

**San Mateo County – Capital Projects Application (FY 2025-26)**

**I. COVER PAGE**

**A. Project Summary**

<b>Project Name:</b>	Test Housing Project
<b>Project Address:</b>	City: Zip:
<b>Application Type:</b>	<input type="checkbox"/> New Construction <input type="checkbox"/> Resyndication/Rehabilitation <input type="checkbox"/> Property Acquisition (no Rehab involved )  <input type="checkbox"/> Predevelopment Costs <input type="checkbox"/> Relocation (of residential or commercial occupants) <input type="checkbox"/> Off-Site Improvements

<b>Parcel (APN)</b>	<b>Street Address</b>	<b>City</b>
---------------------	-----------------------	-------------

<b>Jurisdiction with Planning Entitlements authority:</b>
<b>Provide a one sentence project summary:</b>

<b>Total Request Under this NOFA:</b>	
<b>Total Project Cost:</b>	

**B. Applicant/Project Sponsor Summary**

<b>Applicant/Project Sponsor Name:</b>	Test Housing Agency		
<b>Borrower Name if different from Applicant/Project Sponsor Name:</b>			
<b>Applicant/Project Sponsor Address:</b>	123 Main St City: San Mateo Zip: 94949		
<b>Applicant/Project Sponsor Phone:</b>	6505551212		
<b>Applicant/Project Sponsor Email:</b>	jag150s@yahoo.com		
<b>Applicant/Project Sponsor's Type of Entity:</b>	<input type="radio"/> Tax Credit LLC/LP <input type="radio"/> For Profit Entity <input type="radio"/> General Partnership <input type="radio"/> Non-Profit: Attach IRS Determination Letter for 501(c)(3) tax-exempt status (I.B1) <a href="#">Not Uploaded</a> <input type="radio"/> Other:		
<b>Applicant/Project Sponsor Federal EIN/TIN #:</b>		<b>Applicant/Project Sponsor SAM/UEI #:</b>	
<b>Borrower's Type of Entity if Borrower is different from Applicant/Project Sponsor:</b>	<input type="radio"/> Tax Credit LLC/LP <input type="radio"/> For Profit Entity <input type="radio"/> General Partnership <input type="radio"/> Non-Profit: Attach IRS Determination Letter for 501(c)(3) tax-exempt status (I.B2) <a href="#">Not Uploaded</a> <input type="radio"/> Other:		
<b>Borrower Federal EIN/TIN #:</b>		<b>Borrower SAM/UEI #:</b>	
<b>Federal EIN/TIN Number IRS Letter (I.B3):</b>	<a href="#">Not Uploaded</a>		
<b>Project Sponsor Director</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Project Manager</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Finance Manager</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Name of Person Authorized to Execute Legal Documents with the County for this Project</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>If other than Sponsor/Applicant/Project Sponsor, please explain:</b>			

**C. Housing Funding Summary**

Phase	Use	Amount to be Expended (from Award date)		Total Projected Housing Funding Needed (C)
		0-12 Months (A)	13 Months-Completion (b)	
Predevelopment	Soft Cost			\$0
	Acquisition			\$0
Development	Soft Cost			\$0

Hard Cost			\$0
Acquisition			\$0
Developer Fee			\$0
Reserves			\$0
<b>Total Funding Request:</b>	\$0	\$0	\$0

**D. Projected Dates**

<b>Projected Construction Start:</b>	
<b>Projected Construction End:</b>	

**II. APPLICANT INFORMATION**

**A. Developer Team Information.**

Upload Attachment II.A, specifying the names, experience, and roles and responsibilities, of each Developer Team member. Indicate the percentage of time each person will work on the Project. (II.A)

[Not Uploaded](#)

<b>Corporate Borrowing Resolution (II.A2):</b>	<a href="#">Not Uploaded</a>
<b>Borrower's Financial Statements for last 2 years (II.A3):</b>	<a href="#">Not Uploaded</a>
<b>Most recent completed final audit report available (II.A4):</b>	<a href="#">Not Uploaded</a>
<b>IRS Form 990 for most recent tax year (II.A5):</b>	<a href="#">Not Uploaded</a>

**B. Structure / Roles**

Fill in the table below on your project development and post-development structure.

