

**RFP #122050  
2023 New Rental Construction Checklist**

To be eligible for funding, projects must be located in, or provide services to residents of one of the member communities of the Dane County Urban County Consortium (See Appendix A).

**This form is the coversheet for your proposal response. Please use it to double check that your proposal is complete. Incomplete proposals may be rejected.**

**Please submit all required documents as FOUR SEPARATE FILES and use the following naming convention for your files:**

**RFP #122050ORGANIZATIONNAMEREQUIREDFORMS  
RFP#122050ORGANIZATIONNAMEPROJECTBUDGET  
RFP#122050ORGANIZATIONNAMEOPERATINGCOSTS  
RFP#122050ORGANIZATIONNAMEOPERATINGBUDGET**

**The following forms have been complete and are attached to the application file:**

- Reviewed the RFP as new changes were implemented including the Application Review Criteria.
- Vendor Information Form
  - Is the Vendor Information Form signed?
- DANE COUNTY APPLICATION FOR 2023 New Rental Construction
  - Is the Application Form signed?
  - Did you use the format provided by Dane County?
  - Did you complete all question (this includes board member information, financial information and budgets)?
  - Are resumes attached?

**The following spreadsheets are complete and have been submitted per the RFP instructions:**

- Project Budget Spreadsheet
- Operating Costs Spreadsheet
- Operating Budget Spreadsheet

Direct all inquiries to Megan Rogan at [rogan.megan@countyofdane.com](mailto:rogan.megan@countyofdane.com)

**VENDOR INFORMATION**

**VENDOR NAME:** \_\_\_\_\_

Vendor Information (address below will be used to confirm Local Vendor Preference)			
Address			
City		County	
State		Zip+4	
Vendor Rep. Name		Telephone	
Title			
Email			
Dane County Vendor #			

**Local Vendor Preference Does Not Apply To This Bid**  
*(Reference General Guidelines #1.6)*

**Local Content Vendor Preference Does Not Apply To This Bid**  
*(Reference General Guidelines #1.7)*

Fair Labor Practice Certification <i>(Reference General Guidelines #1.9)</i>
<input type="checkbox"/> Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.
<input type="checkbox"/> Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.

Addenda – we hereby acknowledge receipt, review and use of the following addenda, if applicable.				
<input type="checkbox"/> Addendum #1	<input type="checkbox"/> Addendum #2	<input type="checkbox"/> Addendum #3	<input type="checkbox"/> Addendum #4	<input type="checkbox"/> None

Signature Affidavit
In signing this bid, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.
The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# DANE COUNTY APPLICATION FOR 2023 HOME FUNDS: NEW RENTAL CONSTRUCTION

**APPLICATION SUMMARY**

<b>ORGANIZATION NAME</b>			
<b>MAILING ADDRESS</b> <small>If P.O. Box, include Street Address on second line</small>			
<b>TELEPHONE</b>		<b>LEGAL STATUS</b>	
<b>FAX NUMBER</b>		<input type="checkbox"/> Municipality <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____ Unique Entity Identification Number: _____	
<b>NAME CHIEF ADMIN/ CONTACT</b>			
<b>INTERNET WEBSITE (if applicable)</b>			
<b>E-MAIL ADDRESS</b>			

**PROJECT NAME:** Please list the project for which you are applying.

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

**FUNDS REQUESTED:** Please list the amount and source of funding for which you are applying.

TOTAL PROJECT COST	AMOUNT OF CDBG FUNDS REQUESTS	PERCENT OF CDBG FUNDS TO TOTAL PROJECT COST
\$	\$	\$

\_\_\_\_\_  
Signature of Chief Elected Official/Organization Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Failure to sign this form may result in the application to be ineligible for funding and may not be scored.**

**NOTE:** If a LHITC Application has been submitted to WHEDA for this project, the Proposer should attach a completed copy of the WHEDA application to this application packet. The Proposer will then only need to respond to the asterisked (\*) items on this application.

**NEED AND JUSTIFICATION**

A. **PROJECT NAME AND LOCATION:** Indicate the name, address, and census tract where the project will be located. Attach maps to the application indicating the location of the proposed project.

Project Name:	
Project Address:	
City, State, Zip:	
Census Tract:	

B. **JURISDICTION:** Indicate the name of the jurisdiction where the project will be located, i.e., City, Town, or Village.

C. **\*PROJECT NEED:** In the space below, provide a brief description of the need(s) or problem(s) that will be addressed by this project.

