

## Pre-screening

### Pre-screening

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Have you undertaken a pre-application consultation for the Homekey program? \*

Yes

Will the project serve the target population? \*

*Target population is individuals and families who are experiencing homelessness or who are at risk of homelessness defined in Section 578.3 of Title 24 of the Code of Federal Regulation and who are impacted by the COVID-19 pandemic.*

Yes

Do you have a path for environmental approval? \*

*The applicant is able to provide the proof of CEQA compliance or a timeline for acquiring CEQA compliance.*

Yes

Is the applicant a city, county, or other local public entity, such as a public housing authority or federally recognized tribal governments within California? \*

Yes

True

## Application

### Application

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Application Title \*

*Please, type the title of your project.*

**Marin County - America's Best Value**

Is the applicant: \*

**Single applicant**

### Primary Applicant

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*NOTE: Name of Applicant must match the name that appears on the Applicant's Authorizing Resolution and Payee Data Record or Government TIN Form.*

Select Organization Type \*

County

Select your County \*

Marin County

## Primary Address

*Provide the organization address, not the project address*

Address Lookup Tool (optional)

*Only CA addresses are eligible for this application*

3501 Civic Center Dr, San Rafael, CA 94903, USA

Street Name \*

*Enter the primary address for the Applicant.*

Address Line 2

3501 Civic Center Drive

City \*

San Rafael

State \*

CA

County \*

Marin County

Zip \*

94903

## Mailing Address

Same as Primary Address

Checked

## Government TIN Form / Payee Data Record

Select the document you will provide \*

*Find the forms in the "Files" tab displayed in this site next to the "Submit" tab.*

Government TIN Form

Government TIN Form With the Application Package \*  
(Single File)

## Attachment 1 - County of Marin TIN Form.pdf

Description of file

Attachment 1 - County of Marin TIN Form

## Authorizing Resolution

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Is the applicant submitting a Authorizing Resolution form? \*

*Find the form in the "Files" tab located in the previous "Overview" page.*

Yes

Authorizing Resolution \*

*(Single File)*

Attachment 2 - County of Marin Authorizing Resolution.pdf

Description of file

Attachment 2 - County of Marin Authorizing Resolution

## Contacts

### Contacts for Marin County (Primary Applicant)

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#### Primary Contact

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First Name \*

Ashley

Last Name \*

Hart McIntyre

Title \*

Homelessness Policy Analyst

Email Address \*

amcintyre@marincounty.org

Phone Number \*

(415) 473-3501

#### Authorized Representative

First Name \*

Leelee

Last Name \*

Thomas

Title \*

Planning Manager, Housing &amp; Federal Grants Division

Email Address \*

LThomas@marincounty.org

Phone Number \*

(415) 473-6697

## Alternate Contact

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I want to provide an alternate contact

Checked

First Name \*

Carrie

Last Name \*

Sager

Title \*

Homelessness Program Coordinator

Email Address \*

csager@marincounty.org

Phone Number \*

(415) 499-7590

## Legislative Contacts

## Legislative Contacts

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### State Assembly Member

Select the CA State Assembly Member \*

10 Marc Levine

District Number

10

## State Senate Member

Select the CA State Senator \*

**2 Mike McGuire**

District Number

**2**

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## U.S. House Representative for California

Select the US House Representative for California \*

**2nd Huffman, Jared**

District Number

**2nd**

## U.S. Senators for California

Dianne Feinstein, Kamala D. Harris.

## Projects

### Geographical Location

*The geographical location is automatically determined based on the primary Applicant address.*

Geographical Location

**SF Bay Area (including Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma)**

### Project Type

Please select project type(s) below according to requirements of eligible projects outlined in the NOFA. The below list of eligible Projects is not exhaustive. The Department will consider a variety of other forms of housing as eligible Projects. Interested applicants should discuss other projects types with the Department during the pre-application consultation. \*

**Nonresidential structures with a certificate of occupancy as a motel, hotel, or hostel**

# Project Benefit Type(s) and number of beneficiaries of this activity

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Indicate project benefit type(s) \*

