

Homekey Round 3

Notice of Funding Availability (NOFA)

[Homekey Round 3 Application](#)



State of California
Governor Gavin Newsom

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

Gustavo Velasquez, Director
Department of Housing and Community Development

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Email: Homekey@hcd.ca.gov

April 24, 2023

Homekey Round 3 Project Overview

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§401 Pre-Application Consultation Requirement

Has the Eligible Applicant completed a pre-application survey and received approval from the Department to submit an Application?

Pre-application surveys will be available upon the release of this NOFA and may be requested by emailing Homekey@hcd.ca.gov.

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 indicate 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: homekey.help@hcd.ca.gov

For appeals, submit to: homekeyappeals@hcd.ca.gov.

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

Capital Baseline Award	\$4,175,000	Additional Contribution	\$2,400,000	Total Requested Capital Award	\$7,142,325
Operating Subsidy	\$1,082,770	50% Relocation Costs	\$567,325	Total Requested Operating Subsidy	\$1,082,770
Total Requested Homekey Award (capital + operating + 50% relocation costs)					\$8,225,095
Number of Doors at Acquisition	24	Number of Units Proposed in the Project	24	Number of Assisted Units	24
Number of At-Risk of Homelessness Units	0	Number of Chronically Homeless Units	0	Number of Homeless Units	0
Number of Homeless Youth or Youth at Risk of Homelessness Units	24				
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	42 Otis Street									
Project Address	42 Otis Street			Project City	San Francisco		State	CA	Zip	94103
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
Project and unit amenities/features	Kitchenettes included?	Yes	If yes, how many units?	24	Number of parking spaces	0	Number of elevators		1	
	No. of residential building	1	Common area (sq. ft.)		Land area (acres)	0.09	Total residential area (sq. ft.)		16,013	
	Shared courtyard, roof deck, laundry, offices for pm and services programming onsite									

Assessor Parcel Number(s) (APNs)

3505-020								
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Homekey Region	Bay Area
Project Type	Permanent Housing
§201 Eligible Uses	i. Acquisition
Is the Applicant requesting for relocation costs? (§201(vi) Relocation costs for individuals who are being displaced as a result of your Homekey Project.)	Yes
Is the Applicant requesting for Homekey operating subsidy? (§201(vii) Capitalized operating subsidies for units purchased, converted, constructed, or altered with funds provided pursuant to HSC §50675.1.3.)	Yes
§202 Eligible Projects	iv. Multifamily rental housing Projects
Other Eligible Projects not listed above (describe below)	
N/A	

§202(viii). Applicant acknowledges Homekey Assisted Units previously awarded under **Rounds 1 and 2** of Homekey funding are ineligible for Homekey Round 3 funding.

Yes

Project Narrative

The property at 42 Otis is a newly constructed multifamily mixed use building completed in 2022. This property consists of ground floor retail (vacant), second floor offices, and 24 studio apartments on floors 2-5. Each studio has a private bathroom and kitchen in approximately 345 SF. The City and County of San Francisco proposes to purchase this building and use it as Permanent Supportive Housing for Transition Aged Youth, with a deed restriction for at least 55 years. The property is centrally located in the Civic Center neighborhood of San Francisco with very close proximity to all standard amenities, including transit, retail, and groceries. The second floor offices will be used for onsite resident property management, services, and programming.

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Scope of Work (Please include a clear, precise description of the work to be performed; the services to be provided; and all other goals, objectives, and deliverables to be fulfilled.)

This project is acquisition only. The building was constructed in 2022 and is ready for occupancy without residential renovation. The property will be purchased and reach full occupancy within 15 months of award.

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

N/A

Has the Applicant applied, plan to apply, or been awarded other HCD program funds (outside this Homekey NOFA) for this Project site?

No

Other HCD Program(s) Name(s):	Plan to Apply?	Loan Amount	Grant Amount	Awarded?	Award Date/Expected Award Date	HCD Contract Number

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§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	94102
Auth Rep	Shireen McSpadden		Title	Executive Director HSH Department		Email	shireen.mcspadden@sfgov.org		Phone	415-350-4258
Contact	Daniel 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		Reference: Certification & 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	App1 Signature Block		See Applicant Documents worksheet					Uploaded to HCD?	Yes	

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Development Team Contacts (provide information that is currently available)

Property Management Company

Legal Name	Five Keys Schools and Programs	Contact Name	Steve Good	Email	
Phone		Address	70 Oak Grove St	City	San Francisco
				State	CA
				Zip	94107

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	Jessica Cassella	Email	jessie.cassella@sfcityatty.org
Phone		Address	1390 Market Street, 5th Floor	City	San Francisco
				State	CA
				Zip	94102

General Contractor

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

Architect

Legal Name	N/A	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 Strteet	City	San Francisco
				State	CA
				Zip	94102

Development/Operating Funding Source

Legal Name		Contact Name		Email	
Phone		Address		City	
				State	
				Zip	

[illegible]

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viii(h). Applicant acknowledges that if one or more sites will require a use change for permanent housing , Applicant must submit a commitment and plan to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements?				N/A
File Name:	Use Change	Provide proof of commitment to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements	Uploaded to HCD?	N/A
Provide details below for unusual site control special circumstances or "Other" types of site control: N/A				
File Name:	Site Control1, Site Control2, etc.	Provide documentation of the type of site control for each site above	Uploaded to HCD?	Yes
ix. Applicant agrees to provide a preliminary title report for each site, dated with 15 days of the application submittal?				Yes
File Name:	Prelim1, Prelim2, etc.	Provide current preliminary title report for each site above	Uploaded to HCD?	Yes
x. Applicant acknowledges that the Eligible Applicant or Co-Applicant applying for the Homekey funding is the entity that HCD relies upon for experience and capacity, and will control the project during acquisition, development, and occupancy?				Yes
Indicate which Eligible Applicant the Department can rely on for experience and capacity:		City and County of San Francisco		
xi. Applicant agrees to provide a detailed development plan that supports acquisition of a site, completion of rehabilitation or construction, occupancy, and fund expenditure before all program deadlines, factoring in entitlements, permits, procurement, potential construction delays and supply chain issues, and demonstrates evidence of strong organizational and financial capacity to develop the project? A development plan template can be found on the Homekey website .				Yes
Is the Eligible Applicant requesting for an expenditure deadline extension? Note: Awardees will be subject to the following deadlines: 1. Acquisition, Rehabilitation, and/or construction must be completed 12 months from the date of award letter; 2. Capital expenditure must be completed within eight (8) months, or up to 15 months from the date of award if requesting an expenditure deadline extension; and 3. Full occupancy must be achieved by 15 months from date of award letter.			No	If select yes, how many months?
File Name:	Development Plan	Provide a detailed development plan that supports acquisition of a site, completion of rehabilitation or construction, occupancy, and fund expenditure before all program deadlines, factoring in entitlements, permits, procurement, potential construction delays and supply chain issues, and demonstrates evidence of strong organizational and financial capacity to develop the project.	Uploaded to HCD?	Yes
xii. Applicant agrees that Assisted Units and other units of the Project must meet all applicable state and local building standards pertaining to rental housing and 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
xiii. Applicant acknowledges all Applicants and Co-Applicants must be in good standing with the State of California and all agencies and departments thereof? By way of example and not limitation, an Applicant and Co-Applicant 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 the material requirements of previous Department awards may, in the Department's reasonable discretion, fail threshold review.				Yes
xiv. Applicant acknowledges that the Department will require Eligible Applicants to submit a complete application with all required documents? The Department reserves the right to request clarification of unclear or ambiguous statements made in an application and other supporting documents. The following items must be submitted with the application: a. Completed application workbook with all worksheets and supplemental information completed; b. Required documents from each Eligible Applicant and Co-Applicant as applicable, including but not limited to: i. Executed resolutions attested to by a person other than the person identified as the authorized signatory. If there is more than one authorized signatory identified, state whether one or all signatories are required to submit and execute program documents. 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; ii. Payee Data Record or Taxpayer Identification Number (TIN) form; iii. Evidence of tax-exempt status from the Internal Revenue Service (IRS) or Franchise Tax Board, if applicable; iv. Signature block uploaded in Microsoft Word format; v. Organizational chart that depicts the organizational structure of the entities in relation to the Applicants; and vi. Organizational documents supporting the resolutions submitted with the application. The Department reserves the right to request additional documentation at any point to verify an entity's authority and/or organizational structure.				Yes
xv. Applicant acknowledges the requirement to submit an Appraisal for all conversion, acquisition, and new construction uses as defined in §201? The appraisal must be in compliance with the Homekey requirements outlined in the Homekey Appraisal Guidance document on the Homekey website: Homekey 3.0 Appraisal Guidance .				Yes
xvi. Applicant acknowledges that all Projects seeking funding for Rehabilitation must submit the following? a. Rehabilitation narrative of current condition of structure(s) and overall scope of work; and b. Physical Needs Assessment (PNA) prepared by a qualified independent third-party contractor;				Yes
File Name:	Rehab Description	Narrative description of current condition of structure(s) and overall scope of work	Uploaded to HCD?	N/A
File Name:	PNA	Physical Needs Assessment prepared by a qualified independent third-party contractor	Uploaded to HCD?	N/A
xvii. Applicant acknowledges that for Projects seeking funding for master leasing and purchase of affordability covenants , a market study prepared within the last year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation noted in §205?				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
xviii. Applicant acknowledges that all Projects seeking funding for Rehabilitation and new construction are required to submit a Phase I Environmental Site Assessment (ESA) which was prepared no earlier than 12 months prior to the application due date?				Yes

