Exhibit - A

NMTC Funding Application

Project Information

(To be completed by project sponsor or authorized representative of sponsor)

G	ENERAL INFORMATION			
Project Name: Date Submitted:				
Applicant: Contact for Follow Up Information:				
Name: Telephone Number:				
Email Address:				
S	PONSOR INFORMATION			
Sponsor Name:				
•		r profi	t Entity	,
Organization Type:	DC	CHE-su	t Entity ipporte inprofit	d CDC
	PROJECT LOCATION			
Street:				
City:				
State:				
Zip Code:				
Census Tract*:				
	plete street address is not available. Census Tra per which includes the state and county FIPs cod			
tract number begins with the first two charact	ters for the state FIPS code, followed by three ch	aracters	s for the	county
	umber as shown in the following example: Censu			
found at the following website: http://www.ce	ode, '678901' Tract Code). The state and county ensus.gov/geo/www/ansi/countylookup.html	/ FIPS 0	oues car	i be
<u> </u>				Don't
		Yes	No	Know
Is your project located in a state or local				
enterprise zones, empowerment zone, b areas or other similar state / local progra				
economically distressed communities?	ms targeted towards particularly			
If so, please describe:				

PROJECT DESCRIPTION			
Nature of Venture for which Financing is Being Requested:	Real Es Busines		
Please provide a general description of the project in the space below. (You can sinformation by attaching additional materials.) If applicable, please describe the us (office, retail, industrial, housing, day care, charter school) and the prospective ten mixed-use project, then no more than 80% of its gross revenue may come from duthe first seven years of operations.	se of the land	real est NOTE:	If it is a
SOCIAL INVESTMENT CRITERIA			
<u>Demonstrated Support of Local Community</u> . Please indicate the support of the this project. Describe whether you receive letters of support from Councimember etc.			
<u>Environmental Soundness</u> . Please indicate the extent to which the project will be operated in an environmentally sound manner.	e develo	ped in a	and
	Yes	No	Don't Know
Will your project include LEED-certifiable features?			
Will you seek LEED Certification?			
If so, to what LEED Level (i.e. Platinum, Gold, Silver, etc.)			
Please describe what green elements or features your project will include, such as ENERGY STAR appliances, green roof, use of solar or geothermal heating/cooling landscaping, pervious pavement, transit-oriented development, zero VOC paint, ematerials, etc.:	g, low wa	ter use	

<u>Likelihood of Generating Tangible Economic and / or Social Benefits</u>. Please estimate the following tangible outcomes expected to be generated by the proposed project.

*PLEASE ATTACH A BREAKDOWN OF PROJECTED NUMBER OF PERMANENT JOBS BY POSITION/SALARY GRADE IF AVAILABLE.

Please indicate the value of these new jobs to low-income communities or residents. If applicable, please try to address the following:

 What is the total # of permanent jobs To what extent are the tenants likely to be creating new jobs in the low income commented the project is located? 	nunity where
Certain Likely Unsure Not To what extent are jobs likely to go to residents of the low-income community or low-	income
people? Certain Likely Unsure Not What, if any, efforts will be made to target jobs to low-income community residents of income people like public housing residents? What is the nature of the anticipated joint income people like public housing residents?	
of wages, benefits, etc? Describe below:	
Describe below.	
Number of Construction Jobs (Temporary) Created by Project: Please indicate the number of construction job FTEs projected to be created by this NMTC financing. A ci job FTE equals the number of construction hours worked divided by a standard work year of 1,750 hours. workers work for 1,050 hours, 10 workers for 700 hours & 20 workers work for 350 hours equals (5 worker hours = 5,250 hours, plus 10 workers x 700 hours = 7,000 hours, plus 20 workers x 350 hours = 7,000 hours / 1,750 hours = 11.0 FTEs.)	Example: 5 rs x 1,050
Square Footage of Commercial Space (excluding bousing units):	
Square Footage of Commercial Space (excluding housing units): Please indicate the value of this outcome to low-income communities or residents. If applicable, pleaddress the following:	
	ease try to
Please indicate the value of this outcome to low-income communities or residents. If applicable, pleaddress the following: • What specific tenants (or types of tenants) are expected to occupy the commercial space.	ease try to
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 To what extent will the project provide vital community services to residents of the low-income community (grocery store where one doesn't exist, day care for workers in the area, cultural venue, etc.)?
Certain Likely Unsure Not • Will the project provide space for locally-owned, minority- or women-owned businesses or nonprofit tenants? Yes No Sthere an explicit set-aside for such tenants? Yes No
Square Footage of Community Facility (excluding housing units): Capacity or Number of Persons Served by Community Facility as Described: If the project financed includes an educational facility, report the number of student seats available in the
school. If the project financed includes a childcare facility, report the number of childcare slots available in the facility.
If the project financed includes a healthcare facility, report the projected number of patients served per year. If the project financed includes an arts center, report the capacity of the arts center. Example: If the
project inanced includes an arts center, report the capacity of the arts center. Example. If the project is a theater, report the seating capacity If the project financed is a community facility that serves a purpose other than education, childcare, healthcare, or arts, report the capacity related to that other purpose.
Number of Affordable Housing Units Produced:
Rental Homeownership
Income level 30-50% AMI 50-60% AMI 60-80% AMI 80% AMI or more

<u>Need for NMTC Financing in Order to Generate Benefits</u>. Please indicate why favorable NMTC financing is needed to generate the economic and social benefits described above – example projects that are located in DCHA and DCHE projects and developments. Please note that the amount and structure of any NMTC financing provided, including any cancellation of debt, will depend on project need.

Certified Business Entity What is your targeted CBE			
	PROJECT FINA	ANCING INFORMATION*	
OPERATING PRO FORMA I Total Project Cost: Amount of NMTC Financing	FOR YOUR PRO		
Please provide the type (se other project financing: TYPE	ee options below)), amount, source and status (see	options below) of STATUS
Type: Other / Equity -	- Owner / Equity – mmitted / Term Sh	ernment / Debt – Other / Grant – Go Historic Tax Credit / Equity – Other neet / Application Pending / Estimate To fill a capital gap in the de To reduce debt service in th	e / Other evelopment budget
Primary Need for NMTC F		Othor:	
Please describe the need f questions. Please be as sp additional materials.) • What type of adva	pecific as possible. antageous terms a	Other: g in the space below, responding in . (You can supplement this information are being sought from the NMTC fine to the specific points of the specific points.)	ion by attaching ancing?

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	PROJECT READINES	33
Site Control:	In Negotia Anticipated	ntract (Expires:) tions d Sale to Related Entity
	TRANSACTION TIMI	NG
What is the earliest date by which it must close?	which this transaction could b	e ready to close and latest date by
Earliest Date: Latest Date:		
Please explain what is driving the	target closing date as needed:	
Project Timeframe Post Clos	ing	
Construction Start	Completion	Stabilization
		horized to execute the funding application, a are true and correct to the best of his/her
By:		Date:
Name:		
Official Title:		