Homekey Program

Sample of Online Application Questions



State of California

Governor Gavin Newsom

Lourdes M. Castro Ramirez, Secretary
Business, Consumer Services and Housing Agency

Gustavo Velasquez, Director Department of Housing and Community Development

2020 West El Camino Avenue, Sacramento, CA 95833 Telephone: (916) 263-2771 Website: https://www.hcd.ca.gov/grants-funding/active-funding/homekey.shtml

Homekey Program Email: hcd.ca.gov

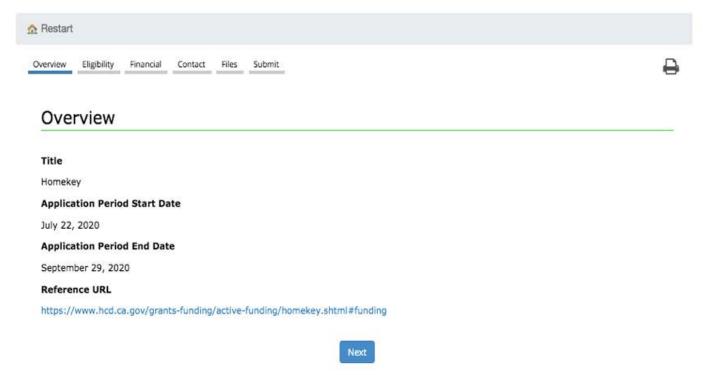
Browser Requirements

For best performance, the applicant should access the online application with a computer that supports the most recent/latest compatible web browsers (as following):

Browser	Supported versions
Chrome	latest
Firefox	latest and extended support release (ESR)
Edge	2 most recent major versions
IE	11, 10*, 9* ("compatibility view" mode not supported) *deprecated in v10, see the deprecations guide.
IE Mobile*	11 *deprecated in v10, see the deprecations guide.
Safari	2 most recent major versions
iOS	2 most recent major versions
Android	X (10.0), Pie (9.0), Oreo (8.0), Nougat (7.0)

Attachment Limit

There is 100 MB total limit for all required files, up to 26 possible attachments. So, please keep the individual file size up to 4-5 MB, depending on the total number of uploaded files.





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Eligible Applicants

Cities, counties, or any other "local public entity" as that term is defined by Health and Safety Code section 50079; or cities, counties, or any other "local public entity," as that term is defined by Health and Safety Code section 50079, in partnership with nonprofit or for-profit corporations.

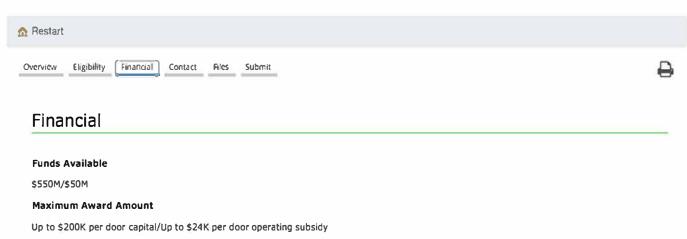
Eligibility Notes

Cities, counties, or other local public entities, including housing authorities or federally recognized tribal governments within California, may apply independently as a Development Sponsor. Alternatively, a local public entity may apply jointly with a for-profit or nonprofit corporation.









Required Match

The first \$100K per door of capital requires no match; the next \$50K per door of capital requires a 1:1 match; the final \$50K per door of capital requires 2:1 match. Up to 24 months of operating subsidies are available from the \$50M. Applicants who receive 24 months of operating subsidies must provide an additional 36 months of operating subsidies as match. Applicants who receive no operating subsidy award must contribute 60 months of operating subsidies as match.

Financial Notes

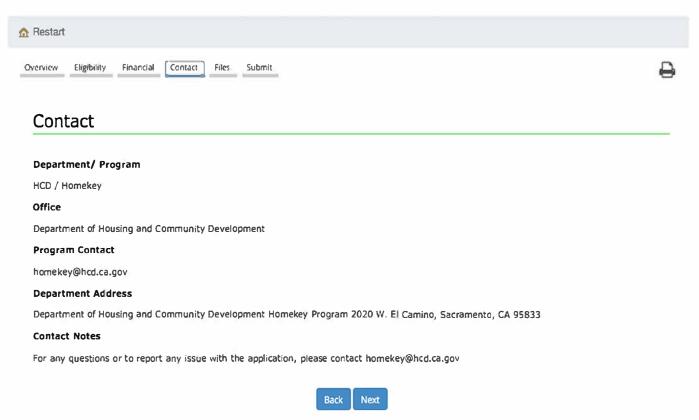
Capital funds must be expended in full by Dec. 30, 2020; 24 month operating subsidy funds must be expended by June 30, 2022.

