

NORTH CAROLINA HOUSING FINANCE AGENCY

SUPPORTIVE HOUSING DEVELOPMENT PROGRAM

2013 PROGRAM YEAR

**APPLICATION FOR
FUNDING**

SECTION 1. APPLICANT/OWNER INFORMATION

A. Amount of SHDP Funding Request:

\$600,000

B. Project Name and Address

Project Name	Buffalo Moore Apartments
Address	301 Moore Street
City	Sanford
Zip Code	27330
County	Lee

C. Applicant/Owner Information

Organization Name	Brick Capital Community Development Corporation	
Address	403 West Makepeace Street	
City	Sanford	
State	NC	
Zip Code	27330	

Federal Taxpayer ID Number	56-1706757
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DUNS Number (if applicable)	
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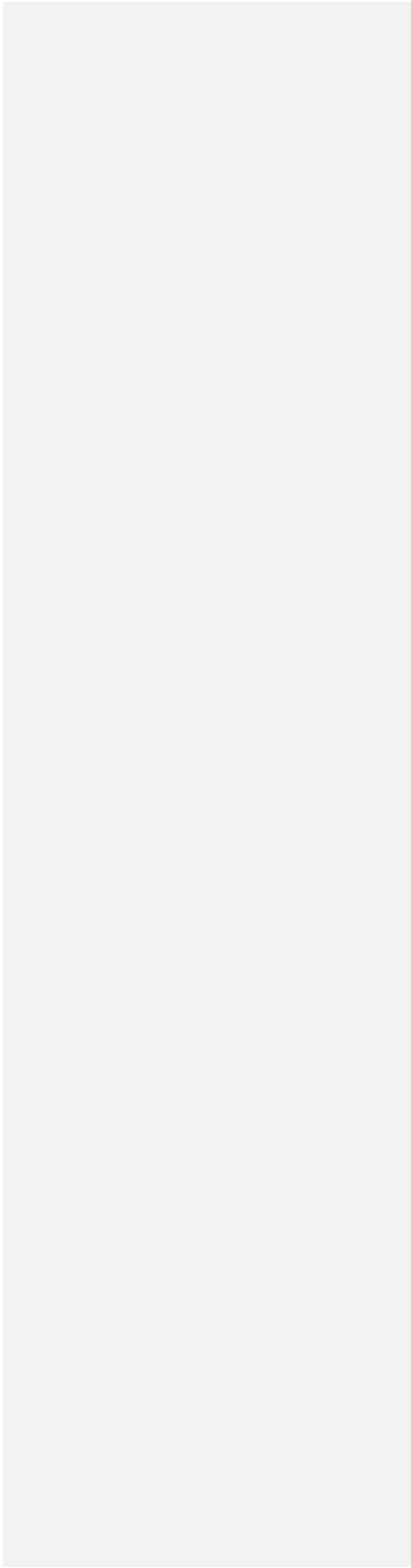
Contact Person	Kate Rumely	
Title	Executive Director	
Telephone	919-775-2300	
Fax	919-774-6808	
Email	bccdc@windstream.net	

What entity will own the project?	Brick Capital CDC
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(Note: The Applicant must be the owner of the development)

Person authorized to negotiate and sign legal contracts for the organization

Name	Richard Carlson	
Title	President	
Address	107 Gordon Street	
City	Sanford	
State	NC	
Zip Code	27330	
Telephone	919-776-4636	
Fax		
Email	RMCarlsonCPA@aol.com	



D. Type of Organization

	Local Government
X	Nonprofit Organization
	Date of IRS 501(c)(3) determination letter

Is your organization a NCHFA designated CHDO? Yes No

If Applicant is a nonprofit organization, attach as **Exhibit 1** a copy of each of the following:

- Articles of incorporation
- Bylaws
- IRS 501(c)(3) determination letter
- Current list of all members of the Board of Directors, including name, address, and beginning and ending dates of terms

EXCEPTION: If you received an award for a SHDP project within the last three funding cycles, you do not have to submit the Articles, Bylaws, and IRS 501(c)(3) determination letter. Instead submit any modifications or additions to the organization documents along with the current Board of Directors information.

Provide a brief history of the Applicant Organization, including purpose, current programs, number of staff persons, recent initiatives, etc. (All text boxes will expand as text is entered.)

Brick Capital Community Development Corporation is a 501(c)(3) nonprofit agency devoted to increasing wealth in families of modest means through home ownership and serving individuals and families with disabilities through its supportive housing programs. Brick Capital CDC together with its partners, both public and private, invests in education, housing, community assets, economic development and human capital, the community itself. The Brick Capital CDC Board of Directors is composed of a diverse group of community activists including 6 men and 5 women, seven of whom are minorities. Brick Capital CDC has four staff members.

