

Affordable Housing, Request for Proposal Application

TO BE COMPLETED IN FULL AND ALL SUPPORTING DOCUMENTATION MUST BE PROVIDED.

1. DEVELOPER

A. Name _____
 Address _____
 Province _____ Postal Code _____
 Contact Person (Mr/Ms/Mrs): _____ Title: _____
 Phone _____ Fax _____
 E-mail _____

B. Project Developer (if different from above):
 Name _____
 Address _____
 Municipality _____ Province _____ Postal Code _____
 Contact Person: _____ Title: _____
Phone (_____) _____ **Fax** (_____) _____
E-mail _____

2. PROJECT

A. Project Name (Name that will be used for future reference): _____
 Civic Address _____
 Municipality Rocky Mountain House Province AB Postal Code T4T 1B2

B. Project Site Description:
 Lot _____, Block _____, Plan _____
 Area: _____ acres, **or** _____ hectares

C. Construction Type: (check all that apply)
 New construction
 Addition to existing residential units
 Conversion from non-residential use to residential use
 Purchase and/or renovations of existing residential rental units
 Development of secondary suites

D. Type of Building:

Single Detached Semi-Detached Row House Low Rise Apartment
 High Rise Apartment Rooming House Other (Specify) _____

E. Other Funding Use:

Rent Supplement Units. Please specify how you intend to deliver the rent supplement. (e.g. a subsidy based on the difference between 30% of the household's monthly income and the market rental rate, or based on a fixed rate subsidy) and the term.

Secondary Suites. Please specify how you intend to deliver funding for the secondary suites (e.g. a grant to residents who want to convert their basements into secondary suites) Specify the amount of funding and proposed criteria.

Other (Specify) Rates will be based on the Core Need Income Threshold figures and will be monitored on an annual basis for tenant eligibility.

Details:

Target Client:

Indicate the different client types (including individuals) that will be housed in the project.

Target Client	Number of Households
Low to moderate-income working families	
Low to moderate-income working individuals	
Individuals with special needs (Specify) _____	
Low to moderate-income Seniors	
Other (Specify) _____	

F. Number of Units:

Total Number of Units in the Project: _____

Total Unit Breakdown	Number of Units
Affordable Housing Units	
Transitional Housing Units	
Rent Supplement Units	
Market Units	
Secondary Suites	
Other (Specify) _____	

G. Estimated Revenues (not applicable for rent supplement or secondary suites):
 Using the following table, calculate the anticipated rental revenues and other rental sources.
 Anticipated vacancy rate: _____ percent

Rent means the accommodation portion only which may include utilities such as heat, water and sewer. This does not include any support services.

UNIT TYPE	NUMBER of UNITS (Identify Units By Construction Type)		UNIT SIZE (Either Measurement)		* Monthly Per Unit Rental Rate	Total Annual Rent
	New Construction	Purchase and/or Renovations of an Existing Residential Project	Sq. Ft.	Sq. M		
Studio/Bachelor						
One Bedroom						
Two Bedroom						
Three Bedroom						
Other (Specify)						
Other (Specify)						
A. Subtotal						
Parking						
Laundry						
Other (Specify)						
B. Subtotal						
Total Rent Revenue (A+B)						
Less Vacancy Allowance						
Adjusted Rent Revenue						**

** Insert the ESTIMATED ANNUAL REVENUE unit Rents for year one in the Preliminary Project five-year budget in the next section.

Indicate the number of units by type that will be barrier free/wheelchair accessible:

Studio/Bachelor: _____ One Bedroom: _____ Two Bedroom: _____ Three Bedroom: _____

Note: *For a housing unit to be considered for funding under this Affordable Housing Initiative, the combination of monthly rents and utilities (or utility allowance) must be affordable to the targeted households in your community.*

Which of the following are included in the monthly rent:

_____ Electricity _____ Heat _____ Water and Sewer _____ TV Cable
 _____ Other _____

H. Preliminary Concept of Project:

Describe the proposed project. Attach maps, sketches and/or plans (e.g., site plans, elevations and floor plans). Describe type of construction (e.g., on-site, modular) and specify any features such as underground parking or the use of energy efficient technology.