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File Name	Env. Report 1	Environmental Site Assessment Phase I (prepared or updated no earlier than 12 months prior to the application due date).				Uploaded to HCD?		N/A		
File Name	Env. Report 2	If Environmental Site Assessment Phase I requires a Phase II study, submit a Phase II (prepared or updated no earlier than 12 months prior to the application due date).				Uploaded to HCD?		N/A		
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		
<p>xix. Applicant acknowledges the requirement to submit a concise, sufficiently detailed narrative to demonstrate its consideration of, and early engagement with, applicable relocation assistance laws and requirements? See §300(xix). This Relocation Assistance Narrative will be evaluated by the Department to determine whether a relocation plan is required by law or whether a certificate of no-relocation can be issued. A template can be found on the Homekey website. Note: 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.</p>										Yes
File Name:	Relocation Assistance Narrative	Relocation Assistance Narrative for displacement or no displacement				Uploaded to HCD?		Yes		
<p>xx. Applicant has Enforceable Funding Commitments (EFCs) to cover operations and service costs with specific funding sources, including federal, state, local, private, or philanthropic sources, for the proposed Project for the first five (5) years, and a funding plan covering operations and services costs for ten (10) years thereafter, for a total operating budget of fifteen (15) years from the recordation of the Affordability Covenant? (See §304(1)(b) for potential points).</p>										Yes
<p>xxi. Eligible Applicant or Co-Applicant must demonstrate the following minimum experience and capacity requirements below:</p>										Yes
<p>a. Development, ownership, or operation of a project similar in scope and size to the proposed project; or development, ownership, or operation of at least two affordable rental housing projects in the last 10 years, with at least one of those projects containing at least one unit housing a tenant or participant who qualifies as a member of the Target Population. (a1. or a2. must be Yes to pass Threshold)</p>						Passes threshold?		Yes		
<p>a1. Has Applicant developed, owned, or operated a project similar in scope and size to the Project? If Yes, provide details below:</p>										Yes
Project name and address		Who provides the experience		Experience type	Housing type	Population served		Latest date developed, owned, or operated		
Granada Hotel, 1000 Sutter Street, San Francisco (Homekey Round 1)		City and County of San Francisco		Developed	Similar Size and Scope	Homeless		11/13/20		
<p>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 or participant who qualifies as a member of the Target Population (enter Project information below)?</p>										No
Project name and address		Who provides the experience		Experience type	Housing type	Qualifying unit population served		Latest date developed, owned, or operated		
					Affordable Rental					
					Affordable Rental					
b. Experience helping persons address barriers to housing stability & providing support services			Property manager service years		Supportive Service Provider service years		Pass threshold (three or more years of experience)?		Yes	
Has a property manager been selected?	No	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?			Yes		
Has a supportive service provider been selected?	No	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?			Yes		
Project name and address				Experience provider		Housing type	Population Served		# of months serving	
				Property Manager						
				Property Manager						
				Property Manager						
				Property Manager						
				Property Manager						
Enter Supportive Service Provider name and complete experience chart below:										
				Supportive Service Provider						
				Supportive Service Provider						
				Supportive Service Provider						

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	Supportive Service Provider			
	Supportive Service Provider			
	Supportive Service Provider			
	Supportive Service Provider			
	Supportive Service Provider			
	Supportive Service Provider			
	Supportive Service Provider			
c. Experience administering a Project in accordance with the core components of Housing First (Welfare & Institutions Code §8255).				Yes
File Name:	Housing First Experience	Provide experience administering a Project in accordance with the core components of Housing First	Uploaded to HCD?	Yes
d. Development, ownership, or operation capacity.				
d1. Does Applicant have the capacity to develop, own, and operate the proposed Project?				Yes
If Yes, provide details in the Development Team Staffing Chart below:				
d2. Applicant certifies that it will have adequate staff, capital, assets, and other resources to efficiently meet the operational needs of the Project?				Yes
Note: Evidence of capacity must be reasonably acceptable to the Department in form and substance.				
Development Team Staffing Chart (Project Executive and key Project Staff)				
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, Office of Mayor London	Full Time	25.0%
Consultant	Andrew Turner	Project Management Consultant	Part Time	10.0%
Employee	Salvador Menjivar	Director of Housing, HSH	Full Time	5.0%
Employee	Elizabeth Hewson	Manager of Supportive Housing Program, HSH	Full Time	10.0%
Employee	Alison Schlageter	Supportive Housing Program Supervisor, HSH	Full Time	10.0%
Employee	Noora Almajid	Town Housing Program Manager, HSH	Full Time	20.0%
Employee	Cheley Quiambao	Asset Manager, Municipal Real Estate Analyst, HSH	Full Time	10.0%
xxii. One-for-one replacement of assisted housing				
a. Will the acquired housing or site be redeveloped/repositioned as part of the Local Public Entity's overall goal to address the needs of the Target Population and the community?				No
b. If Yes to xxii(a) above, will the acquired units be subsequently combined to add kitchens, create larger units, and/or create units with additional bedrooms, the applicant will provide such information in the application and ensure an approximate equivalence of square footage available for the benefit of Project residents and participant?				N/A
c. If Yes to xxii(a) above, will the target site be demolished before any occupancy by the Target Population?				N/A
File Name:	One-for-one Replacement	xxii(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?	N/A
d. Will all of the proposed housing be located within the original target housing location neighborhood?				Yes
File Name:	Housing Site Map	Map indicating the original target housing location and all proposed housing location(s).	Uploaded to HCD?	Yes
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?	N/A
§301 Interim Housing Requirements skip this application section if your Project Type is Permanent Housing; please complete §302				
1. The Department will only consider an Interim Housing Project application if the Applicant demonstrates a need for Interim Housing in its Homekey application. The Department in its sole discretion may fail on threshold any Interim Housing Project application that does not sufficiently demonstrate a need, as described in §301.				
In addition to §300, Interim Housing Projects will also be evaluated on a demonstration of need for Interim Housing based on the following requirements:				
i. Applicant acknowledges the requirement to provide the following data below:				
a. What is the number of available shelter beds in Applicant's jurisdiction?				
b. What is the number of people experiencing unsheltered homelessness in the homeless PIT?				
c. What is the shelter vacancy rate in the summer and winter months?				
d. What is the percentage of exits from emergency shelters to Permanent Housing?				
e. Applicant acknowledges the requirement to provide a plan to connect participants to Permanent Housing, describing the number and type of Permanent Housing opportunities, how the Project will leverage Supportive Services staff to navigate to Permanent Housing, and the funding plan to make connections to Permanent Housing.				
File Name:	Plan to Perm Hsg	Provide a plan to connect participants to Permanent Housing, describing the number and type of Permanent Housing opportunities, how the Project will leverage Supportive Services staff to navigate to Permanent Housing, and the funding plan to make connections to Permanent Housing.	Uploaded to HCD?	

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ii. Applicant acknowledges that if the Eligible Applicant is entitled to apply directly to the HHAP program, then the Eligible Applicant shall provide a description of how the proposed Homekey Interim Housing Project aligns with the Local Homelessness Action Plan it submitted pursuant to HHAP Round 4, including the extent to which HHAP funding does not fully meet the need for Interim Housing?				
File Name:	Interim Hsg Project Alignment	Provide a description of how the proposed Homekey Interim Hsg. Project aligns with the Local Homelessness Action Plan or a description on how the Applicant's jurisdiction has worked with recipients in the region and Continuum of Care (CoC) to coordinate and align the proposed Homekey project with the Local Homelessness Action Plan goals and strategies.	Uploaded to HCD?	
iii. Applicant acknowledges that if the Eligible Applicant did not receive a direct funding allocation under HHAP, the Eligible Applicant shall describe how it has worked with HHAP recipients in the region and the Continuum of Care (CoC) to coordinate and align the proposed Homekey Project with the Local Homelessness Action Plan goals and strategies?				
File Name	Interim Hsg Collaboration	Provide a description how Applicant has worked with HHAP recipients in the region and the Continuum of Care (CoC) to coordinate and align the proposed Homekey Project with the Local Homelessness Action Plan goals and strategies.	Uploaded to HCD?	
iv. Applicant acknowledges that if the Eligible Applicant is entitled to apply directly to the HHAP program, the Homekey application must also include the Eligible Applicant's approved Local Homelessness Action Plan pursuant to HHAP Round 4, which clearly states the need for Interim Housing?				
File Name	Local Homelessness Action Plan	Provide a copy of the Eligible Applicant's approved Local Homelessness Action Plan pursuant to HHAP Round 4, which clearly states the need for Interim Housing.	Uploaded to HCD?	
2. Applicant acknowledges that Interim Housing Projects awarded Homekey funding pursuant to this NOFA may apply to convert to Permanent Housing in accordance with this section? Approval to convert an Interim Housing Project to a Permanent Housing Project shall be within the Department's sole and reasonable discretion. Grantees shall meet the requirements in §301(2) in order to convert Interim Housing Projects to Permanent Housing Projects.				
§302 Single-Family Scattered Site Housing Requirements skip this application section as applicable; please complete §203				
As described in §203 and §207(1)(c), the Department may conditionally award up to four (4) single-family home scattered site housing Projects up to \$10 million each. Applicants for this project type must meet all requirements identified in §300 , and submit all documents required in the Application Upload Checklist with the following exceptions:				
i. Applicant acknowledges that the Eligible Projects under this project type must provide evidence of site control (as defined in §300) within 60 days from the date of the conditional award. Note: Failure to meet this requirement will rescind the conditional award.				
ii. Applicant acknowledges that the Eligible Projects under this project type must meet the following threshold requirements (a-d below), within 90 days from the date of the conditional award. Note: Failure to meet this requirement will rescind the conditional award. <ol style="list-style-type: none"> Relocation narrative, as defined in §300; Appraisal, as noted in the Application Upload Checklist; PNA or equivalent evidence of rehabilitation costs, as noted in the Application Upload Checklist; and Phase 1 ESA or equivalent, as noted in the Application Upload Checklist. 				
§203 Geographic Distribution and Allocations - Homeless Youth Allocation				
Unless otherwise indicated, all scoring criteria and other NOFA provisions shall govern the allocation awards provided under this NOFA. Homekey Projects are not required to serve only Homeless Youth, or Youth at Risk of Homelessness. Homekey Projects proposing to serve Homeless Youth, or Youth at Risk of Homelessness, may also serve other qualifying members of the Target Population. At the close of the application period, any unused funds from this allocation shall be reallocated to the Discretionary Reserve and shall be subject to the prioritization methods therein.				
Applicant acknowledges that to qualify under Homeless Youth Allocation, Projects that meet the threshold requirements of Article III, as well as the following criteria, will be prioritized for Homeless Youth allocation funds: <ul style="list-style-type: none"> - Have at least 25% of Assisted Units reserved for Homeless Youth or Youth at Risk of Homelessness; - Have jointly applied and/or partnered with a nonprofit corporation(s), including community-based organization(s), with at least three years of experience serving current or former Foster Youth, Homeless Youth, or Youth at Risk of Homelessness; and - Provide Supportive Services for Youth Assisted Units using a Positive Youth Development (PYD) model and trauma-informed care. Services may include, but are not limited to, case management, income supports, educational and employment counseling, life skills, legal assistance, health and wellness, and family connection services. 				
§303 Other Requirements				
i. Applicant acknowledges that Homekey may fund all units in a Project or a portion of the units. If seeking Homekey funding for a portion of the units in a given project, Applicants must identify committed sources for the non-Homekey units. The non-Homekey units are not required to serve the Homekey Target Population and may therefore be restricted at higher AMI levels, which may help promote project feasibility.				
a. If at time of acquisition, an existing tenant's household income is at or below 50% AMI, but the tenant does not qualify as a member of the Target Population, the tenant may remain in place and the unit may still be funded by Homekey. When, in the course of normal tenant turnover, the ineligible household moves from the unit, the Applicant acknowledges that the unit shall thereafter be occupied by the Target Population? Note: There should be no more than 49 percent of the Assisted Units that do not meet the Target Population at the time of acquisition. An existing household who meets the Target Population definition or was a member of the Target Population at the time they moved into the property will not be counted towards the 49 percent cap. Evidence confirming that existing tenants qualify as either at or below 50% AMI or Target Population will be required of the Applicant.				
ii. Applicant acknowledges that at year 15 from the recordation of the Affordability Covenant, in circumstances where the Grantee has exhausted available operating funding and demonstrated to the Department that the Project is no longer feasible, the Department may approve an increase in income levels, to the minimum extent required for fiscal integrity, in five percent increments of Assisted Units up to 50 percent AMI?				
iii. Applicant acknowledges that the Department reserves the right to set restrictions on the unit mix, rent levels, and other factors deemed necessary. To the maximum extent possible, these changes shall minimize the impact on the lowest income Project residents and shall be phased in as gradually as possible. If, following any increase in rents and income limits, or modification of Target Population occupancy requirements, new resources become available, or market demand changes, allowing reversion to the former income and rent limits or Target Population occupancy requirements, the Department may re-impose these income limits and rent limits or Target Population occupancy requirements, in whole or in part, subject to an analysis of Project feasibility?				