Redevelopment Work: Brick Capital CDC's efforts are focused in the Brick Capital Redevelopment Area. In 2001, Brick Capital CDC working in partnership with City of Sanford and a local community Advisory Group, and the County of Lee received an award of 1.75 million dollars for the CDBG Revitalization Strategies (RS) grant to invest in the Brick Capital redevelopment area. With the RS grant Brick Capital CDC and partners leveraged 6 million dollars and the blighted area was transformed. The Redevelopment Area now has the following assets; the restored W. B. Wicker School (a historic Rosenwald School), which is the W. B. Wicker Business Campus, Central Carolina Lifelong Learning Center, a 4-Star childcare center, the Sanford Business Suites, 18-units of supportive housing for disabled persons and victims of domestic violence, a park, a computer center, the rehabilitation of several area homes and street repair. In 2008, the Council of State Community Development Agencies (COSDA), the premier national association advocating and enhancing the leadership role of states in community development through innovative policy development and implementation, presented its Sterling Achievement Award to the

North Carolina Department of Commerce their part in the restoration and redevelopment of the W. B. Wicker Business Campus and the Brick Capital Redevelopment Area.

Single-Family and Multi-Family Housing Development: Brick Capital CDC received the prestigious North Carolina Housing Finance Agency 2003 Housing Award for their Advanced Energy single-family homes. Brick Capital CDC increases homeownership in low and modest wealth families of Lee County. Brick Capital CDC homes are located in Sanford, Broadway and Lee County. To date, sixty families are Brick Capital CDC homeowners. Funds for down payment assistance come from the NC Housing Finance Agency's Loan Pool (approximately \$1,200,000). First Citizens Bank, BB&T, First Bank and USDA direct and guaranteed loans provide mortgages for our families. In 1998, Brick Capital CDC built Apple Tree Apartments, a forty-unit rental project located in the Jonesboro area of Sanford. These apartments are rented to families whose income is 50% and below the median for Lee County. In 2003, Brick Capital CDC built twelve units of supportive housing, for mentally ill and victims of domestic violence called Lee-Harnett-Haven Housing (LHHH). In 2010, six more units we built with the NCHFA Key Program. Brick Capital CDC served as the developer for Lee County's new 29-bed shelter and offices for HAVEN, the agency that works to prevent domestic violence and sexual assault against women. This project developed by Brick Capital CDC brings 1.85 million dollars in funds to Lee County. Single and multi-family housing dollars invested in our 118 units and Haven's shelter is approximately 11.6 million dollars in housing alone.

Housing Counseling and Homeownership Education: The Brick Capital CDC's housing counseling initiative responds to over one hundred and fifty requests for applications and delivers over two hundred hours of one-on-one counseling annually in English and Spanish. Fifteen families are currently in the Home Ownership Program. Brick Capital CDC holds 8-hour Home Buyer Education Courses quarterly and several special classes for churches, agencies and businesses as needed. Counseling staff helps families that have financial difficulties to refinance their mortgages. To date our counselors have assisted families with 12 loan modifications.

Total Investment

With all development programs and operating income, Brick Capital CDC has invested over 21 million dollars in the Sanford and Lee County community.

E. Local Government

Local political jurisdiction in which the project will be located:

Name of City, Town, or County	City of Sanford
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Name of Chief Administrative Official	Mr. Hal Hegwer
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Address	225 East Weatherspoon Street
City	Sanford
Zip Code	27330
Telephone	919-777-1110
Fax	919-775-8205
Zip Code	27330

F. Administrative Restrictions

Has the Applicant organization received an unsatisfactory rating on publically funded project or been debarred for any period of time?

Yes No

Has the Applicant organization been involved in any lawsuit?

Yes No

Are there any outstanding judgments against the Applicant organization?

Yes No

Has the Applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?

Yes No

If any of the above responses was "Yes", provide a short explanation:

N/A

G. Audit

Attach as **Exhibit 2**, the Applicant's two most recent audited financial statements or certified statement of Revenues and Expenses.

H. Experience

41	Number of units developed by Applicant in past 5 years
30	Number of households currently assisted by Applicant with housing
0	Number of households currently assisted by Applicant with services
N/A	Number of units developed by Consultant in past 5 years, if applicable
40	Number of units currently managed by third party Managing Agent, if applicable

As **Exhibit 3**, describe the rental housing development experience of the Applicant for the last 5 years. Include the name of each project, number of units, types of financing, and indicate whether financed with any public funds.

