with DPH and the National Harm Reduction Coalition's Drug Overdose Prevention and Education program to create and tailor education services and resources to the community working with people experiencing homelessness. HSH will work with this program to adopt the uniform overdose prevention policy created for PSH programs.	Depends on needs of clients	8 hours a day; 5 days a week	Larkin Street Youth Services	
Assistance obtaining benefits and essential documentation	On-site Support Services will assist clients with obtaining and maintaining public benefits and other types of income. HSH facilitates identity and income documentation for all clients at the point of housing referral/ move-in. Once housed, Support Services will continue to identify needs of residents to obtain documents such as identification, birth certificates, social security cards, and other essential documents in order to progress on goals related to housing stability. Support Services will identify fee waivers and other resources to help reduce the cost of obtaining essential documentation.	Depends on needs of clients	8 hours a day; 5 days a week	Larkin Street Youth Services	
Education and employment services	On-site Support Services will assess clients' skills and goals at intake and encourage all clients to participate in educational and employment services. The goals of these services are to increase education levels, skill levels, and find employment all geared towards increasing the client's income. Support Services will provide referral services and coordination of workshops and trainings as needed by clients.	Depends on needs of clients	8 hours a day; 5 days a week	Larkin Street Youth Services	
Other services, such as housing retention skills, legal assistance, family connection services, etc.	On-site Support Services will provide referral services to legal assistance in the community, as needed by the clients. Support Services staff will also connect each client with resources needed to be food secure as they live independently, and referrals to skill building classes and groups in the community.	Depends on needs of clients	8 hours a day; 5 days a week	Larkin Street Youth Services	
Other Residential Services (specify)- Community Building	On-site Support Services will provide community building opportunities like weekly coffee and pastries, holiday events, and other programs to provide socialization and stability.	Monthly	1-2 hours	Larkin Street Youth Services	
Other Residential Services (specify)- Housing Stability Support	On-site Support Services will outreach to and offer services and/or referrals to all clients who display indications of housing instability. Housing instability indicators include but are not limited to, discontinuance from benefits, rules violations or warnings from Property Management, and conflicts with staff or other residents. Clients will be assisted with communicating, responding to, and meeting with Property Management. They will also collaborate with				

Section 3: Supportive Services Coordination

1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, and the frequency, travel time and cost to the tenant for transportation required to access the services to include both public transportation and private transportation services (e.g. van owned by the provider). If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

In order to provide wrap around services, the onsite supportive services team partners with many community providers including In-Home Supportive Services (IHSS), San Francisco Department of Public Health (DPH), intensive case management programs, medical and psychiatric providers, police, paramedics, EMS6, crisis response, hospital and jails, money management providers, San Francisco Human Services Agency public benefits division, Social Security Administration, Meals on Wheels, and the Conservators Office. Whenever possible, these services are delivered on site at no cost to the tenants. Additionally, the building is located within walking distance to major public transit options (BART Train and MUNI bus lines). The operating or services budgets can be revised to include funding for transportation needed to access services, depending on needs presented.

2. Describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to Homekey tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based, barriers to services. If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

§300(iii) Supportive Services Plan (SSP)

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HSH recognizes that the life-threatening challenges facing youth experiencing homelessness in San Francisco are largely the byproducts of systemic inequality rooted in white supremacy, homophobia, capitalism, and anti-trans bias. Therefore, any solution—whether with an individual or system wide—must be rooted in equity. The Service Provider's approach to equity will be based on radical acceptance and a nonjudgmental approach to the provision of services. Service staff will actively reach out to those who may feel excluded or overlooked, or who may be reluctant to seek help on their own, and will make essential services and supplies more equally accessible to all. The Service Provider will strive to meet young people experiencing homelessness where they are at, and will take into account the cultural sensitivities, intersectional identities, and different lived experiences of each individual. The Service Provider will facilitate ongoing Property Management training focusing on equity, trauma, anti-bias, and harm reduction specifically for TAY experiencing homelessness. Reasonable steps will be taken to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in services, activities, programs and other benefits. Property Management will ensure meaningful communication with LEP applicants and residents and their authorized representatives. Interpreters, translators and other aids needed to comply with this shall be provided free of charge to the person being served, and residents and their families will be informed of the availability of such assistance. Language assistance will be provided through use of a contracted telephonic interpretation service, competent bilingual staff, staff interpreters, or formal arrangements with local organizations providing interpretation or translation services or technology. For persons with disabilities, the Services provider will work to provide necessary accommodations while connecting the individual with appropriate outside resources.

Part III. Staffing

Section 1a: Staffing Description

Describe the overall staffing pattern, including the roles and responsibilities for each position listed in the Staffing Chart below. List the target populations served through each position.

The Supportive Services staffing plan consists of case managers, a supervisory Program Manager, senior management oversight from the Program Director, part time Peer Advocate, and part time Behavioral Health Clinician.. The Case Manager responsibilities include: completing a comprehensive intake and assessment of clients at the time of move-in; providing referrals as needed; conducting outreach to clients, coordinating with external resources and providers to support clients; coordinating with Property Management to ensure housing stability of all clients using housing first, harm reduction, and trauma informed approaches; and organizing groups and community events for the clients. The supervisory Program Manager supervises the Case Managers to provide high level of service to clients and provides guidance, training and oversight. The Supervisor also submits required reports, provides coverage, as needed, and responds to requests from HSH and stakeholders. The Peer Advocate organizes living skills groups, client activities, accompanies clients to appointments, and services as ongoing peer support for community building programs. Two days a week, a Behavioral Health Clinician will be available on site for services as needed. The Clinician will provide on-site behavioral health screening, clinical assessments, crisis intervention and support services for clients with greatest acuity of behavioral health needs.

Section 1b: Staffing Chart

List all staff positions that will provide services to the tenants of the Homekey Assisted Units. Include any staff positions of partnering organizations who have committed time to the Project. Include the services coordination staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the organization under which the position resides, and the location of the position (on-site or off-site). Do not include staff which serve non-Homekey Units. If a staff position serves both tenants in Homekey and non-Homekey units, include only that portion (i.e., % FTE) of the staff position dedicated to Homekey Assisted Units. Attach a copy of each positions duty statement, if these documents are available.