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iv. Applicant acknowledges that in addition to §300 above, Applicants purchasing affordability covenants and restrictions will also be evaluated on the following requirements: a. The Grantees that purchase affordability covenants and restrictions for existing residential units shall restrict those units to individuals and families who are Homeless or who are At Risk of Homelessness, as defined in 24 CFR part 578.3. Such restriction shall run for 55 years.				N/A
v. Applicant acknowledges that in addition to §300 above, master leasing projects will also be evaluated on the following requirements: a. The Grantee shall provide a 15-year plan from the recordation of the use restriction to cover operations and service costs for the Project with specific funding sources (government/philanthropic/private).				N/A
vi. Applicant acknowledges that Homekey Grantee(s) shall not, for the duration of this Agreement, sell, assign, transfer, or convey the Project, or any interest therein or portion thereof, without the express prior written approval of the Department?				Yes
§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
§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 section 8255(b), 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
§502 Tenant Selection and Participant Selection				
Applicant acknowledges that referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) or another comparable prioritization system based on greatest need. 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 this 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 and participant selection, and it shall be reasonably detailed and comprehensive, as determined by the Department in its sole and absolute discretion. For Grantees utilizing HOME-ARP funds as match, this includes descriptions of any system that are consistent with HOME-ARP referral methods as described in HUD Community Planning and Development (CPD) Notice 21-10. The CES Participation and CoC Coordination document can be found on the Homekey website .				Yes
File Name	CES Participation and CoC Form	Provide a Coordinated Entry System Participation and Continuum of Care Coordination Form	Uploaded to HCD?	Yes
§503 Participation in Statewide HDIS/HMIS				
Applicant acknowledges that pursuant to Assembly Bill 977, Homekey Grantees who have been awarded HCD funding under the Homekey Program must enter Universal and Common Data Elements as defined by HUD on the individuals and families served into the Homeless Management Information System (HMIS), for projects that will have completed permanent conversion of Department funds effective January 1, 2023, and later?				Yes
§504 Relocation				
Applicant acknowledges that in addition to the Relocation Assistance Narrative required in §300(xix) submitted at time of application, before the Homekey award will be disbursed, Grantee must submit either: a. A Department-approved relocation plan; or b. A Department-issued Certification Regarding Non-Application of Relocation Benefits and Indemnification Agreement (certificate of no-relocation), which has been duly executed and approved by the Department? Note: 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. The relocation template can be found on the Homekey website .				Yes
File Name:	Relocation Plan	Provide a complete relocation plan	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
§506 Prevailing Wage				
Applicant acknowledges the 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. Applicant is also acknowledges that prior to disbursing the Homekey funds, the Department 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
File Name:	Prevailing Wage Certificate	Provide a prevailing wage certification	Uploaded to HCD?	Yes
§507 Environmental Clearances				
Applicant acknowledges the Department 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
File Name	CEQA	Copy of CEQA Determination Documents	Uploaded to HCD?	Yes
Applicant acknowledges that it must provide National Environmental Clearance Act (NEPA) clearance, as applicable? According to NEPA, Grantee(s) must consider environmental impacts early in the planning process before decisions are made, and actions are taken. The project must assess environmental impacts if a project has applied for HUD assistance (HOME, CDBG, PBVs, Choice Neighborhoods Grant, ShelterCare Plus, etc.).				Yes
Applicant acknowledges that HCD does not determine which projects will require NEPA clearance. Applicant must provide HCD a status of any required NEPA review at the time of application.				N/A
For more information, visit the HUD Exchange .		review HCD's CDBG-DR Environmental Review guidance .	or contact HCD's Environmental Service Team at NEPA@hcd.ca.gov	
File Name	NEPA Authority to Use Grant Funds (if applicable)	NEPA Authority to Use Grant Funds issued by the Responsible Entity if the project is proposing use of federal funds	Uploaded to HCD?	N/A

Threshold				Rev 4/23/2023
§508 Land Use				
Applicant acknowledges that Pursuant to HSC section 50675.1.3, subdivision (i), Homekey Projects "shall be deemed consistent and in conformity with any applicable 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."?				Yes
§509 State Requirements				
Applicant acknowledges that all Assisted Units and other Units of the Projects must meet all applicable state and local requirements pertaining to rental housing, including but not limited to, requirements for minimum square footage, and requirements related to maintaining the property in a safe and sanitary condition?				Yes
§510 Grantee Liability				
Applicant acknowledges that all entities in the Grantee structure (to include the Eligible Applicant, any Co-Applicants, and any other entities added to the ownership structure of the Project pursuant to [§303(vi).] of this NOFA) shall be bound by the Homekey Program Requirements; and shall remain jointly and severally liable to the Department for performance under the Standard Agreement and for compliance with all Homekey Program Requirements? This provision shall remain applicable notwithstanding any Department-approved transfer or assignment of interest, or any designation of a third party for the undertaking of all or any part of the Scope of Work in the Standard Agreement.				Yes
§800 Insurance Requirements				
Applicant acknowledges that it shall provide documentation of its ability to obtain the insurance coverages outlined in Article VIII of this NOFA.				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
Applicant Comments				

Unit Mix

Rev 4/23/2023

Doors at Acquisition			Proposed Units for Permanent Housing Project																				Maximum Capital Award (Baseline and Additional Contribution) Based on Proposed Units for Permanent Housing Project					
			San Francisco				Monthly Unit Rent			Rental Subsidy Program #1 Name		Rental Subsidy Program #2 Name		Rental Subsidy Program #3 Name		Rental Subsidy Program #4 Name		Target Population - Homekey Assisted Units (Article VII)										
Bdrm size	No. of Doors at Acquisition	Baseline Award based on Units and Bdrm Size at Acquisition	Bdrm size	Number of Units Proposed	Unit Size (Square Feet)	Income Limit AMI	Mngr Units	Restricted	Proposed Rent for Restricted Units	Unrestricted	Monthly Utility Allowance¹	Subsidy Units	Monthly Rent Subsidy Amount	Subsidy Units	Monthly Rent Subsidy Amount	Subsidy Units	Monthly Rent Subsidy Amount	Subsidy Units	Monthly Rent Subsidy Amount	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	Baseline Award based on Units and Proposed Bdrm Size	Maximum Baseline Award based on Proposed Project	Maximum Additional Award (Equal to Match)
0	24	\$3,600,000	0	24	345	30%		\$978	\$50		\$0												24	24	\$4,200,000	\$0	\$4,200,000	\$2,400,000
		\$0						\$0																0	\$0	\$0	\$0	\$0
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Rev 4/23/2023	Sources/Uses of Funds											
USES OF FUNDS	Homekey Award	City and County of San Francisco	Additional City and County Commitment for Reserves	0	0	0	0	0	Private Mortgage Financing	Deferred Costs		Total Sources/Costs
Project Development Costs												
LAND COST/ACQUISITION												
Land Cost or Value	\$6,575,000	\$7,625,000										\$14,200,000
Demolition												\$0
Legal												\$0
Land Lease Rent Prepayment												\$0
Total Land Cost or Value	\$6,575,000	\$7,625,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,200,000
Existing Improvements Cost or Value												\$0
Off-Site Improvements												\$0
Total Acquisition Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Land Cost / Acquisition Cost	\$6,575,000	\$7,625,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,200,000
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												\$0
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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Relocation Expenses	\$567,325	\$567,325										\$1,134,650
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												\$0
Supervision												\$0
Total Architectural Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Survey & Engineering												\$0
CONSTRUCTION INTEREST & FEES												
Construction Loan Interest												\$0
Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Bond Premium												\$0
Cost of Issuance												\$0
Title & Recording												\$0
Taxes												\$0
Insurance												\$0
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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PERMANENT FINANCING												
Loan Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Title & Recording		\$15,000										\$15,000
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	\$15,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,000
Subtotals Forward	\$7,142,325	\$8,207,325	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,349,650
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

