



# NOTICE OF FUNDING AVAILABILITY APPLICATION

## Instructions

- Electronic Submission:** Fairfax County Sharefile Program (link provided upon request)
- Mail Application to:** Fairfax County Department of Housing and Community Development  
Real Estate Finance  
3700 Pender Drive, Suite 300  
Fairfax, Virginia 22030-6039  
Attn: Debashish Chakravarty
- Contact:** E-mail [rha@fairfaxcounty.gov](mailto:rha@fairfaxcounty.gov) or call  
703-246-5170 with questions

*Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services, and activities.  
Special accommodations will be provided upon request.*

**IMPORTANT NOTE: The information in this application is subject to an open records request.  
Real Estate Finance will protect confidentiality of this information to the extent allowed by law.**

## Project Basics

Project Name: \_\_\_\_\_

Supervisor District: \_\_\_\_\_

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

Census Tract: \_\_\_\_\_

Funds Requested: \$ \_\_\_\_\_

Borrower Entity: \_\_\_\_\_

Date Notified Area Supervisor: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

## Contact Information

Organization Name: \_\_\_\_\_

President/CEO Contact: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Project Manager Contact: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Project Description

### Number of Units:

Existing: \_\_\_\_\_

Proposed: \_\_\_\_\_

### Number of Buildings:

Existing: \_\_\_\_\_

Proposed: \_\_\_\_\_

Gross square footage of all building(s): \_\_\_\_\_

**Type of Project:**  New Construction  Acquisition  Rehabilitation  
 Acquisition/Rehab

**Construction Type:**  Multifamily  Other (Please describe): \_\_\_\_\_

**Do you have Site Control?:**  Yes  No

**Form of Site Control:** \_\_\_\_\_

**Status of Zoning Approval:** \_\_\_\_\_

### Resident Information

**Population Served (Check all that apply)**

- Restricted Senior (aged 62 and older)  Persons with intellectual &/or physical disabilities  
 General Occupancy  Other (Please describe)

**Leasing Preference to Families on FCRHA Waiting Lists:**  Yes  No  
**Provision of Three-Bedroom Units or Larger:**  Yes  No

Number of units with three or more bedrooms: \_\_\_\_\_

Percentage of Total Units: \_\_\_\_\_

**Provision of 504 Accessible Units:**  Yes  No

Number of 504 Accessible Units: \_\_\_\_\_

Percentage of Total Units: \_\_\_\_\_

### Occupancy and Rent

**Units 80% AMI and Below:**

Total Number of Units: \_\_\_\_\_

Percent of Total Units: \_\_\_\_\_

**Market Rate Units:**

Total Number of Units: \_\_\_\_\_

Percent of Total Units: \_\_\_\_\_

**Proposed Units: Breakdown of Affordability**

|              | 20% AMI | 30% AMI | 40% AMI | 50% AMI | 60% AMI | 70% AMI | 80% AMI | 100% AMI | Market Rate |
|--------------|---------|---------|---------|---------|---------|---------|---------|----------|-------------|
|              | # Units | # Units | # Units | # Units | # Units | # Units | # Units | # Units  | # Units     |
| Studio       |         |         |         |         |         |         |         |          |             |
| 1-bed        |         |         |         |         |         |         |         |          |             |
| 2-bed        |         |         |         |         |         |         |         |          |             |
| 3-bed        |         |         |         |         |         |         |         |          |             |
| 4-bed        |         |         |         |         |         |         |         |          |             |
| <b>Total</b> |         |         |         |         |         |         |         |          |             |

**Proposed Units: Breakdown of Accessible Units**

|              | 20% AMI | 30% AMI | 40% AMI | 50% AMI | 60% AMI | 70% AMI | 80% AMI | 100% AMI | Market Rate |
|--------------|---------|---------|---------|---------|---------|---------|---------|----------|-------------|
|              | # Units | # Units | # Units | # Units | # Units | # Units | # Units | # Units  | # Units     |
| Studio       |         |         |         |         |         |         |         |          |             |
| 1-bed        |         |         |         |         |         |         |         |          |             |
| 2-bed        |         |         |         |         |         |         |         |          |             |
| 3-bed        |         |         |         |         |         |         |         |          |             |
| 4-bed        |         |         |         |         |         |         |         |          |             |
| <b>Total</b> |         |         |         |         |         |         |         |          |             |

