

2025 SH-SAFE PROJECT DESCRIPTION AND SITE VISIT REQUEST FORM

Please email the completed PDSV & SHD Property Inspection (if applicable) forms. If you have any questions, you may also send an email to the Supportive Housing Development Team at SHDevelopment@nchfa.com

DATE: _____

Site visits tentatively scheduled the week of February 3-7, 2025

Applicant Organization Name:			
Project Contact:			
Organization Address:			
City/County:			Zip Code:
Contact Phone:	Cell:	Email:	
OWNERSHIP TYPE			
<input type="checkbox"/> Government Entity		<input type="checkbox"/> Nonprofit (Date of IRS 501(c)(3) determination letter _____)	

PART 1 – PROJECT DETAILS

Address* of site(s) under consideration. Include all potential addresses* for this project to be reviewed and considered.

Project Name:				
Address:				
City/County:			Zip Code:	
Project Type:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquisition & Rehab	<input type="checkbox"/> Acquisition Only	<input type="checkbox"/> Rehab Only
If more than one potential site for this project, please list addresses* below.				
Address #2:				
Address #3:				

**Address will not be disclosed*

PART 2 – PROPOSED PROJECT DETAILS

Please provide a brief description for the proposed project. <i>(box expands as text is entered)</i>

SUPPORTIVE SERVICES*All Projects must note how services will be provided. More details will be required at Application.*

<input type="checkbox"/> Owner is the Supportive Services Provider	<input type="checkbox"/> Owner is <u>NOT</u> the Supportive Services Provider
Providing services since:	Proposed provider name:
# of clients currently being served:	Proposed provider has been providing services since:

PART 3 – PROJECT TEAM (IF KNOWN)

APPROVED HOUSING DEVELOPMENT CONSULTANT (Required if applicant does <u>not</u> meet housing development experience listed in Guidelines)			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

GENERAL CONTRACTOR			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

ARCHITECT			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

PROPERTY MANAGER			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

OTHER			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

PART 4 – PROPOSED PROJECT UNIT MIX

PROJECT TYPE				
<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Multi-family Apartments	<input type="checkbox"/> Licensed Facility	<input type="checkbox"/> Tiny Houses	
<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Quadplex	Other:	
Number of Buildings:	Total Number of (select one & list total) <input type="checkbox"/> Units/ <input type="checkbox"/> Beds*:			
UNIT COUNT (List total units by size)				<input type="checkbox"/> N/A (if beds)
SRO/Efficiency:	One Bedrooms:	Two Bedrooms:	Three Bedrooms:	Four Bedrooms:

*Beds – Typically used in a facility/congregate living setting.

PART 5 – TRANSPORTATION

Is Transportation Provided by Owner:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Describe your transportation plan for how your clients will access services and necessities, including medical care, mental health services, employment, etc. <i>(box expands as text is entered)</i>	

PART 6 – PRELIMINARY DEVELOPMENT BUDGET (ESTIMATED)

COST ITEMS	COST TO PROJECT (\$)
Acquisition Cost	
Construction or Rehabilitation Costs (including contingency)	
Architect Design and Inspection	
Soft Costs	
Housing Development Consultant (if required)	
Developers Fee	
Other:	
Total Development Cost	

How were your estimated construction or rehabilitation costs determined, i.e., what are your costs based on? <i>(box expands as text is entered)</i>

PART 7 – PRELIMINARY SOURCES OF FUNDS

SOURCE	AMOUNT (\$)
SH-Safe (NCHFA Funding)	
Local Government:	
Other:	
Other:	
Other:	
Other:	
Total Sources of Funds	

PART 8 – PRELIMINARY PLANS

Please attach if available:	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Floor Plan	<input type="checkbox"/> None Available
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PART 9 – SHD PROPERTY INSPECTION FORM (For Rehabilitation Projects)

For rehabilitation projects, the SHD Property Inspection Form (Appendix C) must be conducted and submitted with the PDSV. At least 50% of the units must be inspected and documented as part of the SHD Property Inspection Form. More is preferred for adequately developing the scope of work and ensuring major deficiencies are not missed.

All applicants must have their property inspected by a qualified individual who fills out the SHD Property Inspection Form. Qualified individuals include licensed home inspectors, licensed and insured NC general contractors, licensed architects, and local government housing inspectors. Applicant may contact NCHFA for written approval if the proposed inspector has other qualifications that the applicant believes is equivalent or exceeds the above.

Also, properties may require supplementary inspections. If potential structural failures are identified, a structural inspection is required. If the project was built before 1978 and there are no previously performed risk assessments or lead-based paint inspections, a risk assessment should be conducted to identify if lead-based paint and asbestos if present.

At the time of application, projects must use the items identified through the SHD Property Inspection Form as well as the site visit and supplementary inspections to create a Detailed Work Write-up and Project Condition Assessment with estimates. An example is provided in Appendix H.

PLEASE ATTACH THE COMPLETED SHD PROPERTY INSPECTION FORM