Rev 4/23/2023	Sources/Uses of Funds											
USES OF FUNDS	Homekey Award	City and County of San Francisco	Additional City and County Commitment for Reserves	0	0	0	0	0	Private Mortgage Financing	Deferred Costs		Total Sources/Costs
Project Development Costs												
RESERVES												
Operating Reserve			\$323,307									\$323,307
Replacement Reserve			\$180,000									\$180,000
Rent Reserve												\$0
Other Reserve Costs: (Specify)												\$0
Other Reserve Costs: (Specify)												\$0
Other Reserve Costs: (Specify)												\$0
Total Reserve Costs	\$0	\$0	\$503,307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$503,307
CONTINGENCY COSTS												
Construction Hard Cost Contingency												\$0
Soft Cost Contingency												\$0
Total Contingency Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER PROJECT COSTS												
TCAC App/Allocation/Monitoring Fees												\$0
Environmental Audit												\$0
Local Development Impact Fees												\$0
Permit Processing Fees												\$0
Capital Fees												\$0
Marketing												\$0
Furnishings												\$0
Market Study												\$0
Accounting/Reimbursable												\$0
Appraisal Costs												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Total Other Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL PROJECT COST	\$7,142,325	\$8,207,325	\$503,307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,852,957
DEVELOPER COSTS												
Developer Overhead/Profit												\$0
Consultant/Processing Agent												\$0
Project Administration												\$0
Broker Fees Paid to a Related Party												\$0
Construction Oversight by Developer												\$0
Other Developer Costs: (Specify)												\$0
Total Developer Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$7,142,325	\$8,207,325	\$503,307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,852,957
Applicant Comments												

Construction Period Sources of Funds

Permanent Sources of Funds											
Funding Committed by Application Due Date?		Source Name (listed in order of lien priority)		Source Type	Lien No.	Funding Amount	Interest Rate		Repayment Terms		Required Debt Service Amount
							Type	Rate	Type	Due in (yrs)	
Permanent	Committed?	Homekey Capital Award+Homekey Contribution+50% Relocation Costs from 'Dev Budget' worksheet cell B125		\$7,142,325	State-HCD	1	\$7,142,325				
Permanent	Yes	City and County of San Francisco			Local	2	\$8,207,325	Other			Non
Permanent	Yes	Additional City and County Commitment for Reserves			Local	2	\$503,307				
		Private Mortgage Financing									
		Deferred Costs									
		Equity Investor									
Total funds committed >		\$8,710,632				Total Permanent Sources		\$15,852,957		\$	
% funds committed >		54.9%				Total Development Costs from Dev Budget		\$15,852,957			

i. An executed authorizing resolution from the governing body of the Local Public Entity describing the intent to commit the funds to the Eligible Project (by name) upon allocation approval, or

ii. A formal letter, on official letterhead, from the Local Public Entity's governing body or from an official with authority, that demonstrates the Local Public Entity's intent to commit funds to the Eligible Project (by name) upon allocation approval.

These funding commitments will be noted in the HomeKey Standard Agreement.

42 Otis Street				
Rev 4/23/2023	Year 1 Annual Income and Expenses			
Employee Information				Comments
	Employee Job Title	Salary/Wages	Value of Free Rent	
	On-Site Manager(s)	\$80,000	\$24,000	1 FTE
	On-Site Assistant Manager(s)			
	Supportive Services Staff Supervisor(s)	\$42,500		0.5 FTE SS Program Manager
	Supportive Services Coordinator, On-Site			
	Other Supportive Services Staff (inc. Case Manager)	\$130,000		2.0 FTE SS Case Manager
	On-Site Maintenance Employee(s)	\$52,000	\$0	1 FTE Maintenance/Janitor
	On-Site Leasing Agent/Administrative Employee(s)			
	On-Site Security Employee(s)	\$193,200	\$0	4.2 FTE desk clerk (24/7 coverage)
	Other Supportive Services Costs: (specify)			
	Other Supportive Services Costs: (specify)			
	Other Supportive Services Costs: (specify)			
	Other Supportive Services Costs: (specify)			
	Total Salaries and Value of Free Rent Units	\$497,700	\$24,000	
6711	Payroll Taxes	\$24,885	Show free rent as an expense?	5% of salaries
6722	Workers Compensation	\$24,885		5% of salaries
6723	Employee Benefits	\$149,310	Yes	30% of salaries
	Employee(s) Payroll Taxes, Workers Comp. & Benefits	\$199,080		
	Total Employee(s) Expenses	\$696,780		
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	345	
	Total Square Footage		345	
Year 1 Annual Operating Budget				
Acct. No.	Revenue - Income	Residential	Commercial	Comments
5120/5140	Rent Revenue - Gross Potential		\$0	
	Restricted Unit Rents	\$14,400		
	Unrestricted Unit Rents	\$0		
5121	Tenant Assistance Payments			
	Rental Subsidy Program #1 Name	\$0		
	Rental Subsidy Program #2 Name	\$0		
	Rental Subsidy Program #3 Name	\$0		
	Rental Subsidy Program #4 Name	\$0		
	City and County of San Francisco	\$424,401	\$0	
	0	\$0	\$0	
	0	\$0	\$0	
	0	\$0	\$0	
5910	Laundry and Vending Revenue	\$0		
5170	Garage and Parking Spaces	\$0	\$0	
5990	Interim Housing Revenue	\$0	\$0	
	Gross Potential Income (GPI)	\$438,801	\$0	
	Vacancy Rate: Restricted Units	5.0%		
	Vacancy Rate: Unrestricted Units	5.0%		
	Vacancy Rate: Tenant Assistance Payments	5.0%		
	Vacancy Rate: Laundry & Vending & Other Income	5.0%		
	Vacancy Rate: Commercial Income		50.0%	
5220/5240	Vacancy Loss(es)	\$720	\$0	
	Effective Gross Income (EGI)	\$438,081	\$0	
Acct. No.	Expenses	Residential	Commercial	Comments
	Administrative Expenses: 6200/6300			
6203	Conventions and Meetings	\$1,000	\$0	
6210	Advertising and Marketing	\$0	\$0	
6250	Other Renting Expenses	\$0	\$0	
6310	Office/Administrative Salaries -- from above	\$0	\$0	
6311	Office Expenses	\$2,000	\$0	
6312	Office or Model Apartment Rent	\$0	\$0	
6320	Management Fee	\$15,840	\$0	\$55/unit
6330	Site/Resident Manager(s) Salaries -- from above	\$80,000	\$0	

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Rev 4/23/2023	Year 1 Annual Income and Expenses			
6331	Administrative Free Rent Unit -- from above	\$24,000	\$0	
6340	Legal Expense -- Project	\$7,500	\$0	
6350	Audit Expense	\$15,000	\$0	annual audit
6351	Bookkeeping Fees/Accounting Services	\$0	\$0	
6390	Miscellaneous Administrative Expenses	\$0	\$0	
6263T	Total Administrative Expenses	\$145,340	\$0	
Acct. No.	Expenses	Residential	Commercial	Comments
	Utilities Expenses: 6400			
6450	Electricity	\$20,000	\$0	estimates based on comps
6451	Water	\$13,000	\$0	estimates based on comps
6452	Gas	\$24,000	\$0	estimates based on comps
6453	Sewer	\$0	\$0	included in water
	Other Utilities: internet	\$2,400	\$0	estimates based on comps
6400T	Total Utilities Expenses	\$59,400	\$0	
	Operating and Maintenance Expenses: 6500			Comments
6510	Payroll -- from above	\$245,200	\$0	
6515	Supplies	\$12,000	\$0	
6520	Contracts	\$30,000	\$0	elevator/pest control/bldg system monitoring
6521	Operating & Maintenance Free Rent Unit -- from above	\$0	\$0	
6525	Garbage and Trash Removal	\$8,000	\$0	estimates based on comps
6530	Security Contract	\$0	\$0	
6531	Security Free Rent Unit -- from above	\$0	\$0	
6546	Heating/Cooling Repairs and Maintenance	\$5,000	\$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	\$300,200	\$0	
	Taxes and Insurance: 6700			Comments
6710	Real Estate Taxes	\$3,000	\$0	
6711	Payroll Taxes (Project's Share) -- from above	\$24,885	\$0	
6720	Property and Liability Insurance (Hazard)	\$20,000	\$0	provider insurance/city is self-insured
6729	Other Insurance (e.g. Earthquake)	\$0	\$0	
6721	Fidelity Bond Insurance	\$0	\$0	
6722	Worker's Compensation -- from above	\$24,885	\$0	
6723	Health Insurance/Other Employee Benefits--from above	\$149,310	\$0	
6790	Miscellaneous Taxes, Licenses, Permits & Insurance	\$0	\$0	
6700T	Total Taxes and Insurance	\$222,080	\$0	
	Supportive Services Costs: 6900			Comments
6990	Staff Supervisor(s) Salaries - from above	\$42,500	\$0	
6990	Services Coordinator Salaries, On-Site - from above	\$0	\$0	
6990	Other Supportive Services Staff Salaries - from above	\$130,000	\$0	
6990	Supportive Services Admin Overhead	\$36,000	\$0	
6990	Tenant Transportation (per SSP)	\$2,400	\$0	
6990	Staff training (per SSP)	\$2,500	\$0	
6990	Equipment	\$3,000	\$0	
6990	Supplies	\$11,500	\$0	
6990	Travel	\$1,000	\$0	
6990	Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)	\$0	\$0	
6990	Training	\$2,000	\$0	
6990	Other Supportive Services Costs: (specify)	\$12,000	\$0	Program activities
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6900T	Total Supportive Services Costs	\$242,900	\$0	

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Rev 4/23/2023	Year 1 Annual Income and Expenses			
	Total Operating Expenses	\$969,920	\$0	Comments
	Funded Reserves: 7200	Residential	Commercial	
7210	Required Replacement Reserve Deposits	\$0	\$0	capital repairs handled by SF budget process
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	(\$531,839)	\$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	(\$531,839)	\$0	
7190	Asset Management/Similar Fees	\$25,000	\$0	
Applicant Comments				
The commercial space will be utilized for the property management and support services programming.				