**Management and/or Non-Residential Unit(s):**

**Project Costs and Financing**

| <b>Development Costs</b>          | <b>Total</b>    | <b>Per Unit</b> |
|-----------------------------------|-----------------|-----------------|
| Acquisition                       | \$ _____        | \$ _____        |
| Rehabilitation/Construction Costs | \$ _____        | \$ _____        |
| Architecture and Engineering      | \$ _____        | \$ _____        |
| Professional Services             | \$ _____        | \$ _____        |
| Operating and Carrying Costs      | \$ _____        | \$ _____        |
| Financing Costs                   | \$ _____        | \$ _____        |
| Legal Fees                        | \$ _____        | \$ _____        |
| Reserves and Escrows              | \$ _____        | \$ _____        |
| Developer's Fee                   | \$ _____        | \$ _____        |
| <b>Total Development Cost:</b>    | <b>\$ _____</b> | <b>\$ _____</b> |

**Development Sources**

| Source | Type            | Amount | Committed                                                   |
|--------|-----------------|--------|-------------------------------------------------------------|
|        | Requested Funds | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|        |                 | \$     | <input type="checkbox"/> Yes or <input type="checkbox"/> No |

**Total Financing Sources:** \$ \_\_\_\_\_

**Percentage Deferring of Developer Fee:** \_\_\_\_\_%

**Will you apply for Low Income Housing Tax Credits?**  Yes  No

**NOTE:** Include estimated LIHTC equity amount(s) in pro forma along with assumptions (credit award, credit pricing, etc.)

## Applicant Experience and Qualifications

Number of years in operation: \_\_\_\_\_

### Total Number of Units

Produced: \_\_\_\_\_

Rehabilitated: \_\_\_\_\_

Owned: \_\_\_\_\_

Managed: \_\_\_\_\_

### Number of Employees

Total: \_\_\_\_\_

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

Volunteers: \_\_\_\_\_

### Organizational Structure

Is the applicant a Joint Venture?  Yes  No

Name of Parent Company: \_\_\_\_\_ Ownership: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_ Ownership: \_\_\_\_\_

### Pending Litigation

Is there any litigation pending against the applicant, any parent company, subsidiary or related entity involved in the project?  Yes  No

### Suspension or Debarment

Has the applicant, any person or firm been suspended or debarred from participating in County, State, or Federal procurement?  Yes  No

## Relocation Information

Describe any current or anticipated project-based federal and/or state subsidies/assistance:

\_\_\_\_\_

Total number of households anticipated to be temporarily relocated: \_\_\_\_\_

Total number of households anticipated to be permanently relocated: \_\_\_\_\_

## Authorized Signatory

*I attest that all information provided in this application (and related exhibits and attachments) is true and accurate to the best of my knowledge and that I am duly authorized to sign this application.*

*Further, by my signature, I acknowledge that any materially false, fraudulent or misleading statement in this application or the concealment of any material fact related to this application may subject me to criminal penalties under federal or state law.*

Company or Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Authorized Representative)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Notice of Funding Availability Application Checklist

Please indicate which of the following items are included in your application by marking an 'X' in the appropriate boxes. Please organize all attachments to this application in accordance with the order of this checklist.

All items below are mandatory for the application unless otherwise noted.

- Signed Application
- Attachment A Applicant Experience and Qualifications
- Attachment B Partnership Agreement
- Attachment C: Attestation of Eligibility
- Debar Attestation
- CDBG Eligibility Attestation (**if applicable**)
- Attachment D Evidence of Notification to Area Supervisor
- Attachment E Project Location Map
- Attachment F Proof of Zoning Approval
- Attachment G Project Purpose and Summary
- Attachment H Evidence of Site Control
- Attachment I Accessibility Certification (**if seeking accessibility points**)
- Attachment J:
  - New Construction: Soil Map Confirmation (**if new construction**)
  - Rehab: Physical Needs Assessment (**if rehab**)
- Attachment K Development Schedule
- Attachment L Acquisition strategy (**if applicable**)
- Attachment M Detailed Development Costs and Financing Sources
- Attachment N Detailed Construction Costs
- Attachment O Evidence of Financing Commitments
- Attachment P 30- Year Cash Flow Analysis
- Attachment Q Unit Mix and Rents
- Attachment R Detailed Estimate of Annual Operating Expenses
- Attachment S Appraisal
- Attachment T Relocation Plan (**if applicable**)
- Attachment U Phase I Environmental Report
- Attachment V Description of Significant Litigation (**if applicable**)
- Attachment W Schematic Architectural and Site Plans



- Attachment X     Market Feasibility Study
- Attachment Y     Marketing Plan
- Attachment Z     Management Plan
- Attachment AA    Any Additional Information or Materials to Provide

**Appendix A: Attachment Guidance**

**Attachment A: Applicant Experience and Qualifications**

In this section include the following for all parent entities involved with the application:

