



HOME

Home Investment Partnerships Program

**Application for
Home Investment Partnerships Program
Funding (HOME)
PY 2025-2026**

Applicant Organization: _____

Project Name _____

Amount Requested: \$ _____

Completed affordable housing funding applications must be submitted by:

4 PM on Thursday, December 19, 2024

Applications submitted after this deadline or applications that are not complete may not be considered. Submit the completed application to the City of Santa Cruz Housing and Community Development Department. Applications should be submitted to the Housing & Community Development Manager, in one of three ways:

- Email with application attached to Jessica Mellor, jmellor@cityofsantacruz.com
- Mail flash drive or paper application to:

Jessica Mellor, Principal Management Analyst
City of Santa Cruz Economic Development & Housing Department
337 Locust Street
Santa Cruz, CA 95060
- In person submission to the address above.

Applications submitted after this deadline or applications that are not complete may not be considered. Complete applications must include all forms listed on page 4.

As an alternative to submitting a paper/hard copy of an application, completed applications may be submitted electronically as a PDF document as long as the document includes signed signature pages (scanned signatures are OK). If submitting documents electronically, send the completed application to jmellor@cityofsantacruz.com with "HOME PROGRAM Application" indicated in the subject line.

Evaluation Criteria

- Qualifications and Experience of Applicant
- Project or Program Readiness
- Meets HUD Funding Requirements
- Addresses City of Santa Cruz 5 Year Consolidated Plan Goals:
 1. Increase and preserve the supply and quality of affordable housing.
 2. Revitalize and maintain community facilities & infrastructure.
 3. Support the County-wide Homeless Strategic Plan.
 4. Provide community and supportive services.

The City of Santa Cruz does not discriminate against persons based on race, color, religion, marital status, sex, national origin, ancestry, age, familial status, disability, or any arbitrary basis. If you need special assistance in order to read and understand the information contained herein, please call the City of Santa Cruz Economic Development Department at 420-5150. The City of Santa Cruz TDD (Telecommunications for the Deaf) number is 420-5733. The Cal-Relay System number is 1-800-735-2922.



Economic Development & Housing Department
337 LOCUST ST., SANTA CRUZ, CA 95060 • 831-420-5150

Application for Affordable Housing Project Funding Home Investment Partnership (HOME) Program Funds

2025-2026 PROGRAM YEAR

Applicant's Name: _____

Applicant's Address: _____

DUNS (data universal numbering system) Number: _____

Federal Employer Identification Number (EIN NO): _____

Applicant is: Non-Profit Housing Developer For-Profit Affordable Housing Developer CHDO
(Check all that apply.) Other

Name of Project Manager: _____

Email Address: _____

Telephone No: _____

Official Authorized to Sign Agreement: _____

Project/Program Name: _____

Location/Address: _____

Brief Description of Project or Program (250 words max):

Example: The [TITLE OF PROJECT/PROGRAM] will achieve [MEDIUM-TERM OBJECTIVES/GOALS] through [LIST OF ACTIVITIES] that will impact [TYPE/ESTIMATED AUDIENCE]. Awarded funds will be used to underwrite the project's expenses, including [BRIEFLY DESCRIBE USE OF FUNDS].

Anticipated Project/Program Completion date:

**Programs will likely end with the Program Year end (June 30, 2026).*

Total Project/Program Cost: \$ _____

HOME Funding Request: \$ _____

Total Amount of: (1) Other Secured or Anticipated Funding: \$ _____

(2) Value of In Kind Contributions: _____

\$

(3) Unfunded Gap: _____

\$

2025-2026 PLAN YEAR HOME PROGRAM APPLICATION CHECKLIST

Listed below are the forms required to apply for HOME funding from the City's Housing and Community Development (HCD) Program for an affordable housing development or rehabilitation Project, or a HOME-Eligible Program. All forms must be filled out in order for the application to be considered for funding. Please CHECK the appropriate box on this page confirming the information has been provided. For assistance please email the Principal Management Analyst at jmellor@santacruzca.gov.