Cash Flow Analysis

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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%	14,400	14,760	15,129	15,507	15,895	16,292	16,700	17,117	17,545	17,984	18,433	18,894	19,366	19,851	20,347
Unrestricted Unit Rents	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tenant Assistance Payments																
Rental Subsidy Program #1 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rental Subsidy Program #2 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rental Subsidy Program #3 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rental Subsidy Program #4 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operating Subsidies																
City and County of San Francisco		424,401	438,914	1,051,411	1,088,254	1,126,593	1,166,175	1,207,145	1,249,554	1,293,451	1,338,889	1,385,921	1,434,603	1,484,995	1,537,153	1,591,141
0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Potential Income - Housing		438,801	453,674	1,066,540	1,103,761	1,142,488	1,182,467	1,223,845	1,266,671	1,310,996	1,356,873	1,404,354	1,453,497	1,504,361	1,557,003	1,611,488
Other Income																
Laundry & Vending	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Income	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Potential Income - Other		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Potential Income - Total		438,801	453,674	1,066,540	1,103,761	1,142,488	1,182,467	1,223,845	1,266,671	1,310,996	1,356,873	1,404,354	1,453,497	1,504,361	1,557,003	1,611,488
Vacancy Assumptions																
Restricted Units	5.0%	720	738	756	775	795	815	835	856	877	899	922	945	968	993	1,017
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
Laundry/Vending/Other Income	5.0%	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		720	738	756	775	795	815	835	856	877	899	922	945	968	993	1,017
Effective Gross Income		438,081	452,936	1,065,783	1,102,986	1,141,693	1,181,653	1,223,010	1,265,816	1,310,119	1,355,974	1,403,433	1,452,553	1,503,393	1,556,011	1,610,471
Operating Expenses & Reserve Deposits																
Residential Exp. (w/o Real Estate Taxes & Sup. Services)	3.5%	504,940	522,613	540,904	559,836	579,430	599,710	620,700	642,425	664,910	688,181	712,268	737,197	762,999	789,704	817,344
Real Estate Taxes	3.5%	222,080	229,853	237,898	246,224	254,842	263,761	272,993	282,548	292,437	302,672	313,266	324,230	335,578	347,323	359,480
Supportive Services Costs	3.5%	242,900	251,402	260,201	269,308	278,733	288,489	298,586	309,037	319,853	331,048	342,634	354,627	367,039	379,885	393,181
Replacement Reserve	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Reserves	3.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ground Lease	3.5%	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		969,920	1,003,867	1,039,003	1,075,368	1,113,006	1,151,961	1,192,279	1,234,009	1,277,199	1,321,901	1,368,168	1,416,054	1,465,616	1,516,912	1,570,004
Net Operating Income		(531,839)	(550,931)	26,781	27,618	28,688	29,692	30,731	31,807	32,920	34,072	35,265	36,499	37,777	39,099	40,467

Debt Service																	
1st Mortgage Debt Service		0	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											
2nd Mortgage Debt Service		0	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	0
Misc. Financial Expenses: (specify)	3.0%	0	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	0
Misc. Financial Expenses: (specify)	3.0%	0	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	0
Total Required Debt Service		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income Sources to cover Debt Service & Reserves (not payable by HK Op Subsidy):																	
Debt Service Source:																	
		0	0	0	0	0											
Reserves Source:																	
		0	0	0	0	0											
Cash Flow after all debt service		(531,839)	(550,931)	26,781	27,618	28,688	29,692	30,731	31,807	32,920	34,072	35,265	36,499	37,777	39,099	40,467	
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	0.00
Cash Flow After Debt Service - HCD Projects																	
Asset Mgmt./ Similar Fees		0	0	26,523	27,318	28,138	28,982	29,851	30,747	31,669	32,619	33,598	34,606	35,644	36,713	37,815	
Max Asset Mgmt/Similar Fees	3.0%	25,000	25,750	26,523	27,318	28,138	28,982	29,851	30,747	31,669	32,619	33,598	34,606	35,644	36,713	37,815	
Target NOI to get to 1.1 DSCR		0															
Subsidy needed to get to 1.1 DSCR		(531,839)															
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	0
Required Debt Service		0	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	0
Reserve Exp. and Debt unpaid		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Homekey Operating Subsidy amount		1,082,770															
Homekey Operating Subsidy Draw*		531,839	550,931	0	0	0											
Cash Flow after HK Op Subsidy draw		0	(0)	26,781	27,618	28,688	29,692	30,731	31,807	32,920	34,072	35,265	36,499	37,777	39,099	40,467	
NOI after all draws		0	(0)	26,781	27,618	28,688	29,692	30,731	31,807	32,920	34,072	35,265	36,499	37,777	39,099	40,467	
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	0.00
*HK Op Subsidy balance after draws		550,931	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Applicant Comments:																	

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 3 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.

All tenants will be referred to the property through the City of San Francisco's Coordinated Entry System, designated to serve homeless adults, TAY, and families referred through the ONE System established by the Department of Homelessness and Supportive Housing. All referrals for vacancies come from the Coordinated Entry Youth Access Points. Households referred to permanent housing vacancies through CE have been prioritized via an assessment administered by the City's Access Points. Youth and homeless adults who are prioritized for housing in the CE are currently experiencing homelessness. Factors that affect prioritization for housing in the CE are vulnerability, chronicity of homelessness, and barriers to housing.

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).

All 23 units will serve homeless Transition Age Youth (TAY) as defined by Part 578.3 of Title 42 of the United States Code.

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. Applicants will be referred based on eligibility based on occupancy standards and income. Applicants will be income certified during the application process to ensure program eligibility. There are no minimum income requirements. All income and assets will be verified in writing from the source on appropriate verification forms, including the use of MEDS, CALWIN and/or CHANGES for verification. Applicant must have the ability to maintain the housing unit in accordance with local health standards. No distinction will be drawn between a person who keeps their own unit and one who does so with the assistance of an attendant. Homeless status will be verified in writing. All applicants 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, HMIS reporting, etc.

The leasing 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, pet policy, community rules, safe housing addendum, 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

The Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, subdivision (b), 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 |

§300(iii) Supportive Services Plan (SSP)

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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
City and County of San Francisco, Department of Homelessness and Supportive Housing (HSH) as contract manager to provider under local procurement policies	Homeless Youth, Transition Age Youth, Homeless Adults	Outreach, Intake and Assessment, Case Management, Housing Stability Support, Coordination with Property Management, Wellness and Safety Checks, Community Building and Socialization, Exit Planning Strategies
Five Keys School and Programs	Homeless Youth, Transition Age Youth, Homeless Adults	Outreach, Intake and Assessment, Case Management, Housing Stability Support, Coordination with Property Management, Wellness and Safety Checks, Community Building and Socialization, Exit Planning

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 and participants 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 than one-half mile.
Case management	Two FTE on site case managers; Ratio 12:1 0.5 FTE support services program manager; provides supervision and supports work of the case managers. Case management staff provide services to tenants with the primary goal of maintaining housing stability, including ongoing meetings and counseling to establish goals, develop services plans that are tenant-driven without predetermined goals, provide referrals and linkages to off-site Support Services, and support tenants toward achieving those goals.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Peer support activities	HSH funds case management for peer support activities such as support groups and workshops. The Service Provider will provide these activities as needed by the tenants.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Mental health care	HSH will coordinate provision of mental health care through onsite case management. Support includes therapy and counseling, either on-site or through referral linkages. The Department of Public Health (DPH) Permanent Housing Advanced Clinical Services Team (PHACS) is a multidisciplinary team of clinicians and medical professionals who provide direct care on-site and referrals to mental health services for tenants. Additional clinical consultation and crisis services are available through the DPH mobile services hub for PSH.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	

§300(iii) Supportive Services Plan (SSP)

Rev 4/23/2023

Substance use services	HSH and the DPH will coordinate referrals to substance use services through onsite case management. On site services include the PHACS, a multidisciplinary team of medical and clinical professionals who provide support, care, and referrals to tenants. Support will include addiction treatment, including medication assisted treatment, and center harm reduction practices. 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 requires all PSH programs to adopt an overdose prevention policy for residents and train staff in harm reduction and overdose recognition and response.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Behavioral health services	On site services include the PHACS, a team of medical and clinical professionals who provide support, care, and referrals to tenants. Support includes therapy, counseling and medication support. In addition, HSH and the DPH will coordinate referrals to Behavioral Health services through onsite case management. Mobile crisis support will also be available. Finally, staff will provide support groups and workshops centering the needs defined by the tenants.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Physical health services	The PHACS team is a multidisciplinary team including nursing, nurse practitioners and health workers that provide various types of non-urgent medical care on site, provide care coordination and Enhanced Care Management (ECM) services. In addition, HSH funded case management services include assisting tenants with health insurance, making appropriate connections and referrals to providers and medical appointments, and coordination with clinics and hospitals.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Assistance obtaining benefits and essential documentation	Onsite case managers assist with obtaining public benefits and HSH facilitates identity and income documentation for all tenants at the point of housing referral/ move-in.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Education and employment services	On-site case management 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 tenants	8 hours a day; 5 days a week	Five Keys	
Other services, such as housing retention skills, legal assistance, family connection services, etc.	HSH funds on-site case management. 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 tenants	8 hours a day; 5 days a week	Five Keys	
Housing Stability Services	Case Management will outreach to and offer services and/or referrals to all residents 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. Residents will be assisted with communicating, responding to, and meeting with Property Management. They will also collaborate with property management to identify clients who have not been seen or have shown signs of concern to staff on at least a weekly basis. Outreach efforts shall be used to make contact with and check in with these residents.	Depends on needs of tenants	8 hours a day; 5 days a week	Five Keys	
Community Building	Using the large open community and shared space the building offers, community building opportunities like weekly coffee and pastries, holiday events, peer-led groups and other programs to provide socialization and stability will be held frequently.	Monthly	1-2 hours	Five Keys	

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.

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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.

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.

3. Describe how you will engage with tenant and/or participant to encourage voluntary participation in services as well as in community building, such as resident councils or similar forums. Included a description of tenant/participant outreach, engagement and retention strategies to be used.