The Department will disburse funds to cover Homekey-critical costs that are or have been incurred during the period of March 1, 2020 through December 30, 2020. To receive payment for expenditures that have been incurred since March 1, 2020, or that will be incurred prior to Standard Agreement approval, Grantees must provide the Department with the information and documentation specified under Additional Information.



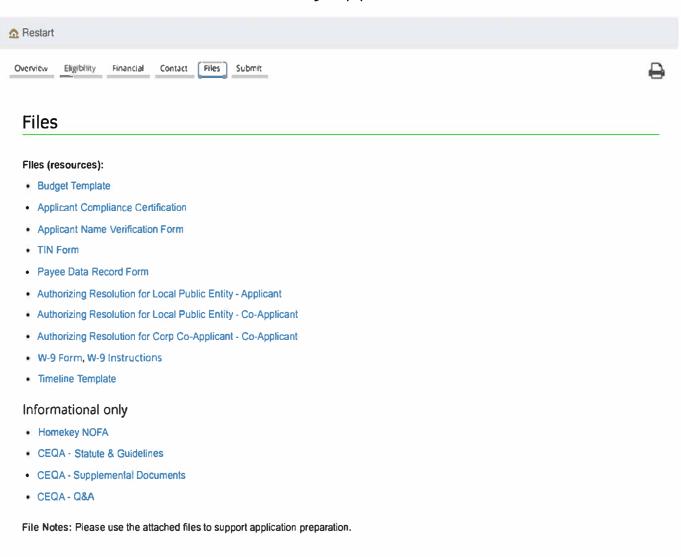












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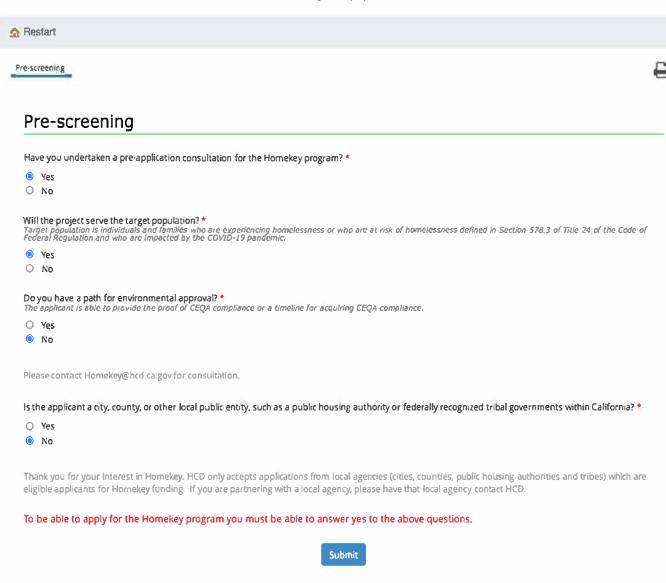