- COVER SHEET**
Information on Organization and project description. (Page 3 of this application.)
- SECTION I: HOME Objectives**
Verify that the program or project will meet one of the HOME objectives. Categorize the program or project according to the supplied checklist.
- SECTION II: Project Description & Scope of Services**
Provide a clear and concise narrative description of the proposed program or project. Identify goals and objectives with an implementation plan and complete a Project Development Schedule form.
- SECTION III: Budget Proposal + Budget Narrative**
Submit required budgetary information. A checklist has been provided for this section; please place a checkmark in the appropriate boxes to indicate that the information has been provided.
- SECTION IV: Qualifications**
Provide a summary of past accomplishments in the provision/development of affordable housing. A checklist has been provided for this section; please place a checkmark in the appropriate boxes to indicate that the information has been provided.
- SECTION V: Disclosures**
Submit all required information. A checklist has been provided for this section; please place a check mark in the appropriate boxes to indicate that the information has been provided.
- SECTION VI: Certification**
Provide certification from Board authorizing submission of application, certification of affiliation, and certification of compliance with Civil Rights Act and Americans with Disabilities Act. Use attached forms.

SECTION I – HOME PROGRAM OBJECTIVES

INSTRUCTIONS: The HOME Program is designed to strengthen public-private partnerships and to expand the supply of decent, safe, sanitary, and affordable housing, with primary attention to rental housing, for very low income and low-income families. HUD requires that any project or program receiving HOME Program funding achieve one of the four objectives listed under Section “A” below and must be in one of the four eligible activities listed in Section “B” below.

A. Four HOME Objectives: *(Check the one box that best applies to your project/program.)*

- 1. Provides affordable housing.
- 2. Expands capacity of non-profit housing developers.
- 3. Strengthens public agency housing program(s).
- 4. Leverages private sector participation.

B. Eligible Category of Activity: *(check all applicable boxes that apply to program or project)*

- Homeowner rehabilitation
- Homebuyer activities
- Rental housing activities
- CHDO activities *(see Section D below)*

The following activities may be funded only when conducted in conjunction with the major activity categories listed above:

- Acquisition of vacant land
- Site improvements
- Refinancing

C. Targeted Income Group:

- Low-income (80% of median income)
- Low-income (60% of median income)
- Very-low income (50% of median income)

D. Community Housing Development Organization (CHDO) Funding: *(check one)*

- 1. Applicant **IS NOT** requesting CHDO designation and funds.
- 2. Applicant **IS** requesting CHDO designation and funds:
For those Applicants that checked Box #D-2 above, only the following activities are eligible for CHDO funds. Please check the appropriate box that describes the CHDO activity or activities for which funds are being requested.
 - Acquisition and/or rehabilitation of rental housing.
 - Construction of new rental housing.
 - Acquisition and/or rehabilitation of homebuyer property.
 - Construction of new homebuyer property.
 - Direct financial assistance to purchasers of HOME-assisted housing sponsored or developed by a CHDO.

SECTION II – SCOPE OF SERVICES

(For PROGRAMS and/or Housing Project Development or Rehabilitation)

PROGRAM/ PROJECT DESCRIPTION

In the space below, please provide a brief project or program description. *For projects* include information about the project location and surrounding neighborhood, site character, and other relevant programs/uses that will or do occur on the site or in the project. If funding request is only for a portion of a project or program, please indicate that as well.

FOR DEVELOPMENT PROJECTS, FILL IN THE BELOW VALUES (#1 - #7) IN ADDITION TO THE REMAINING SECTIONS. PROGRAMS DO NOT NEED TO FILL-IN DEVELOPMENT SPECIFIC SECTIONS.