Project Role	Name of Entity & Relationship to Sponsor/Applicant
Sponsor/Applicant:	<a href="#">Test Housing Agency</a>
Developer:	
Owner:	<input type="radio"/> Owner same as Borrower <input type="radio"/> Owner is different from Borrower: <input type="radio"/> Special Purpose Entity to be formed
Property Manager:	
Resident Services Agency:	
If Sponsor/Applicant is different from Developer, Borrower, or Owner, please provide a brief explanation here for how the parties are related:	

**C. Experience and Capacity of Key Parties.**

Briefly describe the experience and capacity of key project parties, including the Developer, Property Manager, and Resident Services Agency(s):

Would this be your first affordable Project financed by San Mateo County DOH in the past three years?

**III. PROJECT INFORMATION & NARRATIVE**

**A. Project Description.**

Provide a concise narrative below addressing the following areas:

**1. Complete descriptive summary of the project** including a description of targeted populations, general location of the Project, on-site amenities, number of units and AMI restrictions, projected construction start and completion dates, and a general description of the funding commitments:

**2. Please briefly describe the project's history leading to this request.** Include such information as when site control was achieved; when the site was acquired or will be acquired; any previous requests for County funding (and whether successful); changes in the project since those requests were made; attempts to secure other financing; how the current project concept was conceived; and any other relevant information about the history of the project:

**3. Identify the specific NOFA strategic priorities from Section II of the NOFA Overview and Funding**

**Guidelines that your project meets:**

Priority	Check	1-2 Sentence Description
Development of new housing, acquisition/rehabilitation of existing housing, conversion of non-housing structures to provide affordable housing, permanent supportive housing, or transitional housing, for Extremely Low- (ELI) and Very LowIncome (VLI) individuals, families, and persons with special needs.* At least 50% of the Housing Development allocation will be targeted to projects providing permanent supportive housing units for special needs populations.	<input type="checkbox"/>	
Housing repair and modification programs operated by nonprofit agencies that provide cost-effective improvements focusing on health & safety, housing quality standards, and/or access modifications.	<input type="checkbox"/>	
Rehabilitation of rent-restricted, existing multi-family affordable housing.	<input type="checkbox"/>	

**Describe additional strategic priorities not listed above that your project meets (if applicable):**

**4. Project Timeline.** Submit a table (III.A4) which lists all major project milestones such as: entitlement submissions/approvals; financing submissions/approvals; tenant relocation; construction start/completion dates; 100% lease up; placed in service date, etc. The table should have three columns indicating the milestone, the status, and actual or projected approval/completion dates.

[Not Uploaded](#)

Briefly describe the major project milestones that have been accomplished to date, and remaining major milestones (and anticipated dates) until project completion:

5. Is there a possibility that one or more of the milestones listed in your project timeline will be delayed or accelerated? Please explain why and the effect of this change on your overall project schedule.

**B. Project Amenities**

Check	Amenity	Availability
<input type="checkbox"/>	Service Provider Office / Meeting Space	<a href="#">Choose</a>
<input type="checkbox"/>	Community Garden	<a href="#">Choose</a>
<input type="checkbox"/>	Community Kitchen	<a href="#">Choose</a>
<input type="checkbox"/>	Community Room	<a href="#">Choose</a>
<input type="checkbox"/>	Computer Room	<a href="#">Choose</a>
<input type="checkbox"/>	Exercise Room	<a href="#">Choose</a>
<input type="checkbox"/>	Laundry Facilities	<a href="#">Choose</a>
<input type="checkbox"/>	Outdoor Rec Space	<a href="#">Choose</a>
<input type="checkbox"/>	Playground	<a href="#">Choose</a>
<input type="checkbox"/>	Other:	<a href="#">Choose</a>
<input type="checkbox"/>	Other:	<a href="#">Choose</a>
<input type="checkbox"/>	Other:	<a href="#">Choose</a>
<input type="checkbox"/>	Other:	<a href="#">Choose</a>

Describe amenities that need further explanation (if applicable):