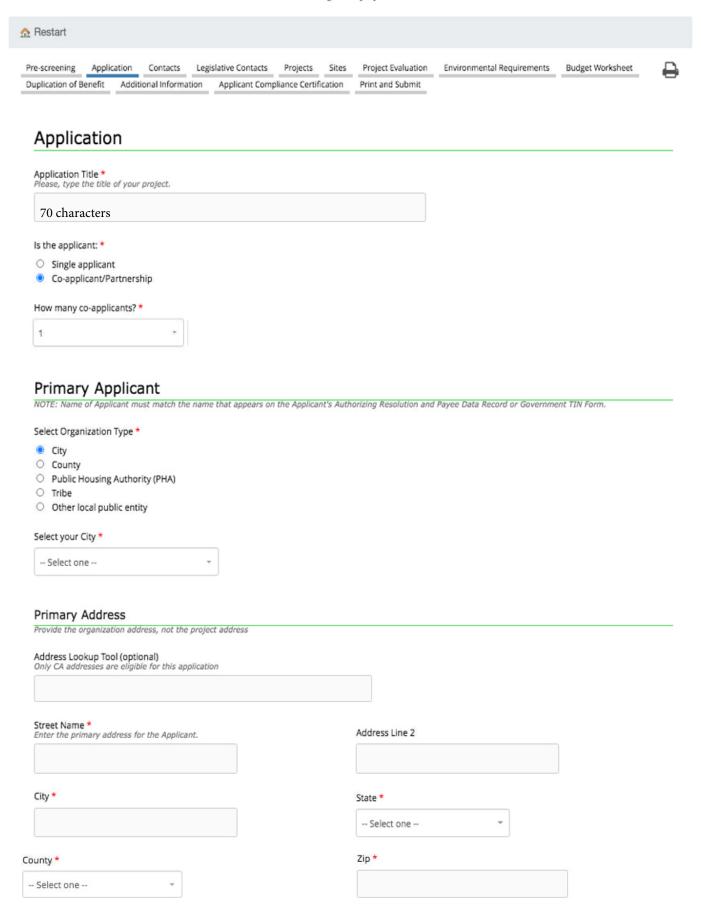












Mailing Address	
Same as Primary Address	
Address Lookup Tool (optional)	
Only CA addresses are eligible for this application	
Street Name *	Address Line 2
City *	State *
	0.790.000
	Select one
Zip★	
Government TIN Form / Payee Data Record	
oovernment 114 Form / Fayee Data Record	
Select the document you will provide * Find the forms in the "Files" tab displayed in this site next to the "Si	ubmit" tab.
Government TIN Form	
STD 204 Payee Data Record	
Government TIN Form With the Application Package * (Single File)	
Select files	
Description of file	
70 characters	
, o characters	
Authorizing Resolution	
Authorizing Resolution	
Is the applicant submitting a Authorizing Resolution form? * Find the form in the "Files" tab located in the previous "Overview" p.	age.
Yes	
O No	
Authorizing Resolution * (Single File)	
Select files	
Description of file	
70 characters	
, 0 0.132.400.010	
Co-applicant #1	
Co-applicant #1 NOTE: Name of Applicant must match the name that appears on	the Applicant's Authorizing Resolution and Payee Data Record or Government TIN Form.
Select the Type of Co-applicant	
City	
O County	
Public Housing Authority Tribe	
Other local public entity	
For Profit Corporation	

O Non-Profit Corporation

Primary Address	
Provide the organization address, not the project address Address Lookup Tool (optional) Only CA addresses are eligible for this application	
Street Name * Enter the primary address for the Applicant.	Address Line 2
City *	State * Select one
Zip★	
Mailing Address	
Same as Primary Address Address Lookup Tool (optional) Only CA addresses are eligible for this application	
Street Name *	Address Line 2
City *	State * Select one
Zip★	
Government TIN Form / Payee Data Record	
Select the document you will provide * Find the forms in the "Files" tab displayed in this site next to the "Submit" tab. Government TIN Form STD 204 Payee Data Record	
Payee Data Record Form, STD 204 With the Application Package * (Single File) Select files	
Description of file	
70 characters	
Authorizing Resolution	
Is the applicant submitting a Authorizing Resolution form? * Find the form in the "Files" tab located in the previous "Overview" page. Yes No	
I commit to submit Authorized Resolution before execution of Standard Agr	reement *
Back	Next

