

# Homekey Round 2

## Notice of Funding Availability (NOFA) September 9, 2021

### Application Workbook

Rev. 10/2/21



**State of California  
Governor Gavin Newsom**

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

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

**2020 West El Camino Avenue  
Sacramento, CA 95833**

**Phone: (916) 263-2771**

**Email: [Homekey@hcd.ca.gov](mailto:Homekey@hcd.ca.gov)**

**Website: <https://homekey.hcd.ca.gov/>**

**Homekey Round 2 Project Overview**

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**§401 Pre-Application Consultation Requirement**

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

**Instructions**

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

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

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

"Green" shaded cells indicate HCD Use Only.

"Blue" shaded cells indicate Application scores.

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

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

For general Homekey NOFA and program questions email: [homekey@hcd.ca.gov](mailto:homekey@hcd.ca.gov).

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

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

Maximum Homekey Award		Applicant Requested Homekey Award		Lesser of Maximum and Requested Award	
Capital Baseline Award	\$4,300,000.00	Capital Baseline Award	\$4,300,000.00	Capital Baseline Award	\$4,300,000.00
Additional Contribution	\$1,531,640.00	Additional Contribution	\$1,463,280.00	Additional Contribution	\$1,463,280.00
<b>Total Maximum Capital Award</b>	<b>\$5,831,640.00</b>	<b>Total Requested Capital Award</b>	<b>\$5,763,280.00</b>	<b>Total Capital Award</b>	<b>\$5,763,280.00</b>
Operating Subsidy	\$1,216,800.00	Operating Subsidy	\$1,216,800.00	Operating Subsidy	\$1,216,800.00
50% of Relocation Costs	\$0.00	50% of Relocation Costs	\$0.00	50% of Relocation Costs	\$0.00
\$207 Bonus Award - app submittal	\$250,000.00	\$207 Bonus Award - app submittal	\$250,000.00	\$207 Bonus Award - app submittal	\$250,000.00
\$207 Bonus Award - full occupancy	\$250,000.00	\$207 Bonus Award - full occupancy	\$250,000.00	\$207 Bonus Award-full occupancy	\$250,000.00
<b>Total Maximum Homekey Award</b>	<b>\$7,548,440.00</b>	<b>Total Requested Homekey Award</b>	<b>\$7,480,080.00</b>	<b>Total Homekey Award</b>	<b>\$7,480,080.00</b>
Number of Doors at Acquisition	25	Number of Units Proposed in the Project	25		
Number of At-Risk of Homelessness Units	0	Number of Chronically Homeless Units	0	Number of Homeless Units	3
Number of Homeless Youth or Youth at Risk of Homelessness Units	22	Number of Assisted Units	25		
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	Eula Hotel Apartments				
Project Address	3055 16th Street	Project City	San Francisco	State	CA
Project County	San Francisco	Is the Project in a Rural Area per H&S Code §50199.21? (use the TCAC Method for determining rural status)			No
Assessor Parcel Number (APN)	Lot 78, Block 3569				
Assessor Parcel Number (APN)					
Geographic Set Aside	Bay Area				
Project Type (Transitional Housing is Interim Housing)	Permanent Housing				
Building Type	Existing multifamily				
Other building type not listed above (describe below)	N/A				

**Project Narrative**  
 The Eula Hotel Apartments is a 25-unit property located on 16th Street in the Mission District of San Francisco. This 3-story walk-up building, plus basement, was built in 1909 and recently renovated in 2015 and 2018. The building has ground floor commercial space and all 25 residential units are on the upper floors. The property was identified as a potential site for Homekey through a Request For Information. After completing due diligence, the City and County of San Francisco entered into a Purchase and Sale Agreement with the seller. On December 30, 2021, CCSF purchased the property and intends to put it into service as Permanent Supportive Housing for both Transition Age Youth (TAY) and persons experiencing homelessness. The split will be 90% TAY (22 units) and 10% homeless (3 units).

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

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

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

**§200 Eligible Applicants**

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

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

**Co-Applicant #2 (if applicable)**

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

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

**Development Team Contacts (provide information that is currently available)**

**Property Management Company**

Legal Name	TBD	Contact Name		Email	
Phone		Address		City	State Zip

**Financial Consultant**

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

**Legal Counsel**

Legal Name	City and County of San Francisco		Contact Name	Virginia Dario Elizondo	Email	virginia.dario.elizondo@sfcityattly.org
Phone	N/A	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 Street	City	San Francisco	State CA Zip 94102

**Development/Operating Funding Source**

Legal Name		Contact Name		Email	
Phone		Address		City	State Zip

**Development/Operating Funding Source**

Legal Name		Contact Name		Email	
Phone		Address		City	State Zip

**Development/Operating Funding Source**

Legal Name		Contact Name		Email	
Phone		Address		City	State Zip

**Development/Operating Funding Source**

Legal Name		Contact Name		Email	
Phone		Address		City	State Zip

**§201 Eligible Uses**

**Select below the eligible uses you are applying for:**

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

**§202 Eligible Projects**

**Select below the eligible project types you are applying for:**

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

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

**Threshold**

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**§300 Threshold Requirements**

**To be eligible to receive funding, all projects must meet the following requirements as they relate to the Eligible Applicant and the project types.**

i. Applicant acknowledges that applications may be submitted independently by an Eligible Applicant, as defined in §200 and Article VII. Alternatively, each of the foregoing Eligible Applicants may apply jointly with a nonprofit or for-profit corporation as Co-Applicant?	Yes
ii. Applicant agrees Project(s) must serve persons qualifying as members of the Target Population per Article VII(xxxi)?	Yes
iii. Applicant has completed the 'Supportive Services Plan' worksheet based on the anticipated needs of the Target Population and any proposed sub-populations to be served by the Project?	Yes
iv. Applicant acknowledges the requirement to submit an overview below of the plan and timeline for any required entitlements, permits, and environmental clearances? Applicants must also complete the 'Local & Env Verification' worksheet. <b>Applicants are encouraged to discuss their land use and environmental clearance plans, and related statutory authorities at the required pre-application consultation.</b>	Yes

The project is currently zoned and permitted as residential. Five of the 25 units are designated as tourist units, and will need to be changed to residential. This use change is administrative under State Density Bonus law and will be completed by May 2022. Additionally, the ground floor commercial space will be converted into community and office space for the project, which will require a Conditional Use Permit. This permit is processed administratively for a project that is 100% affordable housing and will be completed concurrently in May 2022. All environmental clearances are complete.

File Name	Env. Report 1	Phase I (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?	Yes	
File Name	Env. Report 2	If 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	CEQA	Copy of CEQA Determination Documents	Uploaded to HCD?	Yes	
File Name	NEPA	Copy of Authority of Use Grant Funds (NHTF Verification from Responsible Entity)	Uploaded to HCD?	N/A	
File Name	Local Approvals	'Local & Env Verification' worksheet(s) completed and signed by local authority or Responsible Entity, if different from jurisdiction.	Uploaded to HCD?	Yes	
Construction start date	N/A	Construction completion date	N/A	Estimated occupancy date	6/1/22

v. Applicant acknowledges the requirement to submit a Racial Demographic Data Worksheet (reports Continuum of Care (CoC) outcomes by race/ethnicity)?

File Name	Racial Demographics	Racial Demographic Data Worksheet, which reports CoC outcomes by race and ethnicity. The worksheet on the <a href="#">Homekey webpage</a>	Uploaded to HCD?	Yes
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vi. Applicant must have site control of all properties at the time of application, and control must not be contingent on the approval of any other party. Does Applicant have site control? If Yes, enter site control information for each APN and most recent execution date. Describe site control special circumstances below.