NOTE: Indicate which staff position will be responsible for Homeless Management Information System data entry and CoC coordination.

Title	Minimum requirements	Total FTE:	3.4	Employing Organization	Location
List each staff position	List min. required staff preparation include (education & experience).	Indicate FTE staff positions for Homekey units (half-time is 0.5)		List which organization will employ each staff position	Select "On-Site" or "Off-Site"
Case Manager	Bachelor's degree in psychology, counseling, social work or related field, and minimum 2 years relevant experience; or 5 years relevant experience in place of degree; some positions may be bilingual	2		Lead Service Provider	On-Site
Program Manager	Master's degree in psychology, counseling, social work or related field, and minimum 3 years relevant experience and 3 years supervisory experience; bilingual if possible. This position will be responsible for Homeless Management Information System data entry and CoC coordination.	0.5		Lead Service Provider	On-Site
Program Director	Bachelor's degree in social work, psychology or a related field preferred but not required, and at least 5 years of management and supervisory experience; bilingual if possible	0.2		Lead Service Provider	Off-Site
Peer Advocate	Bachelor's degree in social work, psychology or a related field preferred but not required, and 2 to 3 years' experience working with youth and young adults; preferably at-risk, homeless, or runaway youth	0.5		Lead Service Provider	On-Site
BH Clinician	Master's degree in psychology, counseling, social work or related field, and current license or registered with the BBS as an Associate Clinical Social Worker, Associate Marriage and Family Therapist, or Associate Licensed Clinical Counselor; bilingual if possible	0.2		Lead Service Provider	On-Site

Section 2: Staffing Ratios

1. Indicate the overall services staffing level for the Project by completing the calculation below.

a. Total Homekey Assisted Units	50
b. Total FTE Service Staff from the Staffing Chart for the Homekey Assisted Units - Provide only the number of ongoing direct service staff positions that will provide services to the tenants of the Homekey Assisted Units. (for example, case manager, psychiatric nurse, services coordinator, etc). Do not include supervisors, peer support positions, or HMIS Administration positions.	2.7
c. Number of Homekey units per FTE Staff Person (a÷b)	18.51851852

2. Complete case manager staffing ratio chart to show how many staff are assigned per client (for example 2:1, 3:1, etc.). Include all case management.

Population Type:	Chronically Homeless	Homeless	At-Risk of Homelessness
Case Manager Ratio	20:1	20:1	20:1

Part IV. Supportive Services Budget

§300(iii) Supportive Services Plan (SSP)

2/1/22

Provide a line item supportive services budget for the Project using the format below. Complete both income and expense portions of the budget on a yearly basis. Include all costs associated with implementing your SSP, including any in-kind services. Include income and expenses for all staff positions and partnering organizations who have committed time to the Project. Total expenses should equal total income. Add expense item categories & lines as necessary. Don't include costs associated with providing services in non-Homekey Assisted Units. If costs are associated with both Homekey & non-Homekey Assisted Units, include only the Homekey Assisted Units portion.

Income Source/Program Name	Amount	Type	Funding Status	% of Total Budget
Homekey		Cash	Intend to Fund or Provide	0.00%
HSH Subsidy		Cash	Committed	0.00%
				0.00%
				0.00%
Total Revenue	\$0			0.00%
Expense Item	Amount	Type	Funding Status	% of Total Budget
Staff Salaries: List by title of position. (This list must match the Staffing Chart above.)				
Case Manager	FTE: 2.00 \$104,410	Cash	Committed	30.42%
Program Manager	FTE: 0.50 \$37,960	Cash	Committed	11.06%
Program Director	FTE: 0.03 \$2,800	Cash	Committed	0.82%
Peer Advocate	FTE: 0.50 \$24,430	Cash	Committed	7.12%
BH Clinician	FTE: 0.36 \$29,170	Cash	Committed	8.50%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
Fringe Benefits	\$48,900	Cash	Committed	14.25%
Total Staff Expenses	\$247,670			72.15%
Tenant Transportation (per SSP)	\$12,980	Cash	Committed	3.78%
Staff training (per SSP)	\$2,860	Cash	Committed	0.83%
Equipment				0.00%
Supplies	\$11,410	Cash	Committed	3.32%
Travel	\$1,400	Cash	Committed	0.41%
Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)				0.00%
Training				0.00%
Consultants: List by Function				0.00%
Subcontractors/Partners-list by Entity/Service type				0.00%
Other Expenses: Client Food and Laundry	\$19,060	Cash	Committed	5.55%
Other Expenses: Program Activities	\$3,120	Cash	Committed	0.91%
Other Expenses: Indirect Staff Costs	\$44,765	Cash	Committed	13.04%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%
Other Expenses: (type in expense description)				0.00%
Total Expenses	\$343,265			100.00%

Part V. Property Management Plans and Tenant Selection

Section 1: Property Management Plans and Tenant Selection

The Property Management Plan and tenant selection policies submitted with the Homekey application will be evaluated for the following consistent with state Housing First requirements. These documents must identify, describe, and utilize Housing First and low-barrier tenant selection processes that prioritize those with the highest needs for available housing. The descriptions of the use of Housing First and tenant selection in this SSP must be consistent with the Property Management Plan and the tenant selection policies. The Property Management Plan and tenant selection policies should address the following and be consistent with state Housing First requirements, as well as and other Homekey program requirements:

1. Applicant eligibility and screening standards
2. Confidentiality
3. Substance abuse policy
4. Communication between property manager and supportive services staff
5. Eviction policies and eviction prevention procedures
6. Process for assisting tenants to apply for different forms of cash and non-cash benefits to aid the household in retaining their housing, if needed
7. How applicants and residents will be assisted in making reasonable accommodation requests, in coordination with the services provider and persuasive to outside entities, such as Housing Authorities, to ensure that persons with disabilities have access to and can maintain housing
8. Policies and practices to facilitate Voluntary Moving On strategies
9. Appeal and Grievance Procedures

File Name	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies	Uploaded to HCD?	Yes
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Part VI. Measurable Outcomes and Plan for Evaluation

Specific target populations will likely have varying outcomes and evaluation strategies. List outcomes and evaluations plans specific to each target population.

