

Supplemental Form Deadline: February 8, 2021 (5:00 p.m.)

This form accompanies the 2021-22 Community Development Block Grant (CDBG) application for funding. ***Projects involving acquisition, new construction, or rehabilitation to public facilities, and projects consisting of off-site public improvements must complete this Supplemental Form in addition to the application to be considered for funding.***

This Supplemental Form, the 2021-22 application for funding and the attachments requested herein must be received in hard copy by the City of Tacoma Community & Economic Development Department prior to the deadline to be considered for funding. Forms submitted after the deadline will not be accepted.

Submit Supplemental Form, Application, and Attachments:

Application Instructions:

Instructions on completing this application are found in the Funding Information Packet, located at <http://www.cityoftacoma.org/conplan>. Use the tab on the left for "Funding Opportunities & Requests for Proposals".

General Policies of the CDBG program:

General policies of the CDBG program are found in the Funding Information Packet, located at <http://www.cityoftacoma.org/conplan> under the Funding Opportunities header.

I. Project Information

1. Agency name _____

2. Project name _____

3. Project address/location

If more than one location,
list census tracts

4. Use the following table to list the project's **currently** proposed funding sources and committed funding sources that are intended to cover development costs.

Permanent Capital Funding Sources and Total Development Costs

Revenue Source	Proposed Funding	Committed/ Conditional Funding	Total Funding
Total Revenue Dedicated to Development Costs			

5. Acquisition:

A. Does the project involve property acquisition?

- Yes No

B. If yes, who is the current owner? _____

C. Property location:

D. Current use: _____

E. Property size: _____

F. Does the applicant have site control (i.e. Purchase & Sale Agreement)?

6. Ownership:

A. Upon project completion, how will the propert(ies) be owned?
(Choose only one option)

- Publicly Privately

B. Who will be the property owner(s)?

C. Describe the public purpose the project serves:

7. Valuation:

A. What is the current property value: \$ _____

B. What is the source of current valuation?

C. What is the after-project completion property value:

\$ _____

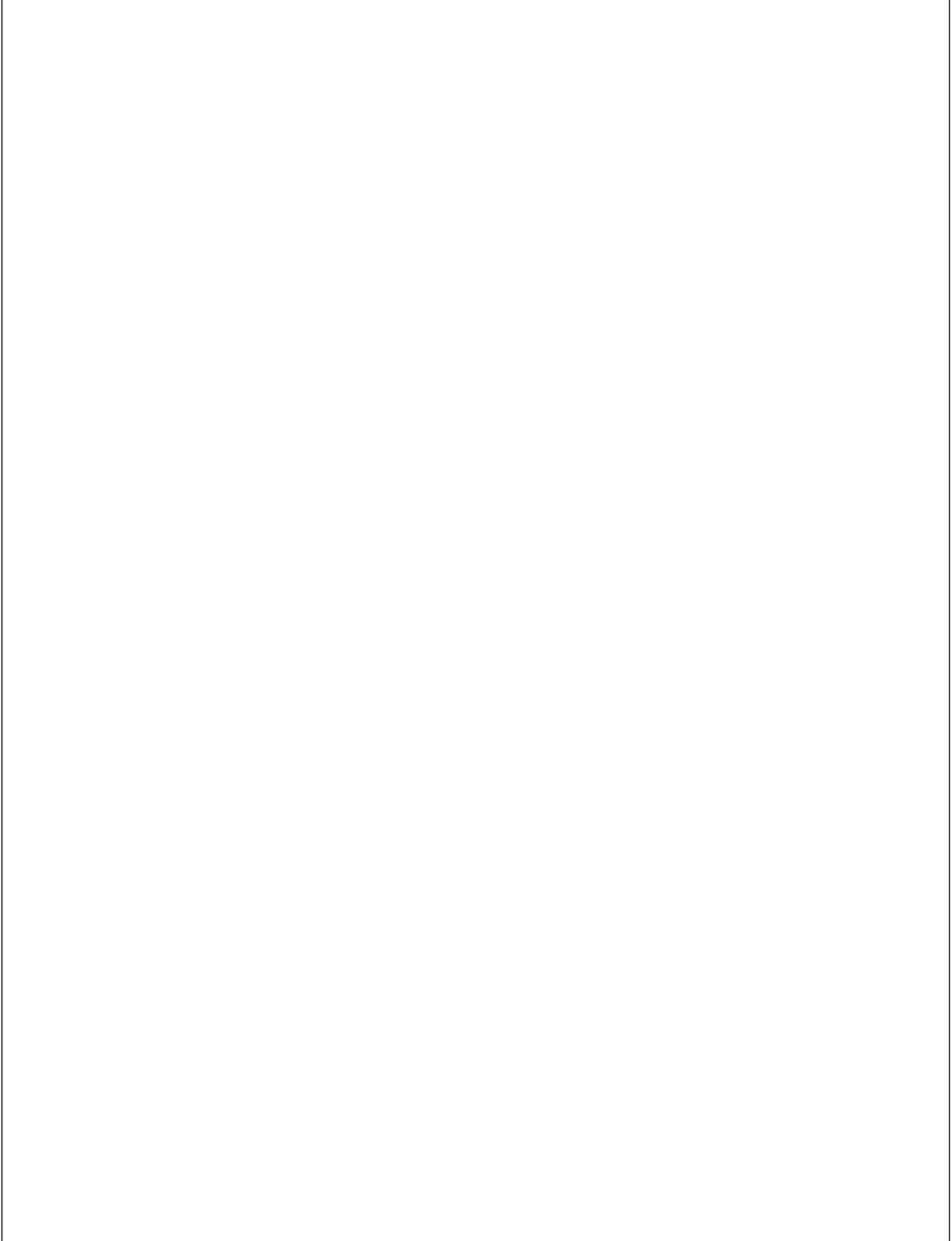
D. What is the source of after-project completion valuation?