LIST ANY PROJECTS THAT RECEIVED NCHFA SHDP FUNDING HERE:

Lee-Harnett Haven Housing II (Sixplex), 6 one-bedroom apartments for persons with disabilities was developed in 2010. The development was publicly financed by the NCHFA through the Key Program.
 Pittsboro Apartments, 4 two-bedroom units were rehabbed with funds from the NCHFA.
 Haven In Lee County, 29 units of housing for victims of domestic violence was built in 2011 with multi-layered public funds.
 Two homes in Sanford were purchased and rehabbed by the organization with a loan from First Citizens Bank. No NCHFA or other public funding was used.

If the Applicant has no previous development experience, please include with **Exhibit 3** a signed letter from the consultant detailing his or her experience in serving as a consultant in publically financed, affordable, rental housing. Also include a copy of the executed contract between the Applicant and the consultant.

Has the Applicant organization received a Certificate of Occupancy (C.O.) or Temporary C.O. for all projects previously funded by SHDP and/or SHDP 400?

Yes

No

I. Conflict of Interest

Submit as **Exhibit 4** the Applicant's organization's policy regarding conflicts of interest. This can be part of the applicant organization Bylaws or can be a separate board statement.

Attach a list of all individuals associated with the Applicant or the ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, percentage, and dollar amount of financial interest in the project, including broker, contractor, and other professional fees.

SECTION 2. APPLICANT/OWNER INFORMATION

Submit one completed copy of Section 2, with all required documentation, for each noncontiguous site requesting Program funds.

A. Project Name and Address

Project Name	Buffalo Moore Apartments
Address	301 Moore Street
City	Sanford
Zip Code	27330
County	Lee

<input checked="" type="checkbox"/>	New Construction	<input type="checkbox"/>	Acquisition and Rehabilitation
<input type="checkbox"/>	Emergency Shelter Rehabilitation		

If new construction is proposed, describe the design process completed or planned for the building. Was there a design committee? If so, who was on it and did they visit similar projects, which ones?

The design committee consisted of Ken Bright, Martha Bright, Kate Rumely, and David Montgomery. The Buffalo Moore Apartments was designed by the engineer/designer, Ken Bright and adapted from his Lee-Harnett-Haven Housing II (Sixplex), which was built by the organization in 2010 with NCHFA Key funding. The Downtown Sanford's Executive Director, David Montgomery, advised the owner on changes on the exterior appearance.

B. Type of Housing Units

Please enter the appropriate unit information. The units/beds should equal the total number of units/beds in the project described in Sections E and F.

<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Emergency Housing
<input checked="" type="checkbox"/>	Permanent Housing	<input type="checkbox"/>	Combination

C. Narrative Description of Project

Identify the intended target population:

The Buffalo Apartments will serve ten individuals or couples with disabilities in one bedroom apartments, located on Moore Street. The Sandhill Center, our local LME, and Sanford Housing Authority will be the major source finding prospective residents.

Briefly describe how the housing and services of the project are structured to meet the needs of the intended target population:

The Buffalo Apartments is for people with disabilities. Living just two blocks from the City of Sanford business area, where there are shops, coffee houses and the Temple

Theater and having access to the amenities of the downtown area will improve the quality of life for disabled persons. The six ground level units will be handicapped accessible units. The second level will have four units. All units will have front and rear entrances and sitting areas. The design has large front porches on the upper and lower levels. A laundry room with two washers and dryers is located on the first level. All parking is in the rear of the building with access from both Moore and Buffalo Streets. The complex will be beautifully landscaped with trees, shrubs and flowers. Adjacent to the site is a community garden that belongs to the Baptist Church. Lots are available to people from the surrounding neighborhood. Although across from a rarely-used CSX railroad spur, the site is lush with greenery and the tracks sit below a berm. Noise is not an issue, because the line is used mainly to park a few railcars from time to time (seen there for a few days at a time a few times a year).

D. Development Team – provide the following information as far as it is known; having these parties identified is not required at the time of application:

Project Coordinator:

Name	Kate Rumely	Phone	919-775-2300
Email	bccdc@windstream.net		

Consultant:

Name	N/A	Phone	
Email			

Construction Manager:

Name	Kim Godon	Phone	919-770-1070
Email	godonconstruction@gmail.com		

Architect:

Name	N/A	Phone	
Email			

Qualified Contractor:

Name	Van Groce Company, Van Groce, Jr.	Phone	919- 775-1496
Email	Van Groce, Jr. vgrocejr@grocecompanies.com		

Energy Consultant:

Name	Advanced Energy	Phone	919-857-9000
Email	blutz@advancedenergy.org		

Other:

Name	Karen Kennedy, City Planner & Board Member	Phone	919-777-1113
Email	karen.kennedy@sanfordnc.net		

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SECTION 3. PROJECT INFORMATION

A. **Housing Units:** Describe the bed/unit arrangement, rent, utilities, etc. – complete the section or sections most appropriate to your project

