

## Form A. Applicant Summary

### Part 1. Applicant Information

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Duns Number: \_\_\_\_\_

Organization Type  Corporation  LLC  Partnership  501c-3  Other

A Minority Business Enterprise  Yes  No

A Women Business Enterprise  Yes  No

### Part 2: Contact Information

Director Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Project Manager \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Part 3: Funding Request

Proposed Project Activities (Check all that apply)  Acquisition  New Construction  Rehabilitation  Other: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_  
Total Funds Requested: \_\_\_\_\_

### Part 4: Applicant Signature

Submit original signature of applicant's authorized official, in blue ink.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form B. Preliminary Budget

**Part 1: Costs**

<b>DEVELOPMENT COSTS (ESTIMATE)</b>	
ACQUISITION/LEASE COSTS	
Land	
Building	
<b>TOTAL ACQUISITION COST</b>	
GENERAL DEVELOPMENT COSTS	
Demolition & Abatement	
Unit Construction	
Site Improvements/Landscape	
Off-Site Improvements	
Contractor General Requirements/Overhead	
Construction Contingency	
Local Permits/Fees	
Phase I/Asbestos/Toxics	
Architecture	
Survey/Engineering/Soils/Landscape Arch.	
Appraisal/Market Study	
Title/Recording/Escrow	
Relocation Costs	
Construction Loan Expenses/Fees/Interest	
Permanent Loan Fees	
Insurance During Construction	
Soft Cost Contingency	
Equipment: Furnishings, appliances, etc.	
Legal	
Audit	
Capitalized Operating Reserve	
Marketing Account	
Developer Fee	
Other: Specify	
<b>TOTAL GENERAL DEVELOPMENT COST</b>	
<b>TOTAL PROJECT COST</b>	

**Part 2: Funding Sources**

List all potential funding sources, in addition to funding through this NOFA.

<b>POTENTIAL FUNDING SOURCES</b>			
<b>Source (Insert Name)</b>	<b>Proposed Funding Amount</b>	<b>Committed Funding Amount*</b>	<b>Total Funding Amount</b>
<i>City of Stockton, NOFA for Low Barrier Shelter Beds</i>			
<b>Total</b>			

*Committed funds are any funds secured and in existence.*

**Part 3: Budget Signature**

Submit original signature of applicant’s authorized official, in blue ink.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Form C. Site Location

### Part 1: Project Overview

**Project Name:** \_\_\_\_\_

**Project Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Congregate shelters     | <input type="checkbox"/> Low barrier navigation centers          |
| <input type="checkbox"/> Non-congregate shelters | <input type="checkbox"/> Clinically enhanced congregare shelters |
|  | <input type="checkbox"/> Mixed project type                      |

**Target Population:**  
(Check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Single men   | <input type="checkbox"/> Families                       |
| <input type="checkbox"/> Single women | <input type="checkbox"/> Couples / Partners             |
| <input type="checkbox"/> Youth        | <input type="checkbox"/> Survivors of Domestic Violence |

**Total # of Congregate Beds (males):** \_\_\_\_\_

**Total # of Congregate Beds (females):** \_\_\_\_\_

**Total # of Non-congregate spaces** \_\_\_\_\_

**Estimated Guest Capacity** \_\_\_\_\_

### Part 2: Site Location

Provide site address and all parcel numbers for the site location.

Provide a legal description of the property if there is not currently a street address.

Provide the zoning designation and indicate if shelter is a permitted or conditional land use.

<http://www.stocktonca.gov/government/departments/communityDevelop/cdPlanZone.html>

**Site Address or Legal Description:** \_\_\_\_\_  
\_\_\_\_\_

**Assessor Parcel #** \_\_\_\_\_  
**Assessor Parcel #** \_\_\_\_\_

**Zoning Designation:** \_\_\_\_\_

**Emergency Shelter a Permitted Use?**

- P = Use Permitted  
 C = Commission Use Permit Required

### Part 3: Site Use and Control

List all current owners of the proposed site location. Attach additional information if needed to describe ownership and site control status.

**Owner Name** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Site Control Status:**

- Owned by Agency  
 Not Owned

Provide a brief statement on the status of gaining site control if the project location is not currently owned and in control of the applicant agency.

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## Form E. Related Project List

Use this form to provide summary information about any similar or related projects. Related projects should include the experiences of the lead applicant and any named partners. Related projects include any site development projects to expand, renovate, or construct program facilities and/or any operational experience managing low-barrier shelter programs or other congregate housing for any population type. Please list most current projects first, use additional pages as needed to convey prior project experience.

### **Part 1: Site Development Experience**

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Purpose of Project:** \_\_\_\_\_

\_\_\_\_\_

**Project serves homeless individuals.**

Yes     No

**Scope of Project:**

# of interior square feet impacted by project:

# of exterior square feet impacted by project:

Total length of time to complete the project, in months:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List sources of project financing:

- 
- 
- 

Total project cost:

\_\_\_\_\_

Date project completed and occupied:

\_\_\_\_\_

Provide any additional project details here:

\_\_\_\_\_

\_\_\_\_\_

### **Part 2: Shelter / Housing Management Experience**

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Type of Project:** \_\_\_\_\_

**Program meets low-barrier principles.**

Yes     No

**Target Population:** \_\_\_\_\_

Total Capacity:

Average Occupancy:

Length of Management:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_