

SUSSEX COUNTY HOUSING TRUST FUND

AFFORDABLE HOUSING DEVELOPMENT GRANT PROGRAM APPLICATION

THIRD FUNDING ROUND – SPRING 2024

Application Open – Monday, April 1, 2024

Application Due - Tuesday, April 30, 2024 by 4:00 p.m.

Tentative Award Date – Tuesday, June 4, 2024

All funds awarded must be expended by December 31, 2024

Submit application, Terms & Conditions agreement, and attachments at

<https://sussexcountyde.gov/Housing-Trust-Fund-Application>.

Please review all program guidelines found on Sussex County’s Housing Trust Fund [website](#) before submitting application. Incomplete applications will not be accepted, and all applications must be signed.

REPORTING

To track all expenditures of ARPA funds and to fulfill the County’s own reporting requirements per Treasury guidelines, the County requires full reporting of any activities performed with fiscal recovery funds for any successful applicant (Subrecipient). The reports must be presented to the County quarterly. Reports will be due to the County by the following month. The reporting schedule will be specifically outlined in the Grant Agreement. Subrecipients are also required to register and maintain an updated profile on SAM.gov. General reporting information is available in the [SLFRF Compliance and Reporting Guidance Update](#). Further reporting information will be provided should your application result in a subaward.

PROCUREMENT

Subrecipients must have and use documented procurement procedures, and they must be consistent with the procurement standards set forth in the Uniform Guidance at 2CFR 200.317 thru 2 CFR 200.327 as applicable. Per [Uniform Guidance](#), small purchases, which are in excess of the micro purchase threshold of \$10,000, need adequate price quotes and anything over the simplified acquisition threshold of \$250,000 will need to follow formal procurement procedures. If a subrecipient’s procurement policies are more restrictive than Uniform Guidance that procurement policy should be followed.

ELIGIBILITY REQUIREMENTS

APPLICANT EXPERIENCE

Applicants must have demonstrated previous experience with development, management, or sales of affordable housing units (rental or homeownership) to low- or very-low-income households. Applicants must also have previous experience administering and complying with federal funding and the ability to demonstrate the above-identified federal procurement procedures.

PROPERTY OWNERSHIP

The Applicant must have documented site control for the land identified in the application where assisted units will be located. Additionally, the land must be zoned properly for the intended use.

HOMEOWNERSHIP

Applicants seeking to provide homeownership funds must be providing homeownership opportunities to individuals making 65% or less AMI for Sussex County, DE for units assisted with the Housing Trust Fund. Twenty (20) year deed restrictions are required on the assisted units and must be prepared by the Applicant. Deed restrictions will guarantee that the unit will continue to house an individual or family making less than 65% AMI. The applicant must document that they are also participating in any one of the following programs:

- Sussex County's Moderately Housing Unit Program (MPHU)
- Delaware State Housing Authority's (DSHA) Housing Development Fund (HDF)
- HOME Investment Partnership (HOME) funding through DSHA
- Section 523 or 524 Rural Housing Site Loan through the U.S. Department of Agriculture (USDA) Rural Development
- Sussex County Habitat for Humanity
- Milford Housing Development Corporation
- Community Land Trust

RENTAL

Applicants seeking to construct new or preserve existing rental units must serve household making 65% or less AMI for Sussex County, DE. Thirty (30) year deed restrictions are required on the assisted units and must be prepared by the Applicant. Deed restrictions will guarantee that the unit will continue to house an individual or family making less than 65% AMI. The applicant must document that they are also participating in any one of the following programs for this project:

- Sussex County's Rental Program (SCRIP)
- Delaware State Housing Authority's (DSHA) Housing Development Fund (HDF)
- HOME Investment Partnership (HOME) funding through DSHA

- DSHA’s Low Income Housing Tax Credits (LIHTC) program
- Section 811 Supportive Housing for Persons with Disabilities
- Multi-Family Mortgage Revenue Bond Program (MFMRB) financing through DSHA
- National Housing Trust Fund (NHTF) program through DSHA
- Rural Rental Housing Loan through USDA Rural Development
- Guaranteed Rental Housing Loan through USDA Rural Development
- Multifamily Housing Rental Assistance through USDA Rural Development
- COC-funded Permanent Supportive Housing
- Sussex County Habitat for Humanity
- Milford Housing Development Corporation
- Community Land Trust