**C. Project Details.**

1) # of Residential Buildings	
2) # of Stories	
3) # of Units	
4) # of Parking Spaces (total)	
5) Parking Type (podium, surface, etc.)	<a href="#">Select</a>
6) Total Livable Space (sq. ft)	SF
7) Amount of Community Space (sq. ft)	SF
8) Community Facility Space, if any, not Exclusively for Project Residents (sq. ft.) -- e.g. Senior Center, etc.	SF
9) Uses of Community Facility Space not Exclusively for Project Residents	
10) Amount of Commercial Space (sq. ft.)	SF
11) Uses of any Commercial Space	

**D. Site Location**

Submit a site location map (III.D)

[Not Uploaded](#)

**E. Relocation of Residential / Commercial Occupants.**

**F. Proximity to transit and services.** Submit a map that shows amenities within a one (1) mile radius of Project site (III.F).

[Not Uploaded](#)

Please describe the Project's proximity to transit and services, e.g. public transit options, shopping and other neighborhood services, and whether site is located in a walkable area:

**G. Accessibility.** For projects involving new construction (5+ units) or substantial rehabilitation (15+ units), HUD requires 5% of the Project be accessible to persons with mobility impairments, and another 2% to persons with sensory impairments for a total of 7%. Describe the accessibility of your proposed project including the number of units to be made accessible and the extent of that accessibility.

Unit Accessibility Type	Current #	% of Total	Proposed #	% of Total
Currently Accessible:				
Can be Adapted for Accessibility:				
Non-accessible or adaptable:				
TOTAL:	0		0	

**IV. TENANT POPULATION**

**A. Proposed tenancy for the project.**

1. Please provide a brief descriptive summary of the tenant population including the numbers and types of units targeted for special needs populations:

**2. Is this a Senior Project?**

**3. Indicate the proposed tenancy for the Project.** Include any units targeted to persons who are: homeless; persons with disabilities; special needs, or other special populations. \*Total\* should equal the total number of units in the project.

Targeted Populations	Number of Units	% of Total Resident Units
<b>Clients of County Services</b>		
General Homeless/County Clients		
Duals Frail Elderly		
Former Foster Youth		
Homeless/ At-Risk Veterans (VASH/VHHP)		
I/DD (Receiving County Services)		
Mental Health Services Act Clients (MHSA)		
No Place Like Home Eligible		
Other:		
<b>Subtotal (Clients of County Services):</b>	0	
<b>Other Targeted Populations</b>		
Extremely Low Income		
Non-Homeless Veterans		
Targeted Employee Populations:		
I/DD (Not receiving County Services)		
Other Targeted Populations:		
Other Targeted Populations:		
<b>Other Units</b>		
Other Targeted Populations earning > 80% AMI		
Non-restricted units		
Manager's Unit(s)		
<b>TOTAL:</b>	0	100%

**B. Unit Information.** Total Number of Units in the Project and PBV units by Unit Size.

AMI Restriction	Studio				1BR				2BR				3BR				Total Units at AMI bands
	PBV Units	PBV- Requested Rent	NPBV Units	NPBV Rent	PBV Units	PBV- Requested Rent	NPBV Units	NPBV Rent	PBV Units	PBV- Requested Rent	NPBV Units	NPBV Rent	PBV Units	PBV- Requested Rent	NPBV Units	NPBV Rent	
<30%																	0
31%-35%																	0
36%-50%																	0
51%-60%																	0
61%-80%																	0
<b>Total Units up to 80% AMI:</b>	0		0		0		0		0		0		0		0		0
81%-100%																	0
101%-120%																	0
121%-180%																	0
Managers Units																	0
Unrestricted																	0
<b>Total Units in Project:</b>	0		0		0		0		0		0		0		0		0
<b>Total PBV Units in Project:</b>																	0

Provide a brief description of the unit breakdown below (optional):

**1. Quality of Proposed Services Plan:**

Attach a brief description (one page maximum) of general resident services that the project will provide, including name of the service provider, brief description of specific services to be provided location where services will be provided, how residents will access services, frequency and length of time services will be provided, any monitoring of resident use of services, and any cost to residents. Also briefly describe the types of supportive services that are anticipated to be provided (on or off-site) to any targeted special needs populations (IV.B1).