1. Apartment/single family units occupied by a single household or roommates:

	# Units	# Accessible Units	Av. Sq. Ft.	\$ Rent	Owner pays Utilities?	If no, estimated \$ tenant Utilities per month
Efficiency/ Studio/SRO						
1 Bedroom						
2 Bedroom						
3 Bedroom						

2. Group Home or Shared house situation (6 residents or fewer):

Living situation: Beds (several households per room) OR Bedrooms (one or two household per room) (check one)

# units	
Max. occupancy (total)	
Av. sq. ft. per bedroom	
\$ Amount tenant paid rent	
\$ Amount tenant paid utilities (average)	
\$ Amt. tenant paid fees	
List services or goods provided for tenant fees	

3. Facility living situation (more than six residents):

# beds	
# residential Rooms	
Total sq. Footage residential rooms	
\$ Amt. tenant paid fees	
List services or goods provided for tenant fees	

B. Buildings and Site

1. Building Information

	Number of Units/Bedrooms/ Beds	Gross Heated Square Feet
Building 1	10	7,582 SF
Building 2		
Building 3		
Building 4		
Totals		

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2. Site Information

Total Square Footage of Site (land)	43,124.4 SF or .99 acres
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C. Income Targets

The number of units restricted by NCHFA will be based on the percentage of Agency funding relative to project development costs. If Project has HUD 811 funding or project-based Section 8, income targets must match HUD's or the PHA's guidelines.

Number of units affordable targeted to households earning less than 30% of area median income	7
Number of units targeted to households earning 30% or more and less than 50% of area median income	3
Number of units targeted to households earning 50% or more and less than 80% of area median income	
Number of non targeted units	0
Total number of units in project:	10
Will there be a manager's unit/bedroom? (Y/N)	N

D. Equipment Furnished

X	Fire Sprinkler System		In-unit Washer/Dryer
	Dishwasher	X	Range
	Disposal	X	Refrigerator
X	Kitchen Exhaust Fan (vented to outside)	X	Shared Laundry Room
	Other - Describe:		

E. Systems

Heat

	Electric Baseboard		Gas Forced Air
X	Electric Heat Pump		
	Other - Describe:		

Hot Water

	Gas	X	Electric
	Other - Describe:		

Air Conditioning

<input checked="" type="checkbox"/>	Central Air	<input type="checkbox"/>	Window Units
<input type="checkbox"/>	None		

F. Energy efficiency – 2 bonus points will be awarded to projects which commit to seek one of the following third party certification for energy efficiency:

- LEED
- National Association of Home Builders Green Program
- Enterprise Foundation's Green Communities
- NC HealthyBuilt Homes

G. Public Utilities

Check the following existing systems that are adequate and available at the site:

<input checked="" type="checkbox"/>	Electric	<input checked="" type="checkbox"/>	Storm Sewer
<input type="checkbox"/>	Natural Gas	<input checked="" type="checkbox"/>	Water (City)
<input checked="" type="checkbox"/>	Sanitary Sewer	<input type="checkbox"/>	Water (County)

H. Environmental

Check any of the boxes that describe the site:

<input type="checkbox"/>	Adjacent to major highway	<input type="checkbox"/>	Historic/archeological significance
<input type="checkbox"/>	Has asbestos	<input type="checkbox"/>	In flood plain
<input type="checkbox"/>	Has hazardous waste	<input checked="" type="checkbox"/>	Near railroad/airport
<input type="checkbox"/>	Other (detail)		
<input type="checkbox"/>	Has lead-based paint		

I. Common Areas

List planned common areas such as a day room, laundry room, etc.

There will be a laundry room with two washers and two dryers and a table to fold clothes. The machines will be token operated. The large front porch is a common area and will have rockingchairs.

J. Evidence of Zoning

Submit as **Exhibit 5**, a written statement on letterhead stationary from the unit of local government in which the property is located indicating that the proposed use of the site is permissible under applicable zoning ordinances or other appropriate land development regulations. If the property is subject to a Conditional or Special Use Permit, also provide a copy of the Permit with the expiration date at **Exhibit 5**.

K. Site Control and Value

Include a copy of the appropriate documentation of site control as part of **Exhibit 6**.

<input type="checkbox"/>	Deed or other proof of ownership	<input type="checkbox"/>	Long-term lease (must be approved by Agency)
<input checked="" type="checkbox"/>	Executed Option to Purchase	<input type="checkbox"/>	Other (detail)

Does a direct or indirect identity of interest exist between the Applicant and the seller of the property?

	Yes	X	No
If yes, specify relationship			

A copy of an appraisal of the land for new development or land and building(s) for acquisition and rehabilitation projects is required. The Agency strongly recommends that the Applicant get an appraisal prior to securing site control to ensure a fair price. Include a copy of the appraisal at **Exhibit 7**.

