Amount of funds reques	ted: \$		
Total number of units to	be assisted:		
		multiple entities, is a partnership or d identify the entity that will serve a	
Organization Name			
Street Address			
City	State, Zip	Telephone #	
Contact Person	Contact's Telephone #	Contact's Email	
Federal Tax ID Number			
	that the data and exhibits contain Sundated submissions will not be c	ed comprising this application are	: true
Legal Name of Organiza	ation		
Signature of Authorized	Officer T	itle	Date
(ORIGINAL FORM CO	ONTAINING ORIGINAL SIGNA	TURE)	

2. Please provide copies of the following:

- a. Articles of Incorporation;
- b. Certificate of Incorporation filed with the State of Texas
- c. IRS determination letter regarding 501(c)(3) non-profit status
- d. Names, addresses, phone numbers and email addresses of current board members
- e. Certified financial audit for most recent year, including the auditor's management letter
- f. Board resolution approving the proposed project and authorizing the request for funding
- g. Franchise Tax Account Status printout from the Texas Comptroller of Public Accounts http://comptroller.texas.gov/taxinfo/coasintr.html
- h. Evidence of cash reserves of at least \$25,000 to facilitate the program administration prior to AHFC's disbursement process. This may be in the form of financial statements, a letter from its financial institution or evidence of an available line of credit of at least the amount requested.
- i. Name and title of the person authorized to represent the organization
- j. Evidence of providing at least three (3) years of home repair services. (Previous contracts with AHFC or any other governmental entity, foundations, national organizations; annual reports).
- k. Insurance: Organization shall carry Statutory Workers' Compensation and Employers Liability, Commercial General Liability, Business Automobile Liability, and Directors and Officers Coverage on types and amounts of duration according to Program Agreement.

3. Program Description and Demand (scoring: maximum 20 points)

Provide a narrative description of your organization's current home repair program, number of years in operation, past and current performance, current waiting list, and current available funds. Describe how this funding will increase your organization's capacity to provide these services. Explain how the amount of funds requested is substantiated by your organization's existing capacity and experience. Attach resumes of key staff that will work with this program.

4. Operational Team (scoring: combined with section 6 and 9, maximum 20 points)

Identify the entities anticipated to be involved in implementing the project including lenders, attorneys, accountants, architects, engineers, general contractor, sub-contractors, consultants and operational staff. Also, indicate if any entity is certified by the City of Austin as a minority or women-owned business enterprise (MBE/WBE), or if any of the entities are also a non-profit entity.

	Name(s) & Any Comments on Role	MBE? (Mark X if Yes)	WBE? (Mark X if Yes)	Non- profit? (Mark X if Yes)
Director/CEO				,
Lenders (Other than AHFC)				
Accountants				
Consultant (if Applicable)				
Project Manager				
Construction Supervisor				
Construction Inspectors				
Housing Specialists				
General Contractor				
Subcontractors				
Admin support				
Marketing				

5. Process Schedule (scoring: maximum 10 points)

Complete the grid below. Re-order the steps according to the appropriate sequence for your project, and add in any other significant steps integral to your project's development. Please be as precise as possible, narrowing dates by 15 day intervals.

	Number of Days
Applicant referred to program/File started	
Initial home visit	
All eligibility documents received from Applicant	
Eligibility Determination	
Construction Specifications and Cost estimates	
Construction Bids	
Construction Start	
End/Completion of Construction/Homebuyer Signoff on Work Performed	

6. Experience and Qualifications – Home Repairs (scoring: combined with section 4 and 9, maximum 20 points)

Completed Projects Past Three Years (attach additional sheets if necessary):

Address	Type of Work Performed	Number of Days to Complete	Approximate Cost

7. **Detailed Project Budget – (scoring: maximum 20 points)** Use the following table, or comparable format, to provide a complete project budget for the number of units proposed for the year. Add line-items as necessary to detail the specific funding being requested.

DETAILED PROJECT BUDGET							
	Funds Being Requested	Amounts from other fund sources	Total for Line Item	Description or Comments			
CONSTRUCTION COSTS							
Carpentry							
Waterproofing & Insulation							
Roofing							
Plumbing/Hot Water							
HVAC / Mechanical							
Electrical							
Doors/Windows/Glass							
Construction Contingency							
Flooring							

	T	
Lumber		
Paint		
Pami		
Other (Specify)		
other (openly)		
TOTAL		
CONSTRUCTION		
COSTS		
INDIRECT AND SOFT		
COSTS		
Salaries		
0		
Legal		
A 1: / A :		
Audit/Accounting		
Marketing/Outreach		
Marketing/ Outreach		
Other (Specify)		
TOTAL INDIRECT AND		
SOFT COSTS		
TOTAL PROJECT		
TOTAL PROJECT BUDGET		
DUDGEI		

- **8.** Funds Proposal (scoring: maximum 15 points) Provide the following information to facilitate financial review of the proposed project:
 - a. **Sources and Uses of Funds** Complete Tables A & B below, identifying all sources and uses of funds to implement this proposal and include evidence of funds anticipated (financial statements, commitment letters, etc.).