APN	Address	Type of Site Control	Current owner	Execution date	Expiration date
Lot 78, Block 3569	3055 16th Street, San Francisco, CA 94110	a. Fee title	City and County of San Francisco	12/28/21	N/A
0					
0					
0					
0					
0					
0					
0					
0					
0					

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?

File Name:	Use Change	Provide a commitment and plan to facilitate or expedite the use change processes	Uploaded to HCD?	Yes
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Provide details below for unusual site control special circumstances or "Other" types of site control:

**Threshold**

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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
File Name:	Prelim1, Prelim2, etc	Provide current preliminary title report for each site above	Uploaded to HCD?	Yes
File Name:	Liability Insurance	Proof of General Liability Insurance that meets the requirements in §800(i)	Uploaded to HCD?	Yes
File Name:	Automobile Insurance	Proof of Automobile Liability Insurance that meets the requirements in §800(ii)	Uploaded to HCD?	Yes
File Name:	Property-Hazard Insurance	Proof of Property Insurance that meets the requirements in §800(v)	Uploaded to HCD?	Yes

vii. Applicant acknowledges that the Eligible 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 HCD can rely on for experience and capacity: City and County of San Francisco

viii. Applicant agrees to provide a development plan that supports acquisition of a site and fund expenditure before all program deadlines and demonstrates evidence of strong organizational and financial capacity to develop the project? Yes

File Name:	Development Plan	Provide a development plan	Uploaded to HCD?	Yes
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ix. Applicant agrees that Assisted Units and other units of the Project must meet all applicable state and local requirements pertaining to rental housing, manufactured housing, including but not limited to requirements for minimum square footage, and requirements related to maintaining the Project in a safe and sanitary condition? Yes

x. Applicant acknowledges all Applicants must be in good standing with the State of California and all agencies and departments thereof? By way of example and not limitation, all Applicants must be qualified to do business in the State of California and must be in good standing with the California Secretary of State and the California Franchise Tax Board. Applicants that are delinquent in meeting material requirements of previous HCD awards may fail threshold review. Yes

xi. Applicant acknowledges that HCD will require Eligible Applicants to submit a complete application with all required documents? HCD reserves the right to request clarification of unclear or ambiguous statements made in an application and other supporting documents. Yes

xii. Applicant acknowledges the requirement to submit a concise, sufficiently detailed Relocation Assistance Narrative? The Narrative must show the Applicant's consideration of (I) applicable relocation assistance laws and requirements; and (II) all persons, businesses, or farm operations that may or will be displaced as a result of the Applicant's Homekey-funded activities. **This Relocation Assistance Narrative does not take the place of the relocation plan, or the Certification Regarding Non-Application of Relocation Benefits and Indemnification Agreement, that the Grantee shall submit as a condition of funding.** Yes

File Name:	Relocation Narrative	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?	Yes
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**§301 Permanent Housing Requirements**

i. Applicant has funding commitments or other reasonable assurance to cover operations and service costs with specific funding sources (government/philanthropic/private) for the proposed Project for 5 years and a budget which covers operations and services costs through year 15 from the recordation of the use restriction? Yes

ii. Is the Applicant acquiring, rehabilitating, and operating a Permanent Housing project? If Yes, the Applicant or Co-Applicant must demonstrate the following minimum experience requirements below: Yes

a. Development, ownership, or operation experience (a1. or a2. must be Yes to pass Threshold) Passes threshold? Yes

a1. Has Applicant developed, owned, or operated a project similar in scope and size to the Project? If Yes, provide details below: 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	Affordable Rental	Homeless	11/13/20

a2. If a1 above is Yes, skip. Applicant has operated at least two affordable rental housing projects in the last ten years, with at least one of those projects containing at least one unit housing a tenant who qualifies as a member of the Target Population (enter Project information below)? No

Project name and address	Who provides the experience	Experience type	Housing type	Qualifying unit population served	Latest date developed, owned, or operated
Hotel Diva, 440 Geary Street, San Francisco (Homekey Round 1)	City and County of San Francisco	Developed	Affordable Rental	Homeless	12/2/20
			Affordable Rental		

b. Experience helping persons address barriers to housing stability & providing support services Property manager service years: 3.00 Supportive Service Provider service years: #REF! Pass threshold (three or more years of experience)? #REF!

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

Project name and address	Experience provider	Housing type	Population Served	# of months serving
Current Solicitation for Operator. Provider to be selected February 2022.	Property Manager	Affordable Rental	Homeless Youth or Youth at Risk of Homelessness	36
	Property Manager	Affordable Rental		
	Property Manager	Affordable Rental		
	Property Manager	Affordable Rental		
	Property Manager	Affordable Rental		

Enter Supportive Service Provider name and complete experience chart below:

City and County of San Francisco, Department of Homeless and Supportive Housing	Supportive Service Provider	Affordable Rental	Homeless Youth or Youth at Risk of Homelessness	72
Current Solicitation for Operator. Provider to be selected February 2022.	Supportive Service Provider	Affordable Rental	Homeless Youth or Youth at Risk of Homelessness	36
	Supportive Service Provider	Affordable Rental		
	Supportive Service Provider	Affordable Rental		

Threshold						10/2/21		
c. Experience administering a Housing First program that includes principles of harm reduction and low barriers to entry.					Yes			
File Name:	Housing First Perm	Provide experience administering a Housing First program of harm reduction and low barriers to entry			Uploaded to HCD?	Yes		
iii. One-for-one replacement of assisted housing								
a. Will the acquired housing or site be redeveloped/repositioned as part of the locality's overall goal to address the needs of Target Population and community?								
b. If Yes to iii a. above, will the target site be demolished before any occupancy by the Target Population?								
File Name:	One-for-one Replacement	iii(a) and (b): If the acquired housing or site will be redeveloped/repositioned per the locality's overall goal to address the needs of the Target Population and the community (unless the target site is going to be demolished before any occupancy by the Target Population), provide a letter of commitment to ensure one-for-one replacement of units.			Uploaded to HCD?	N/A		
c. Will all of the proposed housing be located within the original target housing location neighborhood?								
File Name:	Housing Site Map	Map indicating the original target housing location and all proposed housing location(s).			Uploaded to HCD?	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		
<b>§302 Interim Housing Requirements (skip this application section as your Project Type is Permanent Housing; please complete §301)</b>								
i. Applicant acknowledges the Interim Housing Project will be evaluated on Funding commitments or other reasonable assurance to cover operations and service costs with specific funding sources (government/philanthropic/private) for the Project for five years and submit a budget to cover operations and services costs through year 15 from the recordation of the use restriction.								
ii. Is the Applicant acquiring, rehabilitating, and/or operating an Interim Housing project? If Yes, the Applicant must meet the following experience below:								
a. Successful development, ownership, or operation of an Interim Housing project, such as an emergency shelter or Transitional Housing for at least three of the last ten years for individuals who qualify as members of the Target Population.					Years	0.00	Pass Threshold	No
Project Name and Address		Who provided experience	Experience type	Interim Housing project type	Population Served	# of months serving in the last ten years		
Explanations:								
b. Does Applicant have experience linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability?								
File Name:	Interim Hsg Exp	Provide experience in linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability			Uploaded to HCD?			
c. Does Applicant have experience administering a Housing First program that includes principles of harm reduction and low barriers to entry?								
File Name:	Housing First Interim	Provide experience administering a Housing First program that includes principles of harm reduction and low barriers to entry			Uploaded to HCD?			
<b>§500 Article XXXIV</b>								
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	
<b>§501 Housing First</b>								
Applicant acknowledges that the Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, in its property management and tenant selection practices? Projects shall accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project funding sources..							Yes	
<b>§502 Tenant Selection</b>								
Applicant acknowledges that referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) for persons who are experiencing Homelessness? For persons At Risk of Homelessness, CES or another comparable prioritization system based on greatest need shall be used. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the NOFA. CoC collaboration in Project and supportive service design is also strongly encouraged to help target and serve greatest need populations.							Yes	
<b>§503 Participation in Statewide HDIS/HMIS</b>								
Applicant acknowledges Homekey Grantees must support CoC participation in the statewide Homeless Data Integration System (HDIS), and, in accordance with state and federal law (including all applicable privacy law), disclose relevant data to the local Homeless Management Information System (HMIS)?							Yes	
<b>§504 Relocation</b>								
Applicant acknowledges Homekey Grantees must comply with all applicable federal, state, and local relocation law. Grantees must have a relocation plan prior to proceeding with any phase of a project or other activity that will result in the displacement of persons, businesses, or farm operations?							Yes	
File Name:	Relocation Plan	Relocation Assistance Narrative for relocation or no relocation			Uploaded to HCD?	Yes		
<b>§505 Accessibility and Non-Discrimination</b>								
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	

