MARYLAND AFFORDABLE HOUSING TRUST

**Application for Funding**

7800 Harkins Road, Lanham, MD 20706

**Forty-Eight Funding Round – SFY24**

Application Due on Thursday, September 7, 2023 submit via email to: MAHT.DHCD@maryland.gov

**PLEASE REVIEW ALL PROGRAM GUIDELINES FOUND ON MAHT’S**

**WEBSITE BEFORE SUBMITTING APPLICATION.**

**(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, APPLICATION MUST BE SIGNED)**

<https://dhcd.maryland.gov/HousingDevelopment/Pages/maht/default.aspx>

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| **1.** **Applicant Identification** | |
| Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal EIN or Tax ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Executive Director/CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person for Award Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title) of the organization, am authorized to sign for the applicant and certify that the information contained in this application is correct and accurate.  **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2. Funding Request** | |
| MAHT amount requested: (a)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total project cost (b)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NOT TO EXCEED $75,000) | |
| TENURE TYPE (choose below)  For rental or homeownership capital projects, grants awarded ≤$15,000, loans for >$15,000 | ACTIVITY TYPE (choose below)  \_\_\_ New Construction  \_\_\_ Rehabilitation  \_\_\_ Acquisition  \_\_\_ Pre-Development  \_\_\_ Operating Assistance  \_\_\_Capacity Building  \_\_\_Self-sufficiency/Support Services |
| \_\_\_\_Rental  \_\_\_\_Homeownership (MAX 15K per unit)  \_\_\_\_Homeownership Occupied Rehab (MAX 15K per unit) |

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| **3.** **Project Identification** |
| Project name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_MD\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  State Legislative District Number: \_\_\_\_\_\_\_\_\_\_\_\_ Congressional District Number: \_\_\_\_\_\_\_\_\_\_  If multiple sites, provide addresses and legislative districts for site.  Please attach a location map and site description **(ATTACH AS ATTACHMENT A).** |

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| **4. Housing Units** |
| The project consists of \_\_\_\_\_\_\_ total housing units\*, of which \_\_\_\_\_\_\_ will be funded through MAHT.  Of the MAHT funded units \_\_\_\_\_\_\_ will be affordable to households with incomes at or  below 30% of the area median income (AMI), and  \_\_\_\_\_\_\_ will be affordable to households with incomes  between 31% and 50% of AMI  Population to be served: \_\_\_\_ Families with minor children  \_\_\_\_ Seniors  \_\_\_\_ Single Adults  \_\_\_\_Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of years MAHT units will be committed to serving population above \_\_\_\_\_\_\_  (minimum 15 years)  FOR RENTAL PROJECTS ONLY, List monthly rents per unit by bedroom size   |  |  |  | | --- | --- | --- | |  | In the development | Funded by MAHT | | 0 BR units |  |  | | 1 BR units |  |  | | 2 BR units |  |  | | 3+ BR units |  |  | | Single Room Occupancy units |  |  | | **Total** |  |  |   FOR HOMEOWNERSHIP PROJECTS ONLY, List sales price of homes    \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  \* For SRO, Emergency Shelters, etc, UNITS will be the number of beds funded. |
| **5. Site (limit of 250 words):** Describe area in which the site is located, including types and condition of housing in the area; availability of public transportation; location of schools, shopping and employment centers, safety and other information relevant to the site. |
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| **6. Project Readiness and Site Information** |
| Identify form of site control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no site control, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is site properly zoned for your development? \_\_\_\_\_\_\_\_\_\_\_  Attach evidence that the site is properly zoned for the proposed use or if a variance or exception is required, evidence that a request has been filed and a hearing date has been scheduled.  Will you own the property directly? \_\_\_\_\_\_\_\_\_\_\_  If property is to be owned by related entity, please provide name of entity and specify relationship (e.g., subsidiary corporation or partnership of which applicant is general partner)  (name of entity and relationship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE NOTE: ENTITY OWNING PROPERTY MUST ALSO BE AN APPLICANT**  Are there liens or other encumbrances on the property that must be cleared by allocating  funds to them? \_\_\_\_\_\_\_\_\_\_ If YES, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you obtained: IF NO, WHEN?  Blueprints1 \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoning changes \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building permits \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Utility hookups \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Environmental report \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commitments from service \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  providers  1 Also attach copies of unit floor plans  Is the construction company bonded? \_\_\_\_\_\_\_\_\_\_\_\_  Will the project require any displacement of current occupants? \_\_\_\_\_\_\_\_\_\_  If yes, will you compensate or relocate those who are displaced? \_\_\_\_\_\_\_\_\_\_  Describe your proposed plan for relocation assistance:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please attach copies of supporting documents – evidence of zoning, deeds, permits, leases, options, sales agreements, etc. Projects requesting assistance for homeownership (rehab or acquisition) must include a current Home Inspection Report **(ATTACH AS ATTACHMENT B)** |