Section 1: Measurable Outcomes

Outcomes are what you expect to happen for the people served by your Project. Outcomes are sometimes called results. Outcome objectives are time-specific measurable goals that identify how you know if you are achieving your desired results. Outcome objectives are sometimes called outcome benchmarks or indicators. Categorize the outcomes for your Project into the following three categories:

Category	Outcomes	Outcome Objectives
Residential Stability: Tenants maintain permanent housing (see examples in cell comments to the right)	At least 70% of the participants exiting the interim program will exit to stable housing	Services will coordinate with Property Management on a weekly basis, and external community providers as needed to assist participants in maintaining housing. Services will engage in weekly wellness checks and tracks interactions with participants through the individual assessments and ongoing referrals Services shall also provide housing related support that assists participants in achieving goals that move them towards more independent housing.

§300(iii) Supportive Services Plan (SSP)

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<p>Increased Skills and/or Income: Tenants gain job-related skills, participate in job-related training and/or education, gain stipend part-time or full-time supported employment, gain access to mainstream service/income support Programs for which they are eligible (see examples in cell comments to the right)</p>	<p>At least 80% of interim housing participants will be connected to employment or enrolled in post-secondary education</p>	<p>Services shall assess participant skills and goals at intake and encourage clients to engage in educational and employment services to increase education levels, skill levels, and find employment to increase income.</p>
<p>Greater Self- Determination: Tenants gain daily living skills and ability to plan and advocate for themselves to maximize independence and self-sufficiency (see examples in cell comments to the right)</p>	<p>At least 80% of interim housing participants will be connected to income/public benefit sources</p>	<p>Services shall create Individualized Service Plans to establish and support achievement of goals. Interactions, engagement, and weekly status will be documented to ensure participants are receiving the support they need.</p>
<p>Client Satisfaction</p>	<p>At least 75% of interim housing participants completing an annual survey will be satisfied or very satisfied with supportive services</p>	<p>A written annual survey shall be offered to participants to gather feedback, satisfaction, and assess the effectiveness of services and systems within the program. Services shall offer assistance to participants regarding completion of the survey if the written format presents any problem.</p>

Section 2: Plan for Evaluation

Describe your evaluation plan, including how you intend to collect, track and analyze data on the effectiveness of your Project, including the outcomes Projected above. Indicate who will analyze the data and perform your Program evaluation. (e.g., staff, consultant, etc.).

Data is reported by Support Service Providers on a monthly, quarterly and annual basis. Information is input into shared databases, CARBON and ONE (Online Navigation and Entry), managed by the City and County of San Francisco. There is least one dedicated HSH staff managing the contract with the Support Services Provider and who reviews the reports on the respective due dates, and provides feedback and follow-up as necessary. Monitoring of the program occurs on an annual basis on-site at the building, at which time the program outcome objectives will be reviewed alongside program documents and client files. A comprehensive report, including findings and feedback, is then issued to the agency providing Support Services. Additionally, HSH will require programs to report how they will address issues of racial equity in services provided, the demographics of their staff at all levels, and internal mechanisms for advancement of staff of color. HSH will monitor and evaluate programs on their responsiveness to racial disparities.

Local Jurisdiction and NEPA Responsible Entity Verification (if applicable)

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Applicant: Submit this form to the agency or department of local government responsible for administration of the items listed. This form may be submitted to more than one agency or department if necessary. If the NEPA Responsible Entity is not a local government (e.g. State of Calif. HOME Program, USDA RD), also submit a copy of this form to the appropriate NEPA Responsible Entity. If an item is not required, indicate the reason in the box below. **Complete both Sections 1 & 2.**

Project Applicant:	City and County of San Francisco
Applicant Address:	440 Turk Street
Applicant City:	San Francisco
Project Name:	Mission Inn
Project Address/site:	5630 Mission Street
Project City:	San Francisco
Project County:	San Francisco
Assessor Parcel Numbers (APNs):	Block 7098 Lot 12

Section 1

Local jurisdiction or NEPA Responsible Entity: The Applicant named above has submitted an application to the State Dept. of Housing and Community Development (the Department) requesting funding for the project named above, under the Homekey program. Projects submitted for program funding are subject to a competitive rating process. Project readiness is a component of that process. Verification of items listed below will be used in evaluating Homekey applications.

		Not Required for this Project	Final date of Public Comment Period	Approved Date
All Environmental Clearances (CEQA and NEPA) necessary to begin construction are either final approved or unnecessary:	CEQA	X		
	NEPA	X		

Specify in the box below, items not required and explain why (include documentation, if applicable):

Section 2

Real Estate transaction only and not defined as a project under CEQ Guidelines. Interim use allowed under Assembly Bill 101 as a low barrier navigation center. Future renovation and conversion to PSH in 12-18 months requires a change of use, which is allowed under SB 35 and State Density Bonus law.

Note: Any project using Homekey funds for any of the purposes listed in the Homekey NOFA is deemed consistent with "local plan, standard, or requirement, and any applicable coastal plan, local or otherwise," and "allowed as a permitted use, within the zone in which the structure is located, and shall not be subject to a conditional use permit, discretionary permit, or any other discretionary reviews or approvals." (Health and Safety Code 50675.1.3 (i))

	Not Required for this Project	Verified as Complete and date completed
All necessary land use approvals or entitlements necessary prior to issuance of a building permit, including any required discretionary approvals, such as site plan or design review.	X	

Specify in the box below, items not required and explain why (include documentation, if applicable):

Property can be used as interim housing under the current entitlements and Assembly Bill 101.

