



**Community Development Department**  
**Home Investment Partnership Program (HOME)**  
**Guidelines and Application**

County Of Kent  
Community Development Department  
82 Ionia Ave. NW  
Suite 390  
Grand Rapids, MI 49503

# COMMUNITY DEVELOPMENT DEPARTMENT

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

**March 1, 2013**

Dear Prospective Applicant(s):

Kent County is requesting proposals for projects qualifying under Fiscal Years

**2013-2014**

## **HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)**

### **Background**

Kent County is a U. S. Department of Housing and Urban Development (HUD) Entitlement Community that receives HOME Investment Partnership Program (HOME) funds annually. HOME Grant funds have been used to assist very-low, low and moderate-income persons/households by providing stable long term affordable rental and for sale housing options through partnerships with developers across the county.

### **Available Funding**

The 2013-2014 HOME program year runs from July 1, 2013 through June 30, 2014

### **Funding Limitations**

Kent County allows HOME funds to be used to develop affordable housing (homebuyer and rental programs) both new construction and the rehabilitation of existing structures. The minimum HOME investment is \$1,000.00 per unit with a per unit maximum investment based on the HUD (221 (d)3 Limits).

In an effort to meet housing needs outlined in the 2011-2015 Consolidated Plan, the Community Development Department will set funding priorities on those projects outlined in Table 2A. A copy of Table 2A has been included with this package for your review. Prior to developing your proposal, Community Development staff urges each potential applicant to carefully consider whether or not their program meets a housing need as outlined in Kent County's Consolidated Plan – Table 2A. Organizations with questions about the eligibility of a project are strongly encouraged to Contact County staff for technical assistance and guidance.

## COMMUNITY DEVELOPMENT DEPARTMENT

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

### Application Submission Instructions

**One (1) original document plus two (2) copies of the proposal must be received by the Kent County's Community Development Department NO LATER THAN 3:00PM ON Wednesday, APRIL 24, 2013.**

Proposals received after this deadline WILL NOT be accepted. No exceptions will be granted. Please DO NOT staple, hole punch or attach a cover sheet. The copies may be separated by a paperclip or by inserting a colored sheet of paper between them.

**Please mail or Deliver your proposal to:**

Kent County  
Community Development Department  
82 Ionia Ave. NW  
Suite 390  
Grand Rapids, MI 49503

Funding levels and recipients will be determined by the Community Development Review Team no later than May 15, 2013.

Once again, if you have any questions, or if this department can be of any assistance, please contact me directly at (616) 632-7422.

Sincerely,

*Monique L. Pierre*

Monique L. Pierre, Manager  
Community Development Department

# COMMUNITY DEVELOPMENT DEPARTMENT

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

## Community Development Department HOME Application

### INTRODUCTION

## INTRODUCTION

This packet is designed to aid your organization in applying for HOME Investment Partnership Program (HOME) funds from the County of Kent. Complete copies of the HOME Regulations (24 CFR, Part 92), Notices and training materials are also available online.

<http://www.hud.gov/offices/cpd/affordablehousing/programs/home/>

The Home Investment Partnership Program (HOME) grants federal funds through the U.S. Department of Housing and Urban Development (HUD) to implement affordable housing projects. Kent County, Michigan partners with non-profit organizations and for-profit affordable housing developers to meet affordable housing needs throughout the County.

**Who is eligible for HOME funds?** Kent County has many options for implementing the HOME program. The County may grant all or a portion of the funds to projects implemented by non-profit or for-profit affordable housing developers. At least fifteen percent (15%) of the funds must be granted to Community Housing Development Organization (CHDO) projects.

### **What types of activities are HOME funded?**

For the purpose of this application HOME funds must be used to create, through rehabilitation or new construction, affordable housing units. This funding round, Kent County will consider multifamily rentals and single family for sale new construction and rehabilitation projects.

### **Who benefits from HOME Projects?**

The beneficiaries of HOME funded projects are very-low, low and moderate-income persons and/or household(s). HOME activities must be used to help this population secure permanent affordable housing.

### **Who decides how HOME funds are distributed?**

Kent County's Community Development Department requests and reviews proposals and determines suitability based on the HOME program guidelines and scoring mechanism. KCCD submits the funding recommendations to HUD for review and as part of the Annual Action Plan.

### **How can I find out more about the HOME Program?**

The program is managed through Kent County's Community Development Department. Applications are available online at

<http://www.accesskent.com/YourGovernment/Departments/CommunityDevelopment/HIPP.htm>

For additional information, please contact our Community Development Manager, Monique Pierre at (616) 632-7422.

## 2013-2014 Changes for the HOME Program

- CPD Income Eligibility Calculator – All income eligibility is now established by using the online tool accessible through <https://www.onecpd.info/incomecalculator/>
- Market Study – HUD requires an examination of the “neighborhood market conditions to ensure adequate need for each project”. All applicants must submit a Market Analysis Summary report with their application.
- Expenditure Deadlines – All funds committed as part of the 2012 Annual Action Plan must comply with the new commitment and expenditure deadlines regardless of the allocation year.

## **COMMUNITY DEVELOPMENT DEPARTMENT**

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

### **Community Development Department**

#### **HOME Application**

#### **INCOME LIMITS AND FAIR MARKET RENT GUIDELINES**

**FY 2013 Income Limits Summary**

| <b>Kent County, Michigan</b>     |                      |  |                 |                 |                 |                 |                 |                 |                 |                 |
|----------------------------------|----------------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>FY 2012 Income Limit Area</b> | <b>Median Income</b> | <b>FY 2012 Income Limit Category</b>     | <b>1 Person</b> | <b>2 Person</b> | <b>3 Person</b> | <b>4 Person</b> | <b>5 Person</b> | <b>6 Person</b> | <b>7 Person</b> | <b>8 Person</b> |
| <b>Kent County</b>               | \$59,600             | <b>Very Low (50%) Income Limits</b>      | \$22,900        | \$23,850        | \$26,850        | \$29,800        | \$32,200        | \$34,600        | \$37,000        | \$39,350        |
|                                  |                      | <b>Extremely Low (30%) Income Limits</b> | \$12,550        | \$14,350        | \$16,150        | <b>\$17,900</b> | \$19,350        | \$20,800        | \$22,200        | \$23,650        |
|                                  |                      | <b>Low (80%) Income Limits</b>           | \$33,400        | \$38,200        | \$42,950        | <b>\$47,700</b> | \$51,550        | \$55,350        | \$59,150        | \$63,000        |

Source: U.S. Department of Housing and Urban Development

Income Limit areas are based on FY 2013 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2013 [Fair Market Rent documentation system](#).