**Permanent Housing (see NOFA section-305 for requirements)**

Submit a supporting document demonstrating how you meet permanent housing requirements. \*  
(Single File)

**Attachment 3 - Permanent Housing Certification - Americas Best Value.pdf**

Description of file

**Attachment 3 - Permanent Housing Certification**

Demonstrate Statement of Need, Proposed Outcome, and Beneficiaries of the activity \*

*The narrative must include: a detailed description of the activity, why it is needed, who will benefit, number of beneficiaries, activity location, how will the activity will be implemented, and when it will be complete.*

The 2019 Homeless Point-in-Time Count identified 1,034 people experiencing homelessness in Marin County, 708 of them unsheltered. To reduce these numbers and house those most at risk from COVID-19, Marin must rapidly expand the inventory of housing for people experiencing/at risk of homelessness and impacted by COVID-19. The proposed project involves acquiring a motel by the end of calendar year 2020, conducting rehabilitation as needed, and the goal of moving people from the target population inside within 30 days of property acquisition. The project will initially serve as interim housing, prioritized for those with a pathway to exit to permanent housing through our highly regarded and well established Coordinated Entry System. Over time, units will be converted to permanent housing by pairing them with project-based vouchers. All units will be converted to permanent housing no later than December 30, 2023. This project will produce 18 housing units, which would result in a 1.7% reduction in homelessness, or 50 units/4.8% reduction with additional units supported by this project.

Will the project be occupied within 90 days from the date of acquisition or lease? \*

**Yes**

Provide escrow information

**Checked**

Escrow Company Name

**Cal Land Title**

Escrow Number

**N/A**

Escrow Officer Name

**Dean'a Jerejian**

Additional Information for Escrow

Address Lookup Tool (Optional)

**300a Drakes Landing Rd, Greenbrae, CA 94904, USA**

Street

300a Drakes Landing Road

Address Line 2

City

Larkspur

State

CA

Zip

94904

## Sites

### Site and Readiness

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How many sites are part of your project? \*

1

Does the applicant have Evidence of Site Control? \*

*Select one of the applied choices.*

Yes

Submit supporting document to identify the site is suitable for development and evidence of site control \*  
(Single File)

Attachment 4 - LOI - Americas Best Value.pdf

Description of file

Attachment 4 - LOI including exclusive negotiating right

### Sites Address(es)

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Site Address 1

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Used for \*

1 - Permanent housing or will result in permanent housing as indicated on the application

Address Lookup Tool (optional)  
*Only CA addresses are eligible for this application*  
1595 Casa Buena Dr, Corte Madera, CA 94925, USA

Address *	Address Line 2
1595 Casa Buena Drive	
City *	State *
Corte Madera	CA
Zip *	
94925	

Select all applicable activities: \*

Acquisition or rehabilitation of motels, hotels, or hostels , Conversion of units from nonresidential to residential in a structure with a certificate of occupancy as a motel, hotel, or hostel , Capitalized operating subsidies for units purchased, converted, or altered with funds provided pursuant to Health and Safety Code section 50675.1.1. Projects seeking 24 month operating subsidies for units purchased, converted, or altered will be awarded with funds from the \$50 million state General Fund allocation. The \$550 million in Homekey derived from the CRF is not permitted to be used for this purpose.

If needed, please add a brief note below

We plan to use Project Homekey funding to acquire a motel, immediately convert the building to temporary interim housing, and then rehab the building to permanent affordable housing for people experiencing homelessness.

Add activity description here including the scope of work, tasks, and project deliverables. \*

This property is move-in ready and does not require any significant rehabilitation to accommodate our target population. Long-term, after move-in, we will work to make any unit modifications (e.g. the installation of kitchenettes) to meet HUD’s standards for housing vouchers. That work will not interfere with or delay this building from being a Tier 1 project. This property not only provides housing support but also access to amenities such as public transportation and grocery stories. The property will meet 10% ADA accessibility, and a full ADA assessment will be conducted during acquisition due diligence investigations.