L. Temporary Relocation

Attach as **Exhibit 8**, a temporary relocation plan in the form provided by the Agency upon request. Please note that permanent relocation is not allowed, by statute, in projects using NC Housing Trust Funds. If the project does not require relocation, no Exhibit 8 is necessary.

SECTION 4. COMMUNITY NEED

A. Community Need

Attach as **Exhibit 9** documentation of need for the housing proposed through evidence such as: (1) a waiting list or letter documenting waiting lists from appropriate service providers; (2) a waiting list or letter documenting waiting lists of persons with disabilities from the appropriate housing authority, which also states that the project is in the housing authority's service area; (3) records of persons turned away from similar programs (4) local plans or studies such as the HUD Continuum of Care or Consolidated Plan; (5) a market study or (6) other appropriate data-based sources. If the proposal is for shelter expansion, there must be evidence of need and demand through historical lists of persons who have been turned away by the existing shelter or referred to other facilities out of the existing shelter's catchment area. Also provide one of the following:

1. Certification of Consistency with the Consolidated Plan (Form HUD-2991) or
2. Letter of Consistency with Local Continuum of Care.

B. Organization Budget

Attach as **Exhibit 10**, a copy of the Applicant organization's *most recent* annual operating budget. This budget should include both expenses and the sources of funds to finance all expenses during the budget year.

SECTION 5. SUPPORTIVE SERVICES ACCESS PLAN (SSAP)

INSERT PROJECT NAME	Buffalo Moore Apartments
INSERT PROJECT ADDRESS	301 N Moore Street, Sanford, NC 27330

02/28/2013
Date: (MM/DD/YYYY)

Contact Information			
	Owner	Management Agent	Services Coordinator/Provider
Organization	Brick Capital	Brick Capital	Sandhills Center
Primary Contact	Kate Rumely	Ana Perez	Donna McCormick
Phone	919-775-2300	919-775-2300	910-673-7229
Email	bccdc@windstream.net	aperez.bccdc@windstream.net	DonnaM@sandhillcenter.org
Street Address	403 West Makepeace Street	403 West Makepeace Street	1120 Seven Lakes Drive
City, State, Zip	Sanford, NC 27330	Sanford, NC 27330	West End, NC 27376

If the same entity is acting as both Property Manager and Service Provider or Coordinator, please provide a narrative explanation of how these roles will be separated to ensure compliance with Fair Housing law.

Brick Capital Supportive Housing relies on the residents' service providers to oversee residents' services. Our residents disabilities are varied with most having a mental health care giver. For that reason, we list the area mental health LME, but in practice, we work with which ever provider is the most engaged with our residents.

A. Type of Housing

Please enter the appropriate unit information. See SHDP Application Guidelines and Instructions, Section 1.2.4., for definitions of housing types.

Transitional Housing

	Total number of dwelling units
	Total number of bedrooms
	Total number of beds

Emergency Housing

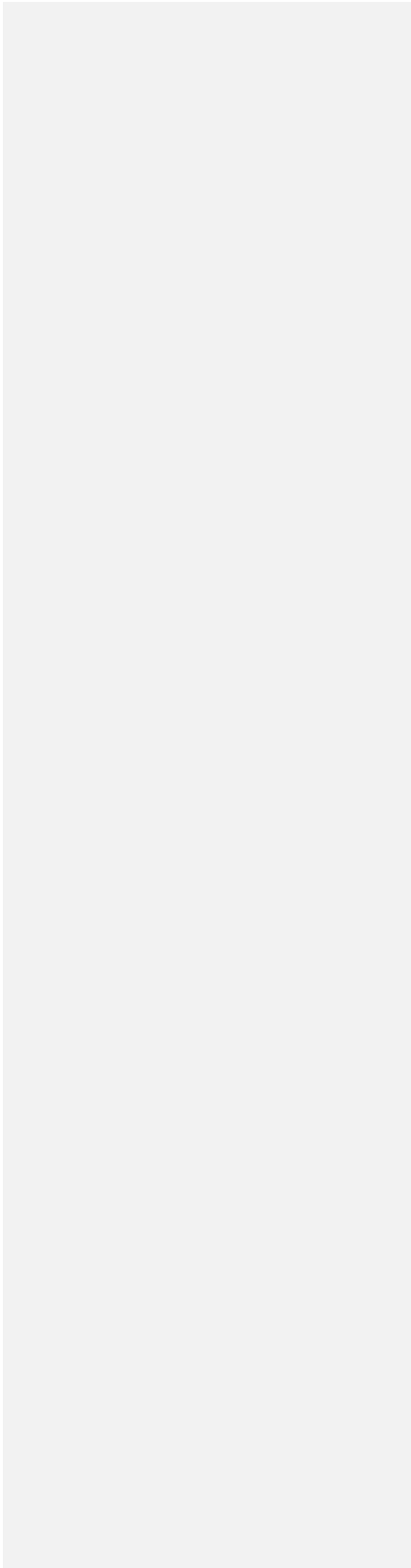
	Number of dwelling units
	Number of bedrooms
	Number of beds