8. City Council General Priorities: a) Check all priorities that apply to the implementation or development of the project; b) in the space provided, briefly explain how the priority(ies) apply to the project.

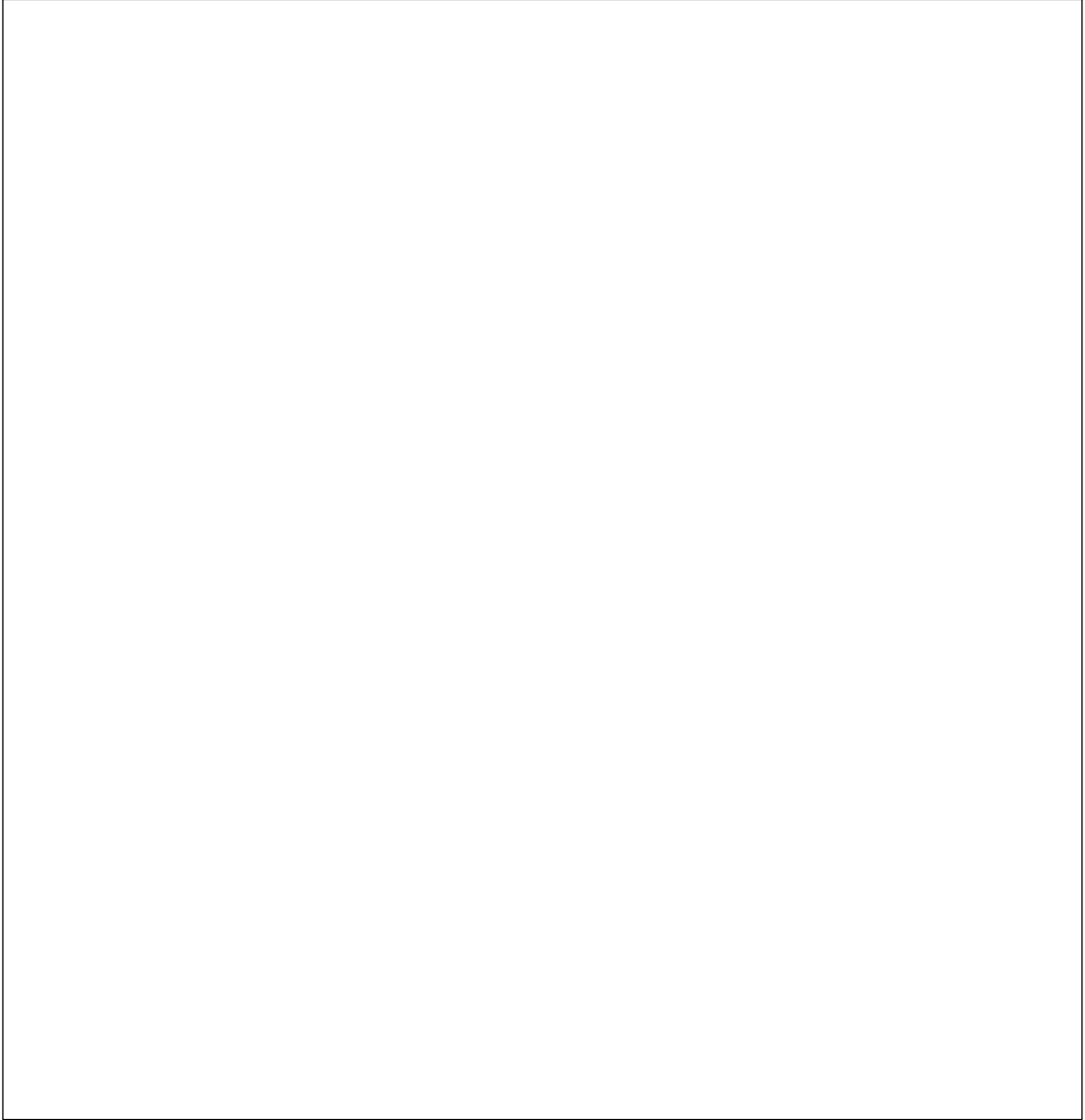
- Can be implemented within 18 months of when City funding becomes available
- Is designed in a manner that is compatible with the existing man-made and natural environment, including historic properties or districts.
- Property is currently zoned as needed for proposed project. Explain any variances or special permits needed.