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| **7. Provide a description of the project and the gap that MAHT funds will be filling (limit 250 words)** |
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| **8. Need for MAHT funding (limit of 250 words):** Describe the specific need for MAHT funds for the proposed housing project, e.g. why is there a funding gap? Please describe the need for the total project and the existing housing and economic conditions for the project. Explain how the number and type of units to be provided will address the need.  **ATTACH: corroborating information, such as: budget, budget narrative and financing information indicating gap in funding, appraisal, market study, waiting list, etc. (ATTACH AS ATTACHMENT C)** |
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| **9. Community involvement (limit of 250 words)**: Explain how long and in what manner the applicant has served the community in which the project will be located. Also describe any support the proposed project has received from local political officials, community groups, potential project residents and residents who live near project site.  **ATTACH:copies of any evidence of local support for the project (ATTACH AS ATTACHMENT D).** |
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| **10. Work schedule:** Use anticipated or actual calendar dates. Be sure to include dates of initial closing, construction start and substantial completion. |
| Activity Anticipated completion date  Financial Commitment for funding sources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Initial closing date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Location survey complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Preliminary site plan complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Design, development and pricing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Site plan approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Construction and bid documents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Engineering plan approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Final pricing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Building permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Construction contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Start construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Substantial completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Final completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **11. Applicant ability:** 1.) Describe the objective, management structure and staffing of your organization, 2.) Explain your organization's experience and ability to implement and manage low-income housing, 3.) Summarize your prior experience in providing self-sufficiency services for the target population. If a third party will be involved in management or service provision, describe its role.  **ATTACH:**  **- financial statements (ATTACH AS ATTACHMENT E)**  **- organizational documents or partnership agreement (ATTACH AS ATTACHMENT F)** |
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| **12. Green Building and Sustainable Housing (limit of 250 words)**  Describe how this project addresses green building technologies and how your organization encourages sustainable development. Use criteria from Earthcraft, the National Association of Homebuilders Model Green Home Building Guidelines, U.S. Green Building Council (LEED) criteria or criteria from Green Communities Init**i**ative of Enterprise Community Partners when submitting a response to this section.  **ATTACH: Documentation will include checklists using criteria from any of the entities above (ATTACH AS ATTACHMENT G)** |
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| |  | | --- | | **13. Maryland Affordable Housing Trust Budget** (MAHT dollars only) | | |  |  |  | | --- | --- | --- | | MAHT FUNDS REQUESTED  (COMPLETE SECTION 7 ALSO) | Amount | | | Operating Assistance |  | | | Capacity building |  | | | Self-sufficiency / Support services |  | | | Pre-Development |  | | | Acquisition |  | | | New Construction |  | | | Rehabilitation |  | | | Other (list): |  | | |  |  | | |  |  | | | TOTAL MAHT FUNDS REQUESTED\* | (a) |  |   \*(must match total MAHT amount requested in 2(a) |  |  | | --- | | **14. Total project development funding** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Non-MAHT Funds | SOURCE | \*COMMITTED | | | \*APPLIED FOR | | | | Other Maryland DHCD funding | | | | | | | | |  | Rental Housing |  | | |  | | | |  | LIHTC |  | | |  | | | |  | Transitional |  | | |  | | | |  | Group Home |  | | |  | | | |  |  |  | |  |  | |  | | Specify agency or programs | |  | |  |  | |  | | Other State govt. funds |  |  | | |  | | | | Federal govt. funds |  |  | | |  | | | | Local govt. funds and other subsidies |  |  | | |  | | | | Private grants |  |  | | |  | | | | Private loans |  |  | | |  | | | | Applicant's funds |  |  | | |  | | | | Other: |  |  | | |  | | | | TOTALS |  | (a) |  | | (b) |  | |     TOTAL Non-MAHT COMMITTED AND APPLIED FOR (a) + (b) above: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL MAHT FUNDS REQUESTED from 13(a) or 2(a) \_ + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL PROJECT FUNDING FROM ALL SOURCES: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (TOTAL PROJECT COST in 2(b) MUST MATCH TOTAL PROJECT FUNDING ABOVE)  Please attach documentation verifying non-MAHT funds including the interest rate, repayment period and other terms governing these funds **(ATTACH AS ATTACHMENT H)** | |

