**Attachment A**

**- Pre-Application Form -**

**2024 Minneapolis/Hennepin County**

**Continuum of Care Builds**

Date pre-application received:

(completed by Hennepin County)

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# Applicant Threshold Requirements

|  |  |
| --- | --- |
| **Applicant & sub-recipients are not excluded from receiving federal funds** | Yes No  |
| **Applicant and sub-recipients are eligible recipient entity types for CoC Builds funds** | Yes No  |
| **Have you secured at least one federal capital funding source for the development?** | Yes No  |
| **Applicant has reviewed & acknowledges the federal requirements:*** **Administrative, National, and Departmental Policy Requirements and Terms for HUD Financial Assistance – 2024**
* **Environmental Review Policies**
* **Uniform Relocation Assistance & Real Property Acquisition Policies (URA)**
* **Lead-based Paint Requirements**

[Funding Opportunities | HUD.gov / U.S. Department of Housing and Urban Development (HUD)](https://www.hud.gov/program_offices/cfo/gmomgmt/grantsinfo/fundingopps) | Yes No  |
| **The proposed project will meet HUD Permanent Supportive Housing requirements?**[HUD Permanent Supportive Housing](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/) | Yes No  |
| **If you are selected for this opportunity, do you agree to meet all 31 HUD requirements, including but not limited to: BABA, Section 504, ADA, “Energy Efficient and Sustainable by Design”, URA, 2 CFR part 200, FFATA, Justice 40 Initiative?****Review** [**Administrative, National, and Department Policy Requirements and Terms for HUD’s Financial Assistance Programs**](https://www.hud.gov/sites/dfiles/CFO/documents/FY_24_Admin_Reqs_and_Terms.pdf) **for more details.** | Yes No  |
| **Can the Developer and General Contractor document at least 4 recent projects that met federal cross-cutting requirements (i.e. Section 3, Davis Bacon)?** | Yes No  |
| **If you are selected for this opportunity, can you commit to aligning with and working with Hennepin County in the project development and planning, including but not limited to:*** **Applicant agrees to work with CoC staff & Lived Experience group to develop & refine project proposal**
* **Applicant commits to submit to CoC staff a full project application by the CoC set deadline.**
* **Applicant commits to complete the project by 10/1/2030**
* **Applicant will use Coordinated Entry to fill units with eligible and prioritized households**
* **Project will use HMIS to track and report outcomes**

**You will need to support the writing of the application in October and early November as guided in the Review Criteria starting on page 35 of 55 of the** [**HUD Funding Opportunity**](https://www.hud.gov/sites/dfiles/CFO/documents/Foa_Content_of_FR-6800-N-25A.pdf)**.** | Yes No  |
| **To be considered for this opportunity you must have answered “Yes”** **to all questions in Applicant Requirements.** |

If you answered “Yes” to all questions in Applicant Requirements,

start the application on the next page.

# 1. Project Information

|  |  |
| --- | --- |
| Project Name |       |
| Project Address  |       |
| City  |       |
| County | Hennepin County |
| Continuum of Care Region | MN – 500 Minneapolis/Hennepin County |
| Distance from project entry to nearest transit stop |       |

# 2. Project Overview

## a) Housing Units

|  |  |
| --- | --- |
| 1. Total units in project
 |       |
| 1. Total units that will have rental assistance
 |       |
| 1. Total PSH units for CoC Builds
 |       |
| 1. Total PSH units for CoC Builds that will have rental assistance
 |       |
| 1. Source of rental assistance to PSH units
 |       |
| 1. Source of rental assistance commitment
 |       |

## b) Development

|  |  |
| --- | --- |
| 1. Total development cost
 | $      |
| 1. Total CoC Builds request amount
 | $      |
| 1. Federal funds secured

Specify amount and award type (grant, loan, etc). |       |
| 1. Other public funds secured

Specify amount, award type, and source. |       |
| 1. Other funds secured

Specify amount and source. |       |
| 1. Gap
 | $      |
| 1. List the names and addresses of recent projects that the Developer and General Contractor worked on that had federal cross-cutting requirements.
 | 1.
2.
3.
4.
 |

## c) Services

Include supportive and healthcare services.

|  |  |
| --- | --- |
| 1. Value of services committed

Specify the type of service and source. |       |
| 1. Other service partnerships

Specify the type of service, source, and partnership. |       |

# 3. Housing First

|  |  |
| --- | --- |
| 1. Will the project follow the best practice standards of the [Housing First model](https://files.hudexchange.info/resources/documents/Housing-First-Assessment-Tool.xlsm)?
 | Yes [ ]  No [ ]  |
| 1. Will the project serve participants with the following barriers?
 | 1. Having little or too little income Yes [ ]  No [ ]
2. Active or history of substance abuse Yes [ ]  No [ ]
3. Having a criminal record Yes [ ]  No [ ]
4. History of victimization (domestic violence, sexual assault, abuse) Yes [ ]  No [ ]
 |
| 1. Will the project discharge participants from the project for the following reasons?
 | 1. Failure to participate in supportive services Yes [ ]  No [ ]
2. Failure to make progress on a service plan Yes [ ]  No [ ]
3. Loss of income or failure to improve income Yes [ ]  No [ ]
4. Any other activity not covered in a lease agreement typically found for unassisted persons in the projects geographic area Yes [ ]  No [ ]
 |

# 4. Project Planning

|  |  |
| --- | --- |
| 1. Describe how people with lived experience of homelessness or housing instability were or will be involved in the project’s development.
 |       |
| 1. Describe steps you have taken to advance racial equity?
 |       |
| 1. Describe your plans to meet compliance requirements with the Build America, Buy America (BABA) Action.