- I. Does the proposal involve acquiring property? Yes No
If no, provide a copy of the title.
If yes, will the property be purchased or leased? (Provide a copy of the purchase/lease agreement.)
Sellers Name _____
If leased, indicate length of lease: _____ years.
The name on title when the project is completed: _____
- J. Describe any mortgages, caveats, easements, etc. that are anticipated to be registered on title:
The Town of Rocky Mountain House will have a mortgage on all units.
- K. Does the site have the proper land use designation (zoning)? Yes No
If yes, include land use documentation.
If no, describe when rezoning will be finalized: _____

- L. Are there any environmental issues related to the property? Yes No
If yes, describe _____

3. CAPITAL COST ESTIMATE:

Provide a copy of contractor quotes.

ITEM	COST
Land	
Acquisition	
Appraisal/Legal Fees	
Demolition	
Environmental	
Local Improvements during construction	
Property Tax during construction	
Survey/Title/Recording Fees	
Other (Specify) _____	
Other (Specify) _____	
Total Estimated Land Costs	
Building(s)	
Construction Contract/Services(includes land)	
Renovation	
Appliances/Equipment/Furniture(included)	
Other (Specify) _____	
Other (Specify) _____	
Total Estimated Building Costs	
Site Improvements	
On Site Servicing	
Landscaping	
Other (Specify) Fencing	
Other (Specify)	
Total Estimated Site Improvements Costs	
Administration	
Architects Fees	
Audit/Legal Fees	
Consultant/Inspection Fees	
Contingency	
Interest Incurred During Construction	
Marketing and Rent Up	
Market Rental Appraisal	
Municipal Fees	
Signage/Grand Opening	
Other (Specify) _____	
Other (Specify) _____	
Total Estimated Administration Costs	
Subtotal	
Total GST	
Less GST Rebate, if applicable (Specify Percentage ___ %)	
Net GST Paid	
Total Estimated Capital Cost	

4. FUNDING SOURCES:

List all funding sources such as permanent financing and grants. Complete Attachment B for all funding source(s) details.

Names of Funding Source(s)	Amount of Funds	Commitment Date
Financial Institution (Specify)	\$	
Other Alberta Govt. Department/Agency (not including Affordable Housing funding)	\$	
Other Federal Govt. Department/Agency (not including Affordable Housing funding)	\$	
Municipal Contribution (Specify)	\$	
Other (Specify)		
Other (Specify)		
Subtotal	\$	
* Affordable Housing Grant Request	\$	
** Total Funding Sources	\$	

** The grant cannot exceed 70 percent of the total cost.*

*** Must equal Total Estimated Capital Cost of project.*

Note: If approved, the disbursing of Grant Funds is conditional on all other funding sources being confirmed and in place.

5. PRELIMINARY PROJECT BUDGET:

Using the format below, please provide a Project Budget based on a five-year projection and adjusted annually for changes in estimated revenues (e.g., rental rate) and expenses (e.g., utilities).

Specify rate of inflation used (if applicable): _____ percent.

ESTIMATED ANNUAL REVENUES	Year 1	Year 2	Year 3	Year 4	Year 5
Unit Rents (Insert \$ amt. from Section H)					
Other (Specify)					
Other (Specify)					
TOTAL ESTIMATED ANNUAL REVENUES					
ESTIMATED ANNUAL EXPENSES	Year 1	Year 2	Year 3	Year 4	Year 5
Administration Expenses					
Accounting/Legal					
Advertising					
Office Supply/Postage					
Rent Up Expenses					
Salaries/Benefits					
Telecommunications					
Other (Specify)					
Other (Specify)					
Total Administration Expenses					
Operating Expenses					
Gas					
Electricity					
Water and Sewer					
Waste Removal					
TV Cable					
Security					
Other (Specify)					
Other (Specify)					
Total Operating Expenses					
Maintenance Expenses					
Elevator					
Maintenance					
Repairs					
Other (Specify)					
Total Maintenance Expenses					
Fixed Expenses					
Debt Servicing					
Insurance					
Property Taxes					
Replacement Reserve					
Other (Specify)					
Total Fixed Expenses					
TOTAL ESTIMATED ANNUAL EXPENSES					
ESTIMATED ANNUAL SURPLUS/(DEFICIT)					