Project Applicant has submitted a complete application to the relevant local authorities for land use approval under a nondiscretionary local approval process, where the application has been neither approved or disapproved. A nondiscretionary local approval process is one that includes little or no subjective judgement by the public official and is limited to ensuring that the proposed development meets a set of objective zoning, design review and/or subdivision standards in effect at the time the application is submitted to the local government. A "nondiscretionary local approval process" includes Streamlined Ministerial Approval Processing under to Chapter 366, Statutes of 2017 (SB 35), By-Right Processing for Permanent Supportive Housing under Chapter 753, Statutes of 2018 (AB 2162), housing element law (Government Code Section 65583.2(i)), or other local process that meets the definition of non-discretionary approval process.

N/A

Projects located within the boundaries of an incorporated city, the city shall make the necessary determinations, and for Projects located in the unincorporated areas of a county, the county shall make the necessary determinations. The appropriate entity shall sign below.

Dated: _____

Statement completed by: _____

Signature: _____

Title: _____

Agency or Department Name: _____

Agency or Department Address: _____

Agency or Department Phone: _____

\$205 Maximum Program Award, Capital Funding Match, and Rent/Subsidy Revenue

Doors at Acquisition		Proposed Units for Interim Housing with Plan to Convert to Permanent Project														Maximum Capital Award (Baseline and Additional Contribution) Based on Proposed Units for Interim Housing with Plan to Convert to Permanent Project																																																																																																															
		San Francisco							Monthly Unit Rent							Subsidy Program #1 Name							Subsidy Program #2 Name							Target Population - Homekey Assisted Units (Article VII)							Baseline Award based on Units and Proposed Population Served							Maximum Award based on Units and Proposed Bdrn Size							Total Unit Square Feet							Unit's Pro-Rated Share of Project Cost Based on Square Feet							Project Cost Assisted Units - Manager Units							Adjusted Award lessor of Assisted Unit Project Cost and Baseline							Funding Gap on Assisted Units							Per Unit Funding Gap							Local Match (Lesser of Per Unit Funding Gap and \$100,000)							Additional Per Unit Award (Equal to Local Match)							Maximum Match Assisted Units x Per Unit Amount							Maximum Additional Award (Equal to Maximum Local Match)							Maximum Capital Award						
Bdrn size	Number of Doors at Acquisition	Baseline Award based on Units and Bdrn size	Number of Units Proposed	Unit Size (Square Feet)	Income Limit (AMI)	Mngr Units	Restricted	Proposed Rent for Restricted Units	Proposed Rent for Unrestricted Units	Monthly Utility Allowance	Monthly Rent Subsidy Amount	Subsidy Units	Monthly Rent Subsidy Amount	Subsidy Units	Monthly Rent Subsidy Amount	Subsidy Units	At-Risk of Homelessness Units	Chronically Homeless Units	Homeless Units	Homeless Youth or Youth at Risk of Homelessness Units	Total Assisted Units	Baseline Award based on Units and Proposed Population Served	Maximum Award based on Units and Proposed Bdrn Size	Total Unit Square Feet	% of Total Square Feet	Unit's Pro-Rated Share of Project Cost Based on Square Feet	Project Cost Assisted Units - Manager Units	Adjusted Award lessor of Assisted Unit Project Cost and Baseline	Funding Gap on Assisted Units	Per Unit Funding Gap	Local Match (Lesser of Per Unit Funding Gap and \$100,000)	Additional Per Unit Award (Equal to Local Match)	Maximum Match Assisted Units x Per Unit Amount	Maximum Additional Award (Equal to Maximum Local Match)	Maximum Capital Award																																																																																												
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Sources of Funds										2/1/22	
Funding Committed by Application Due Date?		Source Name		Source Type	Lien No.	Funding Amount	Interest Rate		Repayment Terms		Required Debt Service Amount
							Type	Rate	Type	Due in (yrs)	
1	Yes	Homekey Capital Award from 'Overview' worksheet	\$13,875,000	State-HCD	1	\$13,875,000					
2	Yes	City and County of San Francisco - Interim		Local		\$4,985,000					
3	Yes	City and County of San Francisco - Perm		Local		\$8,058,500					
4											
5											
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						\$26,918,500					\$0
File Name:		EFC1, EFC2, EFC13, etc.	Documentation for the executed funding commitments (see below)					Uploaded to HCD?		Yes	
<p>"Article VII((xii) "Enforceable Funding Commitment" means a letter or other document, in form and substance satisfactory to the Department, which evidences an enforceable commitment of funds or a reservation of funds by a Project funding source, and which contains the following: a. The name of the Applicant or Grantee; b. The Project name; c. The Project site address, assessor's parcel number, or legal description; and d. The amount, interest rate (if any), and terms of the funding source. The Enforceable Funding Commitment may be conditioned on certain standard underwriting criteria, such as appraisals, but may not be generally conditional. Examples of unacceptable general conditions include phrases such as "subject to senior management approval," or a statement that omits the word "commitment," but instead indicates the lender's "willingness to process an application" or indicates that financing is subject to loan committee approval of the Project. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as committed.</p>											
<p>Applicant comments: Include a description of balloon payments and unusual or extraordinary circumstances.</p>											
N/A											

