City of Mansfield HOME-ARP Rental Development RFP Application

To be completed by the primary Applicant (Developer) – Do not alter this form

*Complete all information and sign, as requested. For check boxes, double click to open dialogue box.*

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| 1. Enter the full legal name of your organization: |  |
|  |  |
|  Name & Title of organizational contact: |  |
|  |  |
|  Phone number: |  | Email address: |  |
|  |  |  |  |
| 2. Mailing address of the organization: |  |
|  City: |  | State: |  | Zip: |  |
|  Street address, if different from above: |  |
| 3. Location (street address) of project: |  |
| 4. Name of project: |  |

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| 5. What is the legal structure of the Developer entity? | 6. Is the organization any of the following? |
|  | [ ]  | Individual (not a partnership or corp.) |  | [ ]  | 51% minority ownership |
|  | [ ]  | Partnership |  | [ ]  | 51% female ownership |
|  | [ ]  | For-profit corporation |  | [ ]  | 51% minority business enterprise |
|  | [ ]  | Non-profit corporation | 7. Federal Tax ID Number: |  |
| 8. Will anyone on the development team occupy a unit in the project? | [ ]  | Yes | [ ]  | No |
| 9. Is Developer a Community Housing Development Org. (CHDO)? | [ ]  | Yes | [ ]  | No |
|  If yes, what is the date of your most recent CHDO certification? |  |
| 10. What is your organization’s DUNS number? |  |
|  Is your organization proposing a mixed income, mixed use, or mixed income/mixed use project? |
|  | [ ]  | Mixed income | [ ]  | Mixed use | [ ]  | Mixed income & mixed use |
| 11. Have any persons or entities employed by your agency been debarred  by the Federal Government, including HUD, or the State of Ohio? | [ ]  | Yes | [ ]  | No |
| 12. Are there any restrictions on the contracting of your agency with any  federal or state agency, or with the City of Mansfield? | [ ]  | Yes | [ ]  | No |
| 13. Has your organization or one of its principals filed for bankruptcy  within the past ten years? | [ ]  | Yes | [ ]  | No |

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| 14. Number of HOME-ARP funded units that you plan to develop? |  |  |  |  |  |
|  Number of units targeting one or more Qualifying Populations that you plan to develop? |  |  |  |  |  |
|  Total number of housing units that you plan to develop? |  |  |  |  |  |
|  Number of commercial units that you plan to develop? |  |  |  |  |  |
|  Square footage of commercial space that you plan to develop? |  |  |  |  |  |
| 15. Total development budget for project? | $ |  |  |  |  |  |
|  Funding request from HOME-ARP Program? | $ |  |  |  |  |  |
| 16. HOME-ARP unit breakdown by Qualifying Population (QP): |  |  |  |  |  |  |  |  |
|  Number of units for QP 1? |  |  |  |  |  |  |  |  |
|  Number of units for QP 2? |  |  |  |  |  |  |  |  |
|  Number of units for QP 3? |  |  |  |  |  |  |  |  |
|  Number of units for QP 4? |  |  |  |  |  |  |  |  |
|  Number of units for ELI (30% AMI or below) |  |  |  |  |  |  |  |  |
| 17. Please identify each anticipated source of funding, the anticipated funding amount, and the dates by which application for the funding has/will be made and by which funding decisions will be complete.

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| Source of Funds | Amount | Date of Application | Date of Funding Decision |
|  |  |  |  |
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 To the best of my (our) knowledge and belief, all information in this application is true and correct. The governing body of the Developer Applicant has duly authorized this document and application for funding, and the Developer Applicant will comply with all HOME-ARP Program requirements, if funding is awarded. Developer Applicant agrees to adhere to all contracting and hiring requirements of the federal, state, County, and City government. Developer Applicant understands and agrees that all units developed or redeveloped through this HOME-ARP funding must be sold to income eligible households.The undersigned authorizes City of Mansfield staff and their consultants to conduct investigations necessary to establish developer capacity and project feasibility, including but not limited to such verifications as employment, credit, construction experience, property ownership and financial condition. It is further authorized that the City may send requests to receive such information from prior clients and any lender(s) so designated for the purpose of securing past performance and financial information.Any person who knowingly makes a false statement or misrepresentation in this application or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than $5,000 and/or imprisonment for not more than two years, under provisions of the United States Criminal Code. |
| Authorized Representative: |  |  |  |  |  |  |  |  |  |  |
|  | Signature: |  |  |  |  |  |  |  |
|  | Name and Title: |  |  |  |  |  |  |  |
|  | Date: |  |  |  |  |  |  |  |