<b>Threshold</b>			<b>10/2/21</b>
File Name:	Access & Non-Discrimination	Provide a non-discrimination policy	Uploaded to HCD? <b>Yes</b>
<b>§506 Prevailing Wage</b>			
Applicant acknowledges use of Homekey funds is subject to California's prevailing wage law (Lab. Code, § 1720 et seq.). Applicant is urged to seek professional legal advice about the law's requirements. Prior to disbursing the Homekey funds, HCD will require a certification of compliance with California's prevailing wage law, as well as all applicable federal prevailing wage law. The certification must verify that prevailing wages have been or will be paid, and that labor records will be maintained and made available to any enforcement agency upon request. The certification must be signed by the general contractor(s) and the Grantee.			<b>Yes</b>
File Name:	Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD? <b>Yes</b>
<b>§507 Environmental Clearances</b>			
Applicant acknowledges HCD encourages Eligible Applicants to <b>fully engage with HCD's technical assistance and to consider the CEQA exemption set forth at HSC §50675.1.4</b> 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.			<b>Yes</b>



**Certification & Legal Disclosure**

10/2/21

**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.**

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

**Applicant Documents**

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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.

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

**Organizational Chart**

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

**Signature Block**

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

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

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

**§300(iii) Supportive Services Plan (SSP)**

10/2/21

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

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

**Part I. Tenant Selection**

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

**Section 1: Tenant Selection Criteria**

Target Population and Eligibility Criteria

a. Do you use Housing First Practices? Yes

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

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 25 units will serve homeless Transition Age Youth (TAY) and adults as defined by Part 578.3 of Title 42 of the United States Code. 90%, or 22 units at the Eula Hotel Apartments will house youth experiencing homelessness aged 18-24, per the Homekey TAY definition and 10%, or 3 units, will target young adults aged 25-29 who are currently experiencing homelessness and were part of the Homeless Response System as TAY. San Francisco's Proposition C, passed by voters in 2018, speaks specifically to housing for the TAY population and allows for young adults aged 25-29 to be placed in TAY designated Permanent Supportive Housing. Additionally, according to current data, 10% of the persons served by the Youth Access Points and prioritized for housing through Coordinated Entry are young adults aged 25-29 who were homeless as TAY. Therefore, under Homekey definitions there are two target populations.

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

All placements will be made using the core components of Housing First, as set forth in the Welfare and Institutions Code Section 8255. 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 his/her 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.

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, 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.

**§300(iii) Supportive Services Plan (SSP)**

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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, in its property management and tenant selection practices. Complete the checklist below to certify compliance with Housing First.

**Tenant Screening**

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

**Housing-Based Voluntary Services**

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

**Housing Permanency**

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

**Part II. Supportive Services Detail**

**Section 1: Supportive Services Provider Information**

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

Provider Name	Populations the Provider will serve	Services Provider will offer
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, Socialization, Exit Planning Strategies

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

None

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

N/A

**Section 2: Supportive Services Chart**

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

Resident Service	Service Description	Frequency	Hours	Service Provider	Off-site Service Location
List each service separately	Describe service, including the degree to which services are provided.	Frequency of services provided	Provide the hours of availability	Provider's Name	If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more that one-half mile.
Case management	One-site Case management ratio of 20:1. One Case Manager and one supervisory Program Manager	Depends on needs of tenants	8 hours a day; 5 days a week	City and County of San Francisco	
Behavioral health services	HSH and the DPH will coordinate referrals to Behavioral Health services through onsite case management, and access to onsite or roving clinical support services. 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	City and County of San Francisco	

**§300(iii) Supportive Services Plan (SSP)**

10/2/21

Physical health services	HSH funds Case Management for supportive services which includes referral services and coordination to clinics and hospitals. Service provider uses a holistic and trauma informed approach to ensure tenant's physical health needs are met. HSH is also continuing to partner with DPH and the National Harm Reduction Coalition's Drug Overdose Prevention and Education program to create and tailor education services and resources to the community working with people experiencing homelessness. HSH is helping all PSH programs to adopt an overdose prevention policy for residents.	Depends on needs of tenants	8 hours a day; 5 days a week	City and County of San Francisco	
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	City and County of San Francisco	
Education and employment services	HSH funds case management for on-site supportive services. The Service Provider will provide referral services and coordination of workshops and trainings as needed by the tenants.	Depends on needs of tenants	8 hours a day; 5 days a week	City and County of San Francisco	
Other services, such as housing retention skills, legal assistance, family connection services, etc.	HSH funds on-site case management. The Service Provider will provide referral services, as needed by the tenants. In addition, services staff connect each tenant with resources needed to be food secure as they live independently.	Depends on needs of tenants	8 hours a day; 5 days a week	City and County of San Francisco	
Other Residential Services (specify)	Community Building opportunities like weekly coffee and pastries, holiday events, and other programs to provide socialization and stability	Monthly	1-2 hours	City and County of San Francisco	
Other Residential Services (specify)					

**Section 3: Supportive Services Coordination**

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

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

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

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

**Part III. Staffing**

**Section 1a: Staffing Description**

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

**§300(iii) Supportive Services Plan (SSP)**

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The Support Services staff consists of a Case Manager and a part time 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; 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 supervisory 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. 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: 1.5	Employing Organization	Location
List each staff position	List min. required staff preparation include (education & experience).	Indicate FTE staff positions for Homekey units (half-time is 0.5)	List which organization will employ each staff position	Select "On-Site" or "Off-Site"
Case Manager	Bachelor's degree in psychology, counseling, social work or related field, and minimum 2 years relevant experience; or 5 years relevant experience in place of degree; some positions may be bilingual	1	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

**Section 2: Staffing Ratios**

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

a. Total Homekey Assisted Units	25
b. Total FTE Service Staff from the Staffing Chart for the Homekey Assisted Units - Provide only the number of ongoing direct service staff positions that will provide services to the tenants of the Homekey Assisted Units, (for example, case manager, psychiatric nurse, services coordinator, etc). Do not include supervisors, peer support positions, or HMIS Administration positions.	1.25
c. Number of Homekey units per FTE Staff Person (a÷b)	20

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

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

**Part IV. Supportive Services Budget**

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

Income Source/Program Name	Amount	Type	Funding Status	% of Total Budget
Homekey	\$158,300	Cash	Intend to Fund or Provide	100.00%
SF Dept of Homelessness and Supportive Housing		Cash	Committed	0.00%
				0.00%
				0.00%
<b>Total Revenue</b>	<b>\$158,300</b>			<b>100.00%</b>
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: 1.00 \$58,000	Cash	Committed	36.64%
Program Manager	FTE: 0.50 \$40,000	Cash	Committed	25.27%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%
	FTE:			0.00%

