

Project Application

Section 811 Project-Based Rental Assistance (CT811) RFQ



Applicants are urged to review the CT811 Program Materials listed below prior to completing this Project Application. These documents and additional program resources are available on the [DOH CT811 Program Web Page](#).

- Defintions
- Program Guidelines
- Use Agreement (HUD-92238)
- Model Lease (HUD-92236)
- Agreement to Enter into a Rental Assistance Contract (HUD-92240-PRA)
- Part I of the Rental Assistance Contract (HUD-92235-PRA)
- Part II of Rental Assistance Contract (HUD-92237-PRA)
- CT811 Affirmative Fair Housing Marketing Plan (HUD-92243)

A. Applicant Information	
1. Contact Person Name & Title	
2. Organization Name	
3. Address	
4. Phone Number	
5. Fax Number	
6. Email	

B. Proposed Project	
1. Project Name	
2. Address	
3. Owner Agency	
4. Management Agency	

C. Project & Unit Eligibility	
1. Has the project received financing or financing commitments of Low-Income Housing Tax Credit (LIHTC), HOME Investment Partnerships Act (HOME), or any other federal, state, or local financial assistance program?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list the program: _____
2. Does the project have units with an existing use restriction or a contractual obligation to serve disabled persons?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Does the project have units with an occupancy preference for disabled persons?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Does the project have an existing use restriction for the elderly? (Age 62 and older)	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Does the project have units receiving any form of long-term (6+ months), operating housing subsidy within the last 6 months? (Example: Section 8)	<input type="checkbox"/> No <input type="checkbox"/> Yes

D. Number of Eligible Units – Complete this section to calculate the possible and proposed number of CT811 units.	
1. Total number of units at the project	
2. Number of units that are currently restricted to supportive housing for disabled persons or have an occupancy preference for disabled persons	
3. Estimated maximum number of CT811 units allowed at this project (D1 x 25%) minus D2	
4. Number of CT811 units proposed by Applicant	

E. Proposed Rent Schedule – Priority: OBR, 1BR, and accessible units with Gross Rents affordable at or below 30% AMI.					
Unit Type (BR/BA)	Check if Units are Accessible	Number of Units	Monthly Contract Rent (CR)	Monthly Utility Allowances (UA)	Monthly Gross Rent (CR+UA)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

In addition to this table, complete Attachment 3 of the RFQ (form HUD-92458). The proposed unit mix and rent levels on this table should match to those on the attached form. Gross rent levels may not exceed the applicable Fair Market Rent unless substantiated by a Rent Comparability Study.

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F. Organizational Knowledge and Experience – For each organization that is materially participating in the program, answer the following:

1. Provide a brief description of your organization, its purpose and history, and its primary programs. Indicate the total number of staff and identify the staff (and their role within the organization) that would manage your organization’s participation in the program. For collaborate proposals, provide a clear delineation of respective responsibilities for each submitting organization.

2. Describe your organization’s specific type and length of experience in the operation of housing or residential facilities, particularly any experience administering federal project-based rental assistance contracts and programs.

3. Describe your organization’s specific type and length of experience with HUD Handbook 4350.3, occupancy requirements, and other related regulations relevant to the Section 811 PRA program, including Fair Housing and Section 504. Identify any staff and list any of their relevant training and certifications.

4. Does your organization have the experience and ability to submit tenant data via the Tenant Rental Assistance Certification System (TRACS) and comply with the TRACS Automation Rule?

No

Yes. List the software provider, the staff that will use TRACS, and their length of experience.

5. Does your organization have the experience and ability to use the Enterprise Income Verification (EIV) system?

No

Yes. List the staff using EIV and their length of experience.

