



**INDIAN RIVER COUNTY PLANNING DIVISION
1801 27th STREET
VERO BEACH, FL 32960
(772) 226-1250**

AMERICAN RESCUE PLAN (ARP) Grant Application For New Multi-Family Housing Construction

This grant opportunity is available for one qualified Non-Profit and/or For-Profit multi-family housing developer (rental units), seeking developer selection preference under the Local Government Areas of Opportunity Designation of a Florida Housing Finance Corporation Request for Applications (RFA 2022-021). Through the RFA process, the state accepts applications from qualified developers seeking Low Income Housing Tax Credit financing (LIHTC) for the construction of multi-family housing. The LIHTC provides a credit towards federal tax liability for developers of multi-family units.

For the 2022 funding cycle, a local government is required to provide a cash contribution to obtain the Local Government Areas of Opportunity Designation funding preference. Indian River County has made this contribution available via grant funds.

Please note the following requirements:

- A developer who is awarded this ARP Grant is not eligible for housing grants through the State Housing Initiative Partnership (SHIP) program. In addition, funds may not be used for the exact same expense that was paid by other federal housing programs for the same time period.
- This assistance is in the form of a GRANT, and repayment is not required provided applicant complies with federal and state housing program requirements.
- The proposed multi-family project must be located within Indian River County.
- To allow for local review and consideration, applications shall be due to Indian River County by no later than September 1, 2022.
- The Florida Housing Finance Corporation limits local governments to supporting only one application per funding cycle.
- The Indian River County State Housing Initiative Partnership (SHIP) Loan Review Committee shall review and select one application to submit for funding.
- There are specific grant expenditure time frames that will need to be met for the County to comply with Federal funding requirements. The applicant selected by the County to submit an application must be able to meet local, state, and federal expenditure time frame requirements.

The following items must be completed and submitted electronically to: SHARP@ircgov.com no later than September 1, 2022:

1. Completed application form
2. Copy of the property Deed or contract to purchase
3. Federal and/or State Program application information
4. Project description narrative (provide attachment if needed)

A large, empty rectangular box with a black border, intended for a project description narrative attachment. It occupies the central portion of the page below item 4 of the list.

5. Active registration on SAM.gov
6. Completed Risk Assessment Questionnaire
7. Completed Sub-Recipient Agreement

Attachments:

- 1. APPLICATION FORM**
- 2. RISK ASSESSMENT QUESTIONNAIRE**
- 3. SUB-RECIPIENT AGREEMENT**

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I. APPLICANT INFORMATION (PRINT OR TYPE ALL INFORMATION)

The applicant is the person (s) or entity who holds (or will hold) title to the housing units identified in this application.

Applicant Business
or Organization: _____

Federal Tax or Non-profit
Agency Identification Number: _____

Applicant Address: _____

Applicant Phone: (____) _____ - _____

Applicant Fax: (____) _____ - _____

Applicant E-mail: _____

Applicant Contact Person: _____

I. PROPERTY INFORMATION (PRINT OR TYPE ALL INFORMATION)

- Subject Property Address (street, city, state and zip code)

- Subject Property Tax Parcel Identification Number:

_____ - _____ - _____ - _____ - _____ - _____.

- Legal Description (attach separate description if necessary):

- The Mortgage Deed will be/is Held In What Name (s):
(Indicate name (s) exactly as it appears or will appear on deed)

- Number of Multi-family Units proposed: _____
- Unit data:

Type of apartment	Number of units	Sq. ft of living area for unit	Year built or to be built	Rent per unit
Efficiency				
One bedroom				
Two bedroom				
Three bedroom				
Four bedroom				
Total number of units				

II. SPECIFIC PROJECT AND EXPERIENCE INFORMATION

1. Number of affordable units to be built

	# OF UNITS	% OF TOTAL
• Extremely low-income households (up to 30% MI)		
• Very low-income households (up to 50% MI)		
• Low-income households (up to 80% MI)		
• Total number of units to be built		

2. Funding Summary

FUNDING	AMOUNT (\$)	% OF TOTAL
Total project cost		100
Contribution by applicant		
Amount of loan from bank		
Amount of funds requested from Federal and/or State program		

3. Experience and ability to proceed with the project (provide attachments as needed)

- Funding Sources (please identify what funding is committed and what is applied for or will be applied for)?

- How long has the organization/firm has been involved in building affordable housing projects?

- How many affordable housing units has the organization/firm built within the prior 10 years (please provide address list)?

- References (please provide list of references including names, addresses, phone numbers and email addresses).

Name	Address	Phone Numbers	E-mail Address

III. DECLARATIONS

Please complete the following section.

If you answer "yes" to any questions below, please provide explanation on a separate sheet.

Applicant

- a. Are there any outstanding judgements against you or your organization? ☐ Yes ☐ No
- b. Have you or your organization ever declared bankruptcy? ☐ Yes ☐ No
- c. Have you or your organization had property foreclosed upon or given title or deed in lieu thereof? ☐ Yes ☐ No
- d. Are you or your organization a party to a lawsuit, as either plaintiff or defendant? ☐ Yes ☐ No
- e. Have you or your organization directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgement? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "Yes" provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action) ☐ Yes ☐ No
- f. Are you or your organization presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes" give details as described in the preceding question. ☐ Yes ☐ No

IV. ACKNOWLEDGMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that: (1) the award requested by this application will be secured by an agreement between the applicant and the Indian River County Board of County Commissioners; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by the County, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the County, even if the application is not approved; (6) the County, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) the County, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property; (8) the County, its agents, successors and assigns may request and obtain a credit report(s) providing a credit history for me/us in completing the County review of this application.

NOTICE - BE AWARE THAT:

FLORIDA STATUTE SECTION 837.06 - FALSE OFFICIAL STATEMENTS LAW STATES THAT:

"WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE," PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the County, its agents, successors and assigns, insurers and any other person who may suffer any lost due to reliance upon any misrepresentation which I/we have made on this application.

X _____ / /
Applicant's Signature Date

X _____ / /
Co-Applciant's Signature (if any) Date

