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*

Designated employee(s) of the Applicant or Developer: Click here to enter text.

*Representatives from third party organizations such as service providers or consultants may not attend.

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 2016-2025*; 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 2016-2025* 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 2016-2025 include the following: RFAs 2016-102, 2016-103, 2016-115: RFA 2017-103; RFAs 2018-101, 2018-103, 2018-108; RFAs 2019-104, 2019-106, 2019-107; RFAs 2020-102, 2020-103, 2020-106; RFAs 2021-102, 2021-103, 2021-106; RFAs 2022-102, 2022-103, 2022-106; RFAs 2023-102, 2023-103, 2023-106, 2023-108; RFAs 2024-102, 2024-103, 2024-106; RFAs 2025-102, 2025-103, 2025-106, 2025-108.

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.