**FHFC Pre-Application Meeting Form for Proposed Permanent Supportive Housing Developments**

Name of proposed Development: Click here to enter text.

County: Choose a county.

Contact Person: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Is this a Joint Venture Partnership?

Choose an item.

1. Applicant Information

Name of Applicant: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| Name of natural person Principal attending | Associated Entity: | Is the entity a non-profit or for profit organization? |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |

\*If additional lines are necessary, please attach names on a separate page.

2. Developer Information

|  |  |  |
| --- | --- | --- |
| Name of natural person Principal attending | Name of Developer: | Is the entity a non-profit or for profit organization? |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |

If a Joint Venture Partnership, complete the following for the separate non-profit meeting.

Name of non-profit entity: Click here to enter text.

|  |
| --- |
| Name of natural person Principal(s) attending |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

If a Joint Venture Partnership and more than one separate non-profit meeting is required (for Joint Venture Partnerships with two non-profit partners), complete the following for the second non-profit entity:

Name of non-profit entity: Click here to enter text.

|  |
| --- |
| Name of natural person Principal(s) attending |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

Optional Attendees

Supportive Services Coordinator: Click here to enter text.

Application consultant, if any: Click here to enter text.

To be completed by FHFC staff:

The above Principals/individuals were present at the Pre-Application Meeting, held on \_\_\_\_\_\_\_\_ (date).

If a Joint Venture Partnership, the non-profit meeting(s) was held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) and the required individuals listed above were present.

Staff Initials:\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

*Once executed by FHFC staff, this form is considered approved and eligible for the Pre-Application Meeting Points in Permanent Supportive Housing RFAs.*