2/1/22		Sources/Uses of Funds										
USES OF FUNDS	Homekey Award	City and County of San Francisco Interim	City and County of San Francisco Perm	0	0	0	0	0	0	0	0	Total Sources/Costs
Project Development Costs												
LAND COST/ACQUISITION												
Land Cost or Value												\$0
Demolition												\$0
Legal												\$0
Land Lease Rent Prepayment												\$0
Total Land Cost or Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Existing Improvements Cost or Value	\$13,875,000	\$3,125,000										\$17,000,000
Off-Site Improvements												\$0
Total Acquisition Cost	\$13,875,000	\$3,125,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,000,000
Total Land Cost / Acquisition Cost	\$13,875,000	\$3,125,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,000,000
Predevelopment Interest/Holding Cost												\$0
Assumed, Accrued Interest on Existing Debt (Rehab/Acq)												\$0
Excess Purchase Price Over Appraisal												\$0
REHABILITATION												
Site Work												\$0
Structures		\$1,190,000	\$6,164,000									\$7,354,000
General Requirements												\$0
Contractor Overhead												\$0
Contractor Profit												\$0
Prevailing Wages												\$0
General Liability Insurance												\$0
Urban Greening												\$0
Other Rehabilitation: (Specify)												\$0
Other Rehabilitation: (Specify)												\$0
Other Rehabilitation: (Specify)												\$0
Total Rehabilitation Costs	\$0	\$1,190,000	\$6,164,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,354,000
Total Relocation Expenses			\$150,000									\$150,000
NEW CONSTRUCTION												
Site Work												\$0
Structures												\$0
General Requirements												\$0
Contractor Overhead												\$0
Contractor Profit												\$0
Prevailing Wages												\$0
General Liability Insurance												\$0
Urban Greening												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Other New Construction: (Specify)												\$0
Total New Construction Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ARCHITECTURAL FEES												
Design		\$40,000	\$200,000									\$240,000
Supervision			\$60,000									\$60,000
Total Architectural Costs	\$0	\$40,000	\$260,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$300,000
Total Survey & Engineering			\$50,000									\$50,000
CONSTRUCTION INTEREST & FEES												
Construction Loan Interest												\$0
Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Bond Premium												\$0
Cost of Issuance												\$0
Title & Recording		\$40,000										\$40,000
Taxes												\$0
Insurance			\$250,000									\$250,000
Employment Reporting												\$0
Other Construction Int. & Fees: (Specify)												\$0
Other Construction Int. & Fees: (Specify)												\$0
Other Construction Int. & Fees: (Specify)												\$0
Other Construction Int. & Fees: (Specify)												\$0
Total Construction Interest & Fees	\$0	\$40,000	\$250,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$290,000
PERMANENT FINANCING												
Loan Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Title & Recording												\$0
Taxes												\$0
Insurance												\$0
Other Perm. Financing Costs: (Specify)												\$0
Other Perm. Financing Costs: (Specify)												\$0
Other Perm. Financing Costs: (Specify)												\$0
Other Perm. Financing Costs: (Specify)												\$0
Total Permanent Financing Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotals Forward	\$13,875,000	\$4,395,000	\$6,874,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,144,000
LEGAL FEES												
Legal Paid by Applicant												\$0
Other Attorney Costs: (Specify)												\$0
Other Attorney Costs: (Specify)												\$0
Other Attorney Costs: (Specify)												\$0
Total Attorney Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RESERVES												
Operating Reserve												\$0
Replacement Reserve			\$52,000									\$52,000
Transition Reserve												\$0
Rent Reserve												\$0

2/1/22		Sources/Uses of Funds										
USES OF FUNDS	Homekey Award	City and County	City and County	0	0	0	0	0	0	0	0	Total Sources/Costs
		of San Francisco Interim	of San Francisco Perm									
Project Development Costs												
Other Reserve Costs: (Specify)												\$0
Other Reserve Costs: (Specify)												\$0
Other Reserve Costs: (Specify)												\$0
Total Reserve Costs	\$0	\$0	\$52,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,000
CONTINGENCY COSTS												
Construction Hard Cost Contingency		\$119,000	\$616,400									\$735,400
Soft Cost Contingency												\$0
Total Contingency Costs	\$0	\$119,000	\$616,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$735,400
OTHER PROJECT COSTS												
TCAC App/Allocation/Monitoring Fees												\$0
Environmental Audit		\$26,000										\$26,000
Local Development Impact Fees												\$0
Permit Processing Fees		\$25,000	\$154,100									\$179,100
Capital Fees												\$0
Marketing												\$0
Furnishings		\$106,000	\$20,000									\$126,000
Market Study												\$0
Accounting/Reimbursable												\$0
Appraisal Costs												\$0
Other Costs: Start Up Costs		\$214,000										\$214,000
Other Costs: Construction Management		\$50,000	\$100,000									\$150,000
Other Costs: Materials Testing			\$42,000									\$42,000
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Total Other Costs	\$0	\$421,000	\$316,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$737,100
SUBTOTAL PROJECT COST	\$13,875,000	\$4,935,000	\$7,858,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,668,500
DEVELOPER COSTS												
Developer Overhead/Profit												\$0
Consultant/Processing Agent												\$0
Project Administration		\$50,000	\$200,000									\$250,000
Broker Fees Paid to a Related Party												\$0
Construction Oversight by Developer												\$0
Other Developer Costs: (Specify)												\$0
Total Developer Costs	\$0	\$50,000	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$250,000
Total Project Costs	\$13,875,000	\$4,985,000	\$8,058,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,918,500

2/1/22

Year 1 Annual Income and Expenses

Employee Information				Comments
	Employee Job Title	Salary/Wages	Value of Free Rent	
1.00	On-Site Manager(s)	\$75,000	\$0	
1.00	On-Site Assistant Manager(s)	\$41,600	\$0	
0.50	Supportive Services Staff Supervisor(s)	\$37,960		
2.00	Supportive Services Coordinator, On-Site	\$104,410		
0.90	Other Supportive Services Staff (inc. Case Manager)	\$56,400		
2.00	On-Site Maintenance Employee(s)	\$82,400	\$0	
	On-Site Leasing Agent/Administrative Employee(s)		\$0	
	On-Site Security Employee(s)		\$0	
5.00	Desk Clerks	\$160,020	\$0	
0.20	Central office staff	\$12,600	\$0	
Total Salaries and Value of Free Rent Units		\$570,390	\$0	
6711	Payroll Taxes	\$0	Show free rent as an expense?	
6722	Workers Compensation	\$0		
6723	Employee Benefits	\$77,040		Yes
Employee(s) Payroll Taxes, Workers Comp. & Benefits		\$77,040		
Total Employee(s) Expenses		\$647,430		

Employee Units			
Income Limit	Job Title(s) of Employee(s) Living On-Site	Unit Type (No. of bdrms.)	Square Footage
None	On-Site Manager(s)	0	270
		0	0
		0	0
Total Square Footage			270

Year 1 Annual Operating Budget

Acct. No.	Revenue - Income	Residential	Commercial	Comments
5120/5140	Rent Revenue - Gross Potential		\$0	
	Restricted Unit Rents	\$0		
	Unrestricted Unit Rents	\$0		
5121	Tenant Assistance Payments			
	Subsidy Program #1 Name	\$0		
	Subsidy Program #2 Name	\$0		
	Operating Subsidy: HSH Subsidy	\$200,000		
	Operating Subsidy: (specify)	\$0	\$0	
5910	Laundry and Vending Revenue	\$1,200		
5170	Garage and Parking Spaces	\$0	\$0	
5990	Interim Housing Revenue	\$0	\$0	
Gross Potential Income (GPI)		\$201,200	\$0	

	Vacancy Rate: Restricted Units	5.0%		
	Vacancy Rate: Unrestricted Units	5.0%		
	Vacancy Rate: Tenant Assistance Payments	5.0%		
	Vacancy Rate: Operating Subsidy: (specify)	5.0%		
	Vacancy Rate: Laundry & Vending & Other Income	5.0%		
	Vacancy Rate: Commercial Income		50.0%	
5220/5240	Vacancy Loss(es)	\$60	\$0	
Effective Gross Income (EGI)		\$201,140	\$0	

Acct. No.	Expenses	Residential	Commercial	Comments
Administrative Expenses: 6200/6300				
6203	Conventions and Meetings	\$1,000	\$0	
6210	Advertising and Marketing	\$1,220	\$0	
6250	Other Renting Expenses	\$0	\$0	
6310	Office/Administrative Salaries -- from above	\$0	\$0	
6311	Office Expenses	\$2,455	\$0	
6312	Office or Model Apartment Rent	\$0	\$0	
6320	Management Fee	\$2,750	\$0	455/unit
6330	Site/Resident Manager(s) Salaries -- from above	\$116,600	\$0	
6331	Administrative Free Rent Unit -- from above	\$0	\$0	
6340	Legal Expense -- Project	\$3,050	\$0	
6350	Audit Expense	\$15,000	\$0	
6351	Bookkeeping Fees/Accounting Services	\$0	\$0	
6390	Miscellaneous Administrative Expenses	\$0	\$0	
6263T	Total Administrative Expenses	\$142,075	\$0	

Year 1 Annual Income and Expenses				
2/1/22	Expenses	Residential	Commercial	Comments
Utilities Expenses: 6400				
6450	Electricity	\$60,000	\$0	
6451	Water	\$7,200	\$0	
6452	Gas	\$0	\$0	
6453	Sewer	\$9,000	\$0	
	Other Utilities: Internet/Phone	\$1,200	\$0	
6400T	Total Utilities Expenses	\$77,400	\$0	
Operating and Maintenance Expenses: 6500				
Comments				
6510	Payroll -- from above	\$255,020	\$0	
6515	Supplies	\$9,000	\$0	
6520	Contracts	\$32,000	\$0	
6521	Operating & Maintenance Free Rent Unit -- from above	\$0	\$0	
6525	Garbage and Trash Removal	\$144,000	\$0	
6530	Security Contract	\$2,400	\$0	
6531	Security Free Rent Unit -- from above	\$0	\$0	
6546	Heating/Cooling Repairs and Maintenance	\$0	\$0	
6548	Snow Removal	\$0	\$0	
6570	Vehicle & Maintenance Equipment Operation/Reports	\$0	\$0	
6590	Miscellaneous Operating and Maintenance Expenses	\$0	\$0	
6500T	Total Operating & Maintenance Expenses	\$442,420	\$0	
Taxes and Insurance: 6700				
Comments				
6710	Real Estate Taxes	\$0	\$0	
6711	Payroll Taxes (Project's Share) -- from above	\$0	\$0	
6720	Property and Liability Insurance (Hazard)	\$14,300	\$0	
6729	Other Insurance (e.g. Earthquake)	\$0	\$0	
6721	Fidelity Bond Insurance	\$0	\$0	
6722	Worker's Compensation -- from above	\$0	\$0	
6723	Health Insurance/Other Employee Benefits--from above	\$77,040	\$0	
6790	Miscellaneous Taxes, Licenses, Permits & Insurance	\$500	\$0	
6700T	Total Taxes and Insurance	\$91,840	\$0	
Supportive Services Costs: 6900				
Comments				
6990	Staff Supervisor(s) Salaries - from above	\$37,960	\$0	
6990	Services Coordinator Salaries, On-Site - from above	\$104,410	\$0	
6990	Other Supportive Services Staff Salaries - from above	\$56,400	\$0	
6990	Supportive Services Admin Overhead	\$44,765	\$0	
6990	Other Supportive Services Costs: Admin, Training, Travel	\$10,404	\$0	
6990	Other Supportive Services Costs: Insurance, Supplies	\$3,406	\$0	
6990	Other Supportive Services Costs: Client Food, Transport, Laundry	\$33,900	\$0	
6990	Other Supportive Services Costs: Program Activities	\$3,120	\$0	
6990	Other Supportive Services Costs: Employee Benefits	\$48,900	\$0	
6900T	Total Supportive Services Costs	\$343,265	\$0	
Total Operating Expenses		\$1,097,000	\$0	Comments
Funded Reserves: 7200				
Residential			Commercial	
7210	Required Replacement Reserve Deposits	\$0	\$0	
7220	Other Reserves: (specify)	\$0	\$0	
7230	Other Reserves: (specify)	\$0	\$0	
7240	Other Reserves: (specify)	\$0	\$0	
	Total Reserves	\$0	\$0	
Ground Lease				
Residential			Commercial	
	Ground Lease	\$0	\$0	
	Total Ground Lease	\$0	\$0	
Net Operating Income		(\$895,860)	\$0	
Financial Expenses: 6800				
Comments				
6820	1st Mortgage Debt Service	\$0	\$0	
6830	2nd Mortgage Debt Service	\$0	\$0	
6840	3rd Mortgage Debt Service	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
6800T	Total Financial Expenses	\$0	\$0	
Cash Flow		(\$895,860)	\$0	
7190	Asset Management/Similar Fees	\$0	\$0	