APPLICATION

1. APPLICANT IDENTIFICATION

Type: Non-profit organization Profit-motivated entity

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Federal I.D. or SSN: _____ SAM.gov Unique Entity ID: _____

Contact Person & Title for Notifications: _____

NOTE: Attach organizational documents of applicant (i.e., Articles of Incorporation, By-Laws, Partnership Agreement, non-profit determination letter), Board Resolution authorizing application (if organization is governed by a Board of Directors) and audited financial statements. **Attach as Attachment A.**

2. APPLICANT EXPERIENCE AND CAPACITY

- Describe previous experience in the successful development and management/sales of affordable housing units (rental or homeownership) to families of low- or very-low income (80% AMI or less).

- Describe the management structure and staffing of your organization.

- Describe how services/products will be procured for items being paid for using these ARPA funds.

- Describe the organization’s experience with administering government (federal, state, county) grants, including reporting and compliance. Include recent awards, amounts, and sources.

3. FUNDING REQUEST

Funding requests may not exceed \$50,000 per unit OR \$500,000 per project. All funding from the SCHTF must go towards housing for households at or below 65% of Area Median Income for Sussex County.

Sussex County Housing Trust Fund (SCHTF) amount requested: \$ _____
 (not to exceed \$500,000)

Total Project cost: \$ _____

Tenure Type: Homeownership Rental Permanent Supportive Housing

Housing Type: Multi-Family Single-Family

Activity Type: Predevelopment Creation of new affordable housing units
 Preservation of existing affordable housing

Population to be served: Farm Laborers Individuals with Physical or Cognitive Disabilities
 Veterans Chronically Homeless Individuals Seniors
 Individuals with Substance Use or Mental Health Disorders
 Adults Youth Aging out of Foster Care Families with Children
 Victims of Domestic Violence Other _____

- Brief description of the project and population to be served/marketed to.

- What is the need for this specific project? Discuss housing and economic conditions that justify this particular project.

- Why and how would this project address the need?

4. PROJECT IDENTIFICATION

Project name: _____

Project/Site address: _____

City: _____ State: _____ Zip: _____

List all associated parcel number(s): _____

[Future Land-Use Designation](#) of project site (per 2018 Sussex County Comprehensive Plan):

- Coastal Area Commercial Developing Area Existing Development Area Industrial
 Low-Density Municipality Town Center

Delaware State Housing Authority (DSHA) [Qualified Action Plan \(QAP\)](#) Target Area Designation:

- Distressed Stable Areas of Opportunity None

NOTE: Only projects located in Sussex County are eligible. Please attach a location map and site description. **Attach as Attachment B.**

5. HOUSING UNITS

The project consists of _____ total housing units, of which _____ will be funded through SCHATF.

Of the SCHATF funded units, _____ will be affordable to households with incomes at or below 65% AMI.

_____ will be affordable to households with incomes at or below 50% AMI.

*Only the units for households at or below 65% AMI can be funded by SCHATF

Of the balance of units, _____ will be affordable to households with incomes between 66%-80% AMI

_____ will be affordable to households with incomes between 80%-120% AMI

_____ will be offered at market-rate

5A. RENTAL

If the project does not include rental units, skip to the next section.

For rental projects ONLY, list proposed monthly rents per unit by bedroom size.

	SCHATF units	Market-rate units	Other
Efficiency			
1 BR			
2 BR			
3+ BR			

For rental projects ONLY, identify number of proposed units in project by bedroom size.

	SCHATF units	Market-rate units	Other
Efficiency			
1 BR			
2 BR			
3+ BR			
TOTAL			

Number of years SCHATF rental* units will be committed to affordable housing: _____

*Rental units require a minimum 30-year deed restriction.

5B. HOMEOWNERSHIP

If the project does not include fee simple homeownership options, skip to the next section.