<b>\$300(iii) Supportive Services Plan (SSP)</b>					10/2/21
	FTE:				0.00%
	FTE:				0.00%
	FTE:				0.00%
<i>Fringe Benefits</i>		\$24,840	Cash	Committed	15.69%
<b>Total Staff Expenses</b>		<b>\$122,840</b>			<b>77.60%</b>
<i>Tenant Transportation (per SSP)</i>					0.00%
<i>Staff training (per SSP)</i>					0.00%
<i>Equipment</i>					0.00%
<i>Supplies</i>		\$5,000	Cash	Committed	3.16%
<i>Travel</i>		\$1,200	Cash	Committed	0.76%
<i>Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units)</i>					0.00%
<i>Training</i>		\$1,000	Cash	Committed	0.63%
<i>Consultants: List by Function</i>					0.00%
<i>Subcontractors/Partners-list by Entity/Service type</i>					0.00%
<i>Program/Resident Supplies</i>		\$12,500	Cash	Committed	7.90%
<i>Insurance</i>		\$1,200	Cash	Committed	0.76%
<i>Central/Indirect Costs HYA</i>		\$14,560	Cash	Committed	9.20%
<i>Other Expenses: (type in expense description)</i>					0.00%
<i>Other Expenses: (type in expense description)</i>					0.00%
<i>Other Expenses: (type in expense description)</i>					0.00%
<b>Total Expenses</b>		<b>\$158,300</b>			<b>100.00%</b>

**Part V. Property Management Plans and Tenant Selection**

**Section 1: Property Management Plans and Tenant Selection**

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

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

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

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

**Section 1: Measurable Outcomes**

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

Category	Outcomes	Outcome Objectives
<b>Residential Stability:</b> 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.
<b>Increased Skills and/or Income:</b> 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 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+A6256 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.
<b>Greater Self- Determination:</b> 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.
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.).

**§300(iii) Supportive Services Plan (SSP)**

10/2/21

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 at least one dedicated HSH staff managing the contract with the Support Services Provider and who reviews the reports on the respective due dates, and provides feedback and follow-up as necessary. Monitoring of the program occurs on an annual basis on-site at the building, at which time the program outcome objectives will be reviewed alongside program documents and client files. A comprehensive report, including findings and feedback, is then issued to the agency providing Support Services. Additionally, HSH will require programs to report how they will address issues of racial equity in services provided, the demographics of their staff at all levels, and internal mechanisms for advancement of staff of color. HSH will monitor and evaluate programs on their responsiveness to racial disparities.



**Local Jurisdiction and NEPA Responsible Entity Verification (if applicable)**

10/2/21

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

<b>Project Applicant:</b>	City and County of San Francisco
<b>Applicant Address:</b>	440 Turk Street
<b>Applicant City:</b>	San Francisco
<b>Project Name:</b>	Eula Hotel Apartments
<b>Project Address/site:</b>	3055 16th Street
<b>Project City:</b>	San Francisco
<b>Project County:</b>	San Francisco
<b>Assessor Parcel Numbers (APNs):</b>	Lot 78, Block 3569

**Section 1**

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

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

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

**Section 2**

Real Estate transaction only and not defined as a project under CEQ Guidelines Section 15378 and 15060(c)(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))

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

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

No renovation of residential units

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

N/A

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

**Dated:** \_\_\_\_\_

**Statement completed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency or Department Name:** \_\_\_\_\_

**Agency or Department Address:** \_\_\_\_\_

**Agency or Department Phone:** \_\_\_\_\_

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

Doors at Acquisition		Proposed Units for Permanent Housing Project															10/2/21	Maximum Capital Award (Baseline and Additional Contribution) Based on Proposed Units for Permanent Housing Project																							
		San Francisco					Monthly Unit Rent					Subsidy Program #1 Name					Subsidy Program #2 Name					Target Population - Homekey Assisted Units (Article VII)																			
BdrM size	Number of Units and BdrM Size at Acquisition	Baseline Award based on Units and BdrM Size at Acquisition	Number of Units Proposed	Unit Size (Square Feet)	Income Limit AMI	Mntr Units	Proposed Rent for Restricted Units	Proposed Rent for Unrestricted Units	Monthly Utility Allowance	Monthly Rent Subsidy Amount	Monthly Rent Subsidy Units	Monthly Rent Subsidy Amount	Monthly Rent Subsidy Units	At-Risk of Homelessness Units	Chronically Homeless Units	Homeless Units	Homeless Youth or Youth at Risk of Homelessness Units	Total Assisted Units	Baseline Award based on Units and Proposed Population Served	Baseline Award based on Units and Proposed BdrM Size	Maximum Baseline Award based on Proposed Project	Total Unit Square Feet	% of Total Square Feet	Units Pro-Rated Share of Project Cost Based on Square Feet	Non-Assisted Units Project Costs (Applicant must fund)	Project Cost Assisted Units	Adjusted Award lessor of Project Cost and Baseline	Funding Gap on Assisted Units	Per Unit Funding Gap	Local Match (Lesser of Per Unit Funding Gap and \$100,000)	Additional Per Unit Award (Equal to Local Match)	Maximum Match (Proposed Assisted Units x Per Unit Amount)	Maximum Additional Award (Equal to Maximum Local Match)	Maximum Capital Award							
0	25	\$3,750,000	0	0	30%	0	\$550	\$150	\$0	\$0	0	\$0	0	0	0	3	22	25	\$3,850,000.00	\$450,000.00	\$4,300,000.00	4,350	100.00%	\$8,479,686.40	\$0.00	\$8,479,686.40	\$3,850,000.00	\$4,629,686.40	\$119,511.20	\$59,755.60	\$1,114,842.20	\$26,764.80	\$1,141,607.00	\$1,141,607.00	\$6,144,842.20						
Total		25	\$3,750,000	25		0	Annual Net Rent: \$287,700	\$45,000	\$0	Annual Subsidy Revenue: \$0	0	\$0	0	0	0	3	22	25	\$3,850,000.00	\$450,000.00	\$4,300,000.00	6,258	100%	\$7,363,288.00	\$0.00	\$7,363,288.00	\$4,300,000.00	\$3,063,288.00	\$0.00	\$0.00	\$1,531,640.00	\$1,531,640.00	\$5,831,640.00								

File Name: Utility Allowance Local housing authority document showing current utility allowance chart, with relevant components circled. Uploaded to HCD? No

Homekey Award including Capital (Baseline and Match), Operating Subsidy, Relocation, and Bonuses											
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							
<b>\$205 Capital Award Calculation</b>					HCD Amount	Requested Amount	Actual Amount				
1. Maximum Homekey Capital Award based on: Assisted units share of Project Costs					\$4,300,000	\$4,300,000	\$4,300,000				
2. Maximum Homekey Contribution (1:1 match) Award from above cell A125					\$1,531,640	\$1,493,280	\$1,493,280				
<b>A. Total Maximum Homekey Capital Award: (1 + 2)</b>					<b>\$5,831,640</b>	<b>\$5,793,280</b>	<b>\$5,793,280</b>				
Capital Award based on how many Assisted Units from above cell U25					25	Total proposed Project units from above cell E25	25				
<b>\$206 Homekey Operating Subsidy Calculation</b>					Monthly Amount						
1a. Assisted Units reserved for those experiencing Chronic Homelessness, for Homeless Youth, or for Youth at Risk of Homelessness from above cells H25 + I25					22	Monthly amount per unit	\$1,400	\$30,800			
1b. All other Assisted Units from above cells Q25 + S25					3	Monthly amount per unit	\$1,000	\$3,000			
Total qualifying monthly amount per unit							\$33,800				
Operating Subsidy: Maximum Homekey Amount					Annual Amount						
I. Operating Subsidy Source: Operating (NSH Operating Subsidy worksheet cell C38)					Subsidy term (in years)	13	Qualifying Homekey subsidy years	3	\$1,216,800		
II. Operating Subsidy Source: Operating (Operating Subsidy (specify) worksheet cell C39)					Subsidy term (in years)		Qualifying Homekey subsidy years	0	\$0		
III. Operating Subsidy Need Analysis - sum of negative Net Operating Income from 'Cash Flow' worksheet row 43 and Reserve Deposits from 'Cash Flow' worksheet rows 37 and 38 for the first five years					Five Year Total						
Cash Flow worksheet					Year 1	Year 2	Year 3	Year 4	Year 5	\$1,404,300	
iv. If requesting an operating subsidy, upload a letter of support from the local Continuum of Care (CoC) or Housing Authority confirming the need for an operating subsidy and evidencing other operating funding, such as rental subsidies, were sought for the Project, but the funding isn't available for this use.											
File Name: Op Subsidy Confirmation Be found on the Hecology webpage. Uploaded to HCD? Yes											
<b>B. Homekey Operating Subsidy if requested in Overview worksheet cell AK125 (Dev Budget Review of Need Analysis and Max Homekey Amount)</b>					\$1,216,800	\$1,216,800	\$1,216,800				
50% of Relocation Costs if requested on Overview worksheet cell AK125 (Dev Budget worksheet cell L31 + 5)					\$0	\$0	\$0				
S207 Bonus Award: will Application be submitted before Feb. 1, 2022? If Yes, \$10,000 bonus award per Assisted unit					Yes	\$250,000	\$250,000	\$250,000			
S207 Bonus Award: will Project's Assisted units achieve full occupancy within eight months of award date? If Yes, \$10,000 bonus award per Assisted unit					Yes	\$250,000	\$250,000	\$250,000			
<b>C. Total Other Homekey Award</b>					<b>\$500,000</b>	<b>\$500,000</b>	<b>\$500,000</b>				
<b>Maximum Homekey Program Award (Capital plus Operating Subsidy plus Other) (A + B + C)</b>					<b>\$7,548,440</b>	<b>\$7,480,080</b>	<b>\$7,480,080</b>				

Proposed Project Units by Bedroom Size		
Total 0 bedroom units	25	100.00%
Total 1 bedroom units	0	0.00%
Total 2 bedroom units	0	0.00%
Total 3 bedroom units	0	0.00%
Total 4 bedroom units	0	0.00%
Total 5 Bedroom units	0	0.00%
<b>Total proposed units</b>	<b>25</b>	<b>100.00%</b>

  

Assisted Units by Bedroom Size		
Total 0 bedroom units	25	100.00%
Total 1 bedroom units	0	0.00%
Total 2 bedroom units	0	0.00%
Total 3 bedroom units	0	0.00%
Total 4 bedroom units	0	0.00%
Total 5 Bedroom units	0	0.00%
<b>Total Assisted units</b>	<b>25</b>	<b>100.00%</b>

**Sources of Funds**

10/2/21

Funding Committed by Application Due Date?	Source Name	Source Type	Lien No.	Funding Amount	Interest Rate		Repayment Terms		Required Debt Service Amount
					Type	Rate	Type	Due in (yrs)	
1	Yes	Homekey Capital Award from 'Overview' worksheet cell A118	\$5,763,280	State-HCD	1	\$5,763,280			
2	Yes	City and County of San Francisco		Local	2	\$1,600,000			
3									
4									
5									
6									
7									
8									
9									
10									

\$7,363,280

\$0

File Name:	EFC1, EFC2, EFC13, etc.	Documentation for the executed funding commitments (see below)	Uploaded to HCD?	Yes
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"Article VII((xii) **"Enforceable Funding Commitment"** means a letter or other document, in form and substance satisfactory to the Department, which evidences an enforceable commitment of funds or a reservation of funds by a Project funding source, and which contains the following: a. The name of the Applicant or Grantee; b. The Project name; c. The Project site address, assessor's parcel number, or legal description; and d. The amount, interest rate (if any), and terms of the funding source. The Enforceable Funding Commitment may be conditioned on certain standard underwriting criteria, such as appraisals, but may not be generally conditional. Examples of unacceptable general conditions include phrases such as "subject to senior management approval," or a statement that omits the word "commitment," but instead indicates the lender's "willingness to process an application" or indicates that financing is subject to loan committee approval of the Project. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as committed.

**Applicant comments: Include a description of balloon payments and unusual or extraordinary circumstances.**

N/A

10/2/21	Sources/Uses of Funds											
USES OF FUNDS	Homekey Award	City and County of San Francisco	0	0	0	0	0	0	0	0	0	Total Sources/Costs
<b>Project Development Costs</b>												
<b>LAND COST/ACQUISITION</b>												
Land Cost or Value	\$5,600,000											\$5,600,000
Demolition												\$0
Legal												\$0
Land Lease Rent Prepayment												\$0
<b>Total Land Cost or Value</b>	<b>\$5,600,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,600,000</b>
Existing Improvements Cost or Value												\$0
Off-Site Improvements												\$0
<b>Total Acquisition Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Land Cost / Acquisition Cost</b>	<b>\$5,600,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,600,000</b>
Predevelopment Interest/Holding Cost												\$0
Assumed, Accrued Interest on Existing Debt (Rehab/Acq)												\$0
Excess Purchase Price Over Appraisal												\$0
<b>REHABILITATION</b>												
Site Work												\$0
Structures												\$0
General Requirements												\$0
Contractor Overhead												\$0
Contractor Profit												\$0
Prevailing Wages												\$0
General Liability Insurance												\$0
Urban Greening												\$0
Tenant Improvements for offices		\$1,200,000										\$1,200,000
Other Rehabilitation: (Specify)												\$0
Other Rehabilitation: (Specify)												\$0
<b>Total Rehabilitation Costs</b>	<b>\$0</b>	<b>\$1,200,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,200,000</b>
<b>Total Relocation Expenses</b>		<b>\$50,000</b>										<b>\$50,000</b>
<b>NEW CONSTRUCTION</b>												
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
<b>Total New Construction Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>ARCHITECTURAL FEES</b>												
Design		\$75,000										\$75,000
Supervision		\$25,000										\$25,000
<b>Total Architectural Costs</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>
<b>Total Survey &amp; Engineering</b>		<b>\$50,000</b>										<b>\$50,000</b>
<b>CONSTRUCTION INTEREST &amp; FEES</b>												
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
<b>Total Construction Interest &amp; Fees</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>PERMANENT FINANCING</b>												
Loan Origination Fee												\$0
Credit Enhancement/Application Fee												\$0
Title & Recording	\$12,844											\$12,844
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
<b>Total Permanent Financing Costs</b>	<b>\$12,844</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,844</b>
<b>Subtotals Forward</b>	<b>\$5,612,844</b>	<b>\$1,400,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,012,844</b>
<b>LEGAL FEES</b>												
Legal Paid by Applicant												\$0
Other Attorney Costs: (Specify)												\$0
Other Attorney Costs: (Specify)												\$0
Other Attorney Costs: (Specify)												\$0
<b>Total Attorney Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>RESERVES</b>												
Operating Reserve												\$0
Replacement Reserve		\$25,000										\$25,000
Transition Reserve												\$0
Rent Reserve												\$0

10/2/21	Sources/Uses of Funds											
USES OF FUNDS	Homekey Award	City and County of San Francisco	0	0	0	0	0	0	0	0	0	Total Sources/Costs
<b>Project Development Costs</b>												
Other Reserve Costs: (Specify)												\$0
Other Reserve Costs: (Specify)												\$0
Other Reserve Costs: (Specify)												\$0
<b>Total Reserve Costs</b>	\$0	\$25,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,000
<b>CONTINGENCY COSTS</b>												
Construction Hard Cost Contingency		\$120,000										\$120,000
Soft Cost Contingency		\$25,000										\$25,000
<b>Total Contingency Costs</b>	\$0	\$145,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,000
<b>OTHER PROJECT COSTS</b>												
TCAC App/Allocation/Monitoring Fees												\$0
Environmental Audit												\$0
Local Development Impact Fees												\$0
Permit Processing Fees		\$30,000										\$30,000
Capital Fees												\$0
Marketing												\$0
Furnishings	\$60,436											\$60,436
Market Study												\$0
Accounting/Reimbursable												\$0
Appraisal Costs												\$0
Start-Up Costs of Operators	\$90,000											\$90,000
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
Other Costs: (Specify)												\$0
<b>Total Other Costs</b>	\$150,436	\$30,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$180,436
<b>SUBTOTAL PROJECT COST</b>	\$5,763,280	\$1,600,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,363,280
<b>DEVELOPER COSTS</b>												
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
<b>Total Developer Costs</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Project Costs</b>	\$5,763,280	\$1,600,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,363,280

10/2/21

**Year 1 Annual Income and Expenses**

Employee Information				Comments
	Employee Job Title	Salary/Wages	Value of Free Rent	
0.20	On-Site Manager(s)	\$16,200	\$0	
0.50	On-Site Assistant Manager(s)	\$26,400	\$0	
0.50	Supportive Services Staff Supervisor(s)	\$40,000		
1.00	Supportive Services Coordinator, On-Site	\$58,000		
	Other Supportive Services Staff (inc. Case Manager)	\$0		
0.50	On-Site Maintenance Employee(s)	\$25,300	\$0	
	On-Site Leasing Agent/Administrative Employee(s)	\$0	\$0	
	On-Site Security Employee(s)	\$0	\$0	
2.00	Desk Clerks	\$171,300	\$0	
		\$0	\$0	
<b>Total Salaries and Value of Free Rent Units</b>		<b>\$337,200</b>	<b>\$0</b>	
6711	Payroll Taxes	\$0	Show free rent as an expense?	
6722	Workers Compensation	\$0		
6723	Employee Benefits	\$25,750		Yes
<b>Employee(s) Payroll Taxes, Workers Comp. &amp; Benefits</b>		<b>\$25,750</b>		
<b>Total Employee(s) Expenses</b>		<b>\$362,950</b>		

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

**Year 1 Annual Operating Budget**

Acct. No.	Revenue - Income	Residential	Commercial	Comments
5120/5140	Rent Revenue - Gross Potential		\$0	
	Restricted Unit Rents	\$45,000		
	Unrestricted Unit Rents	\$0		
5121	Tenant Assistance Payments			
	Subsidy Program #1 Name	\$0		
	Subsidy Program #2 Name	\$0		
	HSH Operating Subsidy	\$0		
	Operating Subsidy: (specify)	\$0	\$0	
5910	Laundry and Vending Revenue	\$0		
5170	Garage and Parking Spaces	\$0	\$0	
5990	Interim Housing Revenue	\$0	\$0	
<b>Gross Potential Income (GPI)</b>		<b>\$45,000</b>	<b>\$0</b>	

	Vacancy Rate: Restricted Units	5.0%		
	Vacancy Rate: Unrestricted Units	5.0%		
	Vacancy Rate: Tenant Assistance Payments	5.0%		
	Vacancy Rate: Operating Subsidy: (specify)	5.0%		
	Vacancy Rate: Laundry & Vending & Other Income	5.0%		
	Vacancy Rate: Commercial Income		50.0%	
5220/5240	Vacancy Loss(es)	\$2,250	\$0	
<b>Effective Gross Income (EGI)</b>		<b>\$42,750</b>	<b>\$0</b>	

Acct. No.	Expenses	Residential	Commercial	Comments
<b>Administrative Expenses: 6200/6300</b>				
6203	Conventions and Meetings	\$500	\$0	
6210	Advertising and Marketing	\$0	\$0	
6250	Other Renting Expenses	\$0	\$0	
6310	Office/Administrative Salaries -- from above	\$0	\$0	
6311	Office Expenses	\$1,000	\$0	
6312	Office or Model Apartment Rent	\$0	\$0	
6320	Management Fee	\$16,500	\$0	\$55/unit
6330	Site/Resident Manager(s) Salaries -- from above	\$42,600	\$0	
6331	Administrative Free Rent Unit -- from above	\$0	\$0	
6340	Legal Expense -- Project	\$10,000	\$0	
6350	Audit Expense	\$15,000	\$0	annual audit
6351	Bookkeeping Fees/Accounting Services	\$0	\$0	
6390	Miscellaneous Administrative Expenses	\$0	\$0	
6263T	<b>Total Administrative Expenses</b>	<b>\$85,600</b>	<b>\$0</b>	

10/2/21		Year 1 Annual Income and Expenses		
Acct. No.	Expenses	Residential	Commercial	Comments
<b>Utilities Expenses: 6400</b>				
6450	Electricity	\$9,400	\$0	estimated
6451	Water	\$14,100	\$0	estimated
6452	Gas	\$5,640	\$0	estimated
6453	Sewer	\$17,860	\$0	estimated
	Other Utilities: (specify)	\$0	\$0	
6400T	<b>Total Utilities Expenses</b>	\$47,000	\$0	
<b>Operating and Maintenance Expenses: 6500</b>				
<b>Comments</b>				
6510	Payroll -- from above	\$196,600	\$0	
6515	Supplies	\$5,000	\$0	
6520	Contracts	\$25,000	\$0	pest control
6521	Operating & Maintenance Free Rent Unit -- from above	\$0	\$0	
6525	Garbage and Trash Removal	\$2,500	\$0	
6530	Security Contract	\$0	\$0	
6531	Security Free Rent Unit -- from above	\$0	\$0	
6546	Heating/Cooling Repairs and Maintenance	\$16,500	\$0	
6548	Snow Removal	\$0	\$0	
6570	Vehicle & Maintenance Equipment Operation/Reports	\$0	\$0	
6590	Miscellaneous Operating and Maintenance Expenses	\$11,000	\$0	weekend coverage
6500T	<b>Total Operating &amp; Maintenance Expenses</b>	\$256,600	\$0	
<b>Taxes and Insurance: 6700</b>				
<b>Comments</b>				
6710	Real Estate Taxes	\$0	\$0	
6711	Payroll Taxes (Project's Share) -- from above	\$0	\$0	
6720	Property and Liability Insurance (Hazard)	\$20,000	\$0	provider liability; city is self insured as owner
6729	Other Insurance (e.g. Earthquake)	\$0	\$0	
6721	Fidelity Bond Insurance	\$0	\$0	
6722	Worker's Compensation -- from above	\$0	\$0	
6723	Health Insurance/Other Employee Benefits--from above	\$25,750	\$0	
6790	Miscellaneous Taxes, Licenses, Permits & Insurance	\$0	\$0	
6700T	<b>Total Taxes and Insurance</b>	\$45,750	\$0	
<b>Supportive Services Costs: 6900</b>				
<b>Comments</b>				
6990	Staff Supervisor(s) Salaries - from above	\$40,000	\$0	
6990	Services Coordinator Salaries, On-Site - from above	\$58,000	\$0	
6990	Other Supportive Services Staff Salaries - from above	\$0	\$0	
6990	Supportive Services Admin Overhead	\$14,560	\$0	
6990	Employee Benefits	\$24,840	\$0	
6990	Supplies	\$17,500	\$0	
6990	Insurance, Travel, Training	\$3,400	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6900T	<b>Total Supportive Services Costs</b>	\$158,300	\$0	
<b>Total Operating Expenses</b>		<b>\$593,250</b>	<b>\$0</b>	<b>Comments</b>
<b>Funded Reserves: 7200</b>				
<b>Residential</b>		<b>Commercial</b>		
7210	Required Replacement Reserve Deposits	\$12,500	\$0	\$500/unit
7220	Other Reserves: (specify)	\$0	\$0	
7230	Other Reserves: (specify)	\$0	\$0	
7240	Other Reserves: (specify)	\$0	\$0	
	<b>Total Reserves</b>	\$12,500	\$0	
<b>Ground Lease</b>				
<b>Residential</b>		<b>Commercial</b>		
	Ground Lease	\$0	\$0	
	<b>Total Ground Lease</b>	\$0	\$0	
<b>Net Operating Income</b>		<b>(\$563,000)</b>	<b>\$0</b>	
<b>Financial Expenses: 6800</b>				
<b>Comments</b>				
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	<b>Total Financial Expenses</b>	\$0	\$0	
<b>Cash Flow</b>		<b>(\$563,000)</b>	<b>\$0</b>	
7190	Asset Management/Similar Fees	\$0	\$0	