**\*Projects with five (5) or more HOME-assisted units: At least 20% of the HOME-assisted units must be occupied by “Very Low” income households**

# The Final FY2013 Kent County FMRs for All Bedroom Sizes

The following table shows the Final FY2013 FMR by unit bedrooms for **Kent County, Michigan**.

| Final FY2012 FMRs By Unit Bedrooms |                   |                    |              |                      |                     |
|------------------------------------|-------------------|--------------------|--------------|----------------------|---------------------|
|                                    | <u>Efficiency</u> | <u>One-Bedroom</u> | Two-Bedroom  | <u>Three-Bedroom</u> | <u>Four-Bedroom</u> |
| <b>Final FY2012 FMR</b>            | <b>\$520</b>      | <b>\$590</b>       | <b>\$739</b> | <b>\$1,031</b>       | <b>\$1,160</b>      |

FY 2013 FMR areas continue to use the revised Office of Management and Budget (OMB) area definitions that were first issued in 2003 along with HUD defined Metropolitan areas (HMFAs) as described in the FY2011 FMR documentation which can be found at ([Kent County FY2012 FMR Documentation system](#)). No changes have been made to these OMB-defined areas since the publication of Final FY2012 FMRs

**NOTE:** For FY 2013 **Kent County** has lost its 50th Percentile status as established by HUD regulations. The 50th percentile status of **Kent County** will be re-evaluated in **2014**.

**Kent County, Michigan** is part of the **Grand Rapids-Wyoming, MI HUD Metro FMR Area**, which is comprised of the following counties: Kent County, Michigan.

All information here applies to the entirety of the **Grand Rapids-Wyoming, MI HUD Metro FMR Area**.



## **COMMUNITY DEVELOPMENT DEPARTMENT**

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

### **Community Development Department HOME Application**

**2011 – 2015 CONSOLIDATED PLAN HOUSING NEEDS**

**The 2011-2015 Kent County Consolidated Plan**

The Kent County, Michigan has developed its five (5)-year Consolidated Plan (2011-2015) whereby all objectives and the level of priority for each objective has been assigned. The public may access this plan on line. Please follow the links for Annual Action Plan where both are listed.

[www.accesskent.com/YourGovernment/Departments/CommunityDevelopment](http://www.accesskent.com/YourGovernment/Departments/CommunityDevelopment).

Applications submitted for this program year must be in accordance with the priorities outlined in the 2011-2015 Kent County Consolidated Plan – Table 2A. Displayed below is Table 2A showing the Priority Need Level Charts in which you must base your application.

**Table 2A: Priority Housing Needs/Investment Plan Table**

| <b>Table 2A</b>                                     |                        |                 |     |                   |
|---|------------------------|-----------------|-----|-------------------|
| <b>Priority Housing Needs/Investment Plan Table</b> |                        |                 |     |                   |
| Source: 2010 HUD CHAS Data                          |                        |                 |     |                   |
| <b>PRIORITY HOUSING NEEDS (households)</b>          |                        | <b>Priority</b> |     | <b>Unmet Need</b> |
| <b>Renter</b>                                       | Small Related*         | 0-30%           | H   | 1,990             |
|   |                        | 31-50%          | H   | 1,630             |
|   |                        | 51-80%          | M   | 1,080             |
|   | Large Related*         | 0-30%           | H   | 935               |
|   |                        | 31-50%          | M   | 330               |
|   |                        | 51-80%          | L   | 170               |
|   | Elderly*               | 0-30%           | M   | 880               |
|   |                        | 31-50%          | M   | 890               |
|   |                        | 51-80%          | L   | 520               |
|   | All Other*             | 0-30%           | H   | 2,385             |
|   |                        | 31-50%          | M   | 1,430             |
|   |                        | 51-80%          | L   | 855               |
| <b>Owner</b>  | Small Related*         | 0-30%           | H   | 1,665             |
|   |                        | 31-50%          | H   | 1,845             |
|   |                        | 51-80%          | M   | 3,040             |
|   | Large Related*         | 0-30%           | M   | 190               |
|   |                        | 31-50%          | L   | 440               |
|   |                        | 51-80%          | L   | 1,385             |
|   | Elderly*               | 0-30%           | H   | 1,820             |
|   |                        | 31-50%          | H   | 2,075             |
|   |                        | 51-80%          | L   | 1,285             |
|   | All Other*             | 0-30%           | M   | 1,190             |
|   |                        | 31-50%          | L   | 775               |
|   |                        | 51-80%          | L   | 1,480             |
| <b>Non-Homeless Special Needs</b>                   | Elderly†               | 0-80%           | H   | 4,260             |
|   | Frail Elderly†         | 0-80%           | H   | 3,840             |
|   | Severe Mental Illness‡ | N/A             | H   | 4,207             |
|   | Physical Disability+   | 0-80%           | M   | 3,915             |
|   | Developmental          | N/A             | M   | 949               |
|   | Alcohol/Drug Abuse‡    | N/A             | M   | 1,270             |
|   | HIV/AIDS §             | N/A             | L   | 1                 |
| Victims of Domestic                                 | N/A                    | M               | 166 |                   |

**Notes to Table 2A**

\* For all Renter and Owner Data, unmet need represents the number of households in each group with a moderate or severe cost burden as identified by HUD 2010 Data.