For homeownership projects ONLY, list proposed sale price of homes for each housing type available

Type	SCHTF units	Market-rate units	Other
Condo			
Duplex			
Townhome			
Single Family Detached			
Single Family Attached			

For homeownership projects ONLY, identify number of units proposed by housing type.

Type	SCHTF units	Market-rate units	Other
Condo			
Duplex			
Townhome			
Single Family Detached			
Single Family Attached			
TOTAL			

Number of years SCHTF homeownership** units will be committed to affordable housing: _____

**Homeownership units require a minimum 20-year deed restriction.

5C. PERMANENT SUPPORTIVE HOUSING

If the project does not include PSH units, skip to the next section.

Sussex County observes the U.S. Department of Housing and Urban Development’s (HUD) definition of Permanent Supportive Housing (PSH): “PSH is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.” (Reference §578.37(a)(1)(i))

For Permanent Supportive Housing projects ONLY, identify number of units proposed by housing type.

Type	SCHTF units	Non-SCHTF Units
Efficiency Apartment		
1 BR Apartment		
2 BR Apartment		
3 BR Apartment		
Condo		
Duplex		
Townhome		
Single Family Detached		
Single Family Attached		
TOTAL		

- Describe the PSH project structure, operations, and referral system.

- Describe the target population to be served with this project.

- SCHTF can only support the capital component of a PSH project. Describe sources and amount of funding for rental subsidies and service provision.

5D. ALL PROJECT TYPES

Describe any special features the SCHTF-funded units would offer. Include any features related to Universal Design, accessibility, or green building (LEED).

NOTE: Attach preliminary site plan denoting locations of affordable units relative to market rate units, if applicable. **Attach as Attachment C.**

6. SUSSEX COUNTY HOUSING TRUST FUND BUDGET AND NEED

Funding request may not exceed \$500,000 per project.

SCHTF Funding Requested	Amount	
Pre-Development	\$	
Acquisition	\$	
New Construction	\$	
Rehabilitation	\$	
Other (list)	\$	
Total SCHTF Funding Requested	(a)	\$

Describe the need for funding from the Sussex County Housing Trust Fund. Why is there a funding gap? Will SCHTF meet the gap? If not, how will it be met?

NOTE: Attach Total Development Budget, including sources and uses. This should reflect the funding gap to be filled by SCHTF. Also attach supporting documentation (i.e., appraisal, market study, etc.). **Attach as Attachment D.**

7. TOTAL PROJECT DEVELOPMENT FUNDING

Please identify all non-SCHTF funding sources contributing to total project development.

Type	Source	*Committed	*Applied For	Notes
Federal govt. funds		\$	\$	
State govt. funds		\$	\$	
Local govt. funds		\$	\$	
Private grants		\$	\$	
Private loans		\$	\$	
Applicant's funds		\$	\$	
Other		\$	\$	
Other		\$	\$	
Other		\$	\$	
TOTALS		(a) \$	(b) \$	

Total non-SCHTF Committed and Applied For (a) + (b) above \$ _____

Total SCHTF Requested 6(a) above + \$ _____

Total Project Funding from all Sources = \$ _____

Total Project Cost in 3. must match total project funding above.

NOTE: Please attach documentation verifying non-SCHTF funding including the interest rate, repayment period and other terms governing these funds. **Attach as Attachment E.**

8. USE OF FUNDS

FOR SECTION 8, APPLICANTS ONLY NEED TO COMPLETE THE SUB-SECTION OR SECTIONS FOR WHICH FUNDING IS BEING REQUESTED

8A. PREDEVELOPMENT REQUEST

List Dollar amount requested for each category below.

Architect Fees	\$
Legal Fees	\$
Engineering Fees	\$
Surveys & Soil Borings	\$
Environmental Study	\$
Other (list)	\$
	\$
Totals	\$

NOTE: If pre-development costs are being applied for, the applicant must have units occupied by December 31, 2026 or all funds will need to be sent back to the County.

8B. CAPITAL REQUESTS (NEW CONSTRUCTION OR REHABILITATION)

List dollar amount requested for each category below.

Residential structures	\$
Non-Residential structures	\$
On Site Improvements	\$
Off Site Improvements	\$
General Requirements	\$
Contractor Fees	\$
Totals	

9. PROJECT READINESS AND SITE INFORMATION

Identify form of site control. _____

If no site control, please explain. _____

What is the land-use classification/zoning for the site? Is the site properly zoned for your project? Attach evidence that the site is properly zoned for the proposed use and, if necessary, that a change of zone, conditional use, or variance was approved.

Will Applicant own property directly? Yes No

If property is to be owned by related entity, please provide name of entity, and specify relationship (i.e., subsidiary corporation or partnership of which applicant is general partner)

Are there liens or other encumbrances on the property that must be cleared by allocating funds to them?

Yes No If yes, what are they? _____

Have you obtained the following items?	Indicate Yes or No	If no, when?
Blueprints*		
Zoning Changes		
Building Permits		
Utility Hookups		
Environmental Report		
Commitments from Service Providers		

*Also attach copies of unit floor plans

Is the construction company bonded? Yes No

Will the project require any displacement of current occupants? Yes No

If yes, will you compensate or relocate those who are displaced? Yes No

Describe your proposed plan for relocation assistance.

NOTE: Please attach copies of supporting documents – evidence of zoning, deeds, permits, leases, options, sales agreements, etc. **Attach as Attachment F.**

10. WORK SCHEDULE

Indicate estimated or actual dates. Include month and year.

Activity	Anticipated Completion Date	Notes
Financial Commitment for Funding Sources		
Initial Closing Date		
Location Survey Complete		
Preliminary Site Plan Complete		
Design, Development and Pricing		
Site Plan Approval		
Construction and Bid Documents		
Engineering Plan Approval		
Final Pricing		
Building Permits		
Construction Contract		
Start Construction		
Substantial Completion		
Final Completion		

Note: All funding must be expended by December 31, 2024 and project must be occupied by December 31, 2026.

11. FAIR HOUSING & COMMUNITY SUPPORT

- Discuss the organization’s plan to affirmatively market the project to diverse populations. This should include how the project will be marketed and through what means it will be marketed (i.e., DelawareHousingSearch.org, Newspapers, Radio, social media, etc.)

- Discuss any partnerships with community organizations, service providers, or advocates in place to ensure the project’s success.

- Explain how long and in what capacity the organization has served Sussex County, and specifically the community in which the project will be located. Discuss any support (or criticism) received by community groups and/or neighboring residents.

Does the organization plan to hold any community meetings regarding the project? Yes No

NOTE: Please attach letters of support, partnership agreements, or MOUs in place for the project. **Attach as Attachment G.**

12. SIGNATURE

I, the _____ (title) of _____
(organization), am authorized to sign for the applicant and certify that the information contained in this application is correct and accurate.

Signature: _____ Date: _____

ATTACHMENT LISTING

APPLICATION

TERMS & CONDITIONS

CAPITAL EXPENDITURE JUSTIFICATION FORM (APPLICABLE ONLY IF TOTAL PROJECT COST EXCEEDS \$1 MILLION)

ORGANIZATION'S PROCUREMENT POLICY

ATTACHMENT A

ORGANIZATIONAL DOCUMENTS

BOARD RESOLUTION

AUDITED FINANCIAL STATEMENTS

OTHER _____

ATTACHMENT B

SITE LOCATION MAP & DESCRIPTION

ATTACHMENT C

PRELIMINARY SITE PLAN

ATTACHMENT D

TOTAL DEVELOPMENT BUDGET, INCLUDING SOURCES & USES

APPRAISAL

MARKET STUDY

OTHER _____

ATTACHMENT E

NON-SCHTF FUNDING SOURCE DOCUMENTATION, INCLUDING INTEREST RATES, REPAYMENT PERIODS AND OTHER GOVERNING TERMS

ATTACHMENT F

UNIT FLOOR PLANS

EVIDENCE OF ZONING

DEEDS

PERMITS

LEASES

OPTIONS

SALES AGREEMENTS

OTHER _____

ATTACHMENT G

LETTERS OF SUPPORT

PARTNERSHIP AGREEMENTS

MOUS

OTHER _____