1. Type of Development and Number of Units:

A. Ownership Housing		Rehab or New Construction?	
Total number of existing units:		Total number of proposed units:	
Total no. existing bedrooms:		Total no. proposed bedrooms:	
B. Rental Housing		Rehab or New Construction?	
Total number of existing units:		Total number of proposed units:	
Total no. existing bedrooms:		Total no. proposed bedrooms:	

2. Will relocation of any tenants be required?

A. Total land area (acres):

B. Total number of existing units:

C. Total no. existing bedrooms:

Total number of proposed units:

Total no. proposed bedrooms:

3. Site Plan:

A. Provide a location map (8 ½ x 11”) showing the site in relation to its surroundings.

B. Attach a site plan (8 ½ x 11”) showing details of the site and locations of existing and proposed structures.

4. Land Use and Zoning:

A. Proposed density (units/acre): _____

B. Current zoning: _____

C. Required zoning: _____

5. Site Control:

A. Has the Applicant established site control? Yes No

B. If “yes” identify site control mechanism below (grant deed, purchase option, lease etc.):

(Attach copy of referenced document)

C. If “no” and site is not under applicant’s control, attach description of method and timeline for establishing site control.

6. Environmental Issues:

A. Is the site in a flood zone? Yes No Don't Know

B. Are there any special features or unusual characteristics pertaining to the site, including, but not limited to, any known toxic materials, heritage trees, ground water problems etc.?

Yes No Don't Know

If Yes, please attach description of features or characteristics that might affect development. If “Don't know” is checked, please attach a description and timetable of actions that will be taken to identify any environmental issues.

7. Planning Requirements: Indicate with a check, all approvals and permits required. If permits/applications have not been approved, show anticipated dates. If permits/ applications have been approved, place a check in the last column.

ACTION REQUIRED	INITIATION OF APPLICATION DATE	OR	ANTICIPATED APPROVAL DATE	OR	CHECK IF APPROVED
<input type="checkbox"/> NEPA Environmental Assessment or EIS*	_____		_____		<input type="checkbox"/>
<input type="checkbox"/> CEQA Negative Declaration or EIR*	_____		_____		<input type="checkbox"/>
<input type="checkbox"/> Toxic report	_____		_____		<input type="checkbox"/>
<input type="checkbox"/> Soils report	_____		_____		<input type="checkbox"/>
<input type="checkbox"/> Conditional Use Permit	_____		_____		<input type="checkbox"/>
<input type="checkbox"/> Variance	_____		_____		<input type="checkbox"/>
<input type="checkbox"/> Other: <i>(describe)</i>	_____		_____		<input type="checkbox"/>

If an environmental assessment has been completed, attach a complete copy to this page.

SECTION II – EXHIBIT A

In the space provided below, list the measurable objectives of this program or project including quantifiable data whenever possible such as number of residents to be served, changes that may result from program, etc. Then describe specific actions/tasks that will be carried out to achieve these objectives, providing timelines when appropriate. Be as specific as possible. Use additional sheets if needed.

Primary Program/Project Goal(s):	
PROGRAM OBJECTIVES	ACTIONS/TASKS TO ACHIEVE OBJECTIVE
Objective #1:	
Objective #2:	
Objective #3:	
Objective #4:	

SECTION II – EXHIBIT B

Identify the actual or anticipated date for the following activities. Indicate with “N/A” if an activity is not pertinent to the project. Please note that for any activity for which funding is being requested, an anticipated date must be indicated or that activity may not be funded.

ACTIVITY	ANTICIPATED DATE
Site	Acquisition
Local Permits	Conditional Use Permit/Design Permit
	Planned Development Permit/Subdivision
	Building Permit
	State Environmental Review Completed
	Federal Environmental Review Completed
Construction Financing	Loan Application
	Enforceable Commitment
	Closing and Disbursement
Permanent Financing	Loan Application
	Enforceable Commitment
	Closing and Disbursement
Other Loans and Grants	Type and Source: <u> x </u>
	<u> x </u>
	Application
	Closing and Disbursement
	Type and Source: <u> x </u>
	<u> x </u>
	Application
	Closing and Disbursement
	Type and Source <u> x </u>
<u> x </u>	
Application	
Closing and Disbursement	
Construction	Construction Start
	Construction Completion
	Placed in Service
	Occupancy