Explain how the priority(ies) checked above apply to the project.

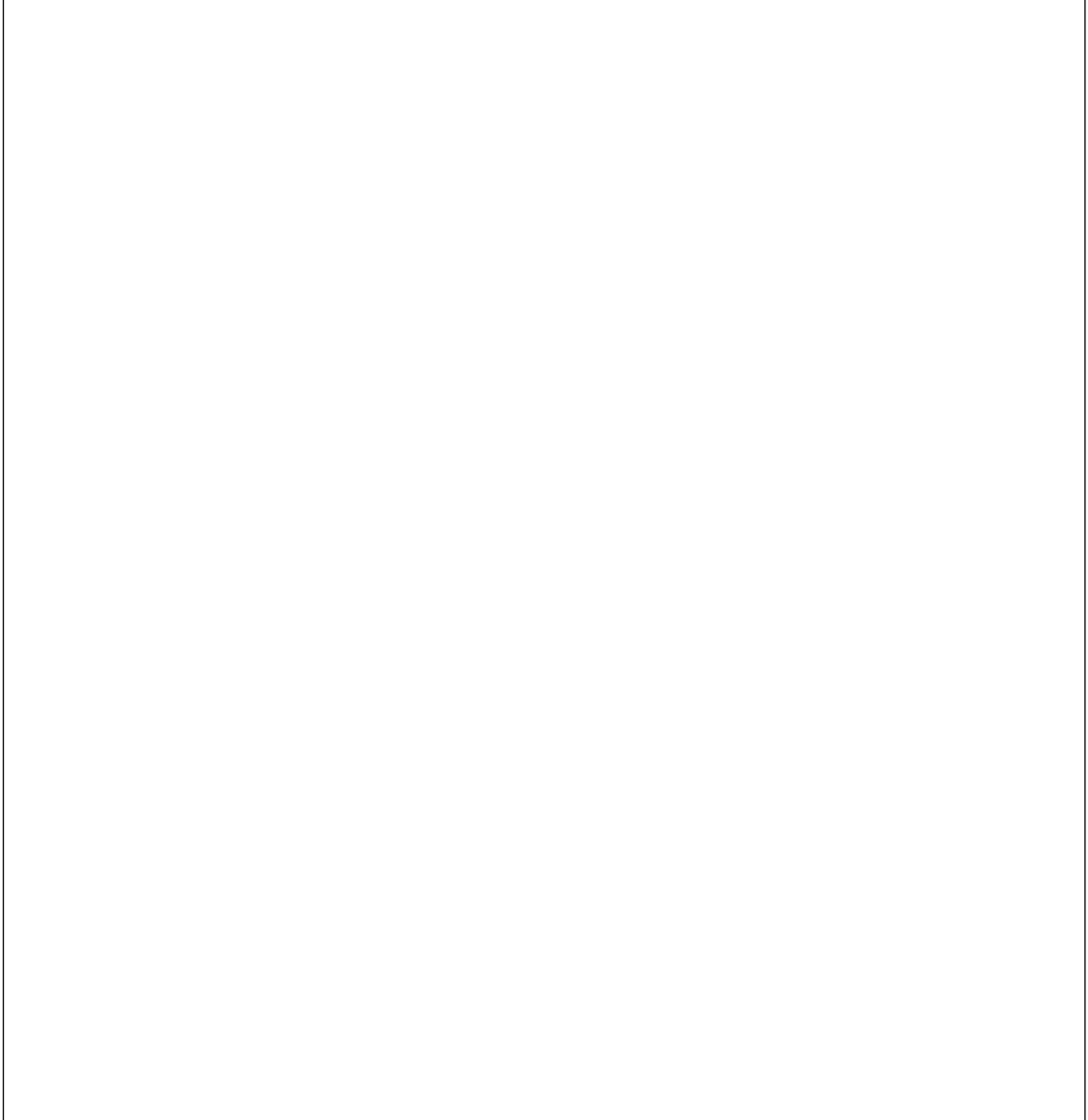
9. Property Characteristics: Provide a detailed description of the proposed design, construction, rehabilitation and/or other improvements. Include on-site amenities and any project characteristics that address the needs of the targeted population the project is intended to serve.



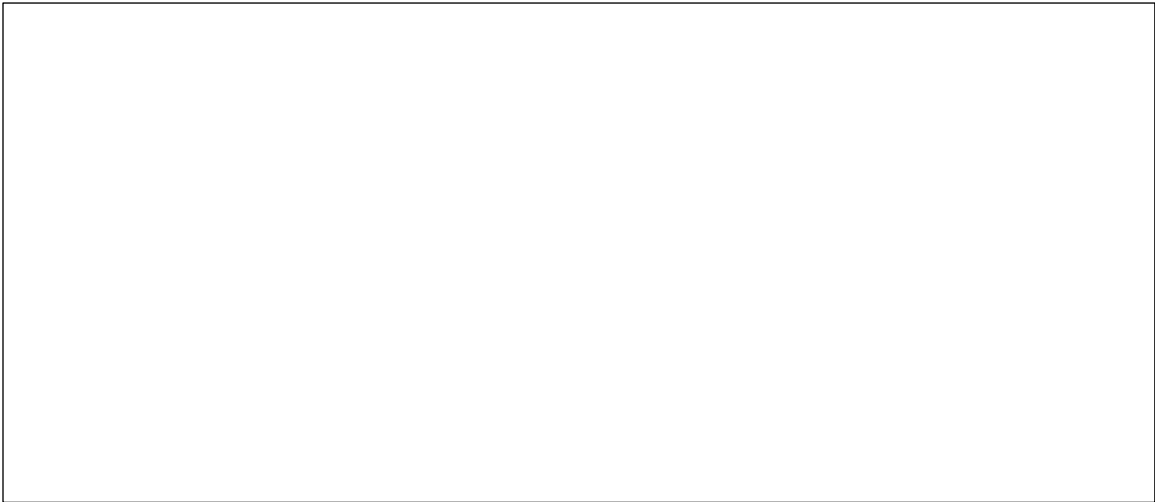
10. Site/Parcel Characteristics: **(Not applicable to projects consisting solely of ADA improvements or minor rehabilitation)**. Describe the project site / parcel (topography, vegetation, structures and what is to become of them). If the project includes rehabilitation, describe the existing buildings to be rehabbed (age, size, number of stories, type of construction, physical condition, layout, and any unique features).

