

**RFP #122053  
2023 Rental Rehabilitation 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 #122053ORGANIZATIONNAMEREQUIREDFORMS  
RFP#122053ORGANIZATIONNAMEPROJECTBUDGET  
RFP#122053ORGANIZATIONNAMEOPERATINGCOSTS  
RFP#122053ORGANIZATIONNAMEOPERATINGBUDGET**

**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 Public Facilities
  - 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 RENTAL REHABILITATION

**APPLICATION SUMMARY**

|   |  |   |  |
|---|--|---|--|
| <b>ORGANIZATION NAME</b>  |  |   |  |
| <b>MAILING ADDRESS</b><br><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<br><input type="checkbox"/> Private, Non-Profit<br><input type="checkbox"/> Private, For Profit<br><input type="checkbox"/> Other: LLC, LLP, Sole Proprietor<br>Federal EIN: _____<br>Unique Entity Identification Number:<br>_____ |  |
| <b>NAME CHIEF ADMIN/<br/>CONTACT</b>  |  |   |  |
| <b>INTERNET WEBSITE<br/>(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.**

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**NEED AND JUSTIFICATION**

A. **PROPERTY OWNER:** Indicate the name and contact information for the Owner of the Property that will be rehabilitated.

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

**B. 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 space below to explain any "Yes" answers to the preceding three questions. Attach additional documentation as necessary.

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

C. **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:                                       |

D. **PROPERTY MANAGER:** Indicate the name and contact information for the Management Company for the Property.

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





**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

F. **PROJECT ASSISTANCE:** Please indicate the subsidy source if this project is 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   |                 |

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



## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

### PROJECT APPROACH

- H. **SCOPE OF WORK:** In the space below, provide a detailed description of the work that will be undertaken and describe how it will address the identified problem. Include information on any partnerships that have been or will be formed in order to ensure the success of the project

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- I. **\*RELOCATION:** In the space below, indicate whether any residents will need to be relocated during the project and the notices and plans for relocation.

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

J. **ARCHITECTURAL/ENGINEERING DESIGN:** In the space below, describe any architectural/engineering design work, such as preparing plans, drawings, specifications, work write-ups, and/or cost estimates that has been or will be undertaken for this project. NOTE: In order for these costs to be covered, HUD procurement requirements must be followed.

K. **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 – ATTACHMENT B**

L. **WORK PLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. This should assume that contracts will be awarded in the second quarter of 2022 (April 1 – June 30, 2022). Add in extra quarters as needed. Examples of milestones are: date bid packages or request for quotes are let, date bids/quotes are due, date community awards contract(s), date of pre-construction conference with Contractor/County and municipality/agency to review Davis-Bacon requirements, date building permits are to be obtained, date work commences, etc.

| <b>ON OR BEFORE</b> | <b>MILESTONES</b> |
|---------------------|-------------------|
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |
|                     |                   |

**“Shovel-Ready” Projects:**

A project is considered “shovel-ready” if the organization can begin expending funds within three months of receiving their award, and complete the project within one year of the date of the contract. We anticipate contracts for shovel-ready projects to be executed in the fourth quarter of 2022. Please describe if and how your project is a “Shovel-Ready” Project.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

### EXPERIENCE AND QUALIFICATIONS

M. **REHAB EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to doing rehabilitation work.

N. **INCOME DOCUMENTATION:** Describe the experience and qualifications of your organization related to performing income documentation for program eligibility.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- O. **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 rehabilitation projects. Be sure to attach resumes for key staff to the application.

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**P. 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) HOME – 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) HOME – FUNDED AMOUNT OF SALARY |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |
|                   |                |                 |                                    |                                   |

Q. **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 – ATTACHMENT B**

R. **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><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) | <b>Term of Office</b>              | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) | <b>Term of Office</b> | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(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><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) | <b>Term of Office</b>              | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) | <b>Term of Office</b> | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(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><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) | <b>Term of Office</b>              | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) | <b>Term of Office</b> | <b>From:</b><br>(MM/DD/YY) | <b>To:</b><br>(MM/DD/YY) |
|                               |                            |                          |                                    |                            |                          |                       |                            |                          |
| <b>Name</b>                   |                            |                          | <b>Name</b>                        |                            |                          | <b>Name</b>           |                            |                          |
| <b>Home Address</b>           |                            |                          | <b>Home Address</b>                |                            |                          | <b>Home Address</b>   |                            |                          |





## SECTION 6 – REQUIRED FORM – ATTACHMENT B

**U. STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your organization'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> |        |             |        |             |           |             |

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**PROGRAM BUDGET AND MATCHING FUNDS**

T. **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  |        |          |              |                      |                     |

U. **MATCH:** Describe the sources and amounts of any funds that will be contributed by your organization for this project in the space below. Further identify funding sources that have been contacted and the results of these contacts.

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

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

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

W. **\*FUNDS NEEDED:** In the space below, please describe why HOME funds are needed to ensure the viability of this project.

## SECTION 4 – REQUIRED FORMS – ATTACHMENT B

X. **COST BASIS:** In the space below, describe the basis for how cost estimates contained in the Project Budget were obtained/identified.

Y. **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.

Z. **DETAILED 2023 OPERATING COSTS:** Following the Project Budget is the Detailed 2023 Operating Costs. Complete the Operating Budget identifying the income and expenses.

AA. **OPERATING BUDGET:** Following the Detailed Operating Budget is the 15-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.**

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

**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                     |

**SECTION 4 – REQUIRED FORMS – ATTACHMENT B**

| Item   |  | Project Related Costs |
|--|--|-----------------------|
| 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, 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) | X                     |
| 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 THE APPLICATION SUBMISSION. PLEASE NAME THE BUDGET FILES AS FOLLOWS:**

**RFP#122053ORGANIZATIONNAMEPROJECTBUDGET  
RFP#122053ORGANIZATIONNAMEOPERATINGCOSTS  
RFP#122053ORGANIZATIONNAMEOPERATINGBUDGET**