† For Elderly and Frail Elderly Non-Homeless Special Needs, unmet need represents the number of households in each group with a housing problem as identified by HUD 2010 Data.

‡ For Severe Mental Illness, Developmental Disability, and Alcohol/Drug Abuse Non-Homeless Special needs, unmet need represents the number of persons assisted by Network180 in 2010 plus those in each group severed by the Grand Rapids/Wyoming/Kent County Continuum of Care in 2009.

§ For HIV/AIDS and Victims of Domestic Violence Non-Homeless Special Needs, unmet need represents the number of persons served by the Grand Rapids/Wyoming/Kent County Continuum of Care in 2009.

+ For Physical Disability Non-Homeless Special Needs, unmet need represents the number of households with housing problems identified as Disabled as reported by HUD 2010 Data.

**Table 2A: Priority Housing Needs/Investment Plan Goals**

| Table 2A                                     |                           |                           |                           |                           |                           |                           |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Priority Housing Needs/Investment Plan Goals |                           |                           |                           |                           |                           |                           |
| Priority Need                                | 5-Yr.<br>Goal<br>Plan/Act | Yr. 1<br>Goal<br>Plan/Act | Yr. 2<br>Goal<br>Plan/Act | Yr. 3<br>Goal<br>Plan/Act | Yr. 4<br>Goal<br>Plan/Act | Yr. 5<br>Goal<br>Plan/Act |
| <b>Renters</b>                               |                           |                           |                           |                           |                           |                           |
| 0 – 30% of MFI                               | 0                         |                           |                           |                           |                           |                           |
| 31 - 50% of MFI                              | 0                         |                           |                           |                           |                           |                           |
| 51 - 80% of MFI                              | 30                        | 10                        | 8                         | 4                         | 4                         | 4                         |
| <b>Owners</b>                                |                           |                           |                           |                           |                           |                           |
| 0 – 30% of MFI                               |                           |                           |                           |                           |                           |                           |
| 31 – 50% of MFI                              |                           |                           |                           |                           |                           |                           |
| 51 - 80% of MFI                              | 545                       | 101                       | 111                       | 111                       | 111                       | 111                       |
| <b>Homeless*</b>                             |                           |                           |                           |                           |                           |                           |
| Individuals                                  |                           |                           |                           |                           |                           |                           |
| Families                                     |                           |                           |                           |                           |                           |                           |

|  |    |    |    |    |    |    |
|--|----|----|----|----|----|----|
| <b>Non-Homeless<br/>Special Needs</b>  |    |    |    |    |    |    |
| Elderly  | 50 | 10 | 10 | 10 | 10 | 10 |
| Frail Elderly  | 40 | 8  | 8  | 8  | 8  | 8  |
| Severe Mental Illness  | 0  |    |    |    |    |    |
| Physical Disability  | 8  | 0  | 8  | 0  | 0  | 0  |
| Developmental Disability   | 6  |    | 6  |    |    |    |
| Alcohol/Drug Abuse   | 0  |    |    |    |    |    |
| HIV/AIDS   | 0  |    |    |    |    |    |
| Victims of Domestic<br>Violence  | 0  |    |    |    |    |    |
| <b>Total</b>   |    |    |    |    |    |    |
| <b>Total Section 215</b>   |    |    |    |    |    |    |
| 215 Renter   | 30 |    |    |    |    |    |
| 215 Owner  | 21 |    |    |    |    |    |
| * Homeless individuals and families assisted with transitional and permanent housing |    |    |    |    |    |    |

**Table 2A: Priority Housing Activities**

| <b>Table 2A<br/>Priority Housing Activities</b> |                 |                 |                 |                 |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Priority Need</b>                            | <b>5-Yr.</b>    | <b>Yr. 1</b>    | <b>Yr. 2</b>    | <b>Yr. 3</b>    | <b>Yr. 4</b>    | <b>Yr. 5</b>    |
|   | <b>Goal</b>     | <b>Goal</b>     | <b>Goal</b>     | <b>Goal</b>     | <b>Goal</b>     | <b>Goal</b>     |
|   | <b>Plan/Act</b> | <b>Plan/Act</b> | <b>Plan/Act</b> | <b>Plan/Act</b> | <b>Plan/Act</b> | <i>Plan/Act</i> |
| <b>CDBG</b>                                     |                 |                 |                 |                 |                 |                 |
| Acquisition of existing rental units            | 0               | 0               | 0               | 0               | 0               | 0               |
| Production of new rental units                  | 0               | 0               | 0               | 0               | 0               | 0               |
| Rehabilitation of existing rental units         | 0               | 0               | 0               | 0               | 0               | 0               |
| Rental assistance                               | 0               | 0               | 0               | 0               | 0               | 0               |
| Acquisition of existing owner units             | 0               | 0               | 0               | 0               | 0               | 0               |
| Production of new owner units                   | 0               | 0               | 0               | 0               | 0               | 0               |
| Rehabilitation- existing owner units            |                 |                 |                 |                 |                 |                 |
| Moderate Home Repair                            |                 |                 |                 |                 |                 |                 |
| Minor Home Repair                               | 65              | 5               | 15              | 15              | 15              | 15              |
| Access Modification                             | 375             | 75              | 75              | 75              | 75              | 75              |
| Weatherization                                  | 30              | 6               | 6               | 6               | 6               | 6               |
| Total   | 75              | 15              | 15              | 15              | 15              | 15              |
|   | 545             |                 |                 |                 |                 |                 |
| Homeownership assistance                        | 0               | 0               | 0               | 0               | 0               | 0               |
| <b>HOME</b>                                     |                 |                 |                 |                 |                 |                 |
| Acquisition- existing rental units              | 0               |                 |                 |                 |                 |                 |
| Production of new rental units                  | 8               |                 | 8               |                 |                 |                 |
| Rehabilitation of existing rental units         | 22              | 10              |                 | 4               | 4               | 4               |