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6. Describe your organization's specific type and length of experience in the operation of permanent supportive housing for extremely low income populations, persons experiencing homelessness, and/or persons with disabilities, including any experience working with service providers for these populations

7. Describe your organization's specific type and length of experience with reasonable accommodations and modifications.

G. Project Profile

Construction and Utilization Status

1. Is construction (including rehabilitation) of this project complete?

No. This is a new construction/rehab project. Provide a brief explanation of the proposed construction schedule, including the anticipated date of completion and anticipated date of occupancy, if known.

Yes. This is an existing project. Provide the date of completion and date of occupancy.

2. For new construction/rehab projects, provide a timeline of when and describe how the proposed units will be available for occupancy by CT811 households based on the anticipated date of completion or date of occupancy, if known. For existing projects where units may already be occupied at the time of a contract award, provide a timeline of when and describe how the proposed units will be made available to CT811 households based on anticipated turnover.

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Environmental Review (ER) and Physical Condition Requirements

To determine if the project is required or subject to the ER requirements, answer Questions G.3-G.5.

3. Is the existing project currently HUD-Assisted? Examples: FHA-mortgage insurance, a federal mortgage interest subsidy, or project-based rental assistance such as PRAC, HOME, CDBG, NSP, HEARTH or other HUD funding allocated through state and local jurisdictions?

- No. The project is subject to the ER requirements. Continue to Question G.6.
- Yes. List the type of assistance and continue to Question G.4.
- Not applicable. This is a new construction/rehab project. Continue to Question G.5.

4. Is the existing project involved in any activities with physical impacts or changes that go beyond routine maintenance activities or minimal repairs?

- No. If G.3. is "Yes", the project is exempt from the ER requirements. Continue to Question G.6.
- Yes. The project is subject to the ER requirements. Explain the type of activities and continue to Question G.6.

5. Has the work on the new construction/rehab project progressed beyond a stage of construction where modifications **cannot** be undertaken to avoid the adverse environmental impacts addressed by the environmental requirements addressed by CT811?

- No. The project is subject to the ER requirements. Continue to Question G.6.
- Yes. The project is exempt from the ER requirements. Continue to Question G.6.

6. Using the responses from Questions G.3-G.5, select one of the following choices, where true and applicable to the project.

- The project is exempt from the ER requirements.
- The project is subject to the ER requirements. An ER was completed, including a Phase I ESA.
- The project is subject to the ER requirements. An ER was completed, but a Phase I ESA was not applicable.
- The project is subject to the ER requirements. An ER has not been completed.

7. Are there any known issues with the physical condition of this project, including the site, building exterior, building systems, common areas and units?

- No. DOH will request a project inspection report dated within the last three years of the project is selected.
- Yes. Describe the issues and explain how the organization will remedy them prior to entering into a contract with DOH, and how the project condition will be maintained.

Project/Unit Location

8. Review the [Connecticut Opportunity Map](#) available on the DOH Web site and select the Area of Opportunity that the project is located in.

- Very High – High
- Moderate
- Low – Very Low

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9. Describe the community where the proposed project is located. Attach a legible map that identifies proximity to any public transportation, recreation, government and medical facilities, retail and social services.

10. Describe the location of the proposed unit types at the project and how project management will work to integrate the CT811 units throughout the project.

Tenant Application and Selection

11. Once clients are referred to the project, how will they apply and be screened for the housing? What conditions, if any, will be placed on their entry into the project and unit? Attach a copy of the project's Tenant Selection Plan.

Review of Project Application

- Complete all applicable questionnaire and narrative responses on this form.
- Attach the Rent Schedule form (HUD-92458) to complete Section E.
- Attach a Rent Comparability Study, if applicable, to complete Section E.
- Attach a Community Map to complete question G-9.
- Attach the Tenant Selection Plan to complete question G-11.
- Sign the last page of the Project Application.

This Project Application is submitted by the undersigned in response to the Section 811 Project-Based Rental Assistance (CT811) Request for Qualification, with the full knowledge and consent of the governing body and is accurate in all details, to the undersigned's best knowledge.

Signature

Date

Name and Title of Signatory: