



**HOME-American Rescue Plan
(ARP) Non-Congregate Shelter
(NCS) Application**



**City of Columbia
HOME-ARP Non-Congregate Shelter (NCS) Funding Application**

| | | | | |
|---------------------------|--|----------------|--|-------------|
| Date: | | | | |
| Applicant/Sponsor: | | | | |
| Executive Officer: | | | | |
| Project Officer: | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Email: | | | | |
| Phone# | | Tax ID# | | |
| DUNS# | | | | |

Applicant/Sponsor Type (x)

| | | | |
|----------------------------|--------------------------|--------------------------------------|--------------------------|
| CHDO | <input type="checkbox"/> | Nonprofit Corporation | <input type="checkbox"/> |
| Municipality | <input type="checkbox"/> | Corporation | <input type="checkbox"/> |
| General Partnership | <input type="checkbox"/> | Limited Liability Corporation | <input type="checkbox"/> |
| Joint Venture | <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Developer Name: | | | |
| Executive Officer: | | | |
| Primary Contact: | | | |
| Address: | | | |
| City: | | State | |
| Email: | | | |
| Phone | | Fax: | |

Application Type (x):

| | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Rehab of existing structures | Total NCS Units _____ |
| <ul style="list-style-type: none"> Rehab is not required because structure is in standard condition | <ul style="list-style-type: none"> Ex. Motels, hotels, nursing homes With or without acquisition | Studio Units _____ |
| | <input type="checkbox"/> New Construction | 1-Bedroom _____ |
| | <ul style="list-style-type: none"> With or without land acquisition | 2-Bedroom _____ |
| | | 3+ Bedroom _____ |
| | | Individual: ___ Families: _____ |

Are there plans to convert the shelter to housing after the minimum HOME-ARP use period? _____



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Development Description

Project Name:

Project Address: **Parcel#**

Neighborhood:

Census Tract:

For scattered site projects list addresses and parcels below:

| Parcel No. | Address: | Census Tract: |
|-------------------|-----------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Funding Request:

Total Development Cost:

Total HOME-ARP Funds Requested:

% of Total Development Cost:

Total Funds Per Unit:

Loan Term will be a 15-year forgivable loan at 0% interest.

Does the applicant have site control of property for proposed project?

Yes No n/a

Deed

Purchase contract

Option

Other: _____

Expiration date of contract or option: (month, date & year) _____

Total Cost of land: _____

Parcel (acres) or Building Size (square feet): _____

| | | |
|-----------------------------------|---------------|------------------|
| Parcel Number (s): | | |
| Proposed Property Address: | | |
| City: | State: | Zip Code: |

Present zoning classification: _____

Is a conditional use permit required? When is approval for it expected? _____

Are all utilities presently available to the site? Yes No

| |
|---|
| If No, which utilities need to be brought to the site? |
|---|

| | |
|---------------------------------|--|
| Site currently used for: | |
| Prior site uses: | |

Consistency with The City's Homelessness Goals and Project Summary.

Maximum points will be awarded for those applications that describe the need for the project with reference to the City's homelessness needs, gaps, and goals. Clearly and objectively describe, in narrative form, the project being undertaken and why it is needed in the City of Columbia. What are the goals of the project? How will clients be admitted into the project? How many clients will the project serve? Other features of the project which you would like to highlight?

Provide the following:

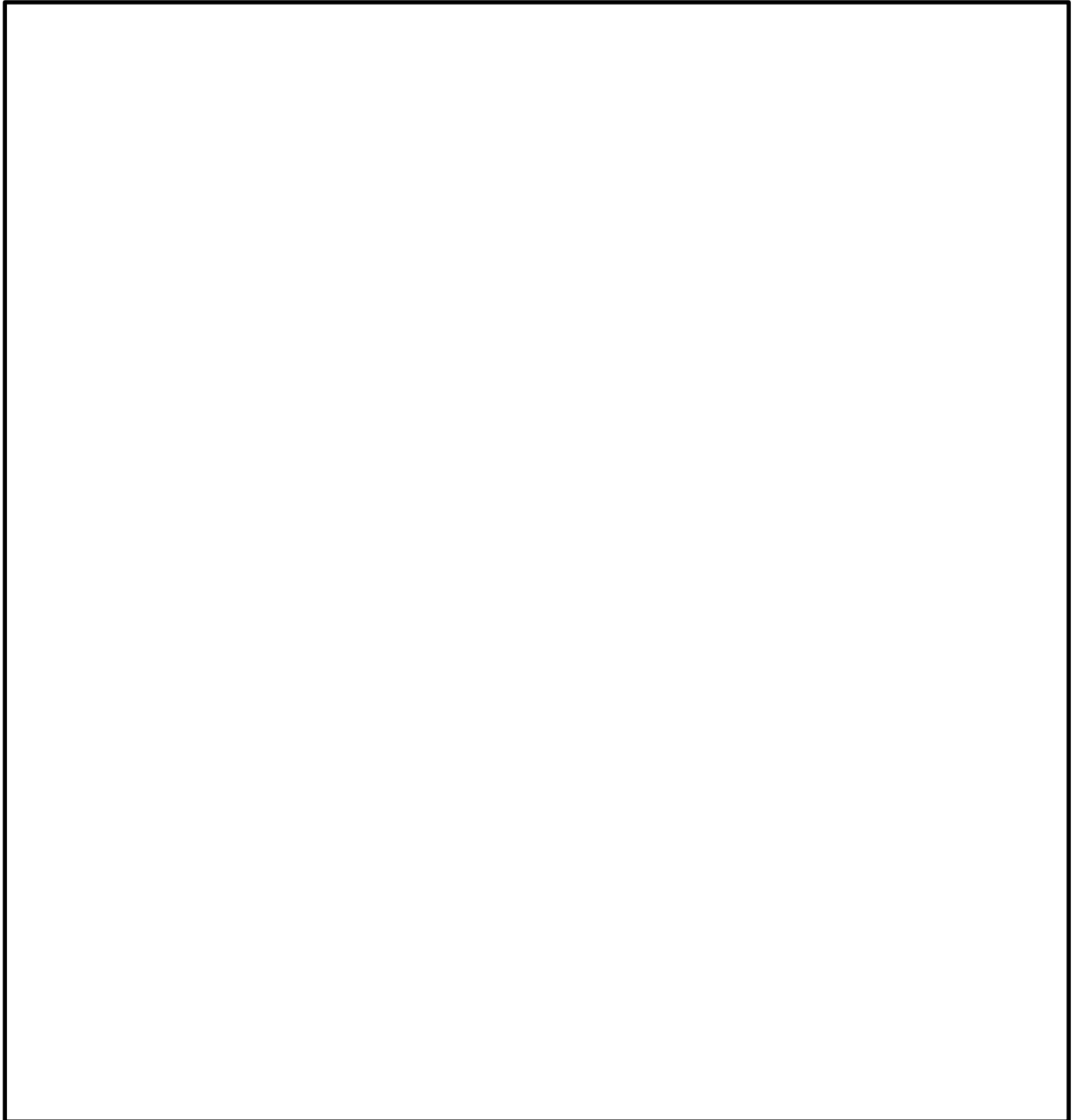
- Examples of the shelter policy and procedures in effect at other shelters operated by applicant.
- Explanation of plans to develop policy and procedure for NCS project
- Supporting documentation if available

