

**Macomb HOME Consortium
Housing Proposal**

December 2010

Attach additional pages as necessary.

1. Corporate Name: _____

2. Executive Officer: _____

Person to answer questions concerning this proposal: _____

Phone Number: _____ Fax: _____ e-mail: _____

3. Corporate Tax Identification #: _____ Corporate DUNS #: _____

4. Type of Business:

___ Private-For Profit ___ Private Non-Profit ___ Public Non-Profit

If Private Non-Profit, does your organization have IRS tax-exemption? **Y** **N**
Attach copy of IRS Letter.

Is your organization sectarian? **Y** **N**

If sectarian, list the affiliation. _____

5. Type of Project: Tax FC _____ NSP FC _____ Special Needs _____

Describe the Proposal: _____

Planned HOME Activity: Check all that apply.

NSP: Acquisition ___ Repair/Conversion ___ Homebuyer Assistance _____

Tax FC: Acquisition & Repair ___ Homebuyer Assistance _____

Special Needs: Acquisition _____ Repair/Conversion _____

6. Capacity:

a) Provide a detailed and firm implementation and completion schedule targeting. NSP1 proposals must be complete by March 1, 2013. Assume a June 30, 2011 start date.

b) Feasibility: Provide/describe as appropriate...

- a development pro forma identifying the sources and uses of funds necessary to complete the proposal. Costs should include one typical unit and a total based on the number of units proposed. Costs should also include for interim carrying costs, marketing, and sale. All proposals shall include narratives as necessary to demonstrate financial feasibility. Developers are allowed a reasonable developer's fee, but profits are not permissible. (Owner and Renter)
- an Operations Pro Forma, demonstrating project viability over time. (Rental only)

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- the commitment status of non-HOME funds identified in the pro forma.
 - any full or partial donations of labor and/or materials.
 - necessary services, as applicable, to ensure successful project completion.
 - all assumptions made in developing the pro forma.
- c) Identify other, similar projects undertaken in the past. Provide addresses and references, and indicate whether the properties are available for inspection.
- d) Describe your marketing strategy and provide a schedule for sale or lease-up.
- e) (Rental only) document capacity to effectively manage rental units over time. List projects, addresses and references.
- f) Describe your firm's experience with, and knowledge of, HUD (or other similar) affordable housing programs, particularly HOME and Neighborhood Stabilization.
- g) Document your capacity to implement the NSP in a timely and compliant manner by providing an organizational chart, and describe the roles, responsibilities, and qualifications of key staff.

7. Proposal Summary:

- Projected Total # Units _____ Total # LI Units: _____
(Each unit **must** be sold or rented to LI households.)
- Projected per unit development cost: \$ _____
- Proposal's Location:
- Target Population:

SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____ Date _____

Typed Name & Title: _____

I am authorized to sign this application on behalf of (applicant) and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of CDBG funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this _____ (date) _____, 2010

By _____

Notary Public
State of Michigan
County of Macomb

My Commission Expires _____

Acting in the County of Macomb