



Application for Funding

Revised 5/17/2022

Section A – Developer Information

General Information

Name of Applicant:	
Address of Applicant:	
Type of Entity (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Public Entity <input type="checkbox"/> Other	
Contact Person:	Title:
Phone Number:	Email:

Project Team, Consultants and Subcontractors

Please list any members of the project team including consultants and subcontractors. Add additional pages labeled as 'Exhibit A – Project Team' as necessary.

Company Name:	
Type of Partner (Check one) <input type="checkbox"/> Architectural Firm <input type="checkbox"/> Engineering Firm <input type="checkbox"/> General Contractor <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Accounting or Financial Adviser <input type="checkbox"/> Marketing Consultant <input type="checkbox"/> Other, please specify	
Contact Person:	Address:
Phone Number:	Email:

Company Name:	
Type of Partner (Check one) <input type="checkbox"/> Architectural Firm <input type="checkbox"/> Engineering Firm <input type="checkbox"/> General Contractor <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Accounting or Financial Adviser <input type="checkbox"/> Marketing Consultant <input type="checkbox"/> Other, please specify	
Contact Person:	Address:
Phone Number:	Email:

Company Name:	
Type of Partner (Check one) <input type="checkbox"/> Architectural Firm <input type="checkbox"/> Engineering Firm <input type="checkbox"/> General Contractor <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Accounting or Financial Adviser <input type="checkbox"/> Marketing Consultant <input type="checkbox"/> Other, please specify	
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Type of Partner (Check one)	
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Contact Person:	Address:
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Company Name:	
Type of Partner (Check one)	
<input type="checkbox"/> Architectural Firm <input type="checkbox"/> Engineering Firm <input type="checkbox"/> General Contractor <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Accounting or Financial Adviser <input type="checkbox"/> Marketing Consultant <input type="checkbox"/> Other, please specify	
Contact Person:	Address:
Phone Number:	Email:

Development Team Narrative

Please provide additional information on the experience of the development team. This may include, but is not limited to, providing a summary of projects previously completed, project references, corporation financial information, and any applicable licensures. You may attach additional documents as necessary. Please label additional documents being submitted under this category as 'Exhibit A – Development Team Narrative'.

Section B – Project Information

Project Information

1. Site Description

Name of Project:	Location/Address:
Current Site Zoning:	Are zoning changes required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the development team have site control? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress If no or in progress, please explain the plan and timeline.	
Does the parcel have sewer, water and utility access? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress If no or in progress, please explain the plan and timeline.	
Anticipated Construction Start Date:	Anticipated Construction Completion Date:

2. Project Description

Provide an overview of the entire development including any market rate units or units that are not requesting assistance from the Coalition.

A. Complete for Rental Project Requests

Not Applicable

Type of Project (Select all that apply)	
<input type="checkbox"/> Multifamily rental (Less than 20 units)	<input type="checkbox"/> Multifamily rental (Greater than 20 units)
<input type="checkbox"/> Preservation or rehab of existing multifamily housing	<input type="checkbox"/> Single family rental
<input type="checkbox"/> Other projects, please specify	
Total Units:	Number of Buildings:
Rent Breakdown (Ex: 10 2 bedrooms at 50% AMI):	
Unit Breakdown (Bedroom Size and Accessibility):	
Amenities and features including but not limited to energy efficient design and accessibility:	

B. Complete for Homeownership Project Requests Not Applicable

Description of Housing Type		
<input type="checkbox"/> Single family homes - subdivision	<input type="checkbox"/> Single family homes – infill or scattered	<input type="checkbox"/> Preservation or rehabilitation of naturally occurring affordable housing
<input type="checkbox"/> Multifamily homes (Duplex, triplex, townhomes)	<input type="checkbox"/> Mobile, modular, or ADU	<input type="checkbox"/> Other, please specify
Ownership Type: (HOA, CLT, etc)	Number of Buildings:	
Number of Ownership Units per Building:		
Number of Bedrooms per Ownership Unit:		
Target Sale Price(s) of Homes:	Target Incomes of Homebuyers:	
Amenities and features including but not limited to energy efficient design and accessibility:		

Exhibit B – Project Narrative

Please provide a brief narrative about your project. This may include, but is not limited to, pre-development research and justification for the project, site plans, building plans, and documents demonstrating site control. Please label additional documents being submitted under this category as “Exhibit B – Project Narrative”.

Section E – Funding Request

Rochester Area Foundation Funding Request

Please provide a summary of the Rochester Area Foundation funding request. This should include the total amount being requested, type of assistance (grant, loan, etc.), what the funds will be used for, when these funds will be spent, and any additional information that will help us evaluate the application.

Section F – Certification and Data Privacy

Applicant / Owner Certification

The undersigned certified that the above information is true and correct to the best of their knowledge. The undersigned further understands that the giving of false information in this application, regardless of when it is discovered, and/or the failure to give required pertinent information, constitutes cause for the immediate revocation of any and all approvals issued hereunder. By signing this form, I also understand that the Coalition is under no obligation to take further action with respect to my submission and not all projects meeting minimum criteria will receive funding.

Applicant Signature:	Date:
Name and Title:	

If the above signed party is not the current owner of ALL affected parcels, such owners shall also sign below.

Applicant Signature:	Date:
Name and Title:	Property:

Applicant Signature:	Date:
Name and Title:	Property:

Data Practices Advisory and Authorization for Release of Information

The Minnesota Data Practices Act requires that you be advised of the following information. This application includes private and/or confidential information that will be used to research and evaluate past experience, qualifications, financial data, criminal history, and other relevant information. You may refuse to provide this information; however, should you refuse, our evaluation cannot be completed and will result in your application not being processed. The information provided in the application is public, unless specifically classified otherwise by law, and will be used by the Coalition Members to evaluate the application and any request for funding. Public information is accessible by the general public.

On behalf of the applicant, I hereby give my consent to research and confirm the accuracy of the contents of the application, including, but not limited to, business history, bankruptcy filings, references, criminal history, and other relevant information provided in the application. I authorize the contacting of financial and other references provided in the application. I understand that there is no legal obligation to consent to this background research, but if the applicant refuses to so consent, the evaluation cannot be completed, and the application will not be processed.

I release the Coalition, and any of its agents or employees from any and all liability for their receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms, and execute it voluntarily. This Authorization for Release of Information will expire one year from the signature date. I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY AND AUTHORIZATION FOR RELEASE OF INFORMATION.

Applicant Signature:	Date:
Name and Title:	