SECTION III – BUDGET PROPOSAL

The 2013 HOME Final Rule (“HOME Rule”) establishes requirements for underwriting projects that involves the analysis of project assumptions and risks to determine if the public investment is reasonable and the project can be expected to meet all applicable program requirements during the HOME Affordability Period. Under 24 CFR 92.250(b) of the HOME Rule, the City may not invest any more HOME funds, alone or in combination with other governmental assistance, than is necessary to provide quality affordable housing that is financially viable through the HOME Affordability Period. In addition, the City must ensure that the return to the owner or developer is reasonable and does not exceed the City’s established standards based on the size, type and complexity of the project. Furthermore, all financial resources, both private and public, must be committed before the City can enter into a funding agreement with a developer and release any HOME Program funds. HUD guidelines suggest that projects must be ready to begin construction within one year entering into an agreement for HOME funding and complete construction within four years.

Please provide the information listed below. Place a checkmark in the appropriate box to indicate that the information has been provided.

- 1. Proposed Budget.** Provide a line-item budget, which identifies all project-related costs. The budget must be developed and submitted on the “Development Project” format attached hereto Exhibit III A. If applicant is requesting CHDO designation and general operating assistance funds, also complete the attached “CHDO Operating Costs” form (Exhibit III B).

- 2. Rental Project Pro-forma.** For all rental projects, provide a 15-year income and expense pro forma, similar to the format attached hereto as Exhibit III C. The pro forma must include all income and expenses, including reserve funds, (for each year and in total) projected for the development. Clearly state all assumptions such as rent levels (including utility allowances), vacancy/collection loss rates, projected annual income and expense percentage increases, etc.

- 3. Sources of Other Funds.** For all projects, list all funding sources in Exhibit III D, including the type and amount of funding as well as the date (month and year) a commitment was received or is expected to be received.

**SECTION III – EXHIBIT A
DEVELOPMENT PROJECT
PROPOSED BUDGET**

Project/Program Name: _____ No. of Units: _____

PROJECT COSTS	1. Site acquisition	\$
	2. Closing costs	\$
	3. Arch. and Engineering fees	\$
	4. Site work	\$
	5. Buildings	\$
	6. Fees and permits	\$
	7. Construction management	\$
	8. Construction contract	\$
	9. Consultants	\$
	10. Administration	\$
	11. Legal	\$
	12. Taxes and insurance	\$
	13. Marketing	\$
	14. Operating reserve	\$
	15. Developer fee	\$
	16. Contingency	\$
TOTAL COSTS	\$	
SECURED/COMMITTED LOANS	First mortgage	\$
	Other loans secured by property (Describe)	\$
	A. TOTAL LOANS	\$
SECURED/COMMITTED GRANTS	Sponsor Donation	\$
	Equity (Syndication)	\$
	CDBG (Prior allocations for Project)	\$
	HOME (Prior allocations for Project)	\$
	Other (Describe)	\$
B. TOTAL GRANTS	\$	
FUNDING SUMMARY	C. Total estimated project cost	\$
	D. Total secured funding (A + B)	\$
	E. Funding gap (C - D)	\$
	F. HOME funds requested	\$
	G. CDBG funds requested (other applic.)	\$
	H. Remaining gap (E - F - G)	\$
I. Available lines of credit	\$	

SECTION III – EXHIBIT B OPERATING COSTS
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PERSONNEL COSTS	1. Salaries	\$
	2. Fringe Benefits	\$
GENERAL NON-PERSONNEL COSTS	3. Supplies	\$
	4. Communication	\$
	5. Printing	\$
	6. Utilities	\$
	7. Rent	\$
	8. Travel - Local	\$
	9. Travel - Other	\$
	10. Liability Insurance	\$
	11. Miscellaneous	\$
SPECIFIC NON-PERSONNEL COSTS	12. Equipment Rental	\$
	13. Equipment Purchase	\$
	14. Contracted Services/Consultants	\$
	15. Audit Fees	\$
TOTAL BUDGET:		\$

**SECTION III – EXHIBIT C
RENTAL PROJECT INCOME AND EXPENSE PRO-FORMA**

	YEAR #1	YEAR #2	YEAR #3	YEAR #4	YEAR #5
1. Potential rental income					
2. Miscellaneous income					
3. Gross income					
4. Vacancy factor (5%)					
5. Effective gross income					
6. Debt service					
7. Operating expenses					
8. Net operating expenses					
9. Other Subsidy: _____					
10. Other Subsidy: _____					
11. Net cash flow					

Notes regarding this analysis should be attached and referenced by line item.