Project Evaluation

Project Evaluation

*This evaluation applies to the applicant and/or the development team.*



1. Does the applicant have experience in acquiring and managing affordable housing? \*

Yes

Submit Supporting Documents – File Attachment \*

**Attachment 7 - Applicant Experience.pdf**

Description of file

**Attachment 7 - Applicant Experience with Affordable Housing**

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2. Does the applicant have committed and intended sources for Homekey? \*

Yes

2.1. Does the applicant intend to use Homekey resources for development related expenses? \*

Yes

Select the category below. \*

*These expenses should be expended by December 30, 2020.*

**\$151K to \$200K per door**

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3. Does the applicant have the corresponding capital match? \*

*The first \$100K per door of capital requires no match; the next \$50K per door of capital requires a 1:1 match; the final \$50K per door of capital requires 2:1 match.*

Yes

4. Does the applicant intend to apply for the 24 month operating subsidy? \*

*These dollars need to be expended by June 30, 2022.*

Yes

5. Does the applicant have the remainder of the required contribution to demonstrate a five-year match in operating costs? \*

Yes

**6. Ability to expend funds by December 30, 2020. (Up to 50 points)**

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A - Identification of a site suitable for development and evidence of site control, or a plan and timeline for obtaining site control along with other supporting evidence (e.g., letter of intent, an exclusive negotiating agreement, ground lease, etc.).

The applicant has submitted (Up to 20 points)  
Evidence of site control

B - A proposed development vision that identifies the financial and for regulatory mechanisms to be used to maintain the ongoing affordability of the Project.

Does the applicant have a proposed development vision identifying the financial and regulatory mechanisms to be used to maintain the ongoing affordability of the project? (Up to 20 points) \*

**Yes**

Execution of Proposed Development Vision \*

**Greater than 12 and less than 36 months**

Upload the Descriptive Proposed Development Vision \*  
(Single File)

**Attachment 8 - Marin Development Vision ABV.pdf**

Description of File

**Attachment 8 - Development Vision**

C - An overview of the plan and timeline for any required entitlements, permits, environmental clearances.

Does the applicant have an overview of the timeline and plan for any required entitlements, permits, environmental clearances? (Up to 10 points) \*

**Yes**

Submit the Project Timeline Template – File Attachment \*  
(Single File)

**Attachment 9 - Timeline Template.xlsx**

Description of File

**Attachment 9 - Timeline Template**

## 7. Demonstration of the development team's experience and capacity to

## acquire and operate the Project. (Up to 40 points)

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Demonstration of the development's team experience to acquire and/or rehabilitate and operate the Project.

A. Provide a description of the development team's experience to acquire and/or rehabilitate and operate the Project. (Up to 10 points)

Yes

File Attachment \*

(Multiple Files)

**Attachment 10 - Development Team Experience.pdf**

Description of File

**Attachment 10 - Development Team Experience**

B. Does the applicant have a plan/flowchart for its development team's connection or partner relationship with another entity? (Up to 10 points) \*

Yes

Submit documents demonstrating the organizational chart of how the development team is connected and a description of how the team will work together, e.g., MOU, etc. \*

(Multiple Files)

**Attachment 11 - Development Team Flowchart.pdf**

Description of File

**Attachment 11 - Development Team Flowchart**

Development, ownership, or operation of a project similar in scope and size to the proposed Project.

C. Does the applicant have experience with development, ownership, or operation of a Project similar in scope and size to the proposed Project, or at least two affordable rental housing Projects in the last ten years, with at least one of those Projects containing at least one unit housing a tenant who qualifies as a member of the Target Population. (Up to 10 points) \*

Yes

Submit Evidence - File Attachment \*

(Single File)

**Attachment 12 - Similar Project Experience .pdf**

Description of File

**Attachment 12 - Similar Project Experience**

D. Do you have documents supporting the extent to which the Project can demonstrate the range of on-site and off-site supportive services that will be provided to the Target Population, e.g., mental health services, substance use disorder services, primary health, employment, and other tenancy support services? (Up to 10 points) \*

