

Application -

Scorecard

Resources:

- [Capacity Scorecard Policy/Guidance](#)
- [Capacity Scorecard Definitions](#)
- [Capacity Scorecard Overall Performance Questions](#)

Entity/Developer Name (Required)

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General Partner

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Consultant

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Management Company

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NOTE: For the Capacity Scorecard Threshold Requirements Section, if the answer is **Yes** to any of the Capacity Scorecard Threshold Requirements, please provide an explanation (Line 9) regarding the circumstances of the infraction. Please be advised that a **Yes** answer may result in the Entity or Development Team member(s) being ineligible for funding. KHC, in its sole discretion, will make the determination. Capacity Scorecard Threshold Requirements will be verified at both the **submission of the application** and **reviewed again prior to funding award announcement**. If the status of a Capacity Scorecard Threshold Requirements changes prior to announcement of funding, the application may be disqualified.

| Capacity Scorecard Threshold Requirements | Response | Staff Only |
|---|----------------------|----------------------|
| 1 Is the Entity or Development Team member(s) currently suspended or debarred by KHC? | <input type="text"/> | <input type="text"/> |
| 2 Does the Entity or Development Team member(s) currently own, or in the past 3 years owned, a KHC-financed / assisted affordable housing property that currently has uncured outstanding 8823's or unresolved compliance findings that resulted in the review being closed, but with open findings? | <input type="text"/> | <input type="text"/> |
| 3 Does the Entity or any Development Team member(s) currently administer, or in the past 3 years , administered a KHC Housing Contract Administration affordable housing program that currently has uncorrected compliance findings as identified by KHC compliance staff? | <input type="text"/> | <input type="text"/> |
| 4 Does the Entity or Development Team member(s) currently own, or in the past 3 years owned, a KHC-financed/assisted affordable housing property that went through foreclosure or deed-in-lieu of foreclosure that resulted in the loss of affordable housing during the affordability period? | <input type="text"/> | <input type="text"/> |
| 5 Is the Entity or Development Team member(s) delinquent on KHC required annual reports such as the Annual Performance Review (APR) for multifamily rental projects or the Annual Project Compliance Report (APCR) required by Housing Contract Administration projects? | <input type="text"/> | <input type="text"/> |
| 6 Does the Entity or Development Team member(s) have an active KHC affordable housing loan that is more than 30 days delinquent? This includes escrow account only payments collected and dispersed by KHC. | <input type="text"/> | <input type="text"/> |
| 7 Does the Entity or Development Team member(s) have an active KHC affordable housing loan which has unpaid late fees ? | <input type="text"/> | <input type="text"/> |
| 8 Does the Entity or Development Team member(s) have any unpaid owed fees to KHC such as APR fees, HMLS fees, Credit Reservation fees, etc.? | <input type="text"/> | <input type="text"/> |
| 9 Response | <input type="text"/> | |

| Capacity Scorecard Fair Housing Threshold | Response | Staff Only |
|--|----------------------|----------------------|
| NOTE: A "No" response to this question will disqualify the application from submission. | | |
| 1 Does the proposed project address one of KHC's Impediments to Fair Housing found at KHC's Website? | <input type="text"/> | <input type="text"/> |

Capacity Scorecard Self-Certification Questions

NOTE: The Entity / Development Team member(s) must respond accordingly to the self-certification questions listed below. This is a non-scoring section, but will be used by KHC staff to ensure that there are no outstanding issues that could prevent the project from being funded. There is a response section (line 11a) that can be used to provide additional information for any of the self-certification questions. **KHC has the right to ask for additional information for clarification purposes.**

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|---|----------------------|----------------------|
| 1 Does the Entity or Development Team member(s) have procedures and controls for program/project management as required by applicable state and federal funding sources? This includes property management companies policies on programmatic compliance procedures for determining tenant eligibility. | <input type="text"/> | <input type="text"/> |
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| 2 | Does the Entity or Development Team member(s) have a system in place to accurately track receipts, expenditures, and budgets as required by applicable state and federal funding sources? | <input type="text"/> | <input type="text"/> |
| 3 | Does the Entity or Development Team member(s) financial reports indicate cash flow problems? | <input type="text"/> | <input type="text"/> |
| 4 | Does the Entity or Development Team member(s) have a system in place to track and report proper time records for all staff associated with this project? | <input type="text"/> | <input type="text"/> |
| 5 | Is any member of the Applicant Entity or Development Team currently under investigation for activities related to the member's work? If yes, provide or attach a description of the investigation. | <input type="text"/> | <input type="text"/> |
| 6 | Has any member of the Applicant Entity or Development Team been convicted of a criminal charge or civil judgment for activities related to the member's work? If yes, provide or attach a description of the conviction and/or judgment. | <input type="text"/> | <input type="text"/> |
| 7 | Does the Entity or Development Team member(s) have an adverse business or personal credit history problem? | <input type="text"/> | <input type="text"/> |
| 8 | Does the Entity or Development Team(s) have any performance or unresolved compliance issue with a government-funded project in another state? | <input type="text"/> | <input type="text"/> |
| 9 | Is the Entity or Development Team member(s) aware of any information (e.g. by auditors, other funders, other entities) that would highlight potential risk to KHC if this application is approved? | <input type="text"/> | <input type="text"/> |
| 10 | Has the Entity or Development Team member(s) successfully utilized and/or administered federal funds similar to the proposed project? | <input type="text"/> | <input type="text"/> |
| 11 | Has the Entity or Development Team member(s) been determined by HUD to have any Fair Housing violations? | <input type="text"/> | <input type="text"/> |
| 11a | Response | | |
| 12 | Response | | |

I, , certify that to the best of my knowledge, all of the responses (including any attachments) submitted in response to the self-certification questions are true and correct and that I am legally authorized to sign and submit the responses to KHC on behalf of organization. I understand and acknowledge that providing misleading or false information to the self-certification questions could result in a recapture of funds and/or possible suspension or disbarment from opportunities for future funding from KHC.

Name: Title:

Agency/Firm name:

*By submitting the answers to the self-certification questions, I agree that my electronic signature (typing in my name) is the legally binding equivalent and has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding

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| Staff Overall Comment |
| <input type="text"/> |