**SECTION III – EXHIBIT D
SOURCES OF OTHER FUNDS**

- List sources, including funding amounts, to which you have funding committed for the proposed project.
- List pending funding sources, including the anticipated funding amounts, to which you have applied and anticipate being awarded funds for the proposed project.
- List other potential funding sources, including the anticipated funding amounts, to which you will be submitting an application and have a reasonable expectation of being funded for the proposed project.

LEVERAGING FUNDS**		
SOURCE & TYPE OF FUNDING***	AMOUNT (\$)	DATE FUNDING SECURED
COMMITTED FUNDING SOURCES*		
LOCAL		
	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
	\$	
PENDING FUNDING SOURCES		
LOCAL		
	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
	\$	
APPLICATION TO BE SUBMITTED FROM FUNDING SOURCE		
LOCAL		
	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
	\$	

*Notes: * Please attach documentation from funding source(s) of committed funds to the project. ** Add extra sheets if needed. *** For Type of Funding, indicate if it is a loan, grant, or in kind donation, etc.

SECTION IV – QUALIFICATIONS

Answer the following questions to describe your organization, the development and management teams for the proposed project, and explain how your team's qualifications will help carry out the proposed project or program. (If this application is the Microsoft Word version, the space for responses to each question will expand as needed. If using the PDF format, provide additional sheets as needed.)

- (a) Affordable Housing Experience: Summarize the organization's experience in the development and management of affordable housing. List previous affordable housing projects that are similar to the proposed project and have been developed by the organization; include project name, location, number of units, and year of completion.
- (b) Project Management: List all key development team members and summarize their qualifications and relevant experience with affordable housing projects, listing specific projects with the team member's role in developing the project, the project's name, location, size, development budget, and the year of completion. (Additional Sheets may be used.)
- (c) Operations Management: Identify the management firm that will be responsible for the project once it is complete, providing a list the firm's relevant experience, including the name and size of project plus any similarities that relate to the proposed project. (Additional Sheets may be used.)
- (d) Project Management: Identify any project management approach or operational management approach methodology that might be considered unique.

SECTION V – DISCLOSURES CHECKLIST

Please attach the following information to this section. Place a checkmark in the appropriate box to indicate that the information has been provided.

ORGANIZATIONAL STRUCTURE

- 1. **Charter or mission statement of applicant.** Include length of time organization has been in operation. Describe organization's capabilities and characteristics of clients served.
- 2. **Documentation of non-profit status.** Include state and federal tax-exempt determination letters.
- 3. **Articles of Incorporation.**
- 4. **Applicant's by-laws.**
- 5. **Board of Directors.** Provide names, addresses, occupations, and phone numbers of current Board of Directors. Include position/title on Board.
- 6. **Organizational chart.** List current employees and job titles. Identify gender and ethnicity. Indicate which positions will implement the proposed program or project.
- 7. **Personnel policies and procedures.** Information provided should specify:
 - a. Method of vacation and sick leave accumulation.
 - b. List of paid holidays.
 - c. Number of hours that make up the workweek.
 - d. Hours when open to the public.
 - e. Hiring procedures and affirmative action policy and plan.
- 8. **Documentation of Employer Status.** Provide federal and state employer identification numbers.
- 9. **Authorized Officials.** Designate official authorized to enter into contracts. Identify all personnel with signatory powers.

