

# Proposal Development Funding Program Application Form

## SECTION 1: APPLICANT INFORMATION

Name of Applicant Group \_\_\_\_\_

Legal Name of Applicant Group \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Mailing Address

Apt. \_\_\_\_\_ Street Number: \_\_\_\_\_ Street Name \_\_\_\_\_

PO Box \_\_\_\_\_ Municipality \_\_\_\_\_ Prov. \_\_\_\_\_

### Corporation Type:

Private \_\_\_\_\_ Non-Profit \_\_\_\_\_ Cooperative \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Corporate Status:** Yes No

Incorporated (attach articles) \_\_\_\_\_ Date \_\_\_\_\_

### Previous Funding Assistance

Does your organization operate housing under an agreement with Manitoba Housing? Yes \_\_\_ No \_\_\_

Has your organization received any funding from Manitoba Housing in the Past? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

## SECTION 2: DEVELOPMENT TEAM

### Project Development

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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**Architect:**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Law Firm:**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Other (specify):**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**SECTION 3: SUMMARY OF PROPOSED PROJECT**

Project Name: \_\_\_\_\_ Location (Town/City): \_\_\_\_\_

**Unit Types:**

Families \_\_\_\_\_ Seniors \_\_\_\_\_ Single \_\_\_\_\_ Non-Elderly \_\_\_\_\_

**Target Population(s):** \_\_\_\_\_

**Housing Type:**

Permanent \_\_\_\_\_ Supportive \_\_\_\_\_ Assisted Living \_\_\_\_\_

Transitional \_\_\_\_\_ Emergency \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Tenure Type:**

Rental \_\_\_\_\_ Cooperative \_\_\_\_\_ Life Lease \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Project Type:**

New Construction \_\_\_\_\_ Rehabilitation \_\_\_\_\_ Conversion from Non-Residential \_\_\_\_\_

Other (specify): \_\_\_\_\_

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**Dwelling Type:**

High-Rise \_\_\_\_\_ Low-Rise \_\_\_\_\_ Townhouse \_\_\_\_\_ Triplex/Fourplex \_\_\_\_\_  
 Mid-Rise \_\_\_\_\_ Motel/Hostel \_\_\_\_\_ Maisonette \_\_\_\_\_ Semi-Detached/Duplex \_\_\_\_\_  
 Other (specify): \_\_\_\_\_ #of Elevators: \_\_\_\_\_ # of Storeys: \_\_\_\_\_

**Construction Method:**

Wood Frame \_\_\_\_\_ Concrete \_\_\_\_\_ Steel Frame \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Heating Fuel:**

Electricity \_\_\_\_\_ Natural Gas \_\_\_\_\_ Ground Source \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Heating System:**

Forced-Air \_\_\_\_\_ Radiant \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Building Areas and Housing Unit Description**

Function	Description of Space	Total sq ft
Residential (units/beds)	_____	_____
Resident Amenity	_____	_____
Program Support/Admin.	_____	_____
Building Operations Admin.	_____	_____
Non-Residential/Commercial	_____	_____
Circulation/Service Rooms	_____	_____
<b>Gross Building Area</b>	_____	_____

**Unit Details**

Unit Type	# of Total Units	# Accessible Units	# Supportive Units	# Affordable Units	Unit Size (sq.ft.)
1 bedroom					
2 bedroom					
3 bedroom					
4+ bedroom					
Other:					
<b>Total:</b>					

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**SECTION 4: SITE INFORMATION**

Address \_\_\_\_\_ Land Area (sq.ft.) \_\_\_\_\_

Legal Description of Land \_\_\_\_\_

Current Land Owner \_\_\_\_\_

Value/Price of Land: \_\_\_\_\_

Is rezoning required for the new project? \_\_\_\_\_ Is subdivision required? \_\_\_\_\_

Former land use (if known): \_\_\_\_\_

Are there any known or possible environmental concerns? Please describe in the space below any servicing considerations that may currently hinder site development (e.g., require storm sewer, water or electric hook-ups, etc.)

\_\_\_\_\_

**SECTION 5: ESTIMATED CAPITAL COSTS**

**Class of Construction Cost Estimate Used (select which class applies):**

Class D \_\_\_\_\_ Class C \_\_\_\_\_ Class B \_\_\_\_\_ Class A \_\_\_\_\_

Property Acquisition and Servicing Costs	Applicant Estimate	MHRC Use
1. Land Cost * (including existing structures, if any)		
2. Off-site Servicing		
3. Legal Fees for Land Acquisition		
4. Surveyor's Fees		
5. Land Transfer Tax		
6. Zoning/Variance Fees		
7. Appraisal Fees		
8. Environmental Site Assessment		
9. Other (specify):		
10. Sub-total Property Acquisition and Servicing Costs (lines 1-9)		

\* Please indicate what the Land Cost is based on (select ONE):

Purchase Price \_\_\_\_\_ Appraised Value \_\_\_\_\_ Assessed Value \_\_\_\_\_

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Development Fees and Charges	Applicant Estimate	MHRC Use
11. Architect/Engineering/other Consulting Fees		
12. Legal Fees (excluding land acquisition)		
13. Development/Project Management Fees		
14. Insurance During Development		
15. Property Taxes During Development		
16. Utilities During Development		
17. Permits/Other Development Fees		
18. Rent Up Costs		
19. Interest Charges		
20. Audit		
21. GST		
22. Other (specify):		
<b>23. Sub-total Development Fees and Charges (lines 11 to 22)</b>		

Building and Landscaping Costs	Applicant Estimate	MHRC Use
24. Building Construction Costs		
25. Rehabilitation/Conversion/Demolition Costs		
26. Onsite Servicing		
27. Landscaping		
28. Stoves, Refrigerators and Laundry Equipment		
29. Hard Furnishings		
30. Maintenance Equipment (specify)		
31. Contingency		
32. Other (specify):		
<b>33. Sub-total Building and Landscaping Costs (lines 24 to 32)</b>		
<b>34. TOTAL CAPITAL COSTS (line 10 + 23 + 33)</b>		

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**SECTION 6: OPERATING BUDGET**

Do unit rents include all three essential utilities (heat, water, and sewer) Yes \_\_\_\_\_ No \_\_\_\_\_

Unit Type	# of Units / Beds	Monthly Rent	Monthly Subtotal	MHRC Use
1 bedroom				
2 bedroom				
3 bedroom				
4+ bedroom				
Other:				
Other:				
		Monthly Income		
		Annual Income		

Parking: \_\_\_\_\_ spaces at \$ \_\_\_\_\_ per month = \$ \_\_\_\_\_ x 12 months = \$ \_\_\_\_\_

Estimated Annual Operating Revenue	Applicant Estimate	MHRC Use
35. Rent (annual income – see above)		
36. Parking (annual income – see above)		
37. Laundry		
38. Surcharges, user fees, etc.		
39. Supports/Services Funding (specify):		
40. Other (specify):		
41. Non-Residential/Commercial Revenue (specify):		
<b>42. TOTAL ANNUAL REVENUE (lines 34 to 40)</b>		

Estimated Annual Operating Costs	Applicant Estimate	MHRC Use
43. Maintenance and Repairs		
44. Elevator		
45. Snow and Waste Removal		
46. Grounds Maintenance		
47. Heating		
48. Lights and Power		
49. Water/Sewer		

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50. Janitorial		
51. Security		
52. Management		
53. Audit		
54. Property Taxes		
55. Insurance		
56. Contingency for Vacancies and Bad Debts		
57. Replacement Reserve		
58. Tenant / Client Support Services		
59. Other (specify):		
60. Projected Debt Service (attach terms)		
<b>61. TOTAL ANNUAL OPER. COST (lines 42 to 59)</b>		
<b>62. ANNUAL CASH FLOW (line 41 minus line 60)</b>		

**SECTION 7: ESTIMATED FINANCING**

Estimated Equity and Funding	Applicant Estimate	MHRC Use
63. Applicant Equity (real property)		
64. Applicant Equity (unencumbered funds)		
65. Tenant Equity to Capital		
66. Tenant Equity to Reserve		
67. Other (specify):		
68. Other (specify):		
69. Other (specify):		
<b>70. TOTAL EQUITY &amp; FUNDING (lines 63 to 69)</b>		

Project Financing	Applicant Estimate	MHRC Use
71. Less: Mortgage Financing (total loan amount)		
72. Total Capital Costs (line 34)		
<b>73. TOTAL CAPITAL FUNDING &amp; FINANCING (line 70 + 71)</b>		

**Mortgage Details**

Term is \_\_\_\_\_ years at \_\_\_\_\_ %, amortized over \_\_\_\_\_ years. Annual Payment \$ \_\_\_\_\_

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**SECTION 8: PDF COST ESTIMATE SUMMARY**

Development Activity	Estimated Total Cost	Requested PDF Funding	MHRC Use
1. Business Planning			
2. Project Drawings & Specs.			
3. Land Survey			
4. Soil Testing			
5. Environmental Site Assessment			
6. Cost Estimating			
7. Marketing			
8. Geothermal Feasibility Study			
9. Legal Fees			
10. Other (specify):**			

\*Estimated total costs are the entire anticipated expenses for proposal development that will be incurred up to the time when mortgage financing may be approved.

\*\*Activities listed in this section must receive pre-approval from Manitoba Housing.

ESTIMATED COMPLETION DATE OF DEVELOPMENT ACTIVITIES: \_\_\_\_\_

**CERTIFICATION:**

I, the undersigned, being an authorized signing officer of the non-profit corporation/co-operative, acknowledge that all information in this application, as well as any attachments, are free of omissions and accurate statements of fact, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone