**CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT CORPORATION**

**NEW MARKETS TAX CREDIT PROGRAM**

**PROJECT INTAKE FORM**

California Statewide Communities Development Corporation (CSCDC) is a nonprofit organization and certified Community Development Entity dedicated to providing capital to underserved low-income communities throughout the state of California through the federal New Markets Tax Credit (NMTC) program. The NMTC program, authorized by Congress in 2000, encourages investments in low-income communities by providing a tax incentive for community development lenders and the capital markets to invest in communities that historically have had poor access to capital. CSCDC has received five NMTC allocation awards to date, totaling $253 million.

CSCDC is an affiliate of the California Statewide Communities Development Authority (CSCDA), a joint powers authority conduit bond issuer created in 1988 by the League of California Cities and the California State Association of Counties. CSCDA is comprised of over 500 cities, counties and special districts throughout California. Its mission is to provide local governments and private entities access to low-cost, tax-exempt financing for projects that provide a tangible public benefit, contribute to social and economic growth and improve the overall quality of life in California communities.

The purpose of this form is to help CSCDC determine whether your project is an eligible candidate for CSCDC NMTC financing. Please provide as much information as possible. If a particular question is not applicable to your project, please note that it is “N/A”.

**Completed forms may be sent to:**

**Jon Penkower**

**jpenkower@cscda.org**

**(925) 476-5887**

***NOTE: Submission of the requested information is solely for the purpose of determining a project’s potential eligibility for CSCDC’s NMTC program, and not a commitment to provide financing.***

**PROJECT INFORMATION**

**PROJECT SUMMARY**

1. **Project Name:**
2. **Sponsor Name:**
3. **Project Contact**

Name:

Company:

Role:

Email:

Phone Number:

1. **Total Project Cost:**
2. **Total NMTC allocation required:**
3. **Amount of NMTC allocation requested from CSCDC:**
4. **Total Square Footage:**
5. **Square Footage of New Construction:**
6. **Square Footage of Renovation:**
7. **Brief Description of Project:**

**SPONSOR INFORMATION**

1. **Sponsor Organization Type (Non-Profit, Governmental, For-Profit, etc.):**
2. **Describe the Sponsor’s history and mission:**
3. **Describe the Sponsor’s track record of working in the Project community:**
4. **List the members of the development/NMTC financing team:**

**PROJECT LOCATION**

1. **Street Address:**
2. **County:**
3. **Census Tract (if available):**
4. **Is the project located in any of the following areas? Check all that apply:**

|  |  |
| --- | --- |
|  | **Yes / No / Unknown** |
| Non-Metropolitan County |  |
| Brownfield site |  |
| SBA-designated HUB Zone |  |
| HOPE VI redevelopment area |  |
| Federal Native Area |  |
| HUD-designated Colonias area  |  |
| Federal Medically Underserved Area |  |
| Federally-designated Promise Zone |  |
| Federally-designated Opportunity Zone |  |
| State/Local economic development area |  |
| FEMA Disaster Area |  |
| USDA-designated Food Desert |  |

**PROJECT STATUS**

1. **Status of site control (owned / under contract / in negotiations / other):**
2. **Please list the status and expected timing of the following development-related items:**

Land use approvals / entitlements:

Design drawings:

Construction drawings:

Building permit:

Phase I environmental report:

Phase II environmental investigation (if applicable):

Environmental remediation (if applicable):

Appraisal (if applicable):

Contractor selection:

Guaranteed maximum price construction contract:

1. **Expected closing date for NMTC transaction:**
2. **Describe any specific factors that might affect the timing of the NMTC closing:**

**COMMUNITY OUTCOMES**

**JOB CREATION | QUALITY OF JOBS | ACCESSIBILITY OF JOBS**

**Construction Jobs**

1. **How many full-time equivalent (FTE)[[1]](#footnote-1) temporary construction jobs are expected to be created for the Project? *(Note: if available, the total # of labor hours is also acceptable).***
2. **What % of the FTE construction jobs are expected to provide a living wage?[[2]](#footnote-2)**
3. **What % of the FTE construction jobs are expected to be available to individuals with High School-level education or less?**
4. **Will the project have any requirements or goals for union, local, and/or MBE/WBE construction labor? If yes, please describe the requirements and goals.**
5. **Describe any other noteworthy features regarding the construction jobs that are not already described above.**
6. **Describe how the construction jobs data was determined.**

**Permanent Jobs**

1. **Please complete the table for all permanent jobs to be retained[[3]](#footnote-3) and created at the Project.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employer** | **Retained or New Jobs** |  | **Classification** | **Total # of Jobs** | **# of Jobs that pay a Living Wage[[4]](#footnote-4)**  | **# of Jobs that provide benefits** | **# of Jobs that pay a Living Wage and provide benefits** | **# of Jobs available to people with High School-level education or less** | **Average hours per week** |
| **Sponsor** | **Retained Jobs** |  | **Full Time** |   |   |   |   |   |   |
|  | **Part Time** |   |   |   |   |   |   |
| **New Jobs** |  | **Full Time** |   |   |   |   |   |   |
|  | **Part Time** |   |   |   |   |   |   |
| **Tenant(s), if applicable** | **Retained Jobs** |  | **Full Time** |   |   |   |   |   |   |
|  | **Part Time** |   |   |   |   |   |   |
| **New Jobs** |  | **Full Time** |   |   |   |   |   |   |
|  | **Part Time** |   |   |   |   |   |   |

1. **Provide the range of wages/salaries provided to the Sponsor’s permanent employees:**
	* **Minimum Wage/Salary:**
	* **Maximum Wage/Salary:**
2. **List all benefits (medical, retirement, paid leave, etc.) that will be provided to employees. If applicable, please specify which benefits will only be available for full-time employees.**
3. **Will employees have access to professional development, on-the-job training, opportunities for upward advancement or continuing education? If yes, please describe.**
4. **What outreach methods will the Sponsor use to ensure its jobs are available to people with barriers to employment (i.e., partnerships with local agencies, internships, job fairs, etc.)?**

**GOODS OR SERVICES FOR LOW-INCOME PERSONS & COMMUNITIES**

1. **How many total people are expected to be served annually by this Project (unduplicated)?**
2. **What % of the total people to be served by this Project are expected to be low-income persons?[[5]](#footnote-5)**
3. **What % of the total people to be served by this Project are expected to be people who identify themselves as Asian, Black or African American, Hispanic or Latino, Native American, or Native Hawaiian or Other Pacific Islander?**
4. **Please complete the table below regarding all applicable commercial or community goods or services that will be provided to low-income persons and/or low-income community residents as a result of the Project.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goods or Services** | **Square feet of space --current** | **Square feet -- projected** | **# clients – currently served** | **# clients - projected** | **% served who are low-income** |
| **Health Services** |  |  |  |  |  |
| **Early Childhood Education** |  |  |  |  |  |
| **K-12 Education** |  |  |  |  |  |
| **Adult Education** |  |  |  |  |  |
| **Youth Programs**  |  |  |  |  |  |
| **Social Services** |  |  |  |  |  |
| **Vocational Training** |  |  |  |  |  |
| **Grocery Store** |  |  |  |  |  |
| **Other Healthy Foods (Describe):** |  |  |  |  |  |
| **Pharmacy** |  |  |  |  |  |
| **Other Retail (describe):** |  |  |  |  |  |
| **Other (Describe):**  |  |  |  |  |  |
| **Other (Describe):**  |  |  |  |  |  |

1. **Please describe the programs and services that will be provided by the Project. Why are these needed in this community?**
2. **What is your methodology for tracking the number of people served? What specific outcomes do you track related to your programs? How do you measure success of your programs?**
3. **Who are your targeted beneficiaries? Please describe your typical client, customer or service recipient.**

**HEALTHCARE (IF APPLICABLE)**

1. **Please complete the following table related to the current/future Healthcare facility.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SF of Healthcare-Related Space** | **# of Patients** | **# of Visits (annual)** | **# of Providers** | **# of Exam Rooms** | **% low-income** |
| **Current Facility** **(if applicable)** |  |  |  |  |  |  |
| **Facility after** **Project completion** |  |  |  |  |  |  |

1. **What is the current/projected payor mix?**
2. **If the Project involves expansion of an existing facility, please provide demographic information regarding the patients currently served (race, ethnicity, age, gender, veteran status, etc.).**
3. **Please describe the specific healthcare services that are/will be provided at the facility.**
4. **If the Project involves expansion of an existing facility, what programs/services will you be able to offer in the expanded facility, that you are not able to offer now?**