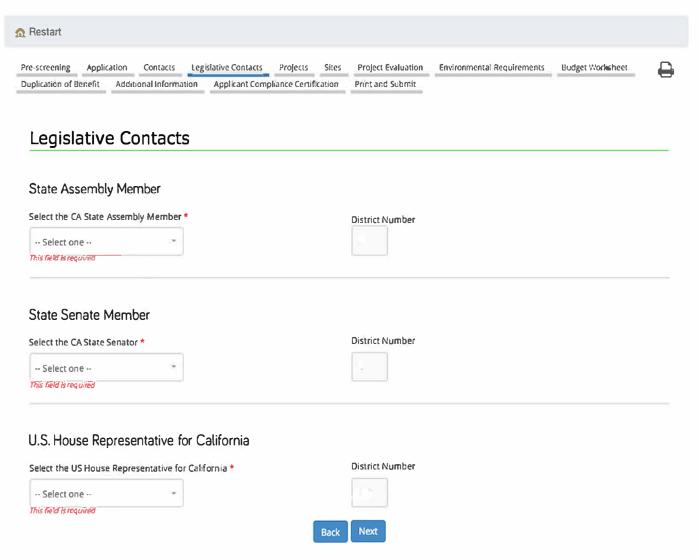
olication of Benefit Additional Information Applicant Compliance Certification	Print and Submit Print and Submit	Budget Worksheet
Primary Contact		
irst Name *	Last Name *	
itle *		
mail Address *	Phone Number *	1
	Last Name *	
Authorized Representative	Last Name *	
	Last Name *	
irst Name *	Last Name * Phone Number *	





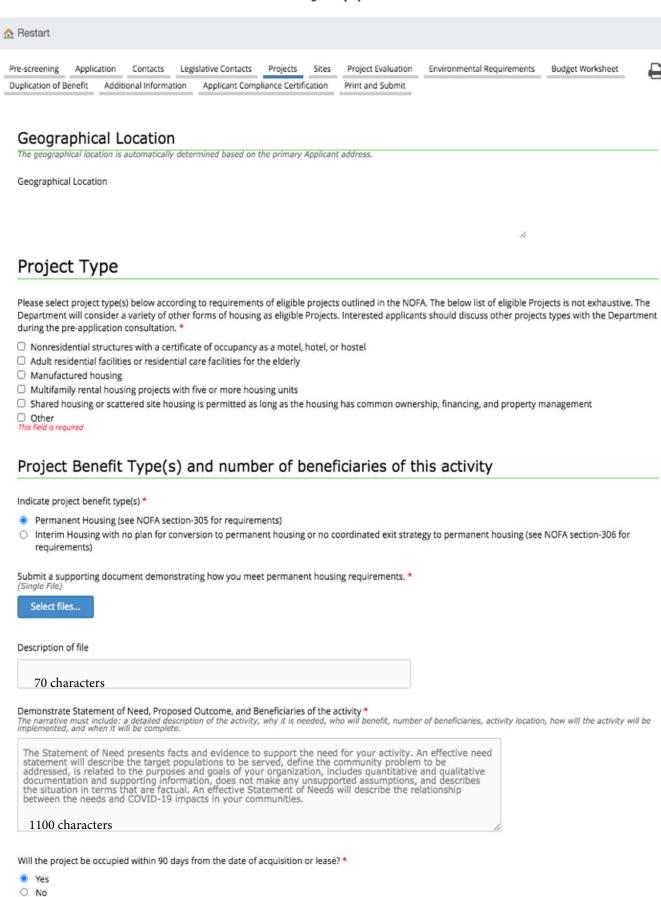
Primary Contact	
First Name *	Last Name *
Title *	
email Address *	Phone Number *
Authorized Representative	
First Name *	Last Name *
Title *	
email Address *	Phone Number *
Alternate Contact	
I want to provide an alternate contact	
First Name *	Last Name *
Title *	
Email Address *	Phone Number *
	Back Next