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of the project site or parcel as requested in the text above. The box is currently blank.

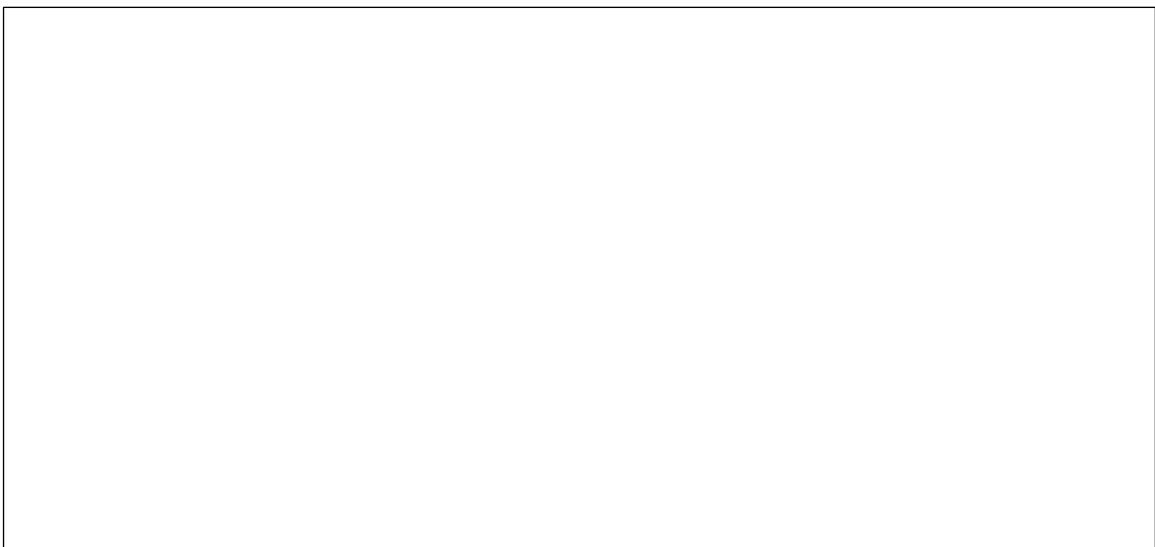
11. Neighborhood Characteristics: **(Not applicable to projects consisting solely of ADA improvements or minor rehabilitation).** Describe the characteristics of the neighborhood in which the project will be located. Include property location, neighborhood demographics, and transportation options.

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of the neighborhood characteristics as requested in the text above. The box is currently blank.

12. Construction/Rehabilitation Cost Estimate: Rehabilitation and new construction projects must have a written construction cost estimate prepared by an independent consultant. The cost estimate must identify an inflation adjustment linked to the start date and be dated no more than 12 months prior to the date of application submission. The construction may be subject to federal (Davis Bacon)/state prevailing wage rates. Please provide a detailed explanation of any differences between the cost estimate and the development budget in this application.



13. Environmental: For new construction or substantial rehabilitation, a Phase I Environmental Site Assessment (ESA) is required, at a minimum. In addition, assessments for asbestos, lead-based paint, mold or a biological assessment may be required in order to comply with the National Environmental Protection Act (NEPA). Please indicated what, if any, recognized environmental conditions, hazards or risk issues were identified in the Phase I ESA. If requested in the Phase I, a Phase II ESA will be required.



14. Zoning: If current zoning is not consistent with the project, explain how the inconsistency will be resolved and the timeframe associated. Note if the applicant plans to seek any design departures (e.g., departures from parking, open space, design, set back or other requirements).

Current zoning is not consistent

Legal non-conforming use

15. Site control: Describe the type of site control held (e.g., statutory warranty deed, purchase and sale agreement, lease agreement, etc.). Identify any key dates pertaining to site control (e.g., purchase date, closing date, feasibility dates, etc.).