|  |      |     |     |     |     |     |
|--|------|-----|-----|-----|-----|-----|
| Rental assistance                                  | 0    | 0   | 0   | 0   | 0   | 0   |
| Acquisition, Redev. Resale of existing owner units | 21   | 5   | 0   | 4   | 4   | 4   |
| Production of new owner units                      | 0    | 0   | 0   | 0   | 0   | 0   |
| Rehab- existing owner units                        | 0    |     |     |     |     |     |
| Homeownership assistance                           | TBD  |     |     |     |     |     |
| HOPWA - NOT APPLICABLE                             |      |     |     |     |     |     |
| Rental assistance                                  | 0    | 0   | 0   | 0   | 0   | 0   |
| Short term rent/mortgage utility payments          | 0    | 0   | 0   | 0   | 0   | 0   |
| Facility based housing dev.                        | 0    | 0   | 0   | 0   | 0   | 0   |
| Facility based housing oper.                       | 0    | 0   | 0   | 0   | 0   | 0   |
| Supportive services                                | 0    | 0   | 0   | 0   | 0   | 0   |
| <b><i>Other</i></b>                                |      |     |     |     |     |     |
| Foreclosure Prevention Services                    | 2000 | 450 | 450 | 400 | 400 | 300 |

## **COMMUNITY DEVELOPMENT DEPARTMENT**

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

### **Community Development Department HOME Application**

**APPLICATION INSTRUCTIONS CHECKLIST  
APPLICATION COVERSHEET**

## **APPLICATION INSTRUCTIONS**

1. Application Checklist: Please place the blank application checklist on top of application coversheet. It will be completed by Community Development staff.
2. Please number all of the pages of your application beginning with the application coversheet.
3. "Coversheet for Grant Application Program Year 2013-2014" - Please respond to each section of the coversheet completely and place behind the application checklist.
4. Certification of Disbarment and Suspension: Please complete certification of disbarment and suspension form. Attach proof of good standing by printing confirmation page at Failure to do so will result in rejection of application.
5. All Sub-Awardees must comply with the Central Contracting Registration regulations. Full instructions and access to update or register an entity are available through the System of Award Management (SAM) website. Follow the link below:

<https://www.sam.gov/portal/public/SAM/>

Print the results page from your SAM search as poof of good standing and attach to the certificate of Disbarment and Suspension.

6. Proposal Narrative: Section A of the proposal narrative should not exceed FOUR (4) typewritten pages (not counting required charts, budgets, etc.), with a minimum of 12-point typeface and one-side only. Clearly number all pages beginning with the coversheet and title each narrative section as listed in the application.

6. Other instructions:

- Please submit ONE (1) original and TWO (2) copies of YOUR proposal.
- Please sign the original proposal in blue ink.
- Do not exceed the maximum page limit required for each section.

### **\*\*IMPORTANT NOTICE\*\***

Before any proposed HOME-funded projects proceed, an environmental clearance must be obtained and a "Notice to Proceed" must be issued by the Community Development Department. The applicant/owner/developer will assume all financial risk, and may forfeit grant eligibility, if work on the proposed project begins or continues without an environmental clearance and a "Notice to Proceed."



**APPLICATION CHECKLIST - Place this sheet on top of application package (KCCD will complete)**

**NAME OF APPLICANT:** \_\_\_\_\_

**CHECK                      APPLICATION CONTENTS**

**Organizational Information**

- \_\_\_\_\_      **Application Checklist**
- \_\_\_\_\_      **Signed "Application Signature Page"**
- \_\_\_\_\_      **Board Resolution for Signatory Authority of Certifying Official**
- \_\_\_\_\_      **Articles of Incorporation**
- \_\_\_\_\_      **Audited Financial Statement (most recent)**
- \_\_\_\_\_      **Current List of Board of Directors with Addresses and Contact Information**
- \_\_\_\_\_      **By-Laws**
- \_\_\_\_\_      **System of Award Management (SAM)**
- \_\_\_\_\_      **Certificate of Good Standing form State of Michigan (LARA)**
- \_\_\_\_\_      **Community Housing Development Organization (CHDO) Certification Letter from Kent County (if applicable)**
- \_\_\_\_\_      **Conflict of Interest Code of Conduct Statement with Disclosures**
- \_\_\_\_\_      **DUNS Number**
- \_\_\_\_\_      **IRS 501(c)(3) Determination Letter**
- \_\_\_\_\_      **Mission Statement**
- \_\_\_\_\_      **Organizational Operating Budget (most recent)**
- \_\_\_\_\_      **Current Resumes on Key Project Personnel/Development Team**
- \_\_\_\_\_      **Professional Licenses and or Certifications (If applicable)**

**Project Development Information**

- \_\_\_\_\_      **Project Proposal/Grant Application**
- \_\_\_\_\_      **HUD Multifamily Underwriting Template for Rental Units – Complete on-line and attach to application**

<http://www.hud.gov/offices/cpd/affordablehousing/training/web/underwriting/template.cfm>

**APPLICATION CHECKLIST (continued)**

**CHECK      APPLICATION CONTENTS**

- \_\_\_\_\_ **Project Development Proforma (Single Family for Sale Units New Construction or Rehabilitation)**
- \_\_\_\_\_ **Source of Funding Matrix Table**
- \_\_\_\_\_ **Match Documentation**
- \_\_\_\_\_ **Commitment Letters from Financial Institutions or Alternative Grant Funding demonstrating financing for proposed project**
- \_\_\_\_\_ **Work Plan and Performance Schedule**
- \_\_\_\_\_ **Budget Justification**
- \_\_\_\_\_ **Performance Management Table**
- \_\_\_\_\_ **Property Appraisal or Brokers Opinion**
- \_\_\_\_\_ **Evidence of Ownership or Site Control (Signed Option, Deed)**
- \_\_\_\_\_ **Verification of Site Zoning**
- \_\_\_\_\_ **Map Indicating Location of Existing Property/Project Site**
- \_\_\_\_\_ **Pictures of Existing Property/Project Site**
- \_\_\_\_\_ **Affirmative Marketing Plan**
- \_\_\_\_\_ **Insurances (If applicable)**
- \_\_\_\_\_ **Market Analysis Summary and Report**