- a) Include copies of:
  - o State Incorporation Letter or Certificate;
  - o Bylaws;
  - o Articles of Incorporation and/or Charter that states among its purposes the provision of decent affordable housing;
  - o The organization’s tax exemption ruling (if applicable) under Section 501(c)(3) of the Internal Revenue Code; and
  - o Copies of the three most recent annual audit reports or, if applicable, financial statements for the organization and any other information the applicant wishes to submit to demonstrate its capacity to undertake the proposed project.
- b) A narrative describing:
  - o The organization’s history serving the Fairfax County community and involvement in the community where the project is located.
  - o Housing and project-related experience. A minimum of 3 examples of successfully completed projects with a scale, scope, and financing structure similar to the proposed project. Include project details such as location, project type, populations served and AMI levels, number and mix of units, and financing structure.
- c) Provide names and resumes for senior management, board members, and project partners.
- d) A list of project team members (i.e. architects, engineers, developer, contractor, management agent).

**Attachment B: Partnership Agreement**

A partnership agreement, Memorandum of Understanding (MOU), or Letter of Intent (LOI) must be submitted for each listed partner organization that will be involved in the project including service providers, property management firms, or other development partner.

**Attachment C: Attestation of Eligibility**

Applicants must include an attestation with their application to certify:

- a) That the applicant has not been debarred from participation in any County, State, or Federal procurement.
- b) For applicants wishing to be considered for CDBG funds, that the applicant is eligible to receive the requested funds.

**Attachment D: Evidence of Notification to Area Supervisor**

Enclose a copy of the letter sent to the District Supervisor. If a response was provided by the District Supervisor, include that as well.

**Attachment E: Project Location Map**

Enclose a map clearly indicating the location of the project. Description of transportation and/or transit connections that benefit the Project should be shown on the Location Map.

**Attachment F: Proof of Zoning Approval**

Demonstration that the proposed project is entitled and consistent with the approved zoning on the site via a letter from the Department of Planning and Development (DPD). This is mandatory; however, flexibility for projects using public land may be considered on a case-by-case basis.

**Attachment G: Project Purpose and Summary**

Briefly Describe the following in narrative form:

- Provide an overall description of the proposed site development including site size, and a description of the proposed scope of work for rehabilitation projects;
- If state or federal historic tax credits are part of the financing package, include a narrative regarding the status of the Part I and Part II applications;
- Proposed use of funds;
- Proposed beneficiaries;
- Description of transportation and/or transit connections that benefit the Project;
- Contribution to the affordable housing stock or preservation of affordable housing in Fairfax County and the Fairfax County goals of 10,000 new units of committed affordable housing in 15 years and/or no net loss of existing affordable housing;
- Describe the form of ownership;
- Describe amenities and/or resident services that will be provided;
- Explain the project's connection to the Fairfax County One Fairfax Policy; and
- Innovative elements including but not limited to innovative financing options, design, cost/time-saving construction method or acquisition etc.

**Attachment H: Evidence of Site Control**

Provide acceptable evidence of site control including:

- a) Deed to property demonstrating fee simple ownership;
- b) Ground lease with a term that is no less than 75 years; or
- c) Contract to purchase or ground lease with a minimum 12-month term beyond the date of the application; and
- d) Site control should clearly identify all parcels in the development.

**Attachment I: *If Seeking Accessibility Points: Accessibility Certification by a professional***

If the project is seeking additional points for providing 5% or 10% of the total units as accessible, include a certification from a licensed professional that the project design meets the 504 accessibility guidelines. Licensed professional can include certification by the project architect.

## **Attachment J: Soil Confirmation or Physical Needs Assessment**

### *New Construction: Soil Map Confirmation*

- All new construction must verify the soils utilizing the Fairfax County Soil Map Tool and include a printout of the map in this tab.
- If the soil condition necessitates further study, include a Geotechnical Study

### *Rehab/Renovation: Physical Needs Assessment*

- Provide a physical needs assessment of the property

## **Attachment K: Development Schedule**

Provide a detailed development schedule for the project as presented in the application.

## **Attachment L: Acquisition strategy (if applicable)**

For applicants needing acquisition financing, a description of acquisition strategy and acquisition financing strategy separate from recapitalization strategy, and financing commitments, must be included.

## **Attachment M: Detailed Development Costs and Financing Sources**

Include a detailed developer's proforma in Excel with working formulas detailing the development costs, sources and uses.

## **Attachment N: Detailed Construction Costs**

Include a detailed breakdown of construction costs by trade.

## **Attachment O: Evidence of Financing Commitments**

Provide status of any committed and uncommitted financing along with copies of any available commitment letters or interest letters.

