

Application for Funding

Revised 5/17/2022

Section A – Developer Information

General information	
Name of Applicant:	
Address of Applicant:	
Type of Entity (Check one)	
Corporation Partnership LLC	Public Entity Other
Contact Person:	Title:
Phone Number:	Email:
Project Team Consultants and Subcent	•
PROJECT LOOM L'ARCHITONTE ONE SUBCANT	

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 (Checl	k one)		
Architectural Firm	Engineering Firm	General Contractor	Legal Counsel
Accounting or Financial Adviser	Marketing Consultant	Other, please specify	
Contact Person:		Address:	
Phone Number:		Email:	
Company Name:			
Type of Partner (Checl	k one)		
Architectural Firm	Engineering Firm	General Contractor	Legal Counsel
Accounting or Financial Adviser	Marketing Consultant	Other, please specify	
Contact Person:		Address:	
Phone Number:		Email:	
Company Name:			
Type of Partner (Checl	k one)		
Architectural Firm	Engineering Firm	General Contractor	Legal Counsel
Accounting or Financial Adviser	Marketing Consultant	Other, please specify	
Contact Person:		Address:	
Phone Number:		Email:	

Company Name:			
Type of Partner (Chec	k one)		
Architectural Firm	Engineering Firm	General Contractor	Legal Counsel
Accounting or Financial Adviser	Marketing Consultant	Other, please specify	
Contact Person:		Address:	
Phone Number:		Email:	
		•	
Company Name:			
Type of Partner (Chec	k one)		
Architectural Firm	Engineering Firm	General Contractor	Legal Counsel
Accounting or Financial Adviser	Marketing Consultant	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'.

Project Information

1. Site Description

Name of Project:	Location/Address:		
Current Site Zoning:	Are zoning changes required? Yes No		
Does the development team have site control?	☐ Yes		
If no or in progress, please explain the plan and ti	meline.		
Does the parcel have sewer, water and utility acce	ess? Yes No In progress		
If no or in progress, please explain the plan and ti	meline.		
Anticipated Construction	Anticipated Construction		
Start Date:	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 R	equests		ot Applicable
Type of Project (Select all that apply)			
Multifamily rental (Less than 20 units)	Multifamily than 20 units)	rental (Greater	Single family rental
 Preservation or rehab of existing multifamily housing 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				
Description of Housing Type				
Single family homes -	- •	mily homes – infill	Preservation or	
subdivision	or scattered		rehabilitation of naturally occurring affordable housing	
Multifamily homes (Duplex,	🗌 Mobile, r	nodular, or ADU	Other, please specify	
triplex, townhomes)				
Ownership Type:		Number of		
(HOA, CLT, etc)		Buildings:		
Number of Ownership	Number of Ownership			
Units per Building:				
Number of Bedrooms				
per Ownership Unit:				
Target Sale Price(s) Target Incomes				
of Homes: 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, predevelopment 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".

Population and Market Summary

1. Please describe the targeted market(s) or population(s) for this project. Include a breakdown of how many units of the development fall into each market category (i.e., market rate, affordable, senior, homeless, etc.).

2. Does your project align with any of the following priorities of the Coalition for Rochester Area Housing? If so, please identify the number and percentage of units that align with the priority.

Priority	Yes/No	Number of Units	% of Total Project
Increase affordable (below \$350,000) homeownership	🗌 Yes 🗌 No		
Increase BIPOC homeownership	🗌 Yes 🗌 No		
Increase senior housing options	🗌 Yes 🗌 No		
Increase rental housing for households below 50% AMI	🗌 Yes 🗌 No		
Preserve existing affordable housing options	🗌 Yes 🗌 No		

Exhibit C – Population and Target Market

Please provide any additional information that supports the need for housing for your targeted population or market. Describe any on-site services that will be provided to residents of the project, and any partnership or collaboration with other community service organizations to provide these services. This may include research materials and findings, letters of support from professionals, or other data that supports the need. Please label additional documents being submitted under this category as "Exhibit C – Population and Target Market".

Project Costs

Provide an overview of the estimated costs for this project. This section may be replaced by including a financial analysis labeled "Exhibit D – Financial Information". All rental projects must also include a 15-year proforma.

Use of Funds	Annual Expense
Acquisition and Site Costs	\$
Site Development	\$
New Construction Costs	\$
Engineering and Architectural	\$
Construction Interest and Fees	\$
Permanent Financing	\$
Soft Costs	\$
Syndication Costs	\$
Developer Fees	\$
Operating Reserve	\$
Total:	\$

Sources of Financing

Provide an overview of the sources of financing for this project. This section may be replaced by including a proforma labeled "Exhibit D".

Financing Type	Financing Source	Committed	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			*

Total: \$

Exhibit D – Financial Information

Include any additional financial information will help us determine the financial risks associated with this project, including letters of commitment from the various financing sources. This may also include a financial analysis, proforma, contingency budget and/or a proposed payment schedule to the contactor/builder. Please label additional documents being submitted under this category as "Exhibit D – Financial Information".

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 over 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:	