Yes

Submit Documents – File Attachment \*

*In demonstrating how the project will provide supportive services, please describe the on-site staffing plan proposed to deliver these services. Also describe the approach to securing off-site services including primary care and other needed physical health and behavioral health services as well as other tenancy supports. (Multiple Files)*

**Attachment 13 - On-Site and Off-Site Services.pdf**

Description of File

**Attachment 13 - On-Site and Off-Site Services**

**8. A demonstration of how the Project will address racial equity, other systemic inequities, state and federal accessibility requirements, and serve members of the Target Population. (Up to 25 points)**

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A - Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act. The Fair Employment and Housing Act is supported by accompanying regulations, 2 CCR Section 12005 et seq, covering tenant screening and affirmative marketing requirements. Eligible applicant will also include a description of how the Project will address racial equity and inequities for the Target Population, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes. The description should include supporting evidence of the strategies' effectiveness if available.

Can the applicant demonstrate how the proposed project will address racial equity, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes? (Up to 15 points) \*

Yes

Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act.

Submit Supporting Document – File Attachment \*  
(Single File)

**Attachment 14 - Equity Analysis and Nondiscrimination Policies - ABV.pdf**

Description of File

**Attachment 14 - Equity Analysis & Nondiscrimination Policies**

B - The extent to which the Project exceeds the state and federal accessibility requirements set forth Section 311, specifically providing a minimum of 10 percent of units with features accessible to persons with mobility disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC provisions, and a minimum of 4 percent of units with features accessible to persons with hearing or vision disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC Chapter 11B provisions.

Does the project exceed the state and federally accessibility requirements set forth Section 311? (Up to 5 points) \*

**Yes**

Submit Supporting Document – File Attachment  
(Single File)

Description of File

**Documentation pending, expected week of 8/12**

C - The Applicant or Development team has three or more years of experience serving persons of the Target Population.

Does the applicant or Development team have three or more years of experience serving persons of the target population? (Up to 5 points) \*

**Yes**

Submit Supporting Document – File Attachment \*  
(Single File)

**Attachment 17 - Experience with target population.pdf**

Description of File

**Attachment 17 - Experience with Target Population**

## 9. The extent to which the Eligible Applicant can demonstrate the Project's community impact and site selection. (Up to 45 points.)

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A - The extent to which the Eligible Applicant can demonstrate the Project's impact on the community as demonstrated by a reduction of at least 5 percent of the local 2019 Point in Time Count.

Can the applicant demonstrate the Project's impact on the community via a reduction of at least 5 percent of the local 2019 Point in Time Count? (Up to 10 points) \*

**No**

B - The proposed Project is a Tier One Project and requires no rehabilitation, or the rehabilitation and the occupancy can be completed within 30 days after acquisition.

Is Project a Tier One Project and requires no rehabilitation, or the rehabilitation and occupancy can be completed within 30 days after acquisition? (Up to 10 points) \*

**Yes**

C - The Project is expected to acquire and maintain 100 or more units for the Target Population.

Is Project expected to acquire and maintain 100 or more units for the Target Population? (Up to 5 points) \*

**No**

D - For any project below \$350,000 per door, if the Eligible Applicant contributes more than a minimum match outlined in Table 5 in the NOFA, the application will receive one (1) extra point for every additional 5% per door contributed to the Project. For example, for an acquisition that costs \$100,000 per door, the applicant will receive 1 extra point for every \$5,000 per door in match contributed.

Will the applicant contribute more than a minimum match outlined in Table 5 in the NOFA? (Up to 10 points)

\*

**No**

E - Site Selection (Up to 10 points)

Is Project Site located within 1/3 mile of public transit, such as a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop? (Up to 4 points) \*

**Yes**

Submit Supporting Document – File Attachment \*  
(Single File)

**Attachment 19 - Transit Connection - Americas Best Value.pdf**

Description of File

**Attachment 19 - Transit Connection**

Is Project Site located in proximity (within 1/2 mile for urban area and 1 mile for rural area) to essential services, such as grocery store, health facility, pharmacy, and library? (Up to 6 points) \*

**Yes**

Submit Supporting Document – File Attachment <sup>\*</sup>  
(Single File)

**Attachment 20 - Essential Services - Americas Best Value.pdf**

Description of File

**Attachment 20 - Essential Services**

## Environmental Requirements

### Environmental Requirements

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For Environmental Review documents, please review the link <https://www.hcd.ca.gov/grants-funding/active-funding/homekey/docs/QA-Homekey-CEQA-Exemption-Final.pdf> located on HCD's website - Homekey page.