Not Uploaded

**2. General Resident Services Budget**

Total Budget	Number of Units up to 80%	PUPA

**3. Services Coordinator(s) (%FTE):**

**4. Commitment for Provision of Supportive Services**

Attach any conditional commitments, or letters of intent, to provide supportive services that have already been obtained (if any) (IV.B4) Not Uploaded

**5. How will Supportive Housing Services be paid for?**

**6. Total Supportive Services Budget (over and above General Resident Services Budget):**

**C. Section 3 Requirements.** Developers must comply with the federal Section 3 requirements of the Housing & Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3). Please briefly describe below whether Developer meets the Section 3 requirements by having either: (a) a Section 3 plan, or (b) a history of meeting Section 3 requirements (IV.C): Not Uploaded

**V.A. Architectural Site Plan.** Attach Site Plan, Elevations and Schematic Drawings (if available) (III.D)  
[Not Uploaded](#)

**B. Current Use of the Site.** Briefly describe below the current use of the site:

**C. Property Information:**

APNs	
Project Address:	, CA
Census Tract(s):	Find Census Tracts: <a href="#">Click Here</a>
Total acreage:	
Is the site, or any part of it, within a 100-year floodplain?	If yes, explain:
FIRM Map number:	

**D. Status of Site Control.** The Applicant must obtain an enforceable right to use a parcel of land for the proposed development prior to submission of this application.

Evidence of Site Control (V.D1) [Not Uploaded](#)  
 Attach the Preliminary Title Report (V.D2) [Not Uploaded](#)

1) Form of Site Control: (e.g. fee title, purchase agreement, ground lease, or enforceable option agreement)	
2) Dates of Any Key Expirations: (e.g. when an option agreement expires)	
3) Please describe the level of access and ability to disturb each parcel, granted to you by your site control document(s):	

**E. Environmental.** Please attach the following Environmental Clearances/Reports, if available:

Environmental Assessment (Part 58) (V.E1) [Not Uploaded](#)  
 Authority to Use Grant Funds (V.E2) [Not Uploaded](#)  
 Phase I (V.E3) [Not Uploaded](#)

Phase I is clean, no Phase II necessary.

Phase II (V.E4) [Not Uploaded](#)

If Phase II was conducted, what were the results and what remedial actions are required, if any? Submit a Remedial Action Plan (if applicable), Attachment (V.E5): [Not Uploaded](#)

**F. Appraisal**

Do you have a recent appraisal obtained within the past 12 months on this property?

Estimated Land Value, based upon a minimum of three recent comparable sales

Submit documentation on the three comparables (V.F2) [Not Uploaded](#)

Explain below when an appraisal will be obtained

**VI. PROJECT FINANCE**

**A. Funding & Sources**

**1. Previously Awarded County Funding for this Project:**

Source	Amount	Fiscal Year Approved
--------	--------	----------------------

**Construction Sources**

Commercial Loan	Lender	Amount	Cost Per Dwelling Unit	Proof if Committed
Type		Amount	\$/DU	Proof if Committed
San Mateo County		Amount	\$/DU	Proof if Committed
San Mateo Cities		Amount	\$/DU	Proof if Committed
State		Amount	\$/DU	Proof if Committed
Federal		Amount	\$/DU	Proof if Committed
Other	Lender	Amount	\$/DU	Proof if Committed
Total			\$0	

**Permanent Sources**

Commercial Loan	Lender	Amount	Cost Per Dwelling Unit	Proof if Committed
Type		Amount	\$/DU	Proof if Committed
San Mateo County		Amount	\$/DU	Proof if Committed
San Mateo Cities		Amount	\$/DU	Proof if Committed
State		Amount	\$/DU	Proof if Committed
Federal		Amount	\$/DU	Proof if Committed
Other	Lender	Amount	\$/DU	Proof if Committed
Total			\$0	

**3. Use of Requested Funds** - check as many as applicable; indicate the total gap amount in the right column, and the sub-totals needed in the next 12 months, and the period after that to completion.

Please attach copies of any construction bids/ estimates obtained, (VI.A3) - **Not Uploaded**

Use	Amount to be Expended (From Time of Award)		
	0-12 Months	13 -24 Months	25 Months-Completion
Site Acquisition			
Off-Site Improvements			
Demolition			
Predevelopment (Drawings, Engineering, Permits, Legal, etc.)			
New Construction (Direct Hard/Soft Costs)			
Rehabilitation Work Direct Hard/Soft Costs)			
Relocation (Occupants or Businesses)			
Reserves and Other Fees			
Totals	\$0	\$0	\$0
Total Funding			\$0

**4. Please describe how the requested funding will allow you to move closer to construction closing.**

Describe how and when the funding will allow you to close (if applicable). If the funds do not directly lead to a construction start, describe the intended use of the funds and when you expect to utilize them.

**5. Affordability Restrictions.** If the County provides funds to your project, an affordability term will be required as described in the NOFA Overview and Funding Guidelines. Describe below any affordability restrictions that will/may be imposed by other funding sources:

**6. Anticipated/ Approved Land Donation or Below-Market-Rate Land Provision.** Project has anticipated or approved land donation, or provision of below-market-rate land transfer or ground lease, provided by (a) the local jurisdiction or (b) another entity.

**7. Anticipated / Approved Cost-Saving Incentives from the Local Jurisdiction.** The local jurisdiction with entitlement authority for the Project has provided, or is anticipated to provide the Project, one or more cost-saving incentives, such as fee reductions or waivers, by-right zoning, density bonus, parking requirement reduction, or other such cost-saving incentive.

**8. Fees.** Please complete the chart below by listing confirmed or anticipated fees to be paid. If a fee waiver or reduction has been granted, or anticipated, enter the fee amount with and without the reduction/waiver. If the fee does not apply to your project, please enter zero (0) for the applicable line item. If no waiver or reduction is anticipated for a given fee, enter the same amount in both columns. The sum of the fees listed in the "Amount with Reductions/Waiver" column should equate to the cost of the fees included in the Project development budget. Use the space below the table to explain any issues.

Fee	Amount of Fee	Amount of Fee Waived	Amount with Reductions/Waiver (to be paid)
Planning and Building Fees			
Plan Review Fee			\$0
Permitting Fee			\$0
Other Planning/Building Fee:			\$0
Other Planning/Building Fee:			\$0
Other Planning/Building Fee:			\$0
Other Planning/Building Fee:			\$0
Impact Fees			
Community Development Fees			\$0
Drainage Facilities			\$0
Facilities Assessment			\$0
Fire Facilities			\$0
General Facilities			\$0
Governmental/Environmental			\$0
Law Enforcement Facilities			\$0
Library Facilities			\$0
Parks & Recreation			\$0
Public Facilities			\$0
Schools			\$0
Streets & Signals			\$0
Traffic Fees			\$0
Waste Water Collection			\$0
Waste Water Treatment			\$0
Water Facilities			\$0
Other Impact Fee:			\$0
Other Impact Fee:			\$0
Other Impact Fee:			\$0
Other Impact Fee:			\$0
Other Impact Fee:			\$0
<b>Total Amount Waived by Jurisdiction:</b>		\$0	
Comments / Issues:			

**B. Budget.**

**1. Development Budget Narrative.** Describe committed or anticipated construction and permanent sources, attempts to leverage County funds to the greatest degree possible, and considerations for including 4% or 9% tax credit financing scenarios for the Project. Include also a discussion of the applicability of Affordable Housing and Sustainable Communities funding for the Project. If multiple financing scenarios are currently under consideration, describe the variables, what information you expect will lead to the determination of the final financing plan, and your expectations for the outcome.

**2. Development Budget.** Attach as Attachment (VI.B2), a Development Financial Proforma, including itemized development budget, construction and permanent sources and uses table, year 1 income projection with unit breakdown by AMI level and size, year 1 operating expense projections (including services), loan sizing worksheet, and tax credit assumptions with basis calculation and equity raise expectations.  
[Not Uploaded](#)

**3. Operating Budget.** Attach as Attachment (VI.B3), a 30-year cash flow projection showing estimated project income, operating expenses (including services), reserves, debt service and distributions.  
[Not Uploaded](#)

[Save and Continue](#)

**VII. HOME/CDBG Guidelines:**

**A. Income Verification**

**1. Rental Housing Activities** At least 51% of tenants in a rental development must be low income (80% of AMI or less) and their rents must be affordable. How will you obtain, verify, and maintain proof of tenant household income?

**B. Geographic Impact..** Describe Geographic impact of Project

**C. Green Building.** Specify how you intend to incorporate Green Building elements and features to your program (See Section V.25 of Funding Guidelines).