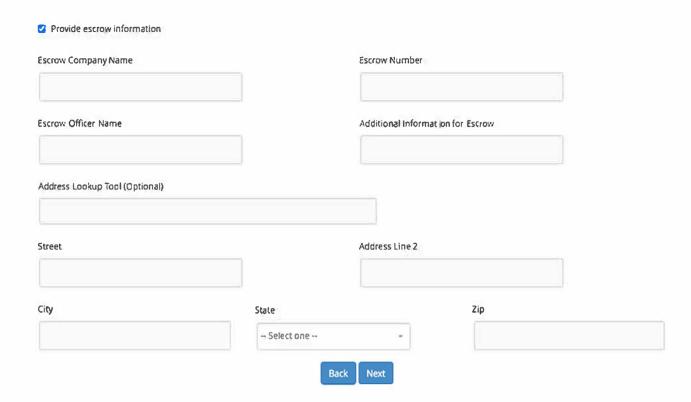


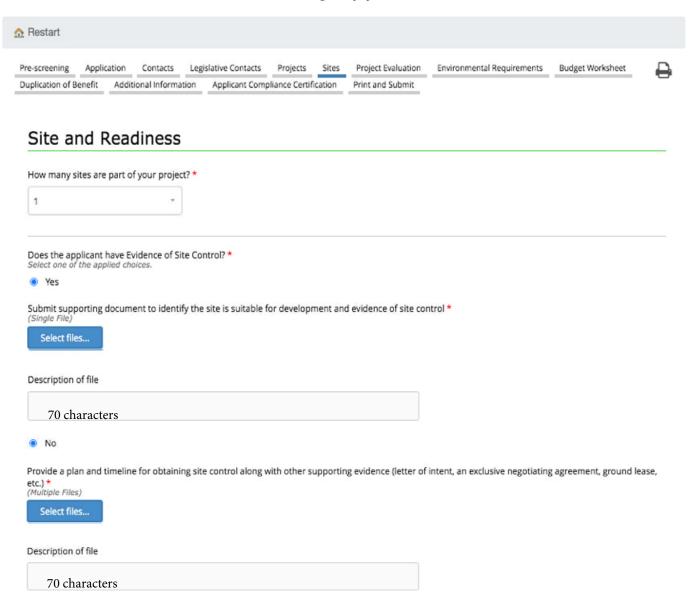














Sites Address(es)

Site Address 1	
Used for *	
1 - Permanent housing or will result in permanent housing a 1 - Interim housing and expected to be developed into perm 2 - Interim housing and not expected to be developed into permanent.	
Address Lookup Tool (optional) Only CA addresses are eligible for this application	
Address *	Address Line 2
City *	State *
	Select one
Zip*	
Select all applicable activities: *	
Acquisition or rehabilitation of motels, hotels, or hostels Acquisition of other sites and assets, including purchase of ap	partments or homes, adult residential facilities, residential care facilities for the elderly, dential uses that could be converted to permanent or interim housing
Conversion of units from nonresidential to residential in a stru Master leasing of properties	
 The purchase of affordability covenants and restrictions for un Relocation costs for individuals who are being displaced as a result. 	
 Capitalized operating subsidies for units purchased, converted 	d, or altered with funds provided pursuant to Health and Safety Code section 50675.1.1. nased, converted, or altered will be awarded with funds from the \$50 million state General
If needed, please add a brief note below	
1100 characters	
Add activity description here including the scope of work, tasks, a	and project deliverables. *
The Activity Description is a narrative that needs to include narrative should indicate your knowledge of the steps and the scope of work, tasks, and deliverables. Narrative shouthrough actions necessary for closeout.	e: how this activity is relates to COVID-19 impacts. This actions necessary to complete your activity, including ld also include all actions taken to reach readiness
1100 characters	a a
	Rack Novt



Restart								
Pre-screening Duplication of B	Application enefit Add	Contacts tional Information	Legislative Contact on Applicant Co	s Projects Sites mpliance Certification	Project Evaluation Print and Submit	Environmental Requirements	Budget Worksheet	€
Projec			or the developme	nt team.				
1. Does the a	applicant hav	e experience in	acquiring and m	anaging affordable h	ousing? *			
YesNo								
Submit Supp Select file		nents – File Att	achment *					
Description	of file							
70 cha	aracters							
Yes No	pplicant hav	e committed a	nd intended sourc	ces for Homekey? *				
2.1. Does the Yes No	e applicant in	end to use Ho	mekey resources	for development rela	ted expenses? *			
Select the ca These expens	tegory below es should be o	* expended by De	cember 30, 2020.					
Select on	e			•				
3. Does the a	applicant hav	e the correspo	nding capital mate	ch? * kt \$50K per door of cap	pital requires a 1:1 ma	tch; the final \$50K per door of ca	pital requires 2:1 match.	
Yes No								
4. Does the a	pplicant inte	nd to apply for	the 24 month op 30, 2022.	erating subsidy? *				
Yes								
O No								
5. Does the a	pplicant hav	the remainde	r of the required	contribution to demo	onstrate a five-year m	atch in operating costs? *		
YesNo								
ONO								