- Commitment letters, term sheets or LOIs for all sources of capital funds including terms and conditions for all debt and equity, as appropriate.
  - a) Financing term sheet(s) with, at minimum, the loan amount, interest rate, term, Loan-to-Value ratio, and a final approval process;
  - b) Equity term sheets (or commitment letters) stating the terms of the equity and expected levels of return;
- For funding and financing sources that have not yet been committed, a description of the approach to securing these funds, timelines, and the feasibility of securing each additional sources.

## **Attachment P: 30-Year Cash Flow Analysis**

Provide a proforma analysis of the property's projected financial performance over, at minimum, the first thirty (30) years of the proposed loan, including rental income (within affordability

guidelines), expenses, deposits to reserves, and all appropriate FCRHA fees. The Pro-forma should also provide percentage of requested NOFA funds in relation to Total Development Costs and demonstrate the project meeting Virginia Housing Total Development Cost Per Unit or Per Square Foot guidelines. Pro-formas must be submitted as a functioning spreadsheet and include all formulas.

### **Attachment Q: Unit Mix and Rents**

Provide a spreadsheet detailing the current unit types and rent for any existing residential buildings on the site. Include a spreadsheet specifying all the proposed unit types and rents for all units in the project.

- Current Unit Types and Rents, if applicable should include:
  - The current occupancy of the project
  - The total number of low income and market rate units by unit type
  - The breakdown of unit sizes/types, number of accessible units by size and type, AMI of each unit type, the rent and the utility allowance
  
- Proposed Unit Types and Rents
  - The proposed distribution of unit types
  - The total number of low income and market rate units by unit type
  - The breakdown of unit sizes/types, number of accessible units by size and type, AMI of each unit type, the rent and the utility allowance

Information can be displayed in any desired format.

### **Attachment R: Detailed Estimate of Annual Operating Expenses**

Provide detailed projected operating expenses (OPEX) for the property.

### **Attachment S: Appraisal**

Provide a copy of an appraisal completed within 3 months of the NOFA response indicating FCRHA is an authorized user of the report.

- The Appraisal Report must provide four values for the project as listed below, and intangible assets or investment value should not be included in the valuations:
  - a) Market value of the land alone, unencumbered by affordability restrictions;
  - b) Market value of the completed building and land, unencumbered by affordability restrictions;
  - c) Rent-restricted value of the completed building and land (i.e., subject to the affordability restrictions proposed by the applicant indefinitely); and
  - d) Decontrol value of the completed building and land (i.e., subject to the affordability restrictions proposed by the applicant, but with such restrictions ending 3 years after a foreclosure sale).
  
- The FCRHA will require an update letter to the Appraisal Report if the proposed transaction does not close within 6 months of the date of the Appraisal Report, or a new Appraisal Report if the proposed transaction does not close within 12 months of the date of the original Appraisal Report.

**Attachment T: Relocation Plan (if applicable)**

A full Relocation Plan for tenants during any planned construction, if applicable, must be submitted to the FCRHA for approval prior to closing. Relocation Plan must comply with the [Fairfax County Relocation Guidelines](#). All projects must comply with the Fair Housing Act, which is title VIII of the Civil Rights Act of 1968, HUD’s Affirmatively Furthering Fair Housing rules, and the Uniform Relocation Act. If construction is planned to take place with residents occupying units, a Relocation Plan is still required. At a minimum, the relocation plan must include the minimum information specified in the Fairfax County Relocation Guidelines.

**Attachment U: Phase I Environmental Report**

Provide a Phase I report for the site and/or the existing building(s). Include a Phase II, if necessitated by the Phase I findings. If the Phase II is in process, note this in the tab.

**Attachment V: Description of Significant Litigation (if applicable)**

If there is litigation against any parent entity, affiliate or subsidiary, provide the details surrounding the circumstances.

**Attachment W: Schematic Architectural and Site plans**

The following includes the minimum requirements for all property types (new construction, rehab and adaptive reuse).

1. A location map with the property clearly defined on the plans.
2. A site plan showing locations of all building(s) and major site elements (e.g., parking lots and location of existing utilities and water, sewer, electric, gas in the streets adjacent to the site).
3. Sketch plans of main building(s) reflecting overall dimensions.
4. Typical floor plan(s) showing apartment types and placement.
5. Ground floor plan(s) showing common areas.
6. Sketch floor plan(s) of typical dwelling unit(s).
7. Typical elevations.
8. Rehab projects with varied in-unit scope of work must include a unit-by-unit work write up.

**Attachment X: Market Feasibility Study**

Provide a market feasibility study completed within the last six months for this project indicating FCRHA is an authorized user of the report.

**Attachment Y: Marketing Plan**

Provide a property-specific Marketing Plan.

**Attachment Z: Management Plan**

Provide a property-specific Management Plan.

**Attachment AA: Any Additional Information or Materials to Provide**

Please include any information or materials that would be useful in the evaluation of the application.