Cash Flow Analysis														2/1/22		
Income from Restricted Units will be based on Proposed Rents?														Proposed Rents		
Income From Housing Units	Inflation	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Restricted Unit Rents	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unrestricted Unit Rents	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tenant Assistance Payments																
Subsidy Program #1 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subsidy Program #2 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operating Subsidy: HSH Subsidy		200,000	200,000	522,361	1,180,149	1,209,683	1,239,955	1,270,984	1,302,788	1,335,388	1,368,803	1,403,053	1,438,159	1,474,143	1,511,027	1,548,832
Operating Subsidy: (specify)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Potential Income - Housing		200,000	200,000	522,361	1,180,149	1,209,683	1,239,955	1,270,984	1,302,788	1,335,388	1,368,803	1,403,053	1,438,159	1,474,143	1,511,027	1,548,832
Other Income																
Laundry & Vending	0.0%	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Other Income	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Income	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Potential Income - Other		1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Gross Potential Income - Total		201,200	201,200	523,561	1,181,349	1,210,883	1,241,155	1,272,184	1,303,988	1,336,588	1,370,003	1,404,253	1,439,359	1,475,343	1,512,227	1,550,032
Vacancy Assumptions																
Restricted Units	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unrestricted Units	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tenant Assistance Payments	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operating Subsidy: (specify)	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laundry/Vending/Other Income	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Income	50.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Vacancy Loss		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Effective Gross Income		201,200	201,200	523,561	1,181,349	1,210,883	1,241,155	1,272,184	1,303,988	1,336,588	1,370,003	1,404,253	1,439,359	1,475,343	1,512,227	1,550,032
Operating Expenses & Reserve Deposits																
Residential Exp. (w/o Real Estate																
Taxes & Sup. Services)	2.5%	661,895	678,442	695,403	712,789	730,608	748,873	767,595	786,785	806,455	826,616	847,282	868,464	890,175	912,430	935,240
Real Estate Taxes	2.5%	91,840	94,136	96,489	98,902	101,374	103,909	106,506	109,169	111,898	114,696	117,563	120,502	123,515	126,602	129,768
Supportive Services Costs	2.5%	343,265	351,847	360,643	369,659	378,900	388,373	398,082	408,034	418,235	428,691	439,408	450,393	461,653	473,195	485,024
Replacement Reserve	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Reserves	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ground Lease	2.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Expenses	3.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses & Reserves		1,097,000	1,124,425	1,152,536	1,181,349	1,210,883	1,241,155	1,272,184	1,303,988	1,336,588	1,370,003	1,404,253	1,439,359	1,475,343	1,512,227	1,550,032
Net Operating Income		(895,800)	(923,225)	(628,975)	(0)	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
Debt Service																
1st Mortgage		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bridge Loan (repaid from Investor equity)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2nd Mortgage		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3rd Mortgage Debt Service		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Misc. Financial Expenses: (specify)	3.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Misc. Financial Expenses: (specify)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Misc. Financial Expenses: (specify)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Misc. Financial Expenses: (specify)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Required Debt Service		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash Flow after all debt service		(895,800)	(923,225)	(628,975)	(0)	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
Debt Service Coverage Ratio (DSCR)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Use of Cash Flow After Debt Service - HCD Projects																
Asset Mgmt./ Similar Fees		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Max Asset Mgmt./Similar Fees	3.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Target NOI to get to 1.1 DSCR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subsidy needed to get to 1.1 DSCR		(895,800)														
Reserves & Debt (not payable by HK Op Subsidy)																
Reserve Expenses		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Required Debt Service		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Reserve Expenses and Debt		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reserve Exp. and Debt paid by Bonus		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reserve Exp. and Debt unpaid		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Homekey App Submittal Bonus award		0														
Cash Flow after all debt service		(895,800)	(923,225)	(628,975)	(0)	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
HK Bonus Draw* for Reserves & Debt		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash Flow after HK Bonus draws		(895,800)	(923,225)	(628,975)	(0)	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
*HK Bonus balance after draws		0														
Homekey Operating Subsidy amount		2,448,000														
Cash Flow after HK above Bonus draw		(895,800)	(923,225)	(628,975)	(0)	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
Homekey Bonus Draw*		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
*HK Bonus balance after draws		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash Flow after Operating Subsidy draw		(895,800)	(923,225)	(628,975)	(0)	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
Homekey Operating Subsidy Draw*		895,800	923,225	628,975	0	0	0	0	0	0	0	0	0	0	0	0
Cash Flow after HK Op Subsidy draw		0	0	0	0	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
NOI after all draws		0	0	0	0	0	0	0	(0)	0	0	0	(0)	(0)	0	(0)
DSCR with Homekey draws		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
*HK Op Subsidy balance after draws		1,552,200	628,975	0	0	0	0	0	0	0	0	0	0	0	0	0

§304 Application Scoring Criteria (207 Points Max)

2/1/22

5. Negative Points - max minus 20 points

a. For any Project resulting in the permanent displacement of residents (not businesses or farm operations), as outlined below:

The Project permanently displaces existing residents:	Total existing units	52	Total household units that will be displaced	0	Percentage of household units that will be displaced	0.00%	0.00
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Note: In the event of program oversubscription, where Applicants have the same score and the same date and time stamp, HCD may consider additional criteria as a tiebreaker, including but not limited to the cost-effectiveness, community impact, affirmatively furthering fair housing, innovative housing types, tenant stability and proximity to transit, services and amenities.