If you are unfamiliar with BABA, review this [quick guide](https://files.hudexchange.info/resources/documents/BABA-Quick-Guide-CoC.pdf). |       |
| 1. Describe your plans to meet all required federal regulations per the NOFO, including but not limited to Section 504, ADA, “Energy Efficient and Sustainable by Design”, URA, 2 CFR part 200, FFATA, Justice 40 Initiative.
 |       |

# 5. Timeline

Enter the date that each of the below will be in place for the proposed project:

|  |  |
| --- | --- |
| 1. Site identified
 | Click or tap to enter a date. |
| 1. Site control
 | Click or tap to enter a date. |
| 1. Environmental Review completed
 | Click or tap to enter a date. |
| 1. Execution of CoC Builds grant agreement
 | Click or tap to enter a date. |
| 1. Construction/Rehabilitation start
 | Click or tap to enter a date. |
| 1. Construction/Rehabilitation end
 | Click or tap to enter a date. |
| 1. Property available for move-in
 | Click or tap to enter a date. |
| 1. Support Services begin
 | Click or tap to enter a date. |
| 1. Move in’s start
 | Click or tap to enter a date. |
| 1. 100% occupancy
 | Click or tap to enter a date. |

# 6. Agencies and Organizations Involved

## Developer

|  |  |
| --- | --- |
| 1. Name of Developer
 |       |
| 1. Role in CoC Builds application
 |       |
| 1. Number of properties developed with PSH
 |       |
| 1. Number of properties developed with PSH following Housing First
 |       |
| 1. Number of PSH units developed
 |       |
| 1. Names of projects
 |       |
| 1. What percent of these units were PSH project units?
 |       |
| 1. Months from award closing to construction start
 |       |
| 1. Months from construction start to occupancy certificate
 |       |
| 1. Used HUD CoC or other HUD funding
 | Yes [ ]  No [ ]  |
| 1. Other primary sources of funding for project
 |       |
| 1. Have PSH units been filled using Coordinated Entry?
 | Yes [ ]  No [ ]  |
| 1. Has data tracking and reporting occurred in HMIS?
 | Yes [ ]  No [ ]  |

## General Contractor

|  |  |
| --- | --- |
| 1. Name of General Contractor
 |       |
| 1. Describe firm’s experience implementing Section 3, federal labor standards (Davis-Bacon), and other federal cross-cutting regulations.
 |       |
| 1. List the 4 most recently completed projects that met federal cross-cutting regulations. Include project name and date completed.
 | Project 1:      Project 2:      Project 3:      Project 4:       |

## Property Manager

|  |  |
| --- | --- |
| 1. Name of Property Manager
 |       |
| 1. Role in CoC Builds Application
 |       |
| 1. Number of properties managed with PSH
 |       |
| 1. Number of units managed within the Housing First guidelines
 |       |
| 1. Name of projects
 |       |
| 1. What percent of these units were PSH project units?
 |       |
| 1. Months from occupancy certificate to full occupancy
 |       |
| 1. Used HUD CoC or other HUD funding
 | Yes [ ]  No [ ]  |
| 1. Have PSH units been filled using Coordinated Entry?
 | Yes [ ]  No [ ]  |
| 1. Has data tracking and reporting occurred in HMIS?
 | Yes [ ]  No [ ]  |

## Supportive Services

|  |  |
| --- | --- |
| 1. Name of Support Services Provider
 |       |
| 1. Role in CoC Builds Application
 |       |
| 1. Number of properties where agency is primary service provider
 |       |
| 1. Number of PSH units served by agency
 |       |
| 1. Number of PSH units served by agency with projects following Housing First
 |       |
| 1. Names of projects
 |       |
| 1. Primary source/s of service funding
 |       |
| 1. Participant household to staff ratio in the project
 |       |
| 1. Household types served within projects
 |       |
| 1. Used HUD CoC or other HUD funding
 | Yes [ ]  No [ ]  |
| 1. Have PSH units been filled using Coordinated Entry?
 | Yes [ ]  No [ ]  |
| 1. Has data tracking and reporting occurred in HMIS?
 | Yes [ ]  No [ ]  |

## Owner

|  |  |
| --- | --- |
| 1. Name of owner
 |       |
| 1. Role in CoC Builds application
 |       |
| 1. Number of properties owned with PSH
 |       |

# 7. Required Attachments

Submit these attachments with this document.

|  |
| --- |
| Attachment A - MHFA Multifamily Workbook |
| Attachment B - Services Budget |