|                |  |
|----------------|--|
| <b>16.</b>     | <b>Project Name:</b>   |
| <b>17.</b>     | <b>Project Street Address:</b>   |
| <b>18.</b>     | <b>Congressional District: _____ County Commission District: _____<br/>Census Tract Number: _____</b>  |
| <b>19.</b>     | <b>Is the location of the proposed project currently occupied by residents? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>   |
| <b>20.</b>     | <b>Will there be a need for residents to temporarily or permanently relocate for any reason?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</b> |
| <b>21.</b>     | <b>Year of Original Construction: _____<br/>Legal Description of Property:</b>   |
| <b>22.</b>     | <b>HOME Funds Requested: \$</b>  |
| <b>23.</b>     | <b>Total Project Costs: \$</b>   |
| <b>24.</b>     | <b>Number of HOME-assisted Units:</b>  |
| <b>25.</b>     | <b>Total Number of Units:</b>  |
| <b>26.</b>     | <b>Has your organization been previously funded?    Yes <input type="checkbox"/>    No <input type="checkbox"/></b>  |
| <b>27.</b>     | <b>If your answer is “Yes”, please indicate the year(s) and amount in the table below:</b>   |
| <b>Year(s)</b> |  |
| <b>Amount</b>  | <b>\$                    \$                    \$                    \$                    \$                    \$</b>  |

28. Do you currently have a project funded by Kent County in open status?

Yes     No

If your answer is "YES":

Project Name: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

---

29. From the following list, please choose the "HOME Eligible Activities Category" that best describes the proposed project:

New Construction For Sale

Rehabilitation for Sale

Rehabilitation Rentals

New Construction Rentals

Other \_\_\_\_\_

---

30. Housing Description (Check all that apply):  Rental     Homebuyer

Multifamily     Single-Family

---

31. Has your organization been designated as a Community Housing Development Organization (CHDO) by Kent County?  Yes     No

Has your organization been designated as a CHDO by any other unit of government?

Yes     No    If yes, please list the entity: \_\_\_\_\_

---

32. If applicable for this application, does your project meet one of the Housing Needs addressed by the Community Development Department?    Yes     No

If you answered "Yes" please list which Housing Need(s) your proposal addressed:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

---

33. Will any portion of the sources of funds for the project be financed directly or indirectly with federal, state or local government funds?  Yes     No

List Each Source and Amount (Add sheets if necessary):

\_\_\_\_\_ / \$ \_\_\_\_\_

\_\_\_\_\_ / \$ \_\_\_\_\_

\_\_\_\_\_ / \$ \_\_\_\_\_

\_\_\_\_\_ / \$ \_\_\_\_\_

| <b>FUNDING MATRIX TABLE</b> |   |           |
|-----------------------------|---|-----------|
| <b>A.</b>                   | <b>Amount of HOME funding requested in this application:</b>        | <b>\$</b> |
| <b>B.</b>                   | <b>Amount of documented confirmed funding from other sources:</b>   | <b>\$</b> |
| <b>C.</b>                   | <b>Amount of documented anticipated funding from other sources:</b> | <b>\$</b> |
| <b>D.</b>                   | <b>Total cost of proposed project:</b>                              | <b>\$</b> |

| <b>MATCH TABLE</b>  |                         |                           |                     |
|---|-------------------------|---------------------------|---------------------|
| <b>Type of Match: In-kind, direct project support, other non-federal sources, PILOT</b> | <b>AMOUNT COMMITTED</b> | <b>AMOUNT ANTICIPATED</b> | <b>TOTAL AMOUNT</b> |
|   |                         |                           |                     |
|   |                         |                           |                     |
|   |                         |                           |                     |
|   |                         |                           |                     |
|   |                         |                           |                     |
|   |                         |                           |                     |

Please complete the "Other Sources of Funding Table" below. For each commitment, provide copies of the award letter. For anticipated amounts, please provide copies of the letter requesting such funds along with a notarized statement from your organization's board president validating the requests. Each letter should contain appropriate contact information.

| <b>OTHER SOURCES OF FUNDING TABLE</b>                                 |                         |                           |                     |
|---|-------------------------|---------------------------|---------------------|
| <b>FUNDING ENTITY<br/>(Include contact name and telephone number)</b> | <b>AMOUNT COMMITTED</b> | <b>AMOUNT ANTICIPATED</b> | <b>TOTAL AMOUNT</b> |
|   |                         |                           |                     |
|   |                         |                           |                     |
|   |                         |                           |                     |
|   |                         |                           |                     |

**APPLICATION SIGNATURE PAGE**

**SIGNATURE BELOW GIVES THE APPLYING ORGANIZATION PERMISSION TO PROCEED WITH REQUEST FOR FUNDS AND MUST BE SIGNED BY THE AUTHORIZED CERTIFYING OFFICIAL OR THE APPLICATION WILL NOT BE ACCEPTED. PLEASE SIGN ORIGINAL APPLICATION IN BLUE INK.**

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Printed Name of Chief Executive Officer

\_\_\_\_\_  
(Date)

# **COMMUNITY DEVELOPMENT DEPARTMENT**

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

## **Community Development Department**

### **HOME Application NARRATIVE SECTION REQUIRED ATTACHMENTS**



## PROJECT NARRATIVE

The Section A: Project Narrative section may not exceed 4 pages. Attach other documents to application as directed by the application instructions. Application must receive a score of 80 or more to be considered for funding.

### 1. PROJECT DESCRIPTION AND NEED

Describe the proposed service/activity/project to be carried out with the funds requested. Document the need for the project/program in the Kent County. How does the proposed project respond to the Housing Needs identified in the Consolidated Plan (listed on Table 2A)?