16. Readiness: List any additional issues (e.g., status of architectural plans, permits, etc.) that may affect the timing of the project and how issues will be managed.



Development Project Attachments. If applicable, submit the following items. Mark the attachments that are being submitted. Use a colored sheet of paper to separate documents.

- 1. Documentation of Site Control
- 2. Preliminary drawings and site plan
- 3. Third party cost estimates
- 4. Photos of proposed site
- 5. Phase I Environmental Site Assessment
- 6. Phase II Environmental Site Assessment, if applicable
- 7. Assessments for Asbestos, if applicable
- 8. Biological Assessment, if applicable
- 9. Appraisal

II. Uniform Relocation Assistance and Real Estate Acquisition (URA)

If the proposed project includes acquisition, include a copy of the required notice provided to the seller regarding the use of federal funds in the project.

If the proposed project includes the elimination or conversion of any housing units, the applicant must detail the units as to number of units by bedroom size(s).

If the proposed project site currently has tenants (residential and/or commercial), the applicant must have in place a Tenant Relocation Plan. The plan must include notifications, timelines for notices, whether the relocation would be permanent or temporary, the availability of replacement units and a budget for relocation activities and costs. The budget should include relocation rental assistance and consultant costs as well as moving expenses and other costs. The total relocation costs should be included in the development budget.

17. Is the proposed project rehabilitation or new construction on an owner-occupied property with **no** tenants?

- Yes No

18. Seller Notification: Has the required notice been provided to the Seller?

- Yes No

If Yes to Question 18, no additional URA requirements are necessary. Please proceed to Section III: Budget and Financing Details. If No, complete the remaining questions in this section and submit the Relocation Attachments requested at the end of this section.

19. Type of Relocation: Indicate the type and number of tenants, if any, that will be displaced either permanently or temporarily by the project.

Type of Tenants	Permanent	Temporary
Residential		
Commercial		

20. Plan: Has a relocation plan for this project been developed?

- Yes No

21. Rent Rolls: Does the applicant have copies of rent rolls dating back to 6 months prior to site control?

- Yes No

22. Budget: Have the total relocation costs been included under the Relocation line-item in the Development Budget (Page 14 & 15)?

- Yes No

23. General Information Notices (GINs): Has the applicant provided GINs to the tenant(s)? Or, will notices be provided to tenants in timing with the submission of this application?

- Yes No

24. Income Verification: Explain the income verification process.

25. Relocation Needs: Briefly describe both the strategy in place for addressing residents who may not be eligible to remain in the building and the anticipated relocation needs and how they will be addressed.

26. Other notices: Has the applicant provided any other notices to the tenants indicating the type of displacement and benefits provided to the tenants?

- Yes No

27. Move-in Notices: Is the applicant providing, or has the Seller agreed to provide, move-in notices to any prospective tenants relating to relocation?

- Yes No

28. Replacement Units: Have replacement or temporary units been identified for those who will be displaced?

- Yes No

29. Benefits: Has the applicant determined the tenants' relocation benefits?

- Yes No

30. Relocation Budget: Outline the estimated relocation budget below.

Activities	Cost per Household / Business	Number to be Assisted	Budget
Relocation rental / purchase assistance by size of unit to be replaced-enter 0 where not applicable			
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
4 Bedrooms			
Temporary moving expenses			
Permanent moving expenses			
Replacement cost for business			
Advisory services			
Other: (specify below)			
Total			

Relocation Attachments. If applicable, submit the following items with the application. Mark the attachments that are being submitted. Use a colored sheet of paper to separate documents.

- 1. Attach notices required to date indicating the type of displacement and benefits which may be provided to the tenants.
- 2. Tenant Relocation Plan, including any sample notices to be provided.
- 3. If acquisition is involved, a copy of the notice provided to the Seller.
- 4. If the demolition or conversion of any low-income units is anticipated, information regarding the units to be lost, by bedroom size.

III. Budget and Financing Details

A. Development Budget

Enter the total development costs associated with each line item. Estimates should be reasonable, cost-effective and appropriate to the scale and complexity of the project. Documentation of estimates by an independent, professional third-party is requested.