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| **15. USE OF FUNDS** |
| FOR SECTION 15, APPLICANTS ONLY NEED TO COMPLETE THE SUB-SECTION or SECTIONS FOR WHICH FUNDING IS BEING REQUESTED |

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| **15A.** **Operating Assistance request for one (1) year** |
| Operating Assistance for one (1) year  MAHT OTHER TOTAL  FUNDS FUNDS COST  Advertising and Marketing \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Management Fee \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Office Supplies \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Office Salaries \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Legal Expenses (project only) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Auditing Expenses (project only) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Permits, Licenses and Misc. Taxes \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Telephone and Answering Services \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Accounting Services and Fees \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  *ADMINISTRATIVE TOTAL*  $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_  (from categories above)  Exterminating \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Heating & Air Conditioning \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Maintenance  Garbage and Trash Removal \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Painting \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Electrical Repairs & Supplies \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Plumbing Repairs & Supplies \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Roof Repairs \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Grounds Maintenance  Contract and Supplies \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Janitorial Supplies \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Costs associated with \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  lead-paint reduction or  maintenance  Misc. Operating and Maintenance  Expenses (please specify) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  *MAINTENANCE TOTALS* $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_  (from categories above)  *UTILITIES PAID BY OWNER \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_*  *REAL ESTATE TAXES*  *\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_*  *GROUND RENT* \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  *RESERVE FOR REPLACEMENT* \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  *OTHER (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_ \_\_\_\_\_\_\_*  **TOTAL $***\_\_\_\_\_\_\_*  $*\_\_\_\_\_\_\_* $ *\_\_\_\_\_\_\_* |