### 2. BENEFIT

Describe the population who will benefit from the funded activity/project. How many total people will be assisted? How many low-moderate income persons and/or households will be assisted through the proposed project? If applicable, please describe how this project serves a special needs population (e.g., senior citizens, mentally ill persons, etc.).

### 3. GOALS AND OBJECTIVES

Describe your organization's goals and objectives for your proposed activity. NOTE: A goal is a broad overall statement that illustrates what you are trying to accomplish. Objectives are measurable, time specific, and they help achieve the stated goal.

### 4. PERFORMANCE MEASUREMENTS

(List major activities, the direct product/service numbers for each activity and the direct outcome/benefit of the activity.)

| <b>ACTIVITY</b><br>(What the program does to fulfill its mission)  | <b>INDICATOR</b><br>(The direct products of program activities)   | <b>OUTCOME</b><br>(Benefits that result from the program)  |
|--|---|--|
| <b>Example:</b><br>Construction of a 30-unit, senior apartment complex for low and very-low income seniors | <b>Example:</b><br>Complete 30-units of rental housing for low and very-low income seniors in Huntsville. | <b>Example:</b><br>1. Increased number of "affordable" housing units for senior citizens.<br>2. Improved quality of life for senior citizens participating in the program. |
|  |   |  |

## CAPACITY AND PERFORMANCE

**\*Identity of Interest.** If any of the above-listed individuals have any direct or indirect interest in the project, attach a sheet with details of the relationship.

| <b>Staff and Development Team Capacity</b><br>List each project-related professional or technical team member of your organization <u>who will</u> work on this project. Also include other professional and technical personnel who will assist on the project. Attach applicable resumes. |   |   |
|---|---|---|
| <b>Name, Email &amp; Mailing Address,<br/>Phone Number</b>  | <b># of hours to<br/>work per week<br/>on Project</b> | <b>Status (e.g., hired, to be<br/>hired, contracted, other_;<br/>Indicate how the position will<br/>be funded</b> |
| <b>Owner:</b>   |   |   |
| <b>Developer (if different from owner):</b>   |   |   |
| <b>General Contractor:</b>  |   |   |
| <b>Management Company:</b>  |   |   |
| <b>Architect:</b>   |   |   |
| <b>Consultant:</b>  |   |   |
| <b>Attorney:</b>  |   |   |
| <b>Accountant:</b>  |   |   |
| <b>Environmentalist:</b>  |   |   |
| <b>Market Analyst:</b>  |   |   |
| <b>Other:</b>   |   |   |

**PROJECT EXPERIENCE**

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County, State: \_\_\_\_\_  
Description: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Project \$ Amount: \_\_\_\_\_  
Reference Name & Phone#: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County, State: \_\_\_\_\_  
Description: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Project \$ Amount: \_\_\_\_\_  
Reference Name & Phone#: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County, State: \_\_\_\_\_  
Description: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Project \$ Amount: \_\_\_\_\_  
Reference Name & Phone#: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County, State: \_\_\_\_\_  
Description: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Project \$ Amount: \_\_\_\_\_  
Reference Name & Phone#: \_\_\_\_\_

**Provide additional sheets if necessary and place behind this page.**



**BANKING REFERENCES**

| Name of Financial Institution | Address | Existing Project Lender (Y/N) | Point of Contact & Telephone Number |
|-------------------------------|---------|-------------------------------|-------------------------------------|
| 1.                            |         |                               |                                     |
| 2.                            |         |                               |                                     |
| 3.                            |         |                               |                                     |

**PROJECT READINESS**

**I. OWNERSHIP INFORMATION**

1. Does applicant own the property? Yes  No   
 (If the answer is yes, place a copy of deed behind this page)

2. If no, does applicant have site control? Yes  No   
 (a) Site Control is evidenced by:

Sales Contract    Warranty Deed    Option    Long-term Lease

(b) Expiration Date of Contract/Option \_\_\_\_\_

3. If no, describe the plan for attaining site control in the space provided below:

**APPRAISAL**

1. Has an appraisal been completed on the property? Yes  No   
 (If the answer is yes, please place a copy of the appraisal behind this page)

2. Appraised value of the land and improvements: \$ \_\_\_\_\_

3. Purchase Price: Land \$ \_\_\_\_\_ Structure, if existing \$ \_\_\_\_\_

4. Prospective Seller's Name: \_\_\_\_\_

Address: \_\_\_\_\_

County, State, Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**PLANS & SPECIFICATIONS**

1. Have plans and specifications/work write-ups been completed? Yes  No

(a) If no, have plans or specs been started? Yes  No

(b) If plans are incomplete, describe the timeline for having the plans and specifications completed.

**BUILDING CHARACTERISTICS**

| Building Type                         | # of Buildings |
|---------------------------------------|----------------|
| Total Number of Residential Buildings |                |
| Clubhouse/Community Building          |                |
| Community Laundry                     |                |
| Office                                |                |
| Other                                 |                |
| Other                                 |                |
| <b>Total Number of Buildings</b>      |                |

**Required Amenities:** Range/Stove, Refrigerator, Heating Unit, Air Conditioning, Parking  
**Describe extra amenities (e.g., clubhouse, carport, playground, etc.):**