Use the column titled City of Tacoma CDBG to indicate what amount of the total development costs, by line item, will be covered by funds requested in this application. Blackened cells indicate City capital funds cannot be used to cover associated costs. In the fifth column, specify the funding source that will be used for development costs that will not be covered by funds requested in this application.

Type of Development Cost	Total Development Cost	Amount Covered by City of Tacoma CDBG	Amount Covered by Other Funding Sources	Names of Other Funding Sources
ACQUISITION				
Purchase Price				
Liens				
Title and Recording Costs				
Extension Payment				
Other:				
Other:				
ACQUISITION SUBTOTAL				
CONSTRUCTION				
Construction Contract				
Bond Premium				
Infrastructure				
Hazardous Materials				
Construction Contingency				
Sales Taxes				
Other:				
Other:				
CONSTRUCTION SUBTOTAL				

Type of Development Cost	Total Development Cost	Amount Covered by City of Tacoma CDBG	Amount Covered by Other Funding Sources	Names of Other Funding Sources
DEVELOPMENT				
Appraisal				
Architect / Engineer				
Environmental Assessment				
Geotechnical Study				
Survey				
Legal				
Developer Fee				
Project Management				
Technical Assistance				
Other:				
Other:				
DEVELOPMENT SUBTOTAL				
OTHER DEVELOPMENT				
Real Estate Tax				
Insurance				
Relocation				
Bidding Costs				
Permits, Fees & Hookups				
Impact / Mitigation Fees				
Development Utilities				
Construction Loan Fees				
Construction Interest				
Other Loan Fees				
Accounting / Audit				
Marketing / Leasing				
Carrying Costs at Rent-Up				
Replacement Reserves				
Other:				
OTHER DEVELOPMENT SUBTOTAL				
TOTAL DEVELOPMENT COSTS				

USE THE TABLE BELOW TO PROVIDE MORE DETAIL ABOUT THE COSTS OUTLINED IN THE DEVELOPMENT BUDGET.

Type of Development Cost	Total Cost	Identify who made the estimate, when, and basis
ACQUISITION		
Purchase Price		
Liens		
Title and Recording Costs		
Extension Payment		
Other:		
Other:		
ACQUISITION SUBTOTAL		
CONSTRUCTION		
Construction Contract		
Bond Premium		
Infrastructure		
Hazardous Materials		
Construction Contingency		
Sales Taxes		
Other:		
Other:		
CONSTRUCTION SUBTOTAL		
DEVELOPMENT		
Appraisal		
Architect / Engineer		
Environmental Assessment		
Geotechnical Study		
Survey		
Legal		
Developer Fee		
Project Management		
Technical Assistance		
Other:		
Other:		
DEVELOPMENT SUBTOTAL		

USE THE TABLE BELOW TO PROVIDE MORE DETAIL ABOUT THE COSTS OUTLINED IN THE DEVELOPMENT BUDGET (continued).

Type of Development Cost	Total Cost	Identify who made the estimate, when, and basis
OTHER DEVELOPMENT		
Real Estate Tax		
Insurance		
Relocation		
Bidding Costs		
Permits, Fees & Hookups		
Impact / Mitigation Fees		
Development Utilities		
Construction Loan Fees		
Construction Interest		
Other Loan Fees		
Accounting / Audit		
Marketing / Leasing		
Carrying Costs at Rent-Up		
Replacement Reserves		
Other:		
OTHER DEVELOPMENT SUBTOTAL		
TOTAL DEVELOPMENT COSTS		

Bridge and Permanent Financing for Construction Detail

Use the tables below to provide detail regarding the sources of bridge financing and permanent financing for construction purposes.

Bridge Financing

Source	Amount	Interest Rate	Term	Source of Repayment
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		

Permanent Financing

Source	Amount	Interest Rate	Term	Comments
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
Total Permanent Financing		<This should equal the Total Development Cost identified in the "Permanent Capital Funding Sources and Total Development Costs" table (Section 1, Question 4).		