Financial Feasibility and Funding Commitment

Maximum points will be awarded for those applications that contain a realistic set of sources and uses development budget, a pro forma operating budget for 15 or 10 years (New Construction- 15yrs., Rehab or Acquisition 10 yrs.), long-term financial sustainability of the project is highly likely, and other funding source commitments.

Provide a narrative of the funding sources, commitments received or planned to be received, partnerships, and how the project will cover operating costs over the next 10 -15 years.

***Please fill out Proforma worksheet that can be found on the website.**



Development team experience, capacity, project readiness and timeframe for completion.

Briefly describe your development team. Be sure to list all members of the development team including any consultants, their specific role in the project, relevant skills/education, and experience from other projects. List and describe projects completed by the organization similar to the proposed project in size, type of development, and complexity. Applicant to provide example of shelter policy and procedures in effect at other shelters operated by the applicant or provide explanation of plans to develop policy and procedure for NCS project.

Project Timeline

| | Proposed Activities | Completion Date |
|-----------|--|------------------------|
| A. | Site Control: | |
| | Option | |
| | Site acquisition/Purchase | |
| B. | Financing: | |
| | 1. Construction/Rehab loan | |
| | Conditional commitment | |
| | Loan closing | |
| | 2. Permanent loan | |
| | Conditional commitment | |
| | Loan closing | |
| C. | Plans and Specifications: | |
| | Preliminary drawings | |
| | Initial working drawings | |
| | Working drawings & specifications | |
| D. | Closing and Transfer of Property | |
| E. | Construction/Rehab Starts | |
| F. | Completion of Construction/Rehab | |
| G. | Shelter Occupancy | |

| Additional Required Documentation | Exhibit Name |
|---|--------------|
| Legal name of organization and executive director, type of organization (corporation, limited liability corporation, general partner, etc.), and list of board members including name, position, address, and phone number. Articles of Incorporation, current by-laws, IRS 501 c(3) determination letter, most recent financial statement (independent audit, 990 form, and auditor's management letter) | |
| Evidence of site control and Location Map of subject property, Site plan, building elevations, & photos of building, if applicable | |
| Evidence of financial commitments | |
| A brief development team summary, including list of all members of the development team, their role in the project, relevant skills/education, and relevant experience from other projects. List and describe projects completed by the organization similar to the proposed project in size, type of development, and complexity. | |
| Sources and uses statement, operating budget showing cash flow for-New Construction- 15yrs., Rehab or Acquisition 10 yrs. (See Excel Spreadsheet) | |

Project Name: _____

Applicant Name: _____

CONFLICT OF INTEREST ACKNOWLEDGEMENT

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members? Yes No

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by HUD and City of Columbia. Please review the [HOME-ARP Notice](#) and HOME regulations at, [24 CFR Part 92](#).

I (Chief Executive Officer)

Name and title

Hereby certify that the information set forth in this application/proposal is, to the best of my knowledge, true and correct. I realize that City of Columbia will be relying upon this information and the representations herein as part of their decision-making process in the awarding of funds. Should any information change from that originally submitted, I agree to promptly City of Columbia. I understand that erroneous, misleading, or false information can adversely impact funding decisions.

Signature

Date

2 CFR 200 Certification

Subrecipients under the Federal award must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting reports. I certify that the following information in this application is accurate and valid as of 10/1/2024.

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provisions of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812" Each such certification must be maintained pursuant to the requirements of § 200.334. This paragraph applies to all tiers of subrecipients.

Signature of Authorized Applicant Representative

Date

All applications and copies must be received by 12:00PM on June 27, 2025; those received after the deadline will not be reviewed nor considered for funding.

Please submit to:

The City of Columbia Community Development
1401 Main Street, 4th Floor Columbia, South
Carolina

29201 Email Address:

HousingLoanPrograms@columbiasc.gov