**FHFC Pre-Application Meeting or Experience 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.

Name of Applicant: Click here to enter text.

Name of Non-Profit Entity: Click here to enter text.

If Joint Venture, name of Joint Venture partner(s): Click here to enter text.

Name of Developer: Click here to enter text.

Choose One:

[ ]  The Applicant is requesting a Pre-Application Meeting (complete Item 1. below)

[ ]  The Applicant meets the Non-Profit Experience Requirement outlined in the RFA (complete Item 2. below)

1. **Pre-Application Meeting Information**

a. Applicant Information

|  |  |  |
| --- | --- | --- |
| 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.

b. 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. |

c. 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.  |

d. Optional Attendees

Supportive Services Coordinator: Click here to enter text.

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

Other Attendees, if any: Click here to enter text.

2. **Non-Profit Experience Requirement**

To meet this requirement, the Non-Profit Entity must have *completed,* as a non-Joint Venture, at least two Developments funded in RFAs for Permanent Supportive Housing in RFA cycles from 2016-2023\*; or if a Joint Venture partnership, all entities that form the Joint Venture must have *completed* at least two Developments funded in RFAs for Permanent Supportive Housing in RFA cycles from 2016-2023\* together as Joint Venture partners.

Complete the following for the two Developments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Development | Location | Application Number | RFA Number\* | Completion Date |
| Click here to enter text.  | Click here to enter text.  | Click here to enter text.  | Choose an item. | Click here to enter text.  |
| Click here to enter text.  | Click here to enter text.  | Click here to enter text.  | Choose an item. | Click here to enter text.  |

\*Permanent Supportive Housing RFAs from 2016-2023 include the following: RFA 2016-102; 2016-103; 2016-115; 2017-103; RFA 2018-101; RFA 2018-103; RFA 2018-108; RFA 2019-104; RFA 2019-106; RFA 2019-107; RFA 2020-102; RFA 2020-103; RFA 2020-106; RFA 2021-102; RFA 2021-103; RFA 2021-106; RFA 2022-102; RFA 2022-103; RFA 2022-106; RFA 2023-102; RFA 2023-103; RFA 2023-106; RFA 2023-108.

To be completed by FHFC staff:

\_\_\_ The Applicant requested a Pre-Application Meeting on \_\_\_\_ (date) and 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.

or

\_\_\_ The Non-Profit entity and Joint Venture partner (if applicable), meet the Non-Profit experience requirements. This request form was received by the Applicant on \_\_\_\_\_ (date)

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.*