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| **15B. Capacity Building Request** |
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| **Capacity Building** (MAHT funding must be related to the specific housing project named in this application)     |  |  |  |  | | --- | --- | --- | --- | | **Purpose/use of funds:** | MAHT FUNDS | **OTHER FUNDS** | **TOTAL COST** | |  |  |  |  | |  |  |  |  | | TOTAL |  |  |  | |
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| **15C. Self-sufficiency / Support services request for one (1) year** |
| Complete all that apply and enter funding amounts anticipated for salaries and other fees related to providing the services to residents in the specific housing project named in this application:   |  |  |  |  | | --- | --- | --- | --- | |  | MAHT FUNDS | OTHER FUNDS | TOTAL COST | | Job skills training |  |  |  | | Job search assistance |  |  |  | | Educational courses |  |  |  | | Budget counseling |  |  |  | | Substance abuse/addiction counseling |  |  |  | | Mental health care |  |  |  | | Other health care |  |  |  | | Child care |  |  |  | | Other project-specific costs: |  |  |  | |  |  |  |  | | TOTAL |  |  |  |     \*Please indicate if the funding requested is for a new position or current position. Please attach job descriptions as part of supporting documentation. |
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| **15 D. Predevelopment request (list $ amount requested for each category below)**  **Predevelopment awards are usually made as zero interest, deferred loans which are expected to be repaid when permanent financing is acquired for the project.** |
| |  |  | | --- | --- | | Architect Fee |  | | Design |  | | Supervision |  | | Legal Fees |  | | Packaging/Processing |  | | Marketing |  | | Surveys and Soil Borings |  | | Appraisal |  | | Environmental Study |  | | Market Study |  | | Other (list) |  | |  |  | | **Total for this section** |  | |
| **15 E. Acquisition, New Construction or Rehabilitation** |
| |  |  |  |  | | --- | --- | --- | --- | | Residential structures |  |  |  | | Nonresidential structures |  |  |  | | On Site improvements |  |  |  | | Off Site improvements |  |  |  | | General requirements |  |  |  | | Contractor Fees |  |  |  | | \*Developer’s Fee |  |  |  | |  | |  |  | | Architect Fee |  |  |  | | Design |  |  |  | | Supervision |  |  |  | | Legal Fees |  |  |  | | Packaging/Processing |  |  |  | | Marketing |  |  |  | | Surveys and Soil Borings |  |  |  | | Appraisal |  |  |  | | Environmental Study |  |  |  | | Market Study |  |  |  | |  | |  |  | | **Total for this section** |  |  |  | |  |  |  |  | | General Requirements: |  |  | % of Subtotal | | Builder's General Overhead: |  |  | % of Subtotal | | Builder's Profit: |  |  | % of Subtotal | | **Total Project Cost** |  |  |  | | PROJECT COST PER UNIT |  |  |  |   \*The amount and use of developer’s fee will be relevant to the evaluation of the application. |

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| **16. Legal Documents** |
| The following forms must be completed and attached to all applications:  **- Incumbency Certificate \***  **- Corporate Resolution \***  **- MAHT Assurance of Compliance\***  **- Contract Affidavit\***  **- Access To Public Records Act Notice And Waiver\***  \* Instructions and documents are located in file labeled “Round 39 Legal Documents and Instructions” on MAHT’s web site.  **ATTACH LEGAL DOCUMENTS AS ATTACHMENT I**  NOTE: **A current Certificate of Good Standing and verification that your organization is compliant with the Maryland Solicitations Act will be required if this application receives funding.** |

Checklist

Check all items that you have included with this application:

Note: If a subsidiary is an applicant include a second checklist and all applicable attachments relating to the subsidiary. **If a subsidiary will own the property, they must be included as an applicant.**

\_\_\_\_\_ **Attachment A**: location map/site description

\_\_\_\_\_ **Attachment B**: deeds, permits, sales agreement, home inspection etc.,

\_\_\_\_\_ **Attachment C**: appraisal, market study, housing waiting list, etc.

\_\_\_\_\_ **Attachment D**: evidence of local support for the project

\_\_\_\_\_ **Attachment E**: financial statements

\_\_\_\_\_ **Attachment F**: organizational documents (**must** be submitted) \*\*

\_\_\_\_\_ Bylaws and Articles of Incorporation

\_\_\_\_\_ **Attachment G**: Green Building and Sustainable Housing Communities Criteria

\_\_\_ First optional checklist selected by applicant; \_\_\_\_Second optional checklist selected by applicant (if necessary)

\_\_\_\_\_ **Attachment H:** funding sources documentation(e.g., applicant contribution, loan documents)

\_\_\_\_\_ **Attachment I**: legal documents

\_\_\_\_\_ Board resolution authorizing the application\*

\_\_\_\_\_ Contract Affidavit\*

\_\_\_\_\_ Incumbency Certificate\*

\_\_\_\_\_ MAHT Assurance of Compliance\*

\_\_\_\_\_ Access To Public Records Act Notice and Waiver\*

**Attachment J**: Photos of Project and/or Site Location (if applicable)

\* These forms are can be downloaded from MAHT’s web site

\*\* A copy of the organization’s By-laws and Articles of Incorporation are required to be submitted with each application.