

**Sumter County
Regional HOME
Consortium**

CHDO Project Application

Revised November 5, 2021

**Sumter County Regional HOME Consortium
CHDO Project Application Materials**

Project Application Package Checklist

Tab 1	SF-424 Form – Application for Federal Assistance
Tab 2	SCRHC CHDO Project Application Form
Tab 3	SCRHC CHDO Line Item Project Budget, Financing, Underwriting, and Subsidy Layering
Tab 4	Narrative Description of Project
Tab 5	Narrative Description of Project Site, Photographs, and Site Map. (Include detail on site control)
Tab 6	Market Assessment
Tab 7	Program Income Plan
Tab 8	Narrative Description of Applicant Screening and Income Verification
Tab 9	Project Timeline
Tab 10	Environmental Review
Tab 11	Regulatory and Implementation Certification
Tab 12	Board Resolution (Project Specific)

SCRHC CHDO PROJECT APPLICATION

BLOCK 1: CONTROL INFORMATION (CONSORTIUM OFFICE USE ONLY)

Grant # _____ Gov. Unit: _____ Grant Period: _____ Award Date: _____ Agency Code: _____
 District: _____ County: _____ Program Area: _____ A/R: _____

BLOCK 2: PROJECT TITLE

BLOCK 3: APPLICATION TYPE

Individual: Project Recommendation
 Joint: Project Implementation

BLOCK 4: FUNDING SOURCE

		Amount	Percent
A	HOME Funds Received		
B	Local Cash/Force Account		
C	Local in-kind		
D	Subtotal		
E	Other		
F	Grant Total		

BLOCK 5: APPLICANT INFORMATION

Primary Applicant Name and Address:
 (lead applicant for joint applications)

 _____ ZIP Code: _____

Tax ID: _____
 Telephone #: _____

Secondary Applicant Name and Address:
 (If Applicable)

 _____ ZIP Code: _____

Tax ID: _____
 Telephone #: _____

Identify Non-HOME Funding Sources:

BLOCK 7: PROGRAM ACTIVITY

- Homebuyer Programs**
- Purchase-only Assistance
 - Purchase and Rehabilitation
 - New Construction with Purchase Assistance
- Rental Programs**
- Purchase-only Assistance
 - Purchase and Rehabilitation
 - New Construction with Purchase Assistance
 - Other: _____

BLOCK 6: DURATION AND LOCATION

Proposed Grant Period:
 From: _____ to _____

Project Location:

BLOCK 8: BENEFIT GROUPS

County Median Household Income: _____

This proposed Project will benefit:

- 0-30% of Median Household Income
- 30-50% of Median Household Income
- 50-80% of Median Household Income
- Special Needs Group: _____

BLOCK 9: IMPLEMENTING AGENCY

Point of Contact: _____ Title: _____
 Address: _____
 Telephone #: _____ ZIP Code: _____

BLOCK 10: PROJECT SUMMARY

BLOCK 11: AUTHORIZED SIGNATURES

 Chief Executive Official and Title Signature Date

SCRHC CHDO PROJECT BUDGET

- Project: New Construction – Homebuyer Single Family Unit(s)
 Type New Construction – Homebuyer Multi-Family Unit(s)
 New Construction – Rental Single Family Unit(s)
 New Construction – Rental Multi-Family Unit(s)
 Acquisition/Rehabilitation - Rental Single Family Unit(s)
 Acquisition/Rehabilitation - Rental Multi-Family Unit(s)
 Acquisition/Rehabilitation – Homebuyer Single Family Unit(s)
 Acquisition/Rehabilitation - Homebuyer Multi-Family Unit(s)

Activity	Projected Cost	HOME Funds Requested	Other Source (Specify)	Other Source (Specify)	Other Source (Specify)	Other Source (Specify)
Purchase Land and Buildings (Land, Demolition of Existing Structure(s))						
Site Work (excavation, grading, walkways, parking area, landscaping)						
Construction Costs (Rehab and New Construction)						
Contingency (Change Orders for Rehab Projects)						
Architectural/Engineering Fees (Design, Supervision, Work Write-up)						
Interim Costs (Construction Insurance, Construction Loan Origination Fee)						
Financing Fees and Expenses (Bond Premium, Credit Report, Permanent Loan Origin Fee, Title & Recording, Insurance)						
Soft Costs (Property Appraisal, Marketing costs, Environmental Report, Tax Credit Fees, Rent-up, Consultants, Relocation, Closing Costs, Homebuyer Subsidy Assistance, Project Development Costs for Program funded projects)						
Syndication Costs (Low Income Tax Credit Projects Only)						
Developer's Fees						
Administrative Fees						
Project Reserves (Rent-Up Reserve, Operating Reserve, Replacement Reserve)						
Other:						
TOTAL PROJECT COSTS						

Brief Description of Project: _____

REGULATORY AND IMPLEMENTATION CERTIFICATION

The undersigned agrees to comply with all regulatory requirements of the HOME Investment Partnership Program as identified in 24 CFR Part 92.

Attached with this application are the HOME Investment Partnership Program requirements. Any questions concerning the regulatory requirements of the HOME Investment Partnership or how to obtain available technical assistance (TA) to better understand the requirements should contact the Consortium's HOME Program Implementation agent.

The undersigned further certifies and agrees that all implementation of the herein identified project will be conducted in accordance with any and all regulatory requirements of the HOME Investment Partnership Act.

Sumter County Regional HOME Program Consortium
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Sumter, SC 29154
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803-774- 1988
sfrierson@slcog.org
or
Chrissy Childers, HOME Coordinator, Government Services
(803) 774-1311
cchilders@slcog.org

Project Title

Organization Name

Administrative Official and Title (Typed or Printed)

Signature

Date