**PROJECT DESCRIPTION**

D. **OWNERSHIP ENTITY:** Indicate the name(s) and contact information for the Owner/Taxpayer of the Project that will be constructed. List all general partners, members, and principals. Attach additional sheets if necessary.

Owner Name:	
Address:	
City, State, Zip:	
Federal Tax ID Number:	
Entity Type:	
Entity Status:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	
% of Ownership	

Owner Name:	
Address:	
City, State, Zip:	
Federal Tax ID Number:	
Entity Type:	
Entity Status:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	
% of Ownership	

E. **\*TAXES/JUDGMENTS:**

1. Are there any unsatisfied judgments against the applicant/property owner, its principals or any related party?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Has any party related to this application been party to any litigation, including real estate foreclosure or bankruptcy within the past seven (7) year?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. Are there any unpaid property taxes on the subject property?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Use the following space to explain any “Yes” answers to the preceding three questions. Attach additional documentation as necessary.

F. **\*COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO).** If applying for set-aside funds for a CHDO, please indicate if your organization is currently certified as a CHDO and by whom. If interested in being considered for CHDO funds from Dane County, the CHDO certification packets for Dane County must be submitted prior to or in conjunction with this application.

<input type="checkbox"/>	No, not currently certified and not applying for CHDO funds.
<input type="checkbox"/>	Want to be considered for CHDO funds and will submit materials for certification.
<input type="checkbox"/>	Yes, currently certified by Dane County.
<input type="checkbox"/>	Yes, currently certified by another entity:

G. **PROJECT DESCRIPTION:** Provide a detailed description of the project.

## SECTION 4 – REQUIRED FORMS

H. **SITE DESCRIPTION:** Provide a description of the site where the project will be located. Provide information on the size, exposure, and contour.

I. **LEGAL DESCRIPTION OF THE PROPERTY:** In the space below, provide a legal description of the property.

J. **ZONING:** Provide the current zoning classification of the site and describe any changes in zoning, variances, special or conditional use permits, or other items are needed to develop this proposal.

K. **ENVIRONMENTAL:** In the space below, describe the historical uses of the site and any existing conditions of environmental significance located on the project site.

L. **SITE CONTROL:**

Does the owner have fee simple ownership of the property?

If yes, indicate the purchase date and purchase price:

Purchase Date:	
Purchase Price:	

If no, indicate the current expiration date of the option/contract to purchase and purchase price.

Purchase Date:	
Purchase Price:	

M. **SITE UTILITIES:** Identify the utilities and services currently available for this site. Indicate the type of modifications that will be needed to accommodate the proposed project.

Utility	Accommodations Needed
Electric	
Gas	
Sanitary Sewer	
Storm Sewer	
Water	



## SECTION 4 – REQUIRED FORMS

N. **EXISTING STRUCTURES:** Identify the existing buildings on the site, noting which are occupied.

O. **DEMOLITION:** Describe the planned demolition of any buildings on the site.

## SECTION 4 – REQUIRED FORMS

P. **\*RELOCATION:** Describe the relocation plans and assistance for any tenants that will be temporarily or permanently displaced. Will this project involve the displacement of families, households, partnerships, businesses, etc. from their homes or businesses? If yes, describe the notices and assistance your organization expects to provide and the amount of funds allocated to do so.

Q. **\*NEIGHBORHOOD CONDITIONS:** Describe the neighborhood in which the project will be located noting any conditions that may be detrimental to family life, substandard dwellings in the area, or other undesirable conditions. If the neighborhood is undergoing a revitalization, describe how this project will facilitate this redevelopment.

## SECTION 4 – REQUIRED FORMS

R. **\*NEIGHBORHOOD AMENITIES:** Describe the neighborhood in which the project will be located noting access to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services.

S. **\*TRANSPORTATION:** Identify the travel time and cost via public transportation or public automobile from the neighborhood to places of employment providing a range of jobs for lower-income workers.

**SECTION 4 – REQUIRED FORMS**

**T. UNITS:**

In the space below, please list each site (street address) and building where the work will be undertaken. For each building, list the units by type, the number of bedrooms in the unit, the number of units, the monthly unit rent, utility allowance, and the total housing cost. Use additional pages as needed.

SITE ADDRESS/BUILDING NO	UNIT TYPE (Elderly, Family, Homeless, RCAC, SRO, Supportive Housing)	NUMBER OF UNITS	NUMBER OCCUPIED BY LMI HOUSEHOLDS	NUMBER OF HOME ASSISTED UNITS
	NUMBER OF STORIES:		ELEVATOR? <input type="checkbox"/> Yes	<input type="checkbox"/> No
	NUMBER OF HANDICAPPED ACCESS UNITS		NUMBER OF UNITS ACCESSIBLE FOR SENSORY IMPAIRED	

UNIT	SQUARE FOOTAGE	NUMBER OF BEDROOMS	NUMBER OF UNITS	MONTHLY UNIT RENT	UTILITY ALLOWANCE	TOTAL HOUSING COST

U. **SITE AMENITIES:** Check all that apply.

<input type="checkbox"/>	Community Building, square feet:
<input type="checkbox"/>	Community Room, square feet:
<input type="checkbox"/>	Garages, number: _____ and monthly rent:
<input type="checkbox"/>	Surface parking, number: _____ and monthly rent:
<input type="checkbox"/>	Underground parking, number _____ and monthly rent:

V. **OTHER SITE AMENITIES:** In the following space, describe the other site amenities for tenants and/or their guests.

W. **INTERIOR APARTMENT AMENITIES:** In the following space, describe the interior apartment amenities.

**SECTION 4 – REQUIRED FORMS**

X. **FLOORING:** Describe the type of flooring that will be used in the common building spaces and residential units.

Y. **HEATING/COOLING SYSTEM:** Describe the heating and cooling system that will be used in the common building spaces and residential units.

Z. **\*GREEN TECHNOLOGIES:** Describe any green technologies that will be used throughout the project.

AA. **PROJECT ASSISTANCE:** Please indicate the subsidy source if this project will be receiving project based federal rental assistance.

ASSISTANCE TYPE		NUMBER OF UNITS
<input type="checkbox"/>	Rural Development/Rental Assistance	
<input type="checkbox"/>	Section 221(d)(3) BMIR	
<input type="checkbox"/>	Section 236	
<input type="checkbox"/>	Section 8 Rent Supplement or Rental Assistance Payment	
<input type="checkbox"/>	Section 8 Housing Assistance Payment Contract	
<input type="checkbox"/>	Other, Specify	

**PROJECT APPROACH**

BB. **\*PARTNERHIPS:** In the space below, provide information on any partnerships that have been or will be formed in order to ensure the success of the project.

CC. **PROJECT MANAGER:** If a Project Manager has already been identified, please provide the requested information. Attach the resume to this application.

Name:	
Address:	
City, State, Zip:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	

If a Project Manager has yet to be identified, please describe how one will be selected.

**SECTION 4 – REQUIRED FORMS**

**DD. PROPERTY MANAGER:** If a Property Manager has already been identified, please provide the requested information. Attach the resume to this application.

Name:	
Address:	
City, State, Zip:	
Primary Contact Person and Title:	
Telephone:	
Alternative Phone:	
Fax:	
Email Address:	
Other Properties Managed:	

If a Property Manager has yet to be identified, please describe how one will be selected.





**EXPERIENCE AND QUALIFICATIONS**

FF. **EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to constructing new rental housing.

GG. **PROPERTY MANAGEMENT:** Describe the experience and qualifications of the organization that will be handling the ongoing property management. Include information related to performing income documentation for program eligibility.

## SECTION 4 – REQUIRED FORMS

**HH. STAFF EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of key staff to be assigned to the project. Touch on experience with both income certification and management/oversight of construction projects. Be sure to attach resumes for key staff to the application.

**II. PERSONNEL SCHEDULE**

Please complete the Personnel Schedule for all staff who will be assigned to this project. If the project will continue into 2024, complete the second table as well.

- Column 1) Each individual staff position by title.
- Columns 2) Indicate the full time equivalent (FTE) of each position in the noted year.
- Column 3) Indicate the estimated total salary for that staff position for noted year.
- Column 4) Indicate the estimated number of hours that this staff person will work on this project.
- Column 5) For each staff person whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the CDBG Program. Do not include payroll taxes or benefits in this table.

1) POSITION TITLE	2023 ESTIMATED		HOME-FUNDED	
	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) CDBG – FUNDED AMOUNT OF SALARY

Complete this second table only for projects that will continue into 2024.