Permanent Housing

10	Number of dwelling units
10	Number of bedrooms
	Number of beds

Describe type of living situation for residents: *Single Family House, Single Family Apartment, Single Room Occupancy (SRO), Shared Bedroom, Non-Shared Bedroom, Dormitory, or Other (describe)*

Single Family Apartment



B. Target Population Identify the type(s) of population(s) that will be residents of the project (e.g. homeless, domestic violence survivors, disabled children, children in foster care, mentally ill, substance abuse recovery, HIV/AIDS, re-entry from prisons, etc.):

The target population is the disabled adult. We do not discriminate between and among the disabled.

C. Facility Type

Is this a licensed facility?		Yes	X	No
License Type:				
License Number:				
Is this a licensed Group Home?		Yes		No
License Type:				
License Number:				

Is project limited by funding source to house only this population?

X	Yes		No
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If so, what are the limitations and what is the funding source:

The project is limited to persons with disabilities by the funding of the NC Housing Finance Agency.

D. Unique Design Features Common Areas

Describe any adaptability or accessibility features and/or assistive technology beyond the minimums required by NCHFA in **Appendix B** "Design Standards" of the Program Guidelines.

Sixty percent (60%) of our units will be handicapped accessible.

Describe any community space being developed as part of this property.

The laundry will have two handicapped accessible washers and dryers that are token operated with a table for folding clothes.

E. Affordability

All of the units/beds must be affordable to households earning at or below 50% of the area median income at move in for the term of the loan. Rents and utilities cannot exceed 30% of gross household income for the income group being targeted. (The selected percentage of area median income). Any combination of housing costs and programs fees cannot exceed 40% of household income without Agency approval.

The Agency will use loan documents and annual reporting requirements to ensure that income targeting and affordability standards are met. In addition, applicants must comply with fair housing laws regarding accessibility and must design units to maximize accessibility for mobility impaired persons as described in **Appendix B** "Design Standards" of the Program Guidelines.

If residents are required to pay program fees, list fee amount and describe what services and other expenses are covered by the fees. Describe how the combination of fees and rent will be tracked to ensure it remains below 40% of the targeted income.

There are no program fees.

F. Location and Availability of Accessible Transportation

1. Describe the location of the site and the availability and cost of accessible public transportation. (Call NC DOT/Public Transportation Division at 919-733-4713 for local contact information).

The site is located in the heart of Sanford. Within three blocks is the Depot Park, which has activities year round, but during the summer months, Thursday night is Concert Night and Friday Night is Movie Night on the lawn. The Temple Theater is with in two blocks and the Public Library is only one and a half blocks from Buffalo Moore Apartments. The Coffee Shop is across the street from the Depot Park. Shopping is four blocks, with the grocery store a bit further, for some a long walk, for others a van ride on County of Lee Transportation Service (COLTS) or a drive with a friend. The County of Lee Transit System is a coordinated transit system that provides transportation services for the general public and human service agencies in Lee County.

There is a weekly Job Seekers meeting at the Baptist Church that is a half a block away. Both the Baptist Church has a walking track and the gymnasium available to those who would like to participate. The Presbyterian Church has a walking track for exercise on a rainy or cold day. Both are within a block away. The Baptist Church also has garden plots on the lot adjacent to the apartments for use by those living in the neighborhood.

Current agencies & organizations that contract with COLTS to provide services for their customers include: Department of Social Services, Public Health Department, Center for Independent Living, Senior Services, Lee County Industries, Piedmont HIV Health Care Consortium, Skilled Nursing Centers, Central Carolina Hospital, Sandhills Center for Mental Health, Retirement Facilities, Central Carolina Community College, Group Homes, and the Vocational Rehabilitation.

Passengers who are customers of a human service agency should contact the sponsoring agency to reserve their ride. Qualifications vary among agencies in Lee County. All reservations require 2 business days notice. COLTS has lift vans available for physically challenged persons who are in wheelchairs or have mobility concerns.

2. Describe proximity of the following services and facilities to the proposed project site. Include as **Exhibit 11** a map with the location of services within 5 miles of the site labeled. Please be sure to clearly indicating the project location.

Service/Facility	Proximity to Site
Supportive services including medical facilities	less than 1 mi.
Employment Centers	.1 mile
Parks and Recreation	.1 mi.
Schools	less than 1 mi.
Shopping Facilities	.2 mi.

G. Statement of Qualification

Capacity of Services Coordinator/Provider

Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community based services that support persons of targeted population. (Include a brief description of the agency's history, mission and the services the agency provides/coordinates.)

N/A

Provide an analysis of the success rate of your service program. For example, "based on a five year follow-up examination, 35% of resident of our program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving our program." Please include statistics.

N/A

Capacity of Property Manager

If the Property Manager or Management Company has been selected at the time of application, describe their experience and capacity.

The management of the Buffalo Moore Apartments will be the Brick Capital management team, which currently owns and manages 22 supportive housing units successfully in Sanford and Pittsboro. Brick Capital recently hired an additional staff person, which will give the organization additional capacity and depth. An additional ten units of housing for persons with disabilities will assist the needs of the community.

H. Residents Access to Support and Services

Provide a detailed description of supports and services to be provided to residents, including the project's referral and tenant selection policies, if applicable. How are residents' needs for services identified? How are individual services' plans developed and implemented?

N/A

Please attach copies of any resident/tenant handbook or guidelines, as well as any printed material about religious activities or required program activities.

I. Referral, Screening and Communication Plan

If the Service Provider is not the Property manager, describe how the Services Coordinator/Provider will collect and make referrals of prospective residents to the property, maintain contact with referrals and referral agencies and the property manager, and offer assistance with any problems that may arise during a referral's tenancy for the duration of the compliance period. Otherwise, skip this section.

The local service providers will be contacted by the Brick Capital property management team when a unit is available. Generally, a relationship is built with Brick Capital through its outreach, through past experience or through word of mouth that Brick Capital has safe affordable housing available to persons with disabilities and those service providers are happy to refer to our supportive housing. Service providers and Brick Capital property managers are most of the time, but not always, acquainted and aware of the mutual concern to keep the residents safe and in good health. Being so, the service providers and the property managers communicate on an as needed basis during the tenancy of the residents.

Describe how the property manager will screen referrals, negotiate reasonable accommodations and maintain contact with the Services Coordinator/Provider during a referral's tenancy.

The screening of referrals is conducted in the Brick Capital office with a meeting with the proposed resident and in some cases the service provider. With the permission of the proposed residents, a credit and criminal reports are drawn on the Brick Capital system and reviewed. Any violent criminal history in the past ten years will trigger a reject of the proposed resident. The property manager's experience in recent years with residents that have needed and received the replacement of bathtubs with walk-in or handicapped showers as their condition deteriorates, has led the design team to call for 60% of the units to be suitable for persons unable to step over the side of a bathtub. Brick Capital takes care to serve our residents needs. The relationship with our residents becomes familiar. Although, the health care needs and supervision of the residents is the responsibility of the service provider, to whom we confer whenever a need is apparent to the management team.

Describe how the Services Coordinator/Provider and the property manager will maintain communication to accommodate staff turnover.

The Buffalo Moore Apartments are available to persons with disabilities. Since, Brick Capital cannot discriminate between and among disabilities, the care giver or service coordinator will be different for the various residents. The property management team will meet with the service provider at the time the resident rents the apartment. Generally, the property management team communicates with the resident and or service provider on a monthly basis. If not, a member of the management team visits the tenants at least quarter.

J. Access to Supportive Services

Name other local service providers who will be collaborating with the Service Coordinator/Provider in the referring process and providing residents' access to services and supports.

Day Mark Mental Health Service, Sanford
Sandhills Center Area LME, West End
DHHS
Division of Aging and Adult Services
Housing and Homelessness

Describe how Services Coordinator/Provider will work with the property manager and/or other local providers to coordinate access to services and supports should residents need assistance.

Service providers coordinate with local providers to assist the residents when needed. C.O.L.T.S., the local transportation service, will take residents anywhere within the County of Lee roundtrip for a fee of \$4.00. Most of the residents will be able to live independently and make their own arrangements for transportation. Those who need assistance will have may have a caregiver who often comes five days a week.

K. Facility Security Plan

If your project has an existing Facility Security Plan, please attach it as **Exhibit 12**. This generally will only be available for Domestic Violence Shelters that have funding from the Governor's Crime Commission.

SECTION 6. PROJECT PLANS

As **Exhibit 13**, attach the following information requested in this section for each building constructed or acquired using Program funds.

A. Required PRELIMINARY Plans for New Construction: 2 copies

1. Scaled Site Plan showing, at a minimum, proposed building footprint, driveways, and parking areas.
2. Elevation of front of building.
3. Elevation of side of building
4. Floor layouts for each type floor or building, as applicable, using a minimum scale of 1/16" = 1'; identifying the location of units, common use areas and other spaces.

All required plans should be on 24"x36" paper and drawings should be to scale, using the minimum scale or 1/16" = 1'. Required plans must be prepared by an engineer or architect licensed to do business in North Carolina. The project design must comply with the **Appendix B** "Design Standards" of the Program Guidelines.