Application Development Team (ADT) Support Form

2/1/22

Complete the "yellow" cells in the form below for application related issues and email a copy to: appsupport@hcd.ca.gov

Name:						Contact Phone:		
Issue #	Program Name &	Tab	Cell #	Update/Comment	Urgency	ADT Status	Status Date	
1	Homekey							
2	Homekey							
3	Homekey							
4	Homekey							
5	Homekey							
6	Homekey							
7	Homekey							
8	Homekey							
9	Homekey							
10	Homekey							
11	Homekey							
12	Homekey							
13	Homekey							
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Homekey Application Upload Document Checklist			2/1/22
<p>Document upload requirements and compliance information in column AK is auto-populated from document submittal replies in the worksheets noted below. Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.</p>			
Overview worksheet			
File Name	App1 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD? Yes
File Name	App1 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD? Yes
File Name	App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD? Yes
File Name	Co-App1 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?
File Name	Co-App1 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 OrgDoc1, OrgDoc1, etc....	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App1 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?
File Name	Co-App1 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable	Uploaded to HCD?
File Name	Co-App2 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?
File Name	Co-App2 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 OrgDoc2, OrgDoc2, etc....	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?
File Name	Co-App2 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?
File Name	Co-App2 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board for Non-profit Corp.	Uploaded to HCD?
File Name:	Rehab Description	Narrative description of current condition of structure(s) and overall scope of work.	Uploaded to HCD? Yes
File Name:	PNA	Physical Needs Assessment prepared by a qualified independent third party contractor.	Uploaded to HCD? Yes
File Name:	Market Study	Provide a recent market study within the past year which conforms to Tax Credit Allocation Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD? N/A
File Name:	Market Study	Provide a recent market study within the past year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD? N/A
File Name:	Non-Perm Structure	Detailed narrative of how the use will meet all Homekey Program requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA	Uploaded to HCD? N/A
Threshold worksheet			
File Name	Env. Report 1	Phase I (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD? Yes
File Name	Env. Report 2	Phase II (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD? N/A
File Name	CEQA	Copy of CEQA Determination Documents	Uploaded to HCD? Yes
File Name	NEPA	Copy of Authority of Use Grant Funds (NHTF Verification from Responsible Entity)	Uploaded to HCD? N/A
File Name	Local Approvals	'Local & Env Verification' worksheet(s) completed and signed by local authority or Responsible Entity, if different from jurisdiction.	Uploaded to HCD? Yes
File Name	Racial Demographics	Racial Demographic Data Worksheet, which reports CoC outcomes by race and ethnicity. The worksheet on the Homekey webpage	Uploaded to HCD? Yes
File Name:	Use Change	Provide a commitment and plan to facilitate or expedite the use change processes	Uploaded to HCD? Yes
File Name:	Site Control1, Site Control2, etc	Provide documentation of the type of site control for each site above	Uploaded to HCD? Yes
File Name:	Prelim1, Prelim2, etc	Provide current preliminary title report for each site above	Uploaded to HCD? Yes
File Name:	Liability Insurance	Proof of General Liability Insurance that meets the requirements in §800(i)	Uploaded to HCD? Yes
File Name:	Automobile Insurance	Proof of Automobile Liability Insurance that meets the requirements in §800(ii)	Uploaded to HCD? Yes
File Name:	Property-Hazard Insurance	Proof of Property Insurance that meets the requirements in §800(v)	Uploaded to HCD? Yes
File Name:	Development Plan	Provide a development plan	Uploaded to HCD? Yes
File Name:	Relocation Narrative	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD? Yes
File Name:	Housing First Perm	Provide experience administering a Housing First program of harm reduction and low barriers to entry	Uploaded to HCD?
File Name:	One-for-one Replacement	iii(a) and (b) If the acquired housing or site will be redeveloped/repositioned per the locality's overall goal to address the needs of the Target Population and the community (unless the target site is going to be demolished before any occupancy by the Target Population), provide a letter of commitment to ensure one-for-one replacement of units.	Uploaded to HCD?
File Name:	Housing Site Map	Map indicating the original target housing location and all proposed housing location(s).	Uploaded to HCD?
File Name:	Outside Neighborhood	If replacement housing is proposed outside the target neighborhood, include a justification explaining why it is necessary to locate this replacement housing outside the target neighborhood (i.e., offsite) and how doing so supports and enables the Target Population to maintain housing.	Uploaded to HCD?
File Name:	Interim Hsg Exp	Provide experience in linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability	Uploaded to HCD? Yes
File Name:	Housing First Interim	Provide experience administering a Housing First program that includes principles of harm reduction and low barriers to entry	Uploaded to HCD? Yes
File Name:	Relocation Plan	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD? Yes
File Name:	Access & Non-Discrimination	Provide a non-discrimination policy	Uploaded to HCD? Yes
File Name:	Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD? Yes
Certification & Legal worksheet			
File Name:	Cert & Legal Explanation	Letter of explanation for any "Yes" answers or red shaded items above.	Uploaded to HCD? Yes
Supportive Services Plan worksheet			
File Name:	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies	Uploaded to HCD? Yes
Award, Match, and Revenue worksheet			
File Name:	Utility Allowance	1Local housing authority document showing current utility allowance chart, with relevant components circled.	Uploaded to HCD? Yes
File Name:	Appraisal	If land costs will be included in the Development Budget, attach an appraisal dated within 60 days of the application submittal date.	Uploaded to HCD? Yes
File Name:	Op Subsidy Confirmation	A letter template and a list of potential Homekey complementary funding can be found on the Homekey webpage.	Uploaded to HCD? Yes
Dev Sources worksheet			
File Name:	EFC1, EFC2, EFC3, etc.	Documentation for the executed funding commitments (see below)	Uploaded to HCD? Yes
Application Scoring Criteria worksheet			
File Name	Subsidy Program #1 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD? N/A
File Name	Subsidy Program #2 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD? N/A
File Name	Operating Subsidy: HSH Subsidy	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD? Yes
File Name	Operating Subsidy: (specify)	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD? N/A
File Name:	Commitment letter(s) or MOU(s)	Provide commitment letter(s) or MOU(s) documentation	Uploaded to HCD? Yes
File Name:	Racial Disparities Analysis	Provide the Continuum of Care Outcomes by Race and Ethnicity	Uploaded to HCD? Yes
File Name:	Community Engagement	Provide a detailed narrative of how the Applicant has engaged or will engage with the target community, including people currently experiencing homelessness and people with lived experience of homelessness, to inform the design of the project. Provide documentation of this engagement, including meeting notes, community planning documents, MOU of partnership with community organizations, etc.	Uploaded to HCD? Yes
File Name:	Amenities Site Map	Map indicating the proposed housing location(s) and scoring related amenities below.	Uploaded to HCD? Yes