6. DEVELOPMENT TIMETABLE

Indicate the actual or expected date the following activities (if applicable) will be completed.

Activity	Completion Date	Comments
Funding Sources		
Design Drawings		
Land Use Designation (Re-Zoning)		
Environmental Review		
Development Permit Approval		
Land Purchase		
Land Lease Negotiations		
Working Drawings		
Construction Tender		
Building Permit Approval		
Construction commencement		
Substantial Construction Completion		

7. PARTNERSHIPS

If the municipality is working in partnership with the non-profit or private sector, describe the working relationship in terms of who will develop, own, and administer the project. Provide details of the terms and conditions with these groups to ensure that the project remains affordable.

8. ADDITIONAL INFORMATION

Provide any additional important information relevant to this application (optional):

9. CERTIFICATION

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete, and accurately describes the proposed project (must be signed).

IN WITNESS WHEREOF, the _____
has caused this document to be duly executed in its name on this
_____ day of _____,

Per: _____
Name

Please submit the original and two (2) copies.

Mail

Town of Rocky Mountain House
Box 1509
Rocky Mountain House, AB
T4T 1B2

Attention: Dean Schweder

Delivery

Town of Rocky Mountain House
5116- 50th Avenue
Rocky Mountain House, AB
T4T 1B2

Re: Affordable Housing Request for Proposal

Attention: Dean Schweder

Attachment A

PROJECT PARTNERSHIPS

Please provide detailed information for each of the partners (other than the Municipality) involved in this proposal.

1. Partner's Name: _____

Address _____

Municipality _____ Province _____ Postal Code _____

Contact Person _____ Title _____

Phone _____ Fax _____

E-mail _____

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

2. Partner's Name:

Address _____

Municipality _____ Province _____ Postal Code _____

Contact Person _____ Title _____

Phone (_____) _____ **Fax** (_____) _____

E-mail _____

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

3. Partner's Name: _____

Address _____

Municipality _____ Province _____ Postal Code _____

Contact Person _____ Title _____

Phone (_____) _____ **Fax** (_____) _____

E-mail _____

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

Attachment B

FUNDING SOURCE DETAILS

Complete the following for each funding source.

Funding Source: *Financial Institution, Municipality, Provincial Government, Federal Government, Non-profit Organization, Charitable Organization, Other (Specify)*

Funding Type: *Mortgage Loan, Grant, Deferred/Forgivable Loan, Owner Equity, Other (Specify)*

1. Name of Funding Source _____

Address _____

Municipality _____ Province _____ Postal Code _____

Funding Type _____

Application Date _____ Approved _____ Pending Approval _____

Contact Person(s) _____

Telephone _____

Disclosure authorization for Alberta Municipal Affairs and Housing to contact funding source

Signature _____

2. Name of Funding Source _____

Address _____

Municipality _____ Province _____ Postal _____

Funding Type Loan _____

Application Date _____ Approved _____ Pending Approval _____

Contact Person(s) _____

Telephone _____

Disclosure authorization for Alberta Municipal Affairs and Housing to contact funding source

Signature _____

3. Name of Funding Source _____

Address _____

Municipality _____ Province _____ Postal Code _____

Funding Type Mortgage _____

Application Date _____ Pending Approval _____

Contact Person(s) _____

Telephone _____

Disclosure authorization for Alberta Municipal Affairs and Housing to contact funding source

Signature _____