6. Ability to expend funds by December 30, 2020. (Up to 50 points)

Description of File

70 characters

A - Identification of a site suitable for development and evidence of site control, or a plan and timeline for obtaining site control along with other supporting evidence (e.g., letter of intent, an exclusive negotiating agreement, ground lease, etc.).
The applicant has submitted (Up to 20 points) Plan and timeline for obtaining site control
B - A proposed development vision that identifies the financial and for regulatory mechanisms to be used to maintain the ongoing affordability of the Project
Does the applicant have a proposed development vision identifying the financial and regulatory mechanisms to be used to maintain the ongoing affordability of the project? (Up to 20 points) *
● Yes ○ No
Execution of Proposed Development Vision * Less than 12 months Greater than 12 and less than 36 months Greater than 36 months Upload the Descriptive Proposed Development Vision * (Single File) Select files
Description of File
70 characters
C - An overview of the plan and timeline for any required entitlements, permits, environmental clearances.
Does the applicant have an overview of the timeline and plan for any required entitlements, permits, environmental clearances? (Up to 10 points) * Yes No
Submit the Project Timeline Template – File Attachment * (Single File) Select files



40 points) Demonstration of the development's team experience to acquire and/or rehabilitate and operate the Project. A. Provide a description of the development team's experience to acquire and/or rehabilitate and operate the Project. (Up to 10 points) Yes O No File Attachment * (Multiple Files) Select files... Description of File 70 characters B. Does the applicant have a plan/flowchart for its development team's connection or partner relationship with another entity? (Up to 10 points) * O No Submit documents demonstrating the organizational chart of how the development team is connected and a description of how the team will work together, e.g., MOU, etc. * (Multiple Files) Select files.. Description of File 70 characters Development, ownership, or operation of a project similar in scope and size to the proposed Project. C. Does the applicant have experience with development, ownership, or operation of a Project similar in scope and size to the proposed Project, or at least two affordable rental housing Projects in the last ten years, with at least one of those Projects containing at least one unit housing a tenant who qualifies as a member of the Target Population. (Up to 10 points) * Yes O No Submit Evidence - File Attachment * (Single File) Select files.. Description of File 70 characters

7. Demonstration of the development team's experience and capacity to acquire and operate the Project. (Up to



provided to the Target Population, e.g., mental health services, substance use disorder services, primary health, employment, and other tenancy support services? (Up to 10 points) *
Yes No
Submit Documents - File Attachment * In demonstrating how the project will provide supportive services, please describe the on-site staffing plan proposed to deliver these services. Also describe the approach to securing off-site services including primary care and other needed physical health and behavioral health services as well as other tenancy supports. (Multiple Files) Select files
Description of File
70 characters
8. A demonstration of how the Project will address racial equity, other systemic inequities, state and federal accessibility requirements, and serve members of the Target Population. (Up to 25 points)
A - Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act. The Fair Employment and Housing Act is supported by accompanying regulations, 2 CCR Section 12005 et seq. covering tenant screening and affirmative marketing requirements. Eligible applicant will also include a description of how the Project will address racial equity and inequities for the Target Population, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes. The description should include supporting evidence of the strategies' effectiveness if available.
Can the applicant demonstrate how the proposed project will address racial equity, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes? (Up to 15 points) *
Yes No
Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act.
Submit Supporting Document - File Attachment * (Single File) Select files
Description of File
70 characters
B - The extent to which the Project exceeds the state and federal accessibility requirements set forth Section 311, specifically providing a minimum of 10 percent of units with features accessible to persons with mobility disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC provisions, and a minimum of 4 percent of units with features accessible to persons with hearing or vision disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC Chapter 11B provisions.
Does the project exceed the state and federally accessibility requirements set forth Section 311? (Up to 5 points) *
Yes No
Submit Supporting Document – File Attachment (Single File)
Select files
Description of File
70 characters