**ZONING AND UTILITIES**

1. Is site properly zoned for your development? Yes  No

2. If not properly zoned, what are zoning issues and when will they be resolved?

3. Description of Utilities and Services (available upon completion)

|                          | Mark Items Available to Site Upon Completion | Indicate the Party Responsible for Payment (Owner) | Indicate the Party Responsible for Payment (Tenant) |
|--------------------------|--|--|---|
| <b>Heating:</b>          |  |  |   |
| a. Natural Gas           |  |  |   |
| b. Electric Heat         |  |  |   |
| c. Other                 |  |  |   |
| <b>Air Conditioning:</b> |  |  |   |
| <b>Cooking:</b>          |  |  |   |

|                                    |  |  |  |
|------------------------------------|--|--|--|
| b. Natural Gas                     |  |  |  |
| c. Electric                        |  |  |  |
| <b>Other Electric:</b>             |  |  |  |
| Lights, Ref, etc.                  |  |  |  |
| <b>Water Heating:</b>              |  |  |  |
| a. Natural Gas                     |  |  |  |
| b. Electric                        |  |  |  |
| c. Other                           |  |  |  |
| <b>Water &amp; Sewer (Gallons)</b> |  |  |  |
| <b>Garbage Collection</b>          |  |  |  |
| <b>Range (Required)</b>            |  |  |  |
| <b>Refrigerator (Required)</b>     |  |  |  |

**Affordability Period**

Reference: HOME Regulations 24CFR 92.252

| Rental Housing Activity  | Minimum period of affordability in years |
|--|--|
| Rehabilitation or acquisition of existing housing per unit amount of HOME funds:<br>Under \$15,000 | 5  |
| \$15,000 to \$40,000   | 10                                       |
| Over \$40,000 or rehabilitation involving refinancing  | 15                                       |
| New Construction or acquisition of newly constructed housing                                       | 20                                       |

Describe the procedures that will be used to ensure that the units remain affordable and occupied by low-income households for at least the required term of HOME Program Affordability in the space provided below.

### Tenant Rents (Rental Projects Only)

|                           | 1BR | 2BR | 3BR | 4BR |
|---------------------------|-----|-----|-----|-----|
| Base Rent Amount:         |     |     |     |     |
| Less Utility Allowance:   |     |     |     |     |
| Rents Charged to Tenant:: |     |     |     |     |

1. Total Number of Low-Income Units (80% of median income): \_\_\_\_\_
2. Total Number of Very Low Income Units (50% of median income): \_\_\_\_\_  
Projects with 5 or more HOME-assisted units must demonstrate that at least 20% of the units are occupied by "Very Low-Income" households.
3. Total Number of Extremely Low Income Units (30% of median income): \_\_\_\_\_
4. Total Number of Market Rate Units: \_\_\_\_\_
5. TOTAL NUMBER OF UNITS: \_\_\_\_\_
6. Will an employee live onsite? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many? \_\_\_\_\_
7. How many units will be accessible to persons with disabilities in compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973?

### MARKETING INFORMATION

1. Please describe your marketing plan for qualified homeowner or renters.
2. Attach a copy of your Affirmative Marketing Plan.
3. Do you have a waiting list of pre-approved applicants?  Yes  No

If YES, please place the list behind this page.  
If NO, please describe how you will find approved applicants.



## CONFLICT OF INTEREST DISCLOSURE

§ 92.356

(f) *Owners and Developers.* (1) No owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, elected or appointed official or consultant of the owner, developer or sponsor) whether private, for-profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer or sponsor) may occupy a HOME-assisted affordable housing unit in a project. This provision does not apply to an individual who receives HOME funds to acquire or rehabilitate his or her principal residence or to an employee or agent of the owner or developer of a rental housing project who occupies a housing unit as the project manager or maintenance worker.

Is there a conflict between the Developer and the Property Owner? Yes  No

If yes, please describe the relationship in the space provided below:

Is there a conflict between the Property Owner and the County? Yes  No

If yes, please describe the relationship in the space provided below:

Is there a conflict between the Developer and the County? Yes  No

If yes, please describe the relationship in the space provided below:

Is there a conflict between the Purchaser and the Developer? Yes  No

If yes, please describe the relationship in the space provided below:

Is there a conflict between the Purchaser and the County? Yes  No

If yes, please describe the relationship in the space provided below:

Is the prospective seller or buyer an elected or appointed member of the Non-Profit Board of Directors or staff, County Commission, City Council or some other governmental entity (State, Local or Federal)?

Yes  No

If yes, please indicate the entity and the relationship:

Is prospective seller a member of the board of the applicant organization? Yes  No

If yes, please explain the board relationship in the space provided below.

Does any Board Member or employee of the applicant entity have a financial interest of any kind; ownership, partnership, contract or funding resource with the applicant organization? Yes  No

If yes, please explain the board relationship in the space provided below or attach explanation to application if the space below is not adequate.

## **REQUIRED ATTACHMENTS**

Please provide the following required documents and attached to the back of the narrative section of this application. Failure to submit these items will result in your application being denied. NOTE – These items must be submitted with application and will NOT be allowed to be attached once application has been stamped in by our office.

1. Articles of Incorporation
2. Organization's By-Laws
3. FIN# with IRS Determination Letter
4. Current List of Board of Directors with Contact Information
5. Current Audited Financial Statement
6. Organization's Current Operating Budget
7. Current Resumes on Key Project Personnel
8. Map Indicating Location of Existing Project Site, or Proposed Site
9. Pictures of Existing Project Site
10. Evidence of Other Sources of Funds: Match Document, Letter from Participating Bank(s) or Loan Documents; Grant Award(s) Letters; and/or Anticipating Funding Letter(s)
11. Appropriate Licenses (If Applicable)
12. Appropriate Insurances (If Applicable)
13. Evidence of Ownership or Site Control
14. Property Appraisal (if applicable)
15. Verification of Site Zoning
16. Affirmative Marketing Plan
17. Tenant Selection Process (rentals)
18. Market Analysis Summary Form and Report
19. Unit Mix Table
20. Miscellaneous – Other

## **Other Federal Requirements**

Please be advised that the following section contains Federal Regulations that are paramount and should be considered the standard by which all developers, subrecipients, and grantees will be held accountable by Kent County and the U.S. Department of Housing and Urban Development.