TABLE A: SOURCES OF FUNDS SUMMARY					Intended Use of Funds (Predevelopment, Construction, Soft Costs)	
	Term	Interest	Amount	Evidence (T	erm	,
		Rate		Sheet, Board		
				Resolution,	etc.)	
Private Financing (List Lenders Below)						
Other Sources (List Below)						
Proposed AHFC GO Repair						
Funds						
Total Sources of Funds						
	TABLI	E B: USI	ES OF FU	NDS SUMM	IARY	7
			Cost	Сс	ost/U:	nit
Indirect, Soft or Administrative Costs						
Direct Costs (Construction)						
Total Uses of Funds						

b. **Leveraging – (scoring: maximum 15 points)** Complete Table C below. Include evidence of other funds leveraged by AHFC funds to implement your proposal such as commitments from private and/or other public resources.

TABLE C: LEVERAGE SUMMARY					

9. Partnerships with Non-profit entities

Include commitments from other non-profit organizations or a City of Austin-certified Community Housing Development Organization (CHDO) to partner on the project in some way.

Describe your experience in collaborating or leveraging your housing intervention resources with other partnering organizations to improve service delivery and/or outcomes for clients served.

10. Other Requirements

By submitting this application, the applicant agrees to comply with all reporting, record keeping, and on-going monitoring requirements applicable to G.O. Bond financing of the proposed project. By submitting this application, the applicant agrees to participate in the Department's Green & Healthy Homes Initiative (GHHI) Austin project and to have a representative participate in GHHI Austin meetings as requested by the Program.

1.
pplicant:
Tame of Reviewer(s):
itle of Reviewer(s):
EQUIRED INFORMATION CHECKLIST
 Applicant Information Attachments Articles of Incorporation Certificate of Incorporation filed with the State of Texas IRS determination letter regarding non-profit status Names, addresses, phone numbers and email addresses of current board members Certified financial audit for most recent year, including the auditor's management letters Board resolution approving the proposed project and authorizing the request for funding Certificate of Accounts Status from the Texas Comptroller of Public Accounts indicating Good Standing Financial statements, letter from its financial institution or evidence of an available line of credit of at leas the amount requested. Name and title of the person authorized to represent the organization Evidence on providing at least three (3) years of home repair services. (Previous contracts with AHFC or any other governmental entity, foundations, national organizations, etc.).
3. Program Description and Demand - Narrative with description of current program, past and current performance, current waiting list, and current available funds.
 ✓ Summary ✓ Narrative ✓ Resumes of qualified/experienced staff
4. Process Schedule
5. Experience and Qualifications
6. Detailed Project Budget

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7. Funds Proposal

EVALUATION CRITERIA

Proposed projects will be reviewed and scored on a competitive basis relative to the evaluation criteria below. A maximum possible score is 100 points. A minimum score of 75 is required to be funded.

EXPERIENCE AND QUALIFICATIONS (maximum 20 points)	
(Reference: Section 4, 6 and 9 in NOFA)	
NUMBER ON WAIT LIST – (maximum 20 points)	
(Reference: Section 3 in NOFA)	
PROCESS SCHEDULE – (maximum 10 points)	
(Reference: Section 5 in NOFA)	
DETAILED PROJECT BUDGET (maximum 20 points)	
(Reference: Section 7 in NOFA)	
SOURCES & USES OF FUNDS (maximum 15 points)	
(Reference: Section 8a in NOFA)	
LEVERAGING – (maximum 15 points)	
(Reference: Section 8b in NOFA)	
TOTAL SCORE (maximum 100 points)	
	(Reference: Section 4, 6 and 9 in NOFA) NUMBER ON WAIT LIST — (maximum 20 points) (Reference: Section 3 in NOFA) PROCESS SCHEDULE — (maximum 10 points) (Reference: Section 5 in NOFA) DETAILED PROJECT BUDGET (maximum 20 points) (Reference: Section 7 in NOFA) SOURCES & USES OF FUNDS (maximum 15 points) (Reference: Section 8a in NOFA) LEVERAGING — (maximum 15 points)