

## Fiscal Year 2022 Application for MFH Preservation and Revitalization Demonstration Program (MPR) Instructions

Applicants are required to submit this application form along with all documents outlined in Section III. B. of the NOSA to the CloudVault folder (described in Section III. A. of the NOSA). Please note: Only electronic submissions to CloudVault will be accepted.

### I. Applicant Information (for transfers, the applicant will be the Transferee)

- a. Applicant/Transferee's Name:
- b. Applicant's Address:  
Address, Line 1:  
Address, Line 2:  
City: State: Zip:
- c. Name of Applicant's Contact Person:
- d. Contact Person's Telephone Number:
- e. Contact Person's Email Address:
- f. Applicant's DUNS Number:
- g. Submission Email Address:

### II. Project Information

- a. Primary Project Name:
- b. Project Address:  
Address, Line 1:  
Address, Line 2:  
City: State: Zip:
- c. Consolidation of project operations. Check one below:  
 This proposal does not involve a consolidation of properties  
 This proposal involves a consolidation of properties
- d. Provide the requested information for the Primary Project listed above and all projects being consolidated in this application (if there is a consolidation).

|                                    | Borrower ID | Project ID | Project Name | Current Vacancy Percentage (for 515 Only) | Project ST | Project Type 514 or 515 |
|------------------------------------|-------------|------------|--------------|-------------------------------------------|------------|-------------------------|
| <b>Primary Project (required):</b> |             |            |              |                                           |            |                         |
| 1.                                 |             |            |              |                                           |            |                         |

| List only Projects to be Consolidated with the Primary Project |             |            |              |                                              |            |                            |
|----------------------------------------------------------------|-------------|------------|--------------|----------------------------------------------|------------|----------------------------|
|                                                                | Borrower ID | Project ID | Project Name | Current Vacancy Percentage<br>(for 515 Only) | Project ST | Project Type<br>514 or 515 |
| 2.                                                             |             |            |              |                                              |            |                            |
| 3.                                                             |             |            |              |                                              |            |                            |
| 4.                                                             |             |            |              |                                              |            |                            |
| 5.                                                             |             |            |              |                                              |            |                            |
| 6.                                                             |             |            |              |                                              |            |                            |
| 7.                                                             |             |            |              |                                              |            |                            |
| 8.                                                             |             |            |              |                                              |            |                            |
| 9.                                                             |             |            |              |                                              |            |                            |
| 10.                                                            |             |            |              |                                              |            |                            |

**For Section 515 RRH projects:** If the average physical vacancy rate for the 12 months preceding this Notice's publication date for any of the projects listed above exceed 10.0% for projects with 16 or more revenue producing units, or exceed 15.0% for projects with less than 16 revenue producing units, attach required market data documentation.

**For Section 514 Off-Farm Labor Housing projects:** If cash flow for the previous 3 full years of operation is not positive, attach required market documentation.

|                    |                      |            |                      |
|--------------------|----------------------|------------|----------------------|
| Year of Operation: | <input type="text"/> | Cash Flow: | <input type="text"/> |
| Year of Operation: | <input type="text"/> | Cash Flow: | <input type="text"/> |
| Year of Operation: | <input type="text"/> | Cash Flow: | <input type="text"/> |

e. Is there an Agency approved Capital Needs Assessment (CNA)?    Yes    No

**III. Funds**

a. Are there contributions of other sources of funds?    Yes     No

If “Yes,” provide the amounts obtained from the following sources.

Note: You must provide documentation that the funds have been committed or awarded. Only include amounts for a Rural Development (RD) Section 515 loan or Section 514/516 loan/grant if they have already been approved and obligated by RD.

| <u>Source</u>                                                                             | <u>Amount</u>                        |
|-------------------------------------------------------------------------------------------|--------------------------------------|
| Tax Credits .....                                                                         | <input type="text"/>                 |
| 3 <sup>rd</sup> Party Loan.....                                                           | <input type="text"/>                 |
| 3 <sup>rd</sup> Party Grant.....                                                          | <input type="text"/>                 |
| Tax Exempt Financing.....                                                                 | <input type="text"/>                 |
| RD Section 515 Rehabilitation Loan.....                                                   | <input type="text"/>                 |
| RD Section 514/516 Off-Farm Rehabilitation Loan/Grant.....                                | <input type="text"/>                 |
| RD Section 538 Funds.....                                                                 | <input type="text"/>                 |
| RD Preservation Revolving Loan Funds.....                                                 | <input type="text"/>                 |
| Owner Provided Capital Contributions.....                                                 | <input type="text"/>                 |
| Excess Funds from applicant’s project reserves, operating funds, or donated services..... | <input type="text"/>                 |
| <b>Total Contributions</b>                                                                | <input type="text" value="\$ 0.00"/> |