### **§84.42 Codes of conduct.**

The recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

### **§ 92.251 Property standards.**

(a) (1) Housing that is constructed or rehabilitated with HOME funds must meet all applicable local codes, rehabilitation standards, ordinances, and zoning ordinances at the time of project completion, except as provided in paragraph (b) of this section. The participating jurisdiction must have written standards for rehabilitation that ensure that HOME-assisted housing is decent, safe, and sanitary. In the absence of a local code for new construction or rehabilitation, HOME-assisted new construction or rehabilitation must meet, as applicable, one of three model codes: Uniform Building Code (ICBO), National Building Code (BOCA), Standard (Southern) Building Code (SBCCI); or the Council of American Building Officials (CABO) one or two family code; or the Minimum Property Standards (MPS) in 24 CFR 200.925 or 200.926.

### **§ 200.925a Multifamily and care-type minimum property standards**

(a) *Construction standards.* Multifamily or care-type properties shall comply with the minimum property standards contained in the handbook identified in § 200.929(b)(2). In addition, each such property shall, for the Department's purposes, comply with: (1) The applicable State or local building code, if the property is located within a jurisdiction which has a building code accepted by the Secretary under § 200.925a (d); or (2)(i) The applicable State or local building code,



# COMMUNITY DEVELOPMENT DEPARTMENT

82 IONIA Avenue, N.W., suite 390  
GRAND RAPIDS, MICHIGAN 49503-3036  
TELEPHONE: (616) 632-7400  
FAX: (616) 632-7405



Linda S. Likely  
*Director*

## Community Development Department HOME Application

### Occupancy Standards for HOME-assisted Units

## Requirements at Initial Occupancy

Every assisted unit is subject to rent controls and income targeting restrictions designed to make sure that rents are affordable to low income households and low income households are targeted.

### Rent Requirements

All HOME-Assisted Units must be rented, throughout the compliance period, to households who have annual incomes that are at or below 60% of Area Median Income (AMI) as defined annually by HUD. These tenants are known as "low income" (LI) under HOME.

If the project contains five or more HOME-Assisted Units, at least 20% of the HOME-assisted rental units must be occupied by families who have annual incomes that are 50% or less of median income. These tenants are known as "very low income" (VLI)

Examples:

| Total # of HOME Assisted Units | Low Income Units (60% > AMI) | Very Low Income Units (50% > AMI) |
|--------------------------------|------------------------------|-----------------------------------|
| 4                              | 4                            |                                   |
| 5                              | 4                            | 1                                 |
| 8                              | 6                            | 2                                 |
| 11                             | 8                            | 3                                 |

### Rent Limits

**LOW RENTS:** For those projects with five or more HOME Assisted Units, at least 20% of assisted units must have rents which are not higher than the lesser of 30% of annual incomes for households at 50% of median income, LOW HOME rent as calculated by HUD, minus tenant paid utilities or the Section 8 Fair Market Rents (FMR) minus tenant paid utilities.

**HIGH RENTS:** All remaining assisted rental units must have rents not higher than the lesser of:

The Section 8 Fair Market Rents (FMR) for existing housing, minus tenant paid utilities or rents which are 30% of adjusted income for households at 65% of median income, HIGH HOME rent as calculated by HUD, minus tenant paid utilities.

### Utilities

Tenant-paid utilities must be deducted from the maximum rent limits to determine the maximum permissible contract rent.

Examples:

#### High Rents

\$ 618 FMR (1 Bd. Apt.)

~~\$716 High HOME rent (@ 65% AMI for 1)~~

~~-\$167 Utility allowance (1 Bd. Apt.)~~

\$451 maximum HOME rent

#### Low Rents

~~\$618 FMR (1 Bd. Apt.)~~

\$566 Low HOME rent (@ 50% AMI for 1)

~~-\$167 Utility allowance (1 Bd. Apt.)~~

\$399 Maximum HOME rent

Based on the annual rent charts, rents may increase or decrease. In the event of an increase, tenants must be given at least 30 days written notice before increases are implemented. Any increases are also subject to other provisions of the lease agreements. Rents may decrease. However, project rents are not required to fall below the HOME rent limits in effect at the time of project commitment or the tax credit rents in effect the year the project is placed in service, whichever is higher.

The rental requirements must remain in effect for the duration of the affordability period of the project. If the HOME investment for a rehabilitation project is less than \$15,000.00 the affordability period is 5 years. Rehabilitated units with investments between \$15,000.00 and \$40,000.00 have an affordability period of 10 years. All rehabilitation units with a total HOME investment of \$40,000.00 or more will need to meet the affordability requirements of 15 years. New construction HOME investments require an automatic 20 year affordability period.

Owners must be prepared to maintain the low income and occupancy mix required by HUD regulations for the entirety of the affordability period. In the event of a non-arms-length foreclosure or transfer in lieu of foreclosure affordability restrictions may terminate. Affordability requirements will be revived if the owner of record before the foreclosure or anyone with business or family ties to the owner obtains an ownership interest in the property or project.

**Level of HOME Investment**

The minimum HOME investment is \$1,000 per unit. The minimum is a per-project average for all HOME assisted units. The maximum HOME investment is **the lesser of** the HUD published (221(d)3 limits), the total project development costs or the minimum required for project feasibility.

**Current 2012-13 Kent County HOME Maximum Per-Unit Subsidy Limits**

| Jurisdiction | 0-bdrm    | 1-bdrm    | 2-bdrm    | 3-bdrm    | 4-bdrm    |
|--------------|-----------|-----------|-----------|-----------|-----------|
| Kent County  | \$128,940 | \$147,811 | \$179,736 | \$232,520 | \$255,235 |

**Cost Reasonableness and Subsidy Layering**

Before committing funds to a project, Kent County will underwrite the project; evaluate the project based on cost reasonableness, construction standards and industry trends. Budgets submitted will consider cost per sq. foot and be compared to previously completed projects to determine reasonableness. KCCD will also evaluate based on a Brokers Opinion or a Pre-Appraisal. Budgets should be accompanied by architectural specifications that detail all costs and contingencies. A detailed sources and uses should be directly relatable to the budget and specifications. Preliminary proformas should be as exact as possible.