

**Rhode Island Housing (“RIHousing”) and the RI Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (“BHDDH”)**

**Funding Application for the Thresholds Program**

**Due: Rolling**

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

Please indicate the amount of funds you are requesting.

**Thresholds Capital Funds: \$\_\_\_\_\_**

- New Project**
- Renewal Project**

**Application Submission Instructions:**

*Submit electronic application (including all spreadsheets and attachments) to:*

Jessica Mowry  
jmowry@rihousing.com

**1. Applicant Information**

Organization: \_\_\_\_\_

Ownership entity if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Agency DUNS # (required): \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Organization:

Housing developer:  Organization is: non-profit  for-profit

Housing Authority

Municipality

Social Service Agency

Other: \_\_\_\_\_

**2. Project Location**

Project Name: \_\_\_\_\_

Street Address:\* \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Plat: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Census Tract: \_\_\_\_\_ Block Group: \_\_\_\_\_

*\*For scattered site developments attach a separate list of addresses.*

**3. Project Involves** (check all that apply)

Acquisition

New Construction

Demolition

Environmental Remediation

Rehabilitation

Relocation  *If yes, submit a relocation plan.*

Property is: Vacant Land   
Existing building  Year built: \_\_\_\_\_ to be demolished?   
Property/site is in a 100-year Flood Zone Yes

***Submit a FEMA flood map for every project address. Failure to submit the appropriate map will result in your application not being considered for funding.***

**4. Proposed Design of Units:**

Townhouse Single Family Flat  Duplex Triplex  Fourplex  
Other \_\_\_\_\_

**5. Occupancy and Relocation**

Number of current residential units in building: \_\_\_\_\_ Number of commercial spaces: \_\_\_\_\_  
Is property occupied?  No  Yes  
If yes, number of occupied units: \_\_\_\_\_ Number of operating businesses: \_\_\_\_\_  
Number requiring permanent relocation: households: \_\_\_\_\_ businesses: \_\_\_\_\_  
Number requiring temporary relocation\*\*: households: \_\_\_\_\_ businesses: \_\_\_\_\_

**6. Total number of proposed residential units:**

Total Number of Units: \_\_\_\_\_ Number of Affordable Units: \_\_\_\_\_  
# Thresholds units: \_\_\_\_\_ # BHRI units: \_\_\_\_\_  
# Existing NOP units: \_\_\_\_\_ # HOME units: \_\_\_\_\_

If mixed use development, indicate total commercial square footage: \_\_\_\_\_  
Proposed use of commercial space: \_\_\_\_\_ Total number of on-site parking spaces: \_\_\_\_\_

***\*\*Temporary relocation applies to tenants who are eligible to return to the development upon completion. Temporary relocation cannot exceed 12 months. Temporarily relocated tenants must be re-housed in the development at rents that do not exceed 30% of household income.***

**7. For rehabilitation of an existing HOME, BHRI, Thresholds or NOP-assisted property:**

Total Number of Units: \_\_\_\_\_ Number of Existing Affordable Units: \_\_\_\_\_  
#Existing HOME Units: \_\_\_\_\_ #Existing BHRI Units: \_\_\_\_\_  
#Existing Thresholds Units: \_\_\_\_\_ #Existing NOP Units: \_\_\_\_\_

**8. Site Control. *Attach evidence of site control.***

- Applicant Owned
- P & S Agreement
- Option
- RIH Land Bank  Purchased with RIH bridge loan? Yes  No
- No Site Control

Explanation, if needed:

\_\_\_\_\_

Name of Current Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Acquisition Cost: \_\_\_\_\_

If you do not yet own the property, but intend to acquire it at a later date with HOME **do not order an appraisal at this time.**

**NOTE:** If the property is in the Rhode Island Housing Land Bank or has been acquired with a Rhode Island Housing bridge loan, please remember to add carrying costs/interest to your acquisition budget.

**9. Project Status**

**Respond to each item.**

Item	Already Obtained	Not Needed	In Process	Expected Date
Zoning Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Planning/Subdivision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Comprehensive Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Septic Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HUD Flood Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RI Historic Preservation & Heritage Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase I Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase II Environmental				_____

**10. Project Schedule**

<b>Benchmark</b>	<b>Expected Date</b>
Commitment of all funding	
Acquisition of property	
Completion of design/engineering	
Request for Construction/Rehab Bids	
Award of construction contract	
Start construction	
Construction completion	
Submission of occupant eligibility documentation	
Full Occupancy	

**11. Address each of the following issues concisely and by heading:**

- a) Describe rehabilitation required / new construction plans
- b) Explain how the project will help create additional housing options for disabled households or otherwise further deconcentration.
- c) List all previous affordable housing projects your organization has produced.  
*(use chart at Attachment A)*

**12. Provide the most recent financial audit for your organization.**

All applicants must sign the Agreement and Certification

**Agreement and Certification**

The undersigned specifically agrees that the funds requested by this application will be secured by a Mortgage and/or Deed Restriction on the property described herein and that Rhode Island Housing, its agents, successors and assigns make no representations or warranties, express or implied, to the Applicant regarding the property, the condition of the property or the value of the property.

*I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.*

Organization Name:

By: \_\_\_\_\_ Title: \_\_\_\_\_

Print or type name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Thresholds Program Application Supplement

### Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

1. Amount of Thresholds funds requested: \$ \_\_\_\_\_  
Square footage of building: \_\_\_\_\_  
Square footage of living space: \_\_\_\_\_  
Square footage of Thresholds Unit(s): \_\_\_\_\_

2. Name and Address of Agency providing services and/or referrals:

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3. Include a letter of endorsement from the services/referral agency addressing the need for the project.

Any project that proposes to fill a housing need for a population other than the general population of single Community Support Program clients\*, must include a needs assessment that demonstrates that the behavioral healthcare agency or the agency serving intellectually individuals can provide a sufficient number of referrals to keep the housing occupied.

4. Provide a description of previous housing experience you have had partnering with either a mental health agency or an agency that serves developmentally disabled individuals.

**\*Community Support Program clients must be capable of living in the community independently without 24-hour supervision but with the help of services, as needed, through the referring agency.**

## Application Checklist

### **Remember to:**

- Sign and date your application
- Include Board Resolution authorizing submission
- Include Plat, Lot and zip codes for all addresses
- Include Attachment A
- Complete **all** Development Proforma pages/budgets

### **Attach (for all applications):**

- Property Deed and legal description of each property
- Letters of funding commitment
- Evidence of site control
- Current appraisal (if required).
- Evidence of zoning approval
- List of addresses for scattered sites (if applicable)
- Site location map (show the location and surrounding area)
- Photographs of property
- Detailed construction estimates (rehabilitation budget) prepared by qualified professionals.
- Tenant Selection policy for all Rental Proposals
- Thresholds – Include letter of endorsement from BHDDH Agency (if applicable)

### **For proposals involving relocation:**

- Relocation plan that includes household and unit size and current gross rent
- Evidence of demand for housing project
- Organization's financial compilation or audit
- FEMA Flood Map for each address