**IV. Transfers and Sales**

a. Does this proposed transaction include a transfer of ownership?    Yes     No

**V. Priority Projects**

a. Indicate if one of the following scenarios applies to this transaction:

- Transaction with third-party funding that will expire within 120 days.
- Project with urgent health/safety/accessibility issues to address.
- Projects with an average physical vacancy rate of no more than 5% for the 12 months preceding this Notice's application submission date with a demonstrated waiting list.
- Projects that include all of the Agency’s three key priorities (COVID-19, Equity and Climate).

b. Indicate the two key priorities that apply to this transaction. **Must meet two of the three to be eligible.**

- COVID-19** - The project must be located in or serving one of the top 10% of counties or county equivalents based upon the county risk score in the United States.
- Equity** - The project must be located in or servicing a community with a score of 0.75 or above on the CDC Social Vulnerability Index.
- Climate Impacts** – Applicants may be eligible through one of two methods (**choose one**):
  - a. The project must be located in or serving coal, oil and gas, and power plant communities whose economic well-being ranks in the most distressed tier of the Distressed Communities Index, or
  - b. Demonstrate through a written narrative how proposed climate-impact projects improve the livelihoods of community residents and meet pollution mitigation or clean energy goals.

**VI. Adverse Impacts and Physical Failures**

Has this project been adversely impacted by natural causes where the damage could not have been prevented by foresight or caution over the previous 24 months?

**OR**

Has this project sustained physical property damage or failure not reimbursable by property liability insurance or any other form of third-party compensation such as disaster loans or grants from other agencies?

Yes  No  If Yes, provide details in your narrative.

**VII. Documents Submitted**

Below, please check all documents that you will be submitting as part of your complete application package (continued on the next page).

| Document                                                                                                                                                                                                         | Submission Mode |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Table of Contents                                                                                                                                                                                                | CloudVault      |
| FY 2022 Application for MFH Preservation and Revitalization Demonstration Program (MPR) (this form)                                                                                                              | CloudVault      |
| Form SF 424, "Application for Federal Assistance"                                                                                                                                                                | CloudVault      |
| Applicant's DUNS number, registration in the SAM system prior to submitting an application pursuant to 2 CFR 25.200(b), and other supporting information to substantiate their legal authority and good standing | CloudVault      |
| Narrative                                                                                                                                                                                                        | CloudVault      |
| Credit Report                                                                                                                                                                                                    | CloudVault      |
| <b>II. Project Information</b>                                                                                                                                                                                   |                 |
| e. Market Survey if vacancy rates are exceeded for Section 515 RRH projects or if there is negative cash flow for Section 514/516 FLH projects                                                                   | CloudVault      |
| <b>III. Funds</b>                                                                                                                                                                                                |                 |
| a. Evidence of commitment and sources of funds, showing that the funds have been committed or awarded                                                                                                            | CloudVault      |

|                                                                                                                                                                                                                         |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>IV. Transfer and Sales</b>                                                                                                                                                                                           |            |
| a. <b>Valid and unexpired</b> Purchase Agreement for a transfer of ownership OR other evidence of site control for a transfer of ownership such as a Letter of Intent, or other documentation acceptable to the Agency. | CloudVault |

**IMPORTANT: Please read and follow these steps before submitting this form.**

**Have all supporting documents ready for submission before you submit this form.**

1. **Step 1:** Save this form with the Project name and State in the File name.
2. **Step 2:** Once your supporting documents are ready for submission, upload them to the CloudVault folder previously provided to you. You must submit this form in order for your application to be processed.
3. **Step 3:** You may print the form for your records.

**Rules to follow when submitting Supporting Documents:**

1. Please submit all supporting documents to the CloudVault folder you requested. No other form of submission will be accepted.
2. Each CloudVault folder should only contain the supporting documents for one project, except in the case of a consolidation when more than one project is listed on the application form.
3. Submit each supporting document as a separate file with an easily identifiable file name. File names with special characters such as an “&” will be rejected by the system. Letters, numbers, and spaces are permissible. File names may not exceed 64 characters.
4. The following file types are acceptable: Adobe .pdf, Word and Excel. We will not accept zip files or links to files stored on other sites.

**PLEASE NOTE**

Failure to comply with these guidelines may result in a rejection of your application.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0190. The time required to complete this information collection is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.