



Housing Department
NOFA APPLICATION FORM
 (EXHIBIT A)

1. REQUEST

CITY OF SAN JOSE FUNDS REQUESTED		ACQUISITION	
		CONSTRUCTION/PERM*	
Siting Policy Category 1:	Siting Policy Category 2	Siting Policy Category 3	
\$150,000 per 60% AMI unit or below	\$125,000 per 60% AMI unit or below	\$100,000 per 60% AMI unit or below	
80% AMI units will be awarded a maximum of \$50,000 per unit regardless of siting policy category.			
<i>Please refer to the NOFA, Section 6 – Application Submission Requirement for a detailed listing of required documentation.</i>			

2. SPONSOR INFORMATION

SPONSOR NAME					
STREET ADDRESS					
CITY		STATE		ZIP	
NAME AND TITLE OF PRINCIPAL					
PHONE		E-MAIL			
TYPE OF ORGNIZATION (choose one)		NONPROFIT		FOR-PROFIT	JOINT VENTURE

3. DEVELOPMENT AND PROJECT MANAGEMENT CONTACT INFORMATION

BORROWING ENTITY (e.g., limited partnership)					
BORROWING ENTITY CONTACT					
PHONE		FAX		E-MAIL	
PROJECT MANAGEMENT ENTITY					
DEVELOPMENT ENTITY CONTACT					
PHONE		FAX		E-MAIL	

4. PROJECT INFORMATION

PROJECT NAME					
PROJECT ADDRESS					
COUNCIL DISTRICT		ASSESSOR PARCEL NUMBER(S)			
CENSUS TRACT		POVERTY RATE			
SITING POLICY CATEGORY		TO CONFIRM SITING POLICY CATEGORY PLEASE VISIT:			
https://belonging.gis-cdn.net/sic_siting_map/					

PROJECT SUMMARY

NUMBER (#) OF UNITS					
TARGET POPULATION					
# OF RESIDENTIAL BUILDINGS					
# OF STORIES					
# OF PARKING SPACES	FOR RESIDENTS		FOR STAFF		FOR VISITORS
PARKING TYPE					
PARCEL SIZE (SQ. FT.)					

NET RESIDENTIAL FLOOR AREA			
COMMUNITY ROOM FLOOR			
# OF ELEVATORS			
COMMERCIAL SPACE	SQ. FT.		USE(S)
OTHER (SPECIFY)			

SITE ACQUISITION

Does the applicant own the property or have site control?	YES		NO	
If YES, please provide date when proposer obtained site control				
What is the purchase price of the land and how was it determined? For proposed third-party leaseholds, indicate the amount of the annual lease payment and the basis for determining that amount.				
What is the appraised value of the site? Briefly describe the type of valuation cited.				

TARGET POPULATION

Target Populations	Total # of Units	Total # of PBVs*
Homeless (Chronic, Currently or At-Risk)		
Youth Transitioning out of Foster Care (TAY)		
Persons with Disabilities		
Senior (Persons aged 55 and over)		
Large Families		
Veterans		
Homeless Veterans		
Other:		
* Are these vouchers committed?	YES	NO
If YES, please provide commitment letter as an attachment. If NO please describe plan to obtain vouchers below:		

PROJECT SCORING

1. PROJECT READINESS

HAS/IS THE PROJECT:	YES	NO
RECEIVED ENTITLEMENTS?		
PLANNING TO STREAMLINE WITH EXPEDITED APPROVALS (SB 35, AB2162, etc.)		
IF YES, WHICH:		

2. COST EFFECTIVENESS

TOTAL # OF UNITS	
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TOTAL DEVELOPMENT COSTS*	
COST PER UNIT	
*If the City or County are acquiring the land, do not include in total	

3. & 4. FAMILY HOUSING & EXTREMELY LOW INCOME HOUSING

Please complete table below with the information for the Supportive Housing Units only.

Unit Type	ELI		VLI		LI			MRKT RATE	MGR.	Total	
	20% AMI	30% AMI	40% AMI	50% AMI	60% AMI	70% AMI	80% AMI				
Studio SRO											
1-BR	2										
2-BR	3										
3+BR	4										
Total	5										
%											

*Please ensure that your project complies with the latest published Income and Rent Limits Table:

<https://www.sanjoseca.gov/your-government/departments/housing/data/income-and-rent-limits/affordable->

5. SUPPORTIVE HOUSING

Please complete table below with the information for the Supportive Housing Units only.

AMI Level	SRO	STUDIO	1-BR	2-BR	3-BR
50% AMI					
40% AMI					
30% AMI					
20% AMI					
OTHER AMI:					
TOTAL					

Proposals including PSH units shall address the needs of the PSH population with a project design that will include space for the provision of support services. Please briefly summarize key features below:

Total Number of Units

Total Number of Supportive Housing Units

Percent of Supportive Housing Units

6. FOOD ACCESS

Provide a maximum 1- page narrative to address how the project will address food insecurity for the residents. See section 3.6 & 5.6 and Attachment D. Below, provide a brief summary of Food Access Plan :

6. BONUS CATEGORIES

A. HCD COMMITTED FUNDING

IS THE PROJECT PROPOSING:	YES	NO
APPLYING FOR HCD PROGRAM FUNDING?		
IF YES, AMOUNT REQUESTED		
IF YES, WHICH PROGRAM?		
HAVE THESE FUNDS BEEN COMMITTED?		
IF YES, PLEASE PROVIDE COMMITMENT LETTER WITH SUPPLEMENTAL MATERIALS		

B. OTHER COMMITTED FUNDING

HAS THE PROJECT:	YES	NO

RECEIVED COMMITTED FUNDING AS EVIDENCED BY A COMMITMENT LETTER PROVIDED BY THE FUNDER?					
IF YES, WHICH PROGRAM(S)/AMOUNTS?	COMMITTED FUNDING SOURCE		AMOUNT		
	TOTAL COMMITTED FUNDS				
			TOTAL DEVELOPMENT COSTS*		
			% OF COMMITTED FUNDING		
<i>*USE SAME METHODOLOGY AS ABOVE</i>					

C. CDLAC/CTCAC SCORE

IS/HAS THE PROJECT:	YES	NO
COMPLETED THE "POINTS SYSTEM" TAB FOR A 9% CTCAC APPLICATION OR THE "CDLAC POINTS SYSTEM" TAB OF THE CDLAC ATTACHMENT-40?		
IF YES, PLEASE PROVIDE PDF OF THE SHEET WITH BACK-UP MATERIALS		
IF YES, WHAT IS YOUR SCORE?		
CALCULATED THE CTCAC OR CDLAC TIE-BREAKER SCORE?		
IF YES, PLEASE PROVIDE METHODOLOGY WITH SUPPLEMENTAL MATERIALS		
COMPETING IN A SPECIAL CDLAC/CTCAC FUNDING POOL/SET-ASIDE?		
IF YES, WHICH?		

D. CITY-OWNED SITES

IS THE PROJECT:	YES	NO
ON LAND THAT IS OWNED BY THE CITY OF SAN JOSE OR REQUESTING ACQUISITION FUNDING THAT WILL RESULT IN THE CITY OWNING THE LAND?		

E. CHILDCARE FACILITIES

DOES/IS THE PROJECT:	YES	NO
INCLUDE/PROPOSE A MINIMUM OF 6,000 S.F. OF COMMERCIAL SPACE THAT COULD BE DEDICATED FOR A CHILDCARE/DAYCARE FACILITY IN THE DESIGN OF THE BUILDING?		
LOCATED WITHIN A HIGH OR MODERATE PRIORITY ZIP CODE IDENTIFIED IN ATTACHMENT E?		

F. CODEVELOPMENTS WITH NEW DEVELOPERS

DOES THE PROJECT TEAM:	YES	NO
INCLUDE A JOINT-VENTURE/CODEVELOPMENT STRUCTURE WITH A DEVELOPER THAT HAS LESS THAN 3 QUALIFIED PROJECTS?		

G. INCREASED ACCESSIBILITY FOR DISABLED PEOPLE

DOES THE PROJECT:	YES	NO
COMMIT TO PROVIDING AN ADDITIONAL 10% OF ACCESSIBLE UNITS BEYOND THE BUILDING CODE MINIMUM?		
COMMIT TO CONDUCTING A MINIMUM OF ONE "INCLUSIVE DESIGN WORKSHOPS" WITH DISABLED PEOPLE TO GARNER FEEDBACK AND SUGGESTIONS TO INCREASE ACCESSIBILITY & PROMOTE INCLUSIVE DESIGN?		

8. DEBARRED STATEMENT

1) Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of California, or any local government agency within or without the State of

2) If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

9. DISCLOSURE STATEMENT

1) Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer City of San Jose or County of Santa Clara? YES NO

2) If YES, please provide a full detailed explanation, including dates, circumstances and current status.

10. NON-DISCLOSURE STATEMENT

The undersigned party submitting this proposal hereby certifies that such proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the Proposal is genuine and not collusive or sham; that the Proposer has not directly or indirectly induced or solicited any other Proposer to put in a false or sham NOFA/RFP, and has not directly or indirectly colluded, conspired, connived, or agreed with any Proposer or anyone else to put in a sham NOFA/RFP, or that anyone shall refrain from proposing; that the Proposer has not in any manner, directly or indirectly sought by agreement, communication or conference with anyone to fix the NOFA/RFP cost of the Proposer or any other Proposer, or to fix any overhead, profit, or cost element of the NOFA/RFP or of that of any Proposer, or to secure any advantage

10. VERIFICATION STATEMENT

The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the CSJHD or OSH discover that any information entered herein is false, that shall entitle CSJHD or OSH to not consider nor make award or to cancel any award with the undersigned party.

I, the undersigned, hereby certify that I have read and understand this Profile of Firm Form, including Non-Collusion Affidavit, that I am authorized to submit this proposal on behalf of the Proposer, and I guarantee complete compliance with all the terms, conditions and stipulations.

All required parties signature:

Signature Date

Signature Date

Name & Title

Name & Title