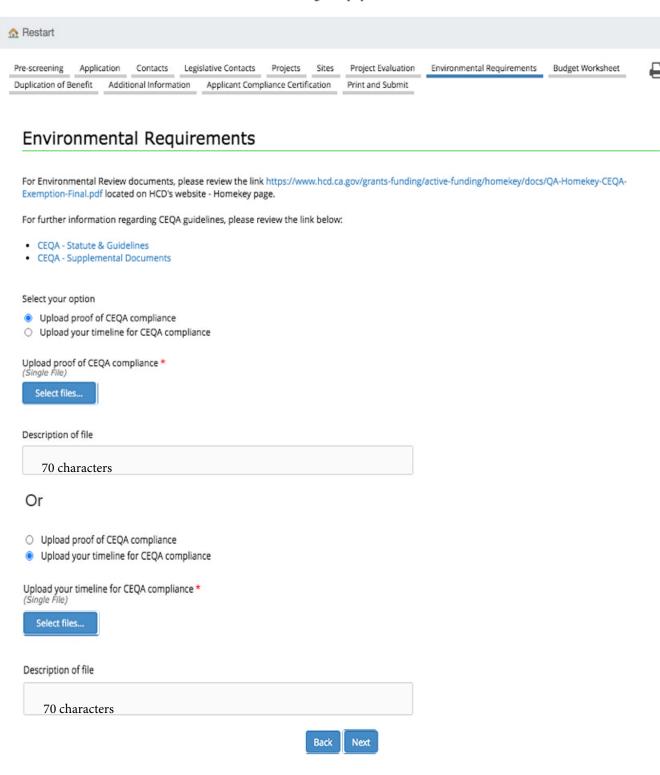
c - The Applicant of Development team has timee of more years of experience serving persons of the larget repulation.
Does the applicant or Development team have three or more years of experience serving persons of the target population? (Up to 5 points) *
Yes
○ No
Submit Supporting Document - File Attachment *
(Single File)
Select files
Description of File
70 characters
The extent to which the Eligible Applicant can demonstrate the Project's community impact and site selection. (Up to 45 points.)
(op to 45 points.)
A - The extent to which the Eligible Applicant can demonstrate the Project's impact on the community as demonstrated by a reduction of at least 5 percent of
the local 2019 Point in Time Count.
Can the applicant demonstrate the Project's impact on the community via a reduction of at least 5 percent of the local 2019 Point in Time Count? (Up to 10
points) *
Yes
O No
Submit Supporting Document - File Attachment *
Please, clearly highlight/mark the reduction of the submitted documentation (Single File)
Select files
Description of File
70 characters
, o diameters
B - The proposed Project is a Tier One Project and requires no rehabilitation, or the rehabilitation and the occupancy can be completed within 30 days after
acquisition.
Is Project a Tier One Project and requires no rehabilitation, or the rehabilitation and occupancy can be completed within 30 days after acquisition? (Up to 10 points) *
No No
C. The Desirable appropriate and exclusive and exclusive 100 as a propriate faculty. To contribute
C - The Project is expected to acquire and maintain 100 or more units for the Target Population.
Is Depict assected to acquire and maintain 100 or more units for the Target Depulation? (He to 5 points) *
Is Project expected to acquire and maintain 100 or more units for the Target Population? (Up to 5 points) *
Yes
O No
Provide Number of Units



applicant will receive 1 extra point for every \$5,000 per door in match contributed. Will the applicant contribute more than a minimum match outlined in Table 5 in the NOFA? (Up to 10 points) * O No How Much? This amount should be reflected in your budget E - Site Selection (Up to 10 points) Is Project Site located within 1/3 mile of public transit, such as a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop? (Up to 4 points) * Yes O No Submit Supporting Document - File Attachment * (Single File) Select files... Description of File 70 characters Is Project Site located in proximity (within 1/2 mile for urban area and 1 mile for rural area) to essential services, such as grocery store, health facility, pharmacy, and library? (Up to 6 points) * Yes O No Submit Supporting Document - File Attachment * (Single File) Select files... Description of File 70 characters Back Next

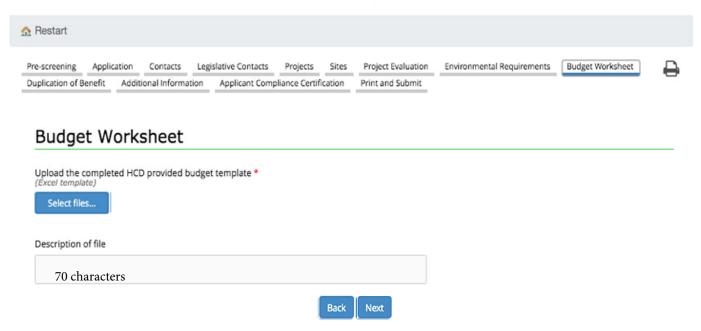
D - For any project below \$350,000 per door, if the Eligible Applicant contributes more than a minimum match outlined in Table 5 in the NOFA, the application will receive one (1) extra point for every additional 5% per door contributed to the Project. For example, for an acquisition that costs \$100,000 per door, the





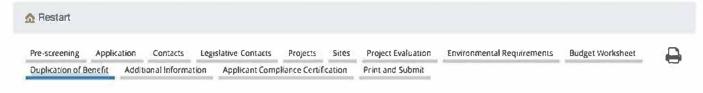












Duplication of Benefit

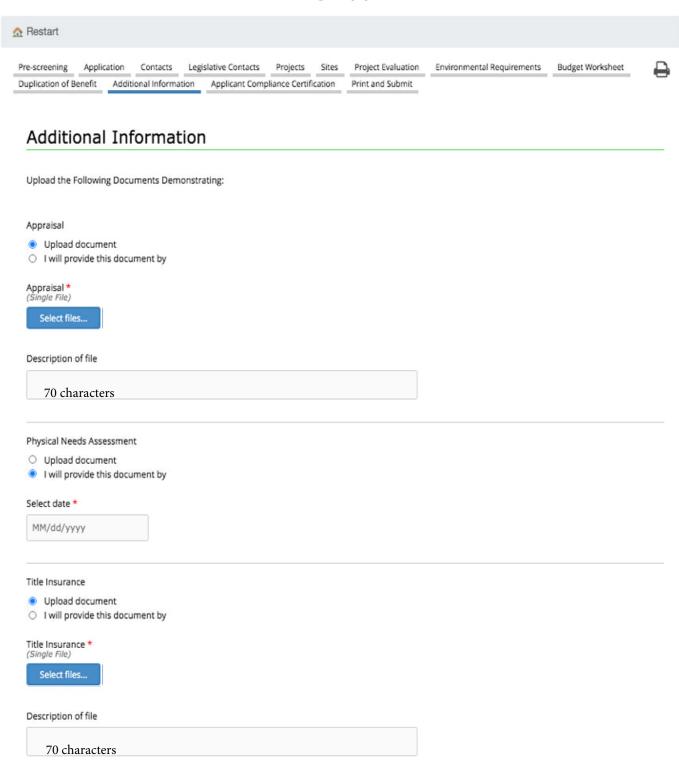
A Duplication of Benefit (DOB) occurs when a program beneficiary receives assistance from multiple funding sources totaling an amount that exceeds the need for a particular funding need. The duplication is the amount of assistance provided in excess of the need. It is the Department's responsibility to ensure that each Homekey activity provides assistance only to the extent that the recipient's project's funding need(s) has not been met by another funding source. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) prohibits federal agencies from providing assistance to any "person, business concern, or other entity" for any loss for which the entity has already received financial assistance from another source (See: 42 USC § 5155(a)). The Federal Register Notice, published on November 16, 2011 (Docket No. FR-5582-N-01), requires adequate policies and procedures in place to prevent a DOB and provide for the recapture of funds, if necessary. Once selected, applicant will be required to report on Duplication of Benefit metrics such as types of funding sources received, amounts received, expected persons served and actual persons served. Please check here to confirm you have read the above and agree to monitor applicant for DOB.*

Agree













Documentation of Ability to Obtain the Insurance Coverages Specified in Article VI of the NOFA *

Upload document

I will provide this document by

Select date *

MM/dd/yyyy

I want to provide miscellaneous supporting documentation

Miscellaneous supporting documentation (photos, maps, renderings, newspaper articles, etc.) *

(Multiple Files)

Select files...

Description of file

To receive payment for expenditures that have been incurred since March 1, 2020, or that will be incurred prior to Standard Agreement approval, the Applicant must provide the following information and documentation:

- 1. A line-item description of the work performed, materials supplied, and/or costs incurred;
- 2. The total amount incurred and outstanding for each line item;
- 3. Copies of outstanding invoices for (or other documentary evidence of) each line-item expenditure);
- 4. An explanation of why each line item is Homekey-critical; and
- 5. A certification, signed by the Applicant(s), that each line item has not already been funded by another funding source