**D. Federal Labor Standards Compliance** Projects requesting funds for actual hard costs of rehabilitation/ new construction must follow Davis-Bacon requirements regarding payment of prevailing wages to construction workers, which is required if: -CDBG funds are part of a construction contract of (1) ,000+ for non-housing activities; -CDBG is used for rehabilitation of 8+ dwelling units in a project; -HOME funds are used to assist 12+ units (HOMEassisted units), regardless of the specific use of HOME funds in the Project; -Project (rehab/new construction) will be under contract for 9+ project-based vouchers. If you are using County funds under this NOFA for construction, please describe how you will meet DavisBacon requirements.

**E. CHDO** Are you a San Mateo County-certified CHDO (Community Housing Development Organization under the HOME Investment Partnerships Program, 24 CFR Part 92)?

Please update (if currently a CHDO) or complete (if not a County-certified CHDO) the CHDO Certification Form and include it and all required supplemental documents as a part of this application. See Program Guidelines Exhibit 2.  
[Not Uploaded](#)

**Attachments**

If attachments are unavailable to upload, please explain when they will be available

<input type="checkbox"/> Proposed Homebuyer Loan Terms (I.A1)	
<input type="checkbox"/> Applicant IRS Determination Letter for 501(c)(3) tax-exempt status(I.B1)	
<input type="checkbox"/> Borrower IRS Determination Letter for 501(c)(3) tax-exempt status(I.B2)	
<input type="checkbox"/> Federal EIN/TIN Number IRS Letter (I.B3)	
<input type="checkbox"/> Development Team Information. (II.A1)	
<input type="checkbox"/> Corporate Borrowing Resolution authorizing submission of this funding application, OR an explanation of when you anticipate receiving such authorization (II.A2)	
<input type="checkbox"/> Borrower's Financial Statements for last two (2) years (II.A3)	
<input type="checkbox"/> Borrower's most recent completed final audit report available (II.A4)	
<input type="checkbox"/> Borrower's IRS Form 990 for most recent tax year (II.A5)	
<input type="checkbox"/> Evidence of Developer Experience. (II.C1)	
<input type="checkbox"/> Applicant Reference (II.C2)	
<input type="checkbox"/> Project Schedule/ Timeline (III.A4)	
<input type="checkbox"/> Architectural. Site Plan and Elevations, Schematic Drawing (III.D)	
<input type="checkbox"/> Relocation Plan (III.E)	
<input type="checkbox"/> Transit and Services Map. (III.F)	
<input type="checkbox"/> Quality of Proposed Services (IV.B1)	
<input type="checkbox"/> Commitment for Provision of Supportive Services (IV.B4)	
<input type="checkbox"/> HUD Section 3 Plan (IV.C)	
<input type="checkbox"/> Site Location Map (V.A)	

<input type="checkbox"/> Evidence of Site Control. (V.D1)	
<input type="checkbox"/> Preliminary Title Report (V.D2)	
<input type="checkbox"/> NEPA Environmental Assessment (Part 58) (V.E1)	
<input type="checkbox"/> HUD Authority to Use Grant Funds (V.E2)	
<input type="checkbox"/> Phase I (V.E3)	
<input type="checkbox"/> Phase II (V.E4)	
<input type="checkbox"/> Remedial Action Plan (V.E5)	
<input type="checkbox"/> Appraisal, obtained within the last 12 months (V.F1)	
<input type="checkbox"/> Recent Comparable Sales (V.F2)	
<input type="checkbox"/> Construction Estimate. Bids/estimates, if available.(VI.A3)	
<input type="checkbox"/> Evidence of Land Donation or Provision of Below-Market-Rate Land.(VI.A8)	
<input type="checkbox"/> Financial Proforma - Upload as an unlocked Excel doc (VI.B2)	
<input type="checkbox"/> 30-Year Cash Flow Projection for Project - Upload as an unlocked Excel doc (VI.B3)	
<input type="checkbox"/> Other -	
<input type="checkbox"/> Other -	
<input type="checkbox"/> Other -	
<input type="checkbox"/> Other -	

**This application was prepared by:**

Name:

Title:

Email:

Date Signed

12/01/2023