For further information regarding CEQA guidelines, please review the link below:

- [CEQA - Statute & Guidelines](#)
- [CEQA - Supplemental Documents](#)

Select your option

**Upload proof of CEQA compliance**

Upload proof of CEQA compliance <sup>\*</sup>  
(Single File)

**Attachment 21 - CEQA Compliance.pdf**

Description of file

**Attachment 21 - CEQA Compliance**

## Budget Worksheet

### Budget Worksheet

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Upload the completed HCD provided budget template \*  
(Excel template)

**Budget Workbook\_Americas Best\_Final.xlsx**

Description of file

**Attachment 22 - Budget Workbook - America's Best Value**

## Duplication of Benefit

### Duplication of Benefit

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A Duplication of Benefit (DOB) occurs when a program beneficiary receives assistance from multiple funding sources totaling an amount that exceeds the need for a particular funding need. The duplication is the amount of assistance provided in excess of the need. It is the Department's responsibility to ensure that each Homekey activity provides assistance only to the extent that the recipient's project's funding need(s) has not been met by another funding source. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) prohibits federal agencies from providing assistance to any "person, business concern, or other entity" for any loss for which the entity has already received financial assistance from another source (See: 42 USC § 5155(a)). The Federal Register Notice, published on November 16, 2011 (Docket No. FR-5582-N-01), requires adequate policies and procedures in place to prevent a DOB and provide for the recapture of funds, if necessary. Once selected, applicant will be required to report on Duplication of Benefit metrics such as types of funding sources received, amounts received, expected persons served and actual persons served. Please check here to confirm you have read the above and agree to monitor applicant for DOB. \*

**Agree**

## Additional Information

### Additional Information

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Upload the Following Documents Demonstrating:

Appraisal

**I will provide this document by**



Select date \*

10/15/2020

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Physical Needs Assessment

I will provide this document by

Select date \*

10/15/2020

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Title Insurance

I will provide this document by

Select date \*

09/07/2020

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Documentation of Ability to Obtain the Insurance Coverages Specified in Article VI of the NOFA \*

I will provide this document by

Select date \*

08/24/2020

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I want to provide miscellaneous supporting documentation

Checked

Miscellaneous supporting documentation (photos, maps, renderings, newspaper articles, etc.) \*  
(Multiple Files)

Attachment 5 - Plan and Timeline for Site Control - Americas Best Value.pdf

Description of file

Attachment 5 - Plan and Timeline for Site Control

To receive payment for expenditures that have been incurred since March 1, 2020, or that will be incurred prior to Standard Agreement approval, the Applicant must provide the following information and documentation:

1. A line-item description of the work performed, materials supplied, and/or costs incurred;
2. The total amount incurred and outstanding for each line item;
3. Copies of outstanding invoices for (or other documentary evidence of) each line-item expenditure);
4. An explanation of why each line item is Homekey-critical; and
5. A certification, signed by the Applicant(s), that each line item has not already been funded by another funding source

## Applicant Compliance Certification

### Applicant Compliance Certification

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Submit an Applicant Compliance Certification \*

*Please complete and upload the Applicant Compliance Certification Form. Find the form in the "Files" tab located in the previous "Overview" page. (Single File)*

**Attachment 23 - Applicant Compliance Certification.pdf**

Description of file

**Attachment 23 - Applicant Compliance Certification**

## Print and Submit

**You must print your application.**

If you do not print your application you cannot update your application. Failure to print means that a new application has to be submitted.

You can print your application by clicking the PRINTER icon located on the top right corner of this window. Once the new tab opens you can use the PRINT function of your browser.