All support services are voluntary, and are tailored to meet the needs of the target population. A tenant-centered services approach begins with the hiring process, to ensure that services staff reflect the target population and include staff with lived experience. Support services meet tenants where they are at and use a variety of engagement strategies from a trauma-informed, harm reduction, cultural humility and equity lens to build trust. Services engage with the tenant from the moment they are referred, offering a welcome basket and support as the tenant transitions into their new home. Weekly and monthly groups, events and celebrations are planned based on the needs and priorities of the community. Support services conducts surveys, focus groups and other forums for tenants to provide feedback and tailors services accordingly. Tenant feedback results in observable, meaningful change. Many HSH funded PSH programs develop resident advisory councils, offering a structured forum for tenants to provide input, shape decisions that impact their community, and promote both individual empowerment and civic engagement.

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 Support Services staff consists of 2 FTE Case Managers and 0.5 FTE supervisory Program Manager. The Case Manager responsibilities include: completing a comprehensive intake and assessment of tenants at the time of move-in; providing referrals as needed; conducting outreach to tenants, coordinating with external resources and providers to support tenants; referrals and coordination with behavioral health, substance use, health and other services; coordinating with Property Management to ensure housing stability of all tenants using housing first, harm reduction, and trauma informed approaches; and organizing groups and community events for the tenants. The Program Manager directly provides case management as well as supervises the Case Managers to provide high level of service to tenants and provides guidance, training and oversight. The Supervisor also submits required reports, provides coverage, as needed, and responds to requests from HSH and stakeholders.

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 and supervisors, peer support positions, or HMIS Administration positions.** 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: 2.5	Employing Organization	Location
List each staff position	List minimum 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	2.0	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	0.5	Lead Service Provider	On-Site

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Section 2: Staffing Ratios

1. 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. 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. Describe staffing ratio special circumstances below.

Population Type:	Chronically Homeless (cannot exceed 20 to 1 ratio)	Homeless (cannot exceed 15 to 1 ratio)	At-Risk of Homelessness (cannot exceed 40 to 1 ratio)	Homeless Youth, or Youth at Risk of Homelessness (cannot exceed 15 to 1 ratio)	Totals
Units Serving Subpopulation	0	0	0	24	24
Staff Serving Subpopulation				2	2
Case Manager Ratio				12.0 to 1	12.0 to 1

Part IV. Supportive Services Budget

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
City and County of San Francisco	\$258,650	Cash	Committed	100.00%
				0.00%
Homekey Operating Subsidy		Cash	Intend to Fund or Provide	0.00%
				0.00%
				0.00%
Total Revenue	\$258,650			100.00%
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			0.00%
Program Manager	FTE: 0.50			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
	FTE: 0.00			0.00%
Supportive Services Staff Supervisor(s)	FTE: 0.50	Cash	Committed	16.43%
Supportive Services Coordinator, On-Site	FTE: 0.50	Cash	Committed	0.00%
Other Supportive Services Staff (inc. Case Manager)	FTE: 2.00	Cash	Committed	50.26%
Fringe Benefits	\$51,750	Cash	Committed	20.01%
Total Staff Expenses	\$224,250			86.70%
Tenant Transportation (per SSP)	\$2,400	Cash	Committed	0.93%
Staff training (per SSP)	\$2,500	Cash	Committed	0.97%
Equipment	\$3,000	Cash	Committed	1.16%
Supplies	\$11,500	Cash	Committed	4.45%
Travel	\$1,000	Cash	Committed	0.39%
Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)	\$0			0.00%
Training	\$2,000	Cash	Committed	0.77%
Other Supportive Services Costs: (specify)	\$12,000	Cash	Committed	4.64%
Other Supportive Services Costs: (specify)	\$0			0.00%
Total Expenses	\$258,650			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	Included in Property Management Plan?	Yes
2. Confidentiality	Included in Property Management Plan?	Yes
3. Substance abuse policy	Included in Property Management Plan?	Yes
4. Communication between property manager and supportive services staff	Included in Property Management Plan?	Yes
5. Eviction policies and eviction prevention procedures	Included in Property Management Plan?	Yes
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	Included in Property Management Plan?	Yes
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	Included in Property Management Plan?	Yes
8. Policies and practices to facilitate Voluntary Moving On strategies	Included in Property Management Plan?	Yes
9. Appeal and Grievance Procedures	Included in Property Management Plan?	Yes
File Name	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies
		Uploaded to HCD?

Part VI. Measurable Outcomes and Plan for Evaluation

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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)	1) At least 90% of participants will maintain their housing, move to other permanent housing, or be provided with more appropriate placements 2) At least 85% of tenant lease violations will be resolved without loss of housing to tenants.	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 tenants through the individual assessments and ongoing referrals Services shall also provide housing related support that assists tenants in achieving goals that move them towards more independent housing.
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)	1) At least 70% of participants will either be enrolled in school/training or employed. 2) At least 60% of participants housed for at least 90 days will have maximized their income and benefits for which they are eligible, or will be in the application process. The percentage requirement in this objective will be benchmarked over the first 12 months of service to ensure it is attainable, and may be adjusted accordingly.	Services shall assess participant skills and goals at intake and encourage participants to engage in educational and employment services to increase education levels, skill levels, and find employment to increase tenant income.
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)	At least 75% of participants who have an Individualized Service Plan will accomplish one or more goals.	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. Service plans are reviewed every 6 months or as needed, to identify unmet needs and update plan accordingly.
Resident Satisfaction	At least 80% of participants completing an annual survey will be satisfied or very satisfied with supportive services	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

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. The HSH staff attends monthly operations meetings as needed to maintain quality oversight and ensure coordination among partners. 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.

Applicant Comments

[illegible]

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a2. If a1 above is Yes, 10 points already earned. Does Applicant have the following experience? Development, ownership, or operation of at least two affordable rental housing or interim 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 (provide details below)? - 10 points								No	0.00	10		
Project name and address	Who provides the experience	Experience type	Housing type	Qualifying unit population served	Latest date developed, owned, or operated							
			Affordable Rental									
			Affordable Rental									
a3. Five (5) additional points awarded for each additional project beyond the base threshold requirement (development, ownership, or operation of affordable rental housing or interim projects in the last 10 years serving at least one member of the Target Population) - max 15 points								15.00	15			
Diva Hotel, 440 Geary Street, San Francisco (Homekey Round 1)	City and County of San Francisco	Developed	Affordable Rental	Homeless	12/2/20							
Abigail Hotel (SIP #1) 246 McAllister Street, San Francisco	City and County of San Francisco	Developed	Interim Housing	Homeless Youth or Youth at Risk of Homelessness	4/29/20							
Eula Hotel, 3055 16th Street, San Francisco (HK Round 2)	City and County of San Francisco	Owned	Affordable Rental	Homeless Youth or Youth at Risk of Homelessness	12/30/21							
b. Service provider's experience helping persons address barriers to housing stability and providing other support services; one (1) point awarded for each year of service experience, after 3 years - max 15 points								Years	0.0	0.00	15	
Project Name and address	Experience Provider	Housing type	Population Served		# of months serving							
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
	Supportive Service Provider											
c. Commitment letter(s) or MOU(s) documenting how the complete development and management team (which may include Applicant, Developer, Property Manager, and Lead Service Provider) are connected and will work together on the Project. Applicants are encouraged to complete due diligence checklists to ensure all members of the team are aware of roles and responsibilities - 15 points								0.00	15			
File Name: Commitment letter(s) or MOU(s) Provide commitment letter(s) or MOU(s) documentation								Uploaded to HCD?	No			
3. Community impact and site selection - max 76 points								45.00	76			
a. Project serves specific sub-populations from 'Unit Mix cells V22, W22, X22 - 20 points	Chronic Homelessness	0.00%	Homelessness	0.00%	Homeless Youth or Youth at Risk of Homelessness	100.00%	20.00	20				
b. Assisted Units include units for large family housing types - 10 points	Percentage of Assisted units that are three bedrooms or larger	0.00%	Percentage of Assisted units that are two bedrooms or larger	0.00%		0.00%	0.00	10				
c. If proposed project is Permanent, Applicant waives any potential accommodation by the Department to increase income limits at year 15 from the recordation of the use restriction, as described in §303(ii) - max 20 points	Yes	Total Assisted units Applicant elects to waive the right to increase income limits at year 15 from the recordation of the use restriction, as described in §303(ii)	23	Percentage of Assisted units elected to waive increase of income limits at year 15	95.83%	10.00	20					
d. Extent Project commits to being accessible to persons with disabilities - max 10 points	Total units from 'Unit Mix' worksheet cell E21		24		0.00	10						
# of units exceeding state and federal accessibility requirements set forth in §505, specifically units with features accessible to persons with mobility disabilities - 5 points	0	% of units exceeding state and federal accessibility requirements as set forth in §505	0.00%	0.00	5							
# of units with features accessible to persons with hearing or vision disabilities as defined in 24 CFR Part 8.22 and the parallel ADAAG 2010 and CBC Ch. 11B provisions - 5 points	0	% of units accessible to persons with hearing or vision disabilities	0.00%	0.00	5							
e. Site Selection - (max 12 points; max 16 points for Rural Projects; max 15 Points for Youth Projects)								15.00	12/15			
File Name: Amenities Site Map Map indicating the proposed housing location(s) and scoring related amenities below.								Uploaded to HCD?	Yes			
i. Project site is located within 1/2 mile of a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop OR the project includes an alternative transportation service for residents (e.g., van or dial-a-ride service), if costs of obtaining and maintaining the van and its service are included in the budget and the operating schedule is either on demand by tenants or a regular schedule is provided - max 4 points								Yes	4.00	4		
ii. Project site is located proximity to a full-scale grocery store/supermarket where staples, fresh meat, and fresh produce are sold - max 2 points								Rural Area?	No	within 1/2 mile radius of project	2.00	2

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iii. Project site is located within proximity of a qualifying medical clinic with a physician, physician's assistant, or nurse practitioner on-site for a minimum of 40 hours each week , or hospital (not a private doctor's office.) A qualifying medical clinic must accept Medi-Cal/Medicare payments, or Health Care for the Homeless, or have an equally comprehensive subsidy program for low-income patients. - max 1 point						Rural Area?	No	within 1/2 mile radius of project		1.00	1
iv. Project site is located within proximity of a book-lending public library - max 1 point						Rural Area?	No	within 1/2 mile radius of project		1.00	1
v. Project site is located within proximity of a pharmacy. May be included in a grocery store or health facility - max 2 points						Rural Area?	No	within 1/2 mile radius of project		2.00	2
vi. Project site is located within proximity of a public park or a community center accessible to the general public - max 1 point						Rural Area?	No	within 1/2 mile radius of project		1.00	1
vii. Project site has high speed internet service, with a minimum average download speed of 25 megabits/second must be made available to each Unit for a minimum of 15 years, free of charge to the tenants and participants, and available within six months of the project's placed-in-service date. Documentation of internet availability must be included in the application. max 3 points						Rural Area?	No	Yes	2.00	3	
File Name: High Speed Internet If cell AI72 is "Yes", provide document of Internet availability						Uploaded to HCD?		Yes			
viii. For Projects with units serving Homeless Youth: Project site is within proximity of at least two of the following: community colleges, universities, trade schools, apprenticeship programs, employment programs, childcare centers for parenting youth, and/or community centers for youth (e.g., LGBTQ+ centers, drop-in youth centers)? - max 2 points						Homeless Youth?	Yes	Yes	2.00	2	
4. Relocation Impacts - 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	24	Total household units that will be displaced	19	Percentage of household units that will be displaced		79.17%	(20.00)	-20	
5. Negative Points											
a. Negative Points assessed by the Department to the Applicant											
Note: In the event of program oversubscription, where Applicants have the same score and the same date and time stamp, the Department 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 and participant stability and proximity to transit, services and amenities.											
Applicant Comments											

1Application Upload Checklist

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The Checklist below is intended to be used after the Applicant completes the Homekey Round 3 application. Use the electronic file name descriptions below for the electronic submission via online portal. **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.**

Application materials, workbooks, and supporting documentation must be submitted no later than **5:00 p.m. Pacific Daylight Time on July 28, 2023.**

1Applicant acknowledges that the Application Upload Checklist is a form in the application to be completed by the Applicant prior to submission to verify that required documents are submitted pursuant to this NOFA?

Yes

Overview worksheet

Threshold Req.	Electronic File Name	Document Description	Uploaded to HCD?
Yes	HK Round 3 Application	Completed Application	Yes
Primary Applicant (App1)			
Yes	App1 Cert & Legal	Reference: Certification & Legal Worksheet	Yes
Yes	App1 Resolution	Signature required; see Applicant Documents worksheet.	Yes
Yes	App1 TIN Form	See Applicant Documents worksheet	Yes
Yes	App1 Signature Block	See Applicant Documents worksheet	Yes

Threshold worksheet

§300 Threshold			
Yes	Non-Discrimination Policy	Provide a non-discrimination policy	Yes
Yes	Local Appr, CEQA, and NEPA	Local Approvals, CEQA, and NEPA, as evidenced by the completed and signed Local Jurisdiction and NEPA Responsible Entity Verification worksheet	Yes
Yes	Racial & Gender Equity statement	Latest Continuum of Care HMIS demographics data	Yes
Yes	Engaging the Target Population statement	Provide a description of how the Applicant has engaged or will engage with the Target Population to inform the design of the project	Yes
See Document Description	Use Change	For Applicants proposing sites that will require a use change for permanent housing , there should be a commitment and plan to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements	N/A
Yes	Site Control1, Site Control2, etc.	Provide documentation of the type of site control for each site pursuant to UMR §8303	Yes
Yes	Prelim1, Prelim2, etc.	Provide a current preliminary report for each site	Yes
Yes	Development Plan	Provide a detailed development plan that supports acquisition of a site, completion of rehabilitation or construction, occupancy, and fund expenditure before all program deadlines, factoring in entitlements, permits, procurement, potential construction delays and supply chain issues, and demonstrates evidence of strong organizational and financial capacity to develop the project.	Yes
Yes	Rehab Description	Rehab Project Narrative description of current condition of structure(s) and overall scope of work.	N/A
Yes	PNA	Rehab Project Physical Needs Assessment prepared by a qualified independent third party contractor.	N/A
See Document Description	Market Study	Master Leasing and Purchase of Affordability Covenants 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.	N/A
Yes	Env. Report 1	Rehab & New Construction Project Environmental Site Assessment Phase I (prepared or updated no earlier than 12 months prior to the application due date).	N/A
Yes, if rec'd by Phase I	Env. Report 2	Rehab & New Construction Project If Environmental Site Assessment Phase I requires a Phase II study, submit a Phase II (prepared or updated no earlier than 12 months prior to the application due date).	N/A
Yes	Appraisal	Conversion, Acq and/or New Construction If land costs will be included in the Development Budget , attach an appraisal dated within 60 days of the application submittal date	Yes
Yes	Relocation Assistance Narrative	Relocation Assistance Narrative for relocation or no relocation	Yes
Yes	Housing First Experience	Provide experience administering a Project in accordance with the core components of Housing First	Yes
See Document Description	One-for-one Replacement	Submit if the acquired housing or site is to be redeveloped/repositioned as part of the locality's overall goal to address the needs of the Target Population and the community , the Applicant shall provide as part of the application a commitment to ensure one-for-one replacement of units	N/A
See Document Description	Housing Site Map	Submit a map indicating the original target housing location and all proposed housing location(s) , if the proposed housing is located within the original target housing location neighborhood	Yes
See Document Description	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.	N/A
Yes	Perm Hsg Exp	Provide evidence of capacity includes evidence of financial resources, an office and payroll.	Yes
§301 Interim Housing Requirements			
Yes, if project type is Interim Hsg.	Plan to Perm Hsg	Provide a plan to connect participants to Permanent Housing, describing the number and type of Permanent Housing opportunities, how the Project will leverage Supportive Services staff to navigate to Permanent Housing, and the funding plan to make connections to Permanent Housing.	N/A
Yes, if project type is Interim Hsg.	Interim Hsg Project Alignment	Provide a description of how the proposed Homekey Interim Hsg. Project aligns with the Local Homelessness Action Plan or a description on how the Applicant's jurisdiction has worked with recipients in the region and Continuum of Care (CoC) to coordinate and align the proposed Homekey project with the Local Homelessness Action Plan goals and strategies.	N/A
Yes, if project type is Interim Hsg.	Interim Hsg Collaboration	provide a description how Applicant has worked with HHAP recipients in the region and the Continuum of Care (CoC) to coordinate and align the proposed Homekey Project with the Local Homelessness Action Plan goals and strategies.	N/A
Yes, if project type is Interim Hsg.	Local Homelessness Action Plan	Provide a copy of the Eligible Applicant's approved Local Homelessness Action Plan pursuant to HHAP Round 4, which clearly states the need for Interim Housing.	N/A
§502 Tenant Selection and Participant Selection			
Yes	CES Participation and CoC Form	Provide a Coordinated Entry System Participation and Continuum of Care Coordination Form	Yes
§504 Relocation			
Yes	Relocation Plan	Provide a complete relocation plan	Yes
§506 Prevailing Wage			

1Application Upload Checklist			Rev 4/23/2023
Yes	Prevailing Wage Certificate	Provide a prevailing wage certification	Yes
\$507 Environmental Clearances			
	CEQA (if applicable)	Provide a copy of CEQA Determination Documents	Yes
	NEPA Authority to Use Grant Funds (if applicable)	NEPA Authority to Use Grant Funds issued by the Responsible Entity if the project is proposing use of federal funds	N/A
\$800 Insurance Requirements			
	Liability Insurance	Proof of General Liability Insurance that meets the requirements in §800(i)	Yes
	Automobile Insurance	Proof of Automobile Liability Insurance that meets the requirements in §800(ii)	Yes
	Property-Hazard Insurance	Proof of Property Insurance that meets the requirements in §800(v)	Yes
Unit Mix worksheet			
Yes	Utility Allowance	Local housing authority document showing current utility allowance chart, with relevant components circled.	N/A
Dev Sources worksheet			
Yes	EFC1, EFC2, EFCI3, etc.	Documentation for the executed funding commitments. See Dev Sources worksheet	Yes
Award, Match, and Revenue worksheet			
See Document Description	Funding Limit Exemption Form	If total Department sources exceed \$35 million, a request for exemption to the per Project funding limit is required.	N/A
Yes	City and County of San Francisco	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Yes
Yes		Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Yes		Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Yes		Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Yes	HA Support for Homekey Operating Subsidy	Provide a letter of support from the applicable housing authority confirming the need for an operating award and evidencing why other subsidies, such as Project-based vouchers (PBVs), are not available. The Housing Authority Support for Homekey Operating Subsidy template can be found on the Homekey website.	Yes
Yes	Rental Subsidy Program #1 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Yes	Rental Subsidy Program #2 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Yes	Rental Subsidy Program #3 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Yes	Rental Subsidy Program #4 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	N/A
Support Services Plan			
Yes	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies	Yes
Application Scoring Criteria			
Yes	Commitment letter(s) or MOU(s)	Provide commitment letter(s) or MOU(s) documentation	N/A
Yes	Amenities Map	If applicable, provide a radius map with the amenities identified by markers	Yes
See Document Description	High Speed Internet	Submit if Project site has high speed Internet service.	Yes
Certification & Legal worksheet			
Yes	Cert & Legal Explanation	Letter of explanation for any "Yes" answers or red shaded items. See Certification & Legal worksheet	Yes
Applicant Comments			

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, Department of Homelessness and Supportive Housing		
Printed Name	Title of Signatory	Signature	Date

Local Jurisdiction and NEPA Responsible Entity Verification (if applicable)				Rev 4/23/2023
Applicant: This form is to help inform the readiness of the Project by providing evidence of where the Project is in any required environmental review and land use/entitlement processes. 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 as necessary. If the NEPA Responsible Entity is not a local government (e.g. State Dept. of Housing and Community Development, 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:	42 Otis Street			
Project Address/site:	42 Otis Street			
Project City:	San Francisco			
Project County:	San Francisco			
Assessor Parcel Numbers (APNs):	3505-020			
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.				
		Applicable 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	No	
		NEPA	No	
				ESA Document Date(s)
ESA Phase I	N/A	Phase I shall be dated less than 12 months before application submittal date.		
ESA Phase II	N/A	Phase II if recommended or required by Phase I		
Specify in the box below environmental review type(s) not required and explain why (include documentation, if applicable):				
Real Estate transaction only and not defined as a project under CEQ Guidelines Section 15378 and 15060(c)(2)				
Section 2				
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))				
		Required for this Project?	Under Review?	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.		No		
Specify in the box below, items not required and explain why (include documentation, if applicable):				
Acquisition only. No renovation.				
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. Additional acknowledgements can be included on a separate sheet and attached.				
I certify that the information on this form is true and correct to the best of my knowledge.				
Dated:				
Statement completed by:				
Signature:				
Title:				
Agency or Department Name:				
Agency or Department Address:				
Agency or Department Phone:				

HCD 2022 Developer Fee Calculator - revised 6/8/22 (complete YELLOW shaded cells)

Project Phase:	Origination	Proposed Project Type:	No Tax Credits		
Project Name:	42 Otis Street				

Project's Developer Fee Summary	HCD Limit	Project Amt.
Maximum Total Developer Fee - d.	\$48,000	\$0
Max Developer Fee payable from development funding sources - d.	\$48,000	\$0
Deferred Developer Fee payable on a priority basis from available Cash Flow	\$0	\$0
Deferred Developer Fee payable exclusively from Sponsor Distributions	\$0	\$0

Total Budgeted or Actual Developer Fee	\$0		
Developer Fee Contributed as Capital	\$0	Deferred Developer Fee	\$0

UMR §8312(a) for Projects without tax credits (choose only one in the 'a', 'b' or 'c' subsections)

a. New construction and substantial rehab projects UMR §8312(a)(1)

substantial rehab = construction cost for rehab work (excluding contractor profit and overhead) in excess of \$41,001 per unit

a1 Number of units (include manager's unit)	0		
a2 First 30 units at:	\$30,000 each		\$0
a3 Units in excess of 30 at:	\$11,500 each		\$0
a4 Total new construction and substantial rehab (a2 + a3)			\$0

b. Acquisition and rehab projects UMR §8312(a)(2)

with construction cost for rehab work (excluding contractor profit and overhead) between \$11,500 - \$38,000 per unit

b1 Number of units (include manager's unit)	0		
b2 First 30 units at:	\$14,000 each		\$0
b3 Units in excess of 30 at:	\$6,500 each		\$0
b4 Total acquisition and non-substantial rehab (b2 + b3)			\$0

c. All other projects UMR §8312(a)(3)

c1 Number of units (include manager's unit)	24		
c2 Total other at:	\$2,000 per unit		\$48,000

d. Maximum allowable Developer Fee (a4 + b4 + c2)			\$48,000
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Calculation Worksheet

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Project Name: 42 Otis Street				Number of Project Units: 24		
Operating Reserve Calculator UMR §8308						
Total Operating Expenses Excluding On-Site Service Coordinator Salaries.				TAX CREDIT	NON-TAX CREDIT	
(1)	(a) Total Operating Expenses:	\$969,920	Amount subject to reserve calculation: (a - b)	\$969,920	\$242,480	
	(b) Minus: On-Site Service Coordinator Salaries:	\$0			\$323,307	
(2)	Replacement Reserve amount from cell A127 below:			\$12,000	\$4,000	
Debt Service						
(3)	Name of Lender Operating worksheet cells (D134 to D140)			Annual Debt Service Amount	TAX CREDIT Project 3 Month Reserve Required	NON-TAX CREDIT Project 4 Month Reserve Required
	1st Mortgage Debt Service			\$0	\$0	\$0
	2nd Mortgage Debt Service			\$0	\$0	\$0
	3rd Mortgage Debt Service			\$0	\$0	\$0
	Misc. Financial Expenses: (specify)			\$0	\$0	\$0
	Misc. Financial Expenses: (specify)			\$0	\$0	\$0
	Misc. Financial Expenses: (specify)			\$0	\$0	\$0
	Misc. Financial Expenses: (specify)			\$0	\$0	\$0
	Other (Specify)			\$0	\$0	\$0
	Totals			\$0	\$0	\$0
UMR Required Operating Reserve Amount:				\$245,480	\$327,307	
If reserve amounts are different than the required amount, enter reserve amounts and how they are calculated below:						
No operating reserve is required by the City and County of San Francisco. This project is funded directly from the overall City budget.						

Replacement Reserve Calculator UMR §8309			
(a)	0.6% of New construction costs (structures excluding contractor profit, overhead, and general requirements and insurance):	\$0	\$0
	\$500 per unit: (This is a placeholder for rehab projects and may be subject to higher amount)	\$500	\$12,000
(b)	Replacement Reserve Amount = New construction: lesser of (a) and (b); Rehab: (b)		\$12,000
	HCD Required Replacement Reserve Amount - included in Operating' worksheet cell D123		\$12,000

Construction Hard Cost Contingency Calculator UMR §8310			
(i)	Where the Department is providing construction-period financing, the minimum budgeted construction contingency must be 5 percent of construction costs for new construction projects and 10 percent of construction costs for rehabilitation and conversion projects.		
	Offsite Improvements - from Dev Budget worksheet cell M12	\$0	0.00%
	Site Work - from Dev Budget worksheet cell M19 or M33	\$0	
	Structures - from Dev Budget worksheet cell M20 or M34	\$0	
	General Requirements - from Dev Budget worksheet cell M21 or M35	\$0	
	Contractor Overhead - from Dev Budget worksheet cell M22 or M36	\$0	
	Contractor Profit - from Dev Budget worksheet cell M23 or M37	\$0	
	Hard Cost Contingency - from Dev Budget worksheet cell M95	\$0	
If the development is new construction or new construction & acq./rehab. , the hard cost contingency must be between 5% and 10% (see cell AE31 above)			
If the development is rehab., acq./rehab., or conversion , the hard cost contingency must be between 10% - 15% (see cell AE31 above)			
Comments			

Builder Overhead, Profit, and General Requirements Calculator UMR §8311			
(c)	Builder overhead, profit and general requirements shall be limited in accordance with California Code of Regulations, Title 4, Section 10327 , which states, "An overall cost limitation of fourteen percent (14%) of the cost of construction shall apply to builder overhead, profit, and general requirements, excluding builder's general liability insurance."		
	Site Work - from Dev Budget worksheet cell M19 or M33	\$0	0.00%
	Structures - from Dev Budget worksheet cell M20 or M34	\$0	
	General Requirements - from Dev Budget worksheet cell M21 or M35	\$0	
	Contractor Overhead - from Dev Budget worksheet cell M22 or M36	\$0	
	Contractor Profit - from Dev Budget worksheet cell M23 or M37	\$0	
	*Prevailing Wage - from Dev Budget worksheet cell M24 or M38	\$0	
	General Liability Insurance - from Dev Budget worksheet cell M25 or M39	\$0	
	Demolition - from Dev Budget worksheet cell M7	\$0	
	Offsite Improvements - from Dev Budget worksheet cell M12	\$0	
Comments			

Supportive Services Costs - 2017 Uniform Multifamily Regulation (UMR) Limits

UMR §8301(t): "Supportive Services" - social, health, educational, income support and employment services and benefits, coordination of community building and educational activities, individualized needs assessment, and individualized assistance with obtaining services and benefits.

UMR §8301(u): "Supportive Services Costs" - the costs of providing tenants service coordination, case management, and direct resident and Supportive Services. It includes: (1) the cost of providing tenants with information on and referral to social, health, educational, income support and employment services and benefits, coordination of community building and educational activities, individualized needs assessment, and individualized assistance with obtaining services and benefits; (2) salaries, benefits, contracted services, telecommunication expenses, travel costs, supplies, office expenses, staff training, maintenance of on-site equipment used in services programs, such as computer labs, incidental costs related to resident events, and other similar costs approved by the Department.

A. Supportive Services Units:		Total number units:	24	Certification Year - select budget reporting period year:	2024	Total Units	Max PUPY Expense	Max Costs
(1)	UMR §8314(e)(1): Total number of Supportive Housing (SH) units anticipated to be restricted to individuals or families experiencing chronic homelessness as defined consistent with Health and Safety Code (HSC) §50675.14.					41	\$4,850	\$198,843
(2)	UMR §8314(e)(2): Total number of Supportive Housing (SH) units (other than those restricted to individuals or families experiencing chronic homelessness pursuant to HSC §50675.14), PLUS the total number of units restricted to occupancy by Special Needs Populations (SNP)* under any HCD program. (*click here for definition - §7301(s) of the MHP Final Guidelines). Do not include units included in (1) above.						\$3,637	\$0
(3)	UMR §8314(e)(3): Total number of units where the Sponsor, their affiliate, or a service provider under contract to provide Supportive Services at the Project has both: (A) qualified staff devoted exclusively to oversight and quality control of resident services in affordable housing, including the Project; and (B) a system to track and report on tenant outcomes, such as changes in employment status and income. Do not include units included in items (1) and (2) above.						\$1,249	\$0
(4)	UMR §8314(e)(4): Total number of units anticipated to be offered Supportive Services provided by the Project Sponsor, a Sponsor affiliate, or contracted service provider that do not satisfy the criteria in items (1), (2) and (3)						\$297	\$0
(5)	Maximum Supportive Services Costs					41		\$198,843

Applicant Documents

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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](#).

Application Development Team (ADT) Support Form

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

Name:						Email:			
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								
14	Homekey								
15	Homekey								
16	Homekey								
17	Homekey								
18	Homekey								
19	Homekey								
20	Homekey								
21	Homekey								

Application Development Team (ADT) Support Form

Rev 4/23/2023

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

Name:		Email:					
Issue #	Program Name &	Tab	Cell #	Update/Comment	Urgency	ADT Status	Status Date
22	Homekey						
23	Homekey						
24	Homekey						
25	Homekey						
26	Homekey						
27	Homekey						
28	Homekey						
29	Homekey						
30	Homekey						
31	Homekey						
32	Homekey						
33	Homekey						
34	Homekey						
35	Homekey						
36	Homekey						
37	Homekey						
38	Homekey						
39	Homekey						
40	Homekey						
41	Homekey						
42	Homekey						

Application Development Team (ADT) Support Form

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

Name:					Email:			
Issue #	Program Name &	Tab	Cell #	Update/Comment	Urgency	ADT Status	Status Date	
43	Homekey							
44	Homekey							
45	Homekey							
46	Homekey							
47	Homekey							
48	Homekey							
49	Homekey							
50	Homekey							