**§304 Application Scoring Criteria (207 Points Max)**

10/2/21

*Applications meeting the minimum program requirements outlined in Article III will require a minimum score of 120 points to be eligible for funding. Scores will be based on the following criteria:*

<b>Total Self Score not including Racial Equity and Community Engagement §304(3)</b>	<b>142.00</b>
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**1. Ability to expend funds timely and demonstration of operating leverage - max 40 points** 40.00

a. Identification of the site suitable for development and evidence of site control, or a plan and timeline for obtaining site control along with other supporting evidence - 20 max points based on average score of all sites 20.00

**Type of Site Control**

a. Fee title 20


b. Commitment of non-Homekey rental or operating subsidies used to maintain the ongoing affordability of the Project - max 20 points, 1 point for each 5% increment of Assisted Units with committed funding. Project or Grantee based commitments for operating assistance, or rental subsidies. 20.00

Rental Subsidy: 'Award,	Subsidy Program #1 Name	Funds Committed	N/A	Assisted Units receiving Rental Subsidy
Rental Subsidy 'Award,	Subsidy Program #2 Name	Funds Committed	N/A	Assisted Units receiving Rental Subsidy
Operating Subsidy	HSH Operating Subsidy	Funds Committed	Yes	Assisted Units receiving Operating Subsidy
Operating Subsidy	Operating Subsidy: (specify)	Funds Committed	N/A	Assisted Units receiving Operating Subsidy

**2. Experience - max 55 points** 35.00

a. Development, ownership, or operation experience - max 25 points 20.00

a1. Does Applicant have the following experience: Development, ownership, or operation of one project similar in scope and size to the proposed project (describe below) - 10 points 10.00

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	Affordable Rental	Homeless	11/13/20

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 0.00

Project name and address	Who provides the experience	Experience type	Housing type	Qualifying unit population served	Latest date developed, owned, or operated

a3. 5 additional points awarded for each additional project (development, ownership, or operation of affordable rental housing or interim projects in the last ten years serving at least one member of the Target Population) - max 15 points 10.00

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

b. Experience helping persons address barriers to housing stability and providing other support services; 1 point awarded for each year of service experience - max 15 points 15.00

Project Name and address	Who provides the experience	Experience Provider	Housing type	Population Served	# of months serving
City and County of San Francisco, HSH and DPH, variety projects across the City of San Francisco	City and County of San Francisco	Applicant	Affordable Rental	Homeless	396

§304 Application Scoring Criteria (207 Points Max)

10/2/21


Explanation:

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 - 15 points	0.00
File Name: Commitment letter(s) or MOU(s)	Provide commitment letter(s) or MOU(s) documentation
	Uploaded to HCD?

**3. Racial equity and community engagement - max 20 points "For HCD use only"** 0.00

a. Racial Disparities Analysis - 10 points (HCD will score Racial Disparities Analysis based on the submitted Continuum of Care Outcomes)

File Name: Racial Disparities Analysis	Provide the Continuum of Care Outcomes by Race and Ethnicity		Uploaded to HCD?	Yes
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b. Community Engagement - 10 points (HCD will score Community Engagement based on the submitted narrative)

File Name: Community Engagement	Provide a detailed narrative of how the Applicant has engaged or will engage with the target community, including people currently experiencing homelessness and people with lived experience of homelessness, to inform the design of the project. Provide documentation of this engagement, including meeting notes, community planning documents, MOU of partnership with community organizations, etc.		Uploaded to HCD?	Yes
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**4. Community impact and site selection - max 92 points** 67.00

a. Project serves specific sub-populations from Award, Match, and Revenue cells R26, S36, T26 - 20 points	Chronic Homelessness	0.00%	Homelessness	12.00%	Homeless Youth or Youth at Risk of Homelessness	88.00%	20.00
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b. Assisted Units include units for large family housing types - 10 points	Percentage of Assisted units that are three bedrooms or larger from 'Award, Match, and Revenue' worksheet cells U43 + U44 + U45	0.00%	Percentage of Assisted units that are two bedrooms or larger from 'Award, Match, and Revenue' worksheet cells U42 + U43 + U44 + U45	0.00%	0.00
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c. Commitment to 55 year deed restriction to serve Target Population, waiving potential accommodation by HCD to increase income limits as described in §303(ii) - max 20 points	Yes	Total Assisted Units Applicant elects to waive the right to increase income levels pursuant to §303(ii).	25	Percentage of Assisted units elected to waive increase of income limits	100.00%	20.00
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d. Extent Project commits to being accessible to persons with disabilities - max 10 points	Total units from 'Award, Match, and Revenue' worksheet cell E25				25	0.00
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# 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
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# 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
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e. The Project requires no rehabilitation/construction, or the rehabilitation/construction and full occupancy can be completed within eight months of award - max 10 points	Yes	10.00
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f. Capital match vs. minimum match required per Assisted unit; and average total cost per Assisted unit vs. minimum baseline per door		6.00
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f1. Capital match exceeds the minimum match required per Assisted Unit, 1 pt for every \$10,000 over the required match - max 10 points	Total Capital match = Total Budgeted Development Costs less Capital Homekey Award	\$1,600,000	Minimum match required for Assisted units from 'Award, Match, and Revenue' worksheet cell A125	\$1,531,640	Excess match (Total less minimum)	\$68,360	Increments of \$10,000 under baseline amount	6	6.00
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f2. Where average total cost per Assisted Unit is below the minimum baseline per door, 1 pt for every \$10,000 under baseline amount - max 10 pts	Average baseline per Assisted Unit from 'Award, Match, and Revenue' worksheet cells X25 / U25	\$172,000	Average cost per Assisted unit from 'Award, Match, and Revenue' worksheet cells AC25 / U25	\$294,531	Excess match (Total less minimum)	\$0	Increments of \$10,000 under baseline amount	0	0.00
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g. Site Selection - max 12 points		11.00		
File Name: Amenities Site Map	Map indicating the proposed housing location(s) and scoring related amenities below.		Uploaded to HCD?	Yes

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 - 4 points	Yes	4.00
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i. Project site is located within 1/2 mile of a full-scale grocery store/supermarket where staples, fresh meat, and fresh produce are sold 1 mile for projects in rural areas? - 2 points	Yes	2.00
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ii. Project site is located within 1/2 mile (1 mile for projects in rural areas) 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. - 1 point	Yes	1.00
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iii. Project site is located within 1/2 mile of a book-lending public library (1 mile for projects in rural areas)? - 1 point	No	0.00
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iv. Project site is located within 1/2 mile of a pharmacy (1 mile for projects in rural areas). May be included in a grocery store or health facility? - 2 points	Yes	2.00
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v. For Projects with units serving Homeless Youth: Project site is within one mile 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)? - 2 points	Yes	2.00
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**§304 Application Scoring Criteria (207 Points Max)**

10/2/21

**5. Negative Points - max minus 20 points**

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

The Project permanently displaces existing residents:	Total existing units	25	Total household units that will be displaced	0	Percentage of household units that will be displaced	0.00%	<b>0.00</b>
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Note: In the event of program oversubscription, where Applicants have the same score and the same date and time stamp, HCD may consider additional criteria as a tiebreaker, including but not limited to the cost-effectiveness, community impact, affirmatively furthering fair housing, innovative housing types, tenant stability and proximity to transit, services and amenities.

**Application Development Team (ADT) Support Form**

10/2/21

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

Name:							Contact Phone:	
Issue #	Program Name &	Tab	Cell #	Update/Comment	Urgency	ADT Status	Status Date	
1	Homekey							
2	Homekey							
3	Homekey							
4	Homekey							
5	Homekey							
6	Homekey							
7	Homekey							
8	Homekey							
9	Homekey							
10	Homekey							
11	Homekey							
12	Homekey							
13	Homekey							
14	Homekey							
15	Homekey							
16	Homekey							
17	Homekey							
18	Homekey							
19	Homekey							
20	Homekey							
21	Homekey							
22	Homekey							
23	Homekey							
24	Homekey							
25	Homekey							
26	Homekey							
27	Homekey							
28	Homekey							
29	Homekey							
30	Homekey							

Homekey Application Upload Document Checklist				10/2/21
<p><b>Document upload requirements and compliance information in column AK is auto-populated from document submittal replies in the worksheets noted below. Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.</b></p>				
<b>Overview worksheet</b>				
File Name	App1 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?	Yes
File Name	App1 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?	Yes
File Name	App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?	Yes
File Name	Co-App1 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?	
File Name	Co-App1 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 OrgDoc1, OrgDoc1, etc....	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App1 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?	
File Name	Co-App1 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable	Uploaded to HCD?	
File Name	Co-App2 Cert & Legal	See Certifications & Legal worksheet.	Uploaded to HCD?	
File Name	Co-App2 Resolution	Signature required; see Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 OrgDoc2, OrgDoc2, etc....	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 OrgChart	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 Signature Block	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 Payee Data Record	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 TIN Form	See Applicant Documents worksheet.	Uploaded to HCD?	
File Name	Co-App2 Cert of Good Standing	Dated 30 days or less from the Application due date.	Uploaded to HCD?	
File Name	Co-App2 Tax-Exempt Status	Evidence of tax-exempt status from IRS and Franchise Tax Board for Non-profit Corp.	Uploaded to HCD?	
File Name:	Rehab Description	Narrative description of current condition of structure(s) and overall scope of work.	Uploaded to HCD?	Yes
File Name:	PNA	Physical Needs Assessment prepared by a qualified independent third party contractor.	Uploaded to HCD?	Yes
File Name:	Market Study	Provide a recent market study within the past year which conforms to Tax Credit Allocation Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD?	N/A
File Name:	Market Study	Provide a recent market study within the past year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA.	Uploaded to HCD?	N/A
File Name:	Non-Perm Structure	Detailed narrative of how the use will meet all Homekey Program requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA	Uploaded to HCD?	N/A
<b>Threshold worksheet</b>				
File Name	Env. Report 1	Phase I (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?	Yes
File Name	Env. Report 2	Phase II (prepared or updated no earlier than 12 months prior to the application due date).	Uploaded to HCD?	N/A
File Name	CEQA	Copy of CEQA Determination Documents	Uploaded to HCD?	Yes
File Name	NEPA	Copy of Authority of Use Grant Funds (NHTF Verification from Responsible Entity)	Uploaded to HCD?	N/A
File Name	Local Approvals	'Local & Env Verification' worksheet(s) completed and signed by local authority or Responsible Entity, if different from jurisdiction.	Uploaded to HCD?	Yes
File Name	Racial Demographics	Racial Demographic Data Worksheet, which reports CoC outcomes by race and ethnicity. The worksheet on the Homekey webpage	Uploaded to HCD?	Yes
File Name:	Use Change	Provide a commitment and plan to facilitate or expedite the use change processes	Uploaded to HCD?	Yes
File Name:	Site Control1, Site Control2, etc	Provide documentation of the type of site control for each site above	Uploaded to HCD?	Yes
File Name:	Prelim1, Prelim2, etc	Provide current preliminary title report for each site above	Uploaded to HCD?	Yes
File Name:	Liability Insurance	Proof of General Liability Insurance that meets the requirements in §800(i)	Uploaded to HCD?	Yes
File Name:	Automobile Insurance	Proof of Automobile Liability Insurance that meets the requirements in §800(ii)	Uploaded to HCD?	Yes
File Name:	Property-Hazard Insurance	Proof of Property Insurance that meets the requirements in §800(v)	Uploaded to HCD?	Yes
File Name:	Development Plan	Provide a development plan	Uploaded to HCD?	Yes
File Name:	Relocation Narrative	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?	Yes
File Name:	Housing First Perm	Provide experience administering a Housing First program of harm reduction and low barriers to entry	Uploaded to HCD?	Yes
File Name:	One-for-one Replacement	iii(a) and (b) If the acquired housing or site will be redeveloped/repositioned per the locality's overall goal to address the needs of the Target Population and the community (unless the target site is going to be demolished before any occupancy by the Target Population), provide a letter of commitment to ensure one-for-one replacement of units.	Uploaded to HCD?	N/A
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
File Name:	Interim Hsg Exp	Provide experience in linking Interim Housing program participants to Permanent Housing to ensure long-term housing stability	Uploaded to HCD?	
File Name:	Housing First Interim	Provide experience administering a Housing First program that includes principles of harm reduction and low barriers to entry	Uploaded to HCD?	
File Name:	Relocation Plan	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?	Yes
File Name:	Access & Non-Discrimination	Provide a non-discrimination policy	Uploaded to HCD?	Yes
File Name:	Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD?	Yes
<b>Certification &amp; Legal worksheet</b>				
File Name:	Cert & Legal Explanation	Letter of explanation for any "Yes" answers or red shaded items above.	Uploaded to HCD?	Yes
<b>Supportive Services Plan worksheet</b>				
File Name:	Property Management Plan	Submit Property Management Plan and Tenant Selection Policies	Uploaded to HCD?	Yes
<b>Award, Match, and Revenue worksheet</b>				
File Name:	Utility Allowance	1Local housing authority document showing current utility allowance chart, with relevant components circled.	Uploaded to HCD?	No
File Name:	Appraisal	If land costs will be included in the Development Budget, attach an appraisal dated within 60 days of the application submittal date.	Uploaded to HCD?	Yes
File Name:	Op Subsidy Confirmation	A letter template and a list of potential Homekey complementary funding can be found on the Homekey webpage.	Uploaded to HCD?	Yes
<b>Dev Sources worksheet</b>				
File Name:	EFC1, EFC2, EFC3, etc.	Documentation for the executed funding commitments (see below)	Uploaded to HCD?	Yes
<b>Application Scoring Criteria worksheet</b>				
File Name	Subsidy Program #1 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?	N/A
File Name	Subsidy Program #2 Name	Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?	N/A
File Name	HSH Operating Subsidy	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?	Yes
File Name	Operating Subsidy: (specify)	Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project.	Uploaded to HCD?	N/A
File Name:	Commitment letter(s) or MOU(s)	Provide commitment letter(s) or MOU(s) documentation	Uploaded to HCD?	No
File Name:	Racial Disparities Analysis	Provide the Continuum of Care Outcomes by Race and Ethnicity	Uploaded to HCD?	Yes
File Name:	Community Engagement	Provide a detailed narrative of how the Applicant has engaged or will engage with the target community, including people currently experiencing homelessness and people with lived experience of homelessness, to inform the design of the project. Provide documentation of this engagement, including meeting notes, community planning documents, MOU of partnership with community organizations, etc.	Uploaded to HCD?	Yes
File Name:	Amenities Site Map	Map indicating the proposed housing location(s) and scoring related amenities below.	Uploaded to HCD?	Yes