1. Project Funding Sources: Describe the current status of all funding sources listed in the Permanent Capital Funding Sources and Total Development Costs table (Section 1, Question 4).

2. Other Funding Decisions: Has the applicant been denied funding by any other entity(ies)?

Yes No

If yes, briefly explain why.

3. Potential Funding Sources: Provide a list of other funding the applicant considered applying for, but did not. Provide a rationale.

Funding Source	Reason for Not Applying

4. Capital Campaign: If the project's financing plan includes a capital campaign to raise additional capital funds, list the activities and benchmark dates.

Capital Campaign Activity	Benchmark Date

5. Funding Terms: The City will require a deed restriction regarding the use of the property be recorded as a lien. List all potential lien holders, their lien position, and the dollar amount of those liens.

Potential Lien Holder	Lien Holder Position	Amount of Lien

Budget and Financing Attachments: Submit the following items with the application. Mark the attachments that are being submitted. Use a colored sheet of paper to separate documents.

- 1. Copies of funding commitment letters, including funding commitments for services
- 2. Letters for committed donations, including project sponsor donations.
- 3. Capital campaign plan

continued on next page

OPERATING PRO FORMA: Instructions: Complete all 15 years of the pro forma and provide descriptions of operating and service expenses.

REVENUES									
	Indicate Inflation Factor:	%							
Gross Rental Income									
	Revenue Source		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
	1.								
	2.								
	3.								
	Total Residential Income								
	Total Non-Residential Income								
	Less Vacancy (at %)								
Effective Gross Income									
EXPENSES									
	Operating Expenses (Inflation factor:	%)							
	Heat								
	Electric								
	Water & Sewer								
	Garbage Removal								
	Contract Repairs								
	Maintenance / Janitorial								
	Replacement Reserve								
	Operating Reserve								
	Management								
	Personnel								
	Insurance								
	Accounting								
	Marketing								
	Real Estate Taxes								
	Other								
	Other								
	Subcontracted Services								
Total Expenses									
NET OPERATING INCOME (Income - Total Expenses):									
Debt Service	Amortize	Term							
On Lender	(Years)	(Years)							
1.									
2.									
3.									
Total Debt Service									
Projected Gross Cash Flow									
Type in Debt Coverage Ratio (DCR)									

REVENUES										
Gross Rental Income										
	Revenue Source		Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
	1.									
	2.									
	3.									
	Total Residential Income									
	Total Non-Residential Income									
	Less Vacancy (at %)									
	Effective Gross Income									
EXPENSES										
	Operating Expenses (Inflation factor: %)									
	Heat									
	Electric									
	Water & Sewer									
	Garbage Removal									
	Contract Repairs									
	Maintenance / Janitorial									
	Replacement Reserve									
	Operating Reserve									
	Management									
	Personnel									
	Insurance									
	Accounting									
	Marketing									
	Real Estate Taxes									
	Other									
	Other									
	Subcontracted Services									
	Total Expenses									
NET OPERATING INCOME (Income - Total Expenses):										
	Total Debt Service									
	Projected Gross Cash Flow									
	Type in Debt Coverage Ratio (DCR)									

IV. Development Team

Provide the information requested below, if available.

Development Consultant

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Architect

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Engineer

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Environmental Engineer

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Project Attorney

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Appraiser

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Market Study Firm

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Property Management

Firm Name _____ Related Entity Yes

Contact Person _____

Telephone Number with Area Code _____

General Contractor

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Other (please specify)

Firm Name _____ Related Entity Yes

Contact Person _____

Telephone Number with Area Code _____

If the applicant is contracting with other organizations to offer supportive services for the project, please provide the following information:

Service Provider

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Service Provider

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

Service Provider

Firm Name _____ Related Entity Yes No

Contact Person _____

Telephone Number with Area Code _____

V. Signatures Committing the Agency and Project

I certify that the information contained in this Supplemental Form is accurate and true to the best of my knowledge. I further certify that submission of this Supplemental Form has been approved by the appropriate governing bodies.

Signature of authorized personnel

Date

Printed name of authorized personnel

Title of authorized personnel