**EDUCATION (IF APPLICABLE)**

1. **Please complete the following table related to the current/future Education facility.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sq. Ft. of School/****Facility** | **Total # of Seats** | **# of Students** | **Ages/****Grades Served** | **# of classrms** | **# of teachers (FTEs)** | **% low-income** |
| **Current Facility** **(if applicable)** |  |  |  |  |  |  |  |
| **Facility after** **Project completion** |  |  |  |  |  |  |  |

1. **What is the projected average class size?**
2. **What is the projected teacher to student ratio?**
3. **Do you charge tuition? If yes, what is the current rate per student and are scholarships/sliding scale rates available?**
4. **Do you have a wait list? If yes, how many students are on the wait list currently?**
5. **If your program involves Early Childhood Education, is this a Head Start/Early Head Start program?**
6. **What % of students graduate or matriculate to the next grade level?**
7. **For high schools, what % of students continue to college or a vocational school? What % obtain college scholarships?**
8. **Does your Project provide vocational training or other workforce development / career placement services? If yes, please describe.**
9. **If not already detailed above, describe any additional wraparound support services your Project provides to support children and their families.**

**OTHER COMMUNITY BENEFITS**

**Minority or Native American Businesses**

1. **Are any “Minority-owned or Minority-controlled businesses”[[6]](#footnote-6) or Native American-owned or Native American-controlled businesses involved in this Project, as developer, Sponsor, contractor, subcontractor, architect, or tenant? If yes, please list the businesses, and how they qualify as Minority-owned or controlled.**

**Community Engagement & Support**

1. **What are the current uses of the site where the Project will be located?**
2. **How did you determine that your Project aligns with community priorities? How did you verify the need for the Project in this particular community?**
3. **Describe how the Sponsor has engaged with the community and with potential beneficiaries of the project (i.e. community meetings, focus groups, surveys, planning workshops, etc.).**
4. **Is the project expected to catalyze additional private investment in the surrounding area? If yes, describe any anticipated development/investments.**
5. **Is the project part of a larger neighborhood plan, revitalization effort, or community needs assessment? If yes, list any applicable plans or community efforts.**
6. **Does the project have the demonstrated support of community stakeholders? If yes, identify community supporters, and attach letters/statements of support, if available.**

**NEED FOR NMTCS**

1. **Why are New Markets Tax Credits essential for this project’s success?**
2. **Describe whether other private financing, public financing or other capital was sought and rejected as a substitute for NMTC financing.**
3. **Describe the process for determining the specific requested amount of total NMTC allocation.**
4. **Describe whether additional allocation has been secured or is being solicited from third-party CDEs and indicate the amounts.**
5. **What will happen with the Project if NMTC allocation is not obtained?**

**SUPPORTING DOCUMENTS**

**Please provide the following documents:**

1. **Sources & uses, including the status of each source (committed, proposed, etc.) and the basis for the uses (cost estimate date, etc.)**
2. **Detailed development budget including estimates for NMTC and closing costs**
3. **Sponsor financials:**
	* **Past three audits**
	* **Most recent YTD unaudited financials**
4. **Operating proforma (if available)**
5. **Term sheets from other funders (other CDEs, NMTC investor, lender)**
1. FTE = 35 hours per week. Part-time jobs can be combined to determine an FTE figure; for example, two part-time employees working 17.5 hours per week each would be equal to 1 FTE. [↑](#footnote-ref-1)
2. CSCDC’s living wage standard is based on the MIT Living Wage Calculator data for 1 Adult in the County in which the project is located. Please see <http://livingwage.mit.edu/>. [↑](#footnote-ref-2)
3. Retained jobs are all jobs that existed at the time of the NMTC financing, that will remain at or be relocated to the Project location. [↑](#footnote-ref-3)
4. CSCDC’s living wage standard is based on the MIT Living Wage Calculator data for 1 Adult in the County in which the project is located. Please see <http://livingwage.mit.edu/>. [↑](#footnote-ref-4)
5. Low-income persons are persons earning 80% or less of the area median family income. [↑](#footnote-ref-5)
6. Per the 2021 NMTC Application, Minority-owned businesses are for-profit entities that have at least 51% of its equity ownership by individuals who identify themselves as Asian, Black or African American, Hispanic or Latino, or Native Hawaiian or Other Pacific Islander. Minority-controlled businesses are nonprofit entities with at least 51% of its Board of Directors comprised of individuals who identify themselves as Asian, Black or African American, Hispanic or Latino, or Native Hawaiian or Other Pacific Islander. [↑](#footnote-ref-6)