FINANCIAL MANAGEMENT CAPACITY

- 1. **Resume of Chief Program Administrator**
- 2. **Resume of Chief Fiscal Officer.**
- 3. **Organizational Budget.** Complete Exhibit A identifying all revenues and expenses pertaining to the organization's overall operating budget and commitments for on-going funding.
- 4. **Fiscal Management.** Describe fiscal management policies and procedures including financial reports, record keeping, accounting systems, payment procedures etc. Describe financial oversight by Board. Identify and describe any audit findings, investigations, or probation by any agency in the past two years.
- 5. **Audit.** Provide most recent audit or financial statement. Successful applicants receiving over \$25,000 in HCD funds are required to conduct and submit an audit for the fiscal year in which they receive funds.

ADDITIONAL CHDO ONLY REQUIREMENTS (Exhibits B and C available upon request)

- 1. **Qualifications.** Complete Exhibit B documenting qualifications for CHDO status.
- 2. **Low-Income Community Representation Certificate.** Complete Exhibit C, certifying organization meets minimum federal requirements for a CHDO.

SECTION V – EXHIBIT A CURRENT ORGANIZATIONAL BUDGET
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Organization's Name: _____

SOURCE/EXPENSE	PAST YEAR	CURRENT YEAR	PROPOSED
Revenue			
City	\$	\$	\$
County	\$	\$	\$
State	\$	\$	\$
Federal	\$	\$	\$
Fees charged	\$	\$	\$
Fundraising	\$	\$	\$
Donations	\$	\$	\$
Other (<i>explain</i>)	\$	\$	\$
<hr/>			
Total Revenue	\$	\$	\$
Expenses			
Salaries	\$	\$	\$
Benefits	\$	\$	\$
Insurance	\$	\$	\$
Audit	\$	\$	\$
Rent	\$	\$	\$
Utilities	\$	\$	\$
Consultants	\$	\$	\$
Travel	\$	\$	\$
Office supplies	\$	\$	\$
Equipment	\$	\$	\$
Printing	\$	\$	\$
<hr/>			
Total Expenses	\$	\$	\$
<hr/>			
Revenue less Expenses	\$	\$	\$

SECTION VI – CERTIFICATIONS CHECKLIST

Please complete and attach the following exhibits. Place a checkmark in the appropriate box to indicate that the information has been provided. If your application is submitted electronically, you must submit these pages separately with original signatures.

- A. Certification of Application.** Certification of Organization's Board approval.

- B. Certification of Affiliation.** List the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are appointed members of a City Council, Commission or Committee or a City employee.

- C. Compliance with Civil Rights Act and Americans with Disabilities Act.**

**SECTION VI – EXHIBIT A
CERTIFICATION OF APPLICATION**

The Board of Directors of _____ (*name of organization requesting HOME funds*), does hereby resolve that on _____ (*date*) the Board reviewed the Application for HOME Funds to be submitted to the City of Santa Cruz Housing and Community Development Program for funding consideration for the fiscal year _____, and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application is 1) non-profit, 2) tax-exempt, 3) incorporated in the State of California, and has complied with all applicable laws and regulations pertaining to same.

_____ (*name of organization requesting HOME funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this Application for HOME Funds and with the City of Santa Cruz Housing and Community Development Policies and Procedures Manual. If this application is approved and this organization receives HCD funding from the City of Santa Cruz, it is agreed that all relevant federal, state and local regulations, and other assurances as required by the City will be adhered to. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true and correct and complete.

President, Board of Directors

Date

**SECTION VI – EXHIBIT B
CERTIFICATION OF AFFILIATION**

- Place an “X” in the box if NO members of the Board of Directors, officers, workers, or members of the organization are an elected member of the City Council; appointed member of a City Commission or Committee; or a City employee. (If not checked, fill in list below.)

The following is a list of the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are an elected member of the City Council; an appointed member of a City Commission or Committee; or a City employee.

NAME	AFFILIATION WITH CITY	POSITION IN ORGANIZATION

I certify that the proceeding statements and information are accurate.

President, Board of Directors

Date

**SECTION VI - EXHIBIT C
COMPLIANCE WITH
CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT**

_____ (*name of organization requesting HOME funds*)
certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

President, Board of Directors

Date