The four (4) required plans should be folded and attached to the application with binder clips.

B. Projects Proposing to Rehabilitate Existing Structures Must Include 2 copies as **Exhibit 12**:

1. A detailed Physical Needs Assessment (PNA) with cost information, a hazard inspection, structural inspection, and a termite report. The hazard inspection should include, at a minimum, the identification of lead-based paint and asbestos in the building with a plan and budget for remediation. A sample PNA is attached as **Appendix E**.
2. An "as-rehabbed" appraisal according to the submitted PNA.

C. A Description of the Applicant's Procurement Process for Architect, Contractor, Construction Manager, etc., for the Construction of This Project.

D. Development Timetable For The Project

E. As **Exhibit 14**, Attach:

- a. Copies Of All Letters Of Commitment For Permanent Project Funding.
- b. For independent apartments only, documentation of commitment or intent to apply for project or program based rental or operating assistance.
- c. For Project-Based Section 8 only, Letter of Commitment from Housing Authority using template provided in Appendix G of the Application Instructions.

SECTION 7.

APPLICATION CHECKLIST

- Cover Letter with date of submission
- Application Part 1 – Word Template
- Application Part 2 – Excel Template
- Application is signed and dated by an authorized official on the last page
- Design & Energy Efficiency Compliance Agreement is signed

EXHIBIT 1 (if nonprofit organization):

- Articles of Incorporation
- Bylaws
- IRS 501(c)3 Determination Letter, if applicable
- List of Board of Directors members, including name and begin/end dates of term
- Exception applies, any modifications/additions to above, indicate and submit new material

EXHIBIT 2:

- Two most recent Audited Financial Statements along with any Managements Letter(s) **OR**
- Two most recent Certified Statements of Revenues and Expenses

EXHIBIT 3:

- Description of Applicant's supportive housing development experience
- If applicable, description of Development Consultant's experience
- If applicable, copy of Consulting Services Contract

EXHIBIT 4:

- Applicant's Conflict of Interest Policy or Statement
- If applicable, list of associated individuals with reportable financial interest in project, including details of their interest

EXHIBIT 5:

- Written statement from local government evidencing compliance with local land use regulations
- If applicable, copy of Conditional or Special Use permit with expiration date

EXHIBIT 6:

- Evidence of site control

EXHIBIT 7:

Appraisal of site for raw land or "As rehabbed" appraisal

EXHIBIT 8:

If applicable, Relocation Plan

EXHIBIT 9:

Evidence of market need for proposed project
Either a Letter of Consistency with applicable Consolidated Plan **OR**

A letter of support from the applicable McKinney-Vento Continuum of Care Plan

EXHIBIT 10:

Applicant's most recent operating year budget, including sources and uses of funds

EXHIBIT 11:

Map of services within 5 miles of project site

EXHIBIT 12:

If DV Shelter, Facility Security Plan

EXHIBIT 13: 2 Copies Each

For Rehabilitation project only, a Project Needs Assessment

Description of procurement process

Development timetable

If available, general contractor's construction budget

Attached to the application with a binder clip

1. Site Plan

2. Elevation of front of building

3. Elevation of side of building

4. Floor Plan(s) of for each type of floor/building

EXHIBIT 14:

Evidence of any commitments pending or received for financing the project

For independent apartments only, documentation of commitment or intent to apply for project or program based rental or operating assistance.

For Project-Based Section 8 only, Letter of Commitment from Housing Authority using template provided in Appendix G of the Application Instructions.

SECTION 8. Design and Energy Efficiency Compliance Agreement

This certifies that as an applicant to the NCHFA Supportive Housing Development Program, the organization making this application

{enter organization name} of which I am the {enter title} understands and agrees to follow NCHFA accessibility, design and energy efficiency requirements. I understand and agree that this will include the following:

- NCHFA review and approval of full construction set architectural plans prior to obtaining a building permit or construction bids.
- AEC review and approval of full construction set architectural plans INCLUDING specifications prior to obtaining a building permit or construction bids.

Use of one of four AEC and NCHFA approved HVAC systems, described in Appendix C of the SHDP Application Guidelines and Instructions.

By: Kate Rumely, Executive Director
Signature of Authorized Individual

Section 9. SIGNATURE OF AUTHORIZED OFFICIAL

- A. By signing below, the Applicant certifies that the information provided in this application is true and complete.
- B. By signing below, the Applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source.
- C. All applications submitted become the property of the Agency
- D. Submission of an application does not guarantee funding. Any costs incurred to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

By:

[Redacted Signature Area]

Signature of Authorized Individual

Name Kate Rumely

Title: Executive Director

Date: 02/28/2013