1) POSITION TITLE	2024 ESTIMATED		HOME-FUNDED	
	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) CDBG – FUNDED AMOUNT OF SALARY

JJ. **LIST PERCENT OF STAFF TURNOVER** \_\_\_\_\_% Divide the number of resignations or terminations in calendar year 2021 by the total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover in a certain staff position/category. Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

**SECTION 4 – REQUIRED FORMS**

**KK. AGENCY GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for or is expected to schedule for 2022? \_\_\_\_\_

Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

<b>Board President's Name</b>			<b>Board Vice-President's Name</b>			<b>Name</b>		
<b>Home Address</b>			<b>Home Address</b>			<b>Home Address</b>		
<b>Occupation</b>			<b>Occupation</b>			<b>Occupation</b>		
<b>Representing</b>			<b>Representing</b>			<b>Representing</b>		
<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)
<b>Board Secretary's Name</b>			<b>Board Treasurer's Name</b>			<b>Name</b>		
<b>Home Address</b>			<b>Home Address</b>			<b>Home Address</b>		
<b>Occupation</b>			<b>Occupation</b>			<b>Occupation</b>		
<b>Representing</b>			<b>Representing</b>			<b>Representing</b>		
<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)
<b>Name</b>			<b>Name</b>			<b>Name</b>		
<b>Home Address</b>			<b>Home Address</b>			<b>Home Address</b>		
<b>Occupation</b>			<b>Occupation</b>			<b>Occupation</b>		
<b>Representing</b>			<b>Representing</b>			<b>Representing</b>		
<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)
<b>Name</b>			<b>Name</b>			<b>Name</b>		
<b>Home Address</b>			<b>Home Address</b>			<b>Home Address</b>		
<b>Occupation</b>			<b>Occupation</b>			<b>Occupation</b>		

**SECTION 4 – REQUIRED FORMS**

<b>Representing</b>			<b>Representing</b>			<b>Representing</b>		
<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)
<b>Name</b>			<b>Name</b>			<b>Name</b>		
<b>Home Address</b>			<b>Home Address</b>			<b>Home Address</b>		
<b>Occupation</b>			<b>Occupation</b>			<b>Occupation</b>		
<b>Representing</b>			<b>Representing</b>			<b>Representing</b>		
<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)	<b>Term of Office</b>	<b>From:</b> (MM/DD/YY)	<b>To:</b> (MM/DD/YY)

**SECTION 4 – REQUIRED FORMS**

**LL. STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your agency's **2022** staff, board and volunteers, indicate by number and percentage the following characteristics.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
<b>TOTAL</b>		<b>100%</b>		<b>100%</b>		<b>100%</b>
<b>GENDER IDENTITY</b>						
GENDER:						
GENDER:						
GENDER:						
GENDER:						
<b>AGE</b>						
LESS THAN 18 YRS						
18 – 59 YRS						
60 AND OLDER						
<b>RACE</b>						
WHITE						
BLACK						
HISPANIC						
NATIVE AMERICAN						
ASIAN / PACIFIC ISLANDER						
MULTI-RACIAL						
<b>ETHNICITY</b>						
HISPANIC						
NON-HISPANIC						
<b>PERSONS WITH DISABILITIES</b>						

**PROJECT FINANCING**

MM. **BUDGET SUMMARY:** Indicate the sources and terms of all funds that will be used toward this project.

SOURCE	AMOUNT	RATE (%)	TERM (Years)	AMORT PERIOD (Years)	ANNUAL DEBT SERVICE
TOTAL					

NN. **LIENS:** In the space below, list all liens against the property.

LIEN HOLDER	AMOUNT	BALANCE	RATE (%)	TERM (Years)	ANNUAL DEBT SERVICE

OO. **FUNDS NEEDED:** In the space below, please describe why HOME funds are needed to ensure the viability of this project. Also describe how funds are being used to address greatest need and how that determination was made. Can all funds awarded in 2023 be reasonably expected to be expended? If this is a multi-year project, what amount of funds will be spent in each year?



## SECTION 4 – REQUIRED FORMS

PP. **DETAILED PROJECT BUDGET:** Following the description of allowable costs that may be charged to the HOME Program is the Project Budget. Complete the budget identifying the amount and source of all funds and their uses.

QQ. **DETAILED 1 YEAR OPERATING COSTS:** Following the Project Budget is the Detailed One Year Operating Costs Budget. Complete the Operating Budget identifying the income and expenses.

RR. **OPERATING BUDGET:** Following the Detailed Operating Budget is the 20-Year Operating Budget. Complete the Operating Budget identifying the income and expenses.

**Failure to SUBMIT ALL THREE (3) BUDGETS may result in the application to be ineligible for funding and may not be scored.**

**\*\*PLEASE CLICK HERE TO ACCESS THE FOLLOWING SPREADSHEETS.\*\***

- 1. Project Budget**
- 2. Operating Costs**
- 3. Operating Budget**

**PLEASE NOTE: ALL 3 BUDGET SPREADSHEETS MUST BE INCLUDED WITH THE APPLICATION SUBMISSION. PLEASE NAME THE BUDGET FILES AS FOLLOWS:**

**RFP#122050ORGANIZATIONNAMEPROJECTBUDGET  
RFP#122050ORGANIZATIONNAMEOPERATINGCOSTS  
RFP#122050ORGANIZATIONNAMEOPERATINGBUDGET**

## HOME Allowable Project Costs

Item	Project Related Costs
<b>a. Development Hard Costs (applicable to project)</b>	
1. Costs to meet Uniform Dwelling Code (UDC) and other applicable new construction standards of the State, County, or local municipality. (24 CFR 92.206 a.1.)	X
2. Costs to meet the Model Energy Code referred to in Sec. 92.251 (24 CFR 92.206 a.1.)	X
3. For rehabilitation, to meet the property standards in 24 CFR 92.251. (24 CFR 92.206 a.2.i.)	
4. For rehabilitation, costs to make essential improvements, including energy-related repairs or improvements, improvements necessary to permit use by persons with disabilities, and the abatement of lead-based paint hazards, as required by part 35 of this title. (24 CFR 92.206 a.2.ii.)	X
5. Costs to demolish existing structures. (24 CFR 92.206 a.3.i.)	X
6. Costs to make utility connections including off-site connections from the property line to the adjacent street. (24 CFR 92.206 a.3.ii.)	X
7. Costs to make improvements to the project site that are in keeping with the improvements of surrounding, standard projects. Site improvements may include on-site roads and water and sewer lines necessary to the development of the project. The project site is the property, owned by the project owner, upon which the project is located. (24 CFR 92.206 a.3.iii.)	X
8. For both new construction and rehabilitation of multifamily rental housing, costs to construct or rehabilitate laundry and community facilities which are located within the same building as the housing and which are for the use of the project residents and their guests. (24 CFR 92.206 a.4.)	X
9. Costs to make utility connections or to make improvements to the project site, in accordance with the provisions of 92.206(a)(3)(ii) and (iii) are also eligible in connection with the acquisition of standard housing. (24 CFR 92.206 a.5.)	X
10. Acquisition costs. Costs of acquiring improved or unimproved property, including acquisition by homebuyers. . (24 CFR 92.206 c.)	X
<b>b. Related Soft Costs</b>	
11. Architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups. (24 CFR 92.206 d.1.)	X
12. Costs to process and settle the financing for a project, such as private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorneys fees, private appraisal fees, and fees for an independent cost estimate, builders or developers fees. (24 CFR 92.206 d.2.)	X
13. Costs of a project audit. (24 CFR 92.206 d.3.)	X
14. Staff and overhead costs <b>DIRECTLY</b> related to carrying out the project, such as work specifications preparation, loan processing inspections, and other services related to assisting potential owners, tenants, and homebuyers, e.g., housing counseling,	X

**SECTION 4 – REQUIRED FORMS**

Item	Project Related Costs
may be charged to project costs only if the project is funded and the individual becomes the owner or tenant of the HOME-assisted project. For multi-unit projects, such costs must be allocated among HOME-assisted units in a reasonable manner and documented. (24 CFR 92.206 d.6)	
15. Costs to provide information services, such as affirmative marketing and fair housing information to prospective homeowners and tenants as required by 92.351. (24 CFR 92.206 d.4.)	X
16. Impact fees that are charged to all projects within Dane County. (24 CFR 92.206 d.7.)	X
17. Environmental Reviews. (24 CFR 92.206 d.8.)	X
c. <b>Relocation costs</b> for persons displaced by the project.	
18. Relocation payments – replacement housing payments, moving expenses, and payments for reasonable out-of-pocket costs incurred in the relocation of persons. (24 CFR 92.206 f.1.)	X
19. Other relocation assistance – staff and overhead costs directly related to providing advisory and other relocation services to persons displaced by the project, including timely written notices to occupants, referrals to comparable and suitable replacement property, property inspections, counseling, and other assistance necessary to minimize hardship assistance. (24 CFR 92.206 f.2.)	X

**\*\*\*\*PLEASE CLICK HERE TO ACCESS THE FOLLOWING SPREADSHEETS: \*\*\*\***

- 1. Project Budget**
- 2. Operating Costs**
- 3. Operating Budget**

**PLEASE NOTE: ALL 3 BUDGET SPREADSHEETS MUST BE INCLUDED WITH APPLICATION SUBMISSION. PLEASE NAME THE BUDGET FILES AS FOLLOWS:**

**RFP#122050ORGANIZATIONNAMEPROJECTBUDGET  
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