



**MIAMI-DADE COUNTY
CONSOLIDATED REQUEST FOR APPLICATIONS (RFA)
FOR FY 2012 FUNDING
HOUSING APPLICATION**

**FUNDING SOURCES:
HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM
STATE HOUSING INITIATIVES PARTNERSHIP (SHIP)
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
EMERGENCY SOLUTIONS GRANT (ESG)***

**ESG was formerly known as the Emergency Shelter Grant*

FY 2012 RFA ELIGIBLE HOUSING ACTIVITIES:

- **AFFORDABLE HOUSING DEVELOPMENT**
- **HOMELESS HOUSING DEVELOPMENT**
- **TENANT BASED RENTAL ASSISTANCE (TBRA)**
- **HOME BUYER COUNSELING AND EDUCATION**
- **SINGLE FAMILY HOMEOWNERSHIP REHABILITATION (CDBG FUNDING FOR CAC'S HIGH PRIORITIES IN THE NRSA's ONLY)**
- **COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) OPERATING FUNDING/SET ASIDE**

PART II of the RFA, which contains all Attachments, is only available online at the following website: http://www.miamidade.gov/ced/request_rfa.asp

July 14, 2011

Miami-Dade County
Department of Housing and Community Development
701 NW 1st Court, 14th Floor - Miami, FL 33136





***** APPLICATION DISCLAIMER *****

Applicants should check the County's website for updates to the FY 2012 RFA. Additionally, dates listed in Books 1-3 will be updated.

<http://www.miamidade.gov/ced/>



MIAMI-DADE COUNTY PROVIDES EQUAL ACCESS AND EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES AND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY.

The Department of Housing and Community Development (DHCD) does not discriminate on the basis of age, color, religion, sex, national origin, disability or familial status in the admission or access to, or treatment or employment in its federally and locally assisted programs or activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity associated with DHCD, should contact the ADA Coordinator, Charles Brown at (786) 469-4723, as soon as possible but no later than 48 hours before the scheduled event. The ADA does not require DHCD to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden. Complaints that a program, service, or activity is not accessible to persons with disabilities should be directed to the ADA coordinator.

MIAMI-DADE COUNTY
FY 2012 CONSOLIDATED REQUEST FOR APPLICATIONS
HOME INVESTMENT PARTNERSHIPS (HOME)
STATE HOUSING INITIATIVES PARTNERSHIP (SHIP)
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)*
**Single Family Housing Rehabilitation for CAC's High Priorities in the NRSAs Only*
EMERGENCY SOLUTIONS GRANT (ESG)**
***ESG was formerly known as the Emergency Shelter Grant*

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http://www.miamidade.gov/ced/request_rfa.asp

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**MIAMI-DADE COUNTY
FY 2012
CONSOLIDATED REQUEST FOR APPLICATIONS FOR
HOME, SHIP, ESG AND CDBG (Housing Portion Only) FUNDING**

INTRODUCTION

Miami-Dade County, through the Department of Housing and Community Development (DHCD) is soliciting applications under a Consolidated Request for Applications (RFA) process to fund developments applying under the HOME, ESG, SHIP and CDBG Programs. Specifically, the **FY 2012 Housing RFA** is seeking applications to address the high priority needs identified in the County's FY 2008 through 2012 Consolidated Plan and/or small area community plans.

In particular, the County is seeking applications outlined in Book 2 that focus on addressing the above needs in the County's Neighborhood Revitalization Strategy Areas (NRSAs) and Eligible Block Groups. **All applicants submitting new projects within an NRSA are required to attend a MUST Presentation before the applicable Community Advisory Committee (CAC). For further RFA updates and scheduled meeting dates, visit http://www.miamidade.gov/ced/request_rfa.asp (See schedule on page 9).** This RFA is supported by the FY 2008-2012 Consolidated Plan and the FY 2012 Planning Process Policies (Policy Paper) approved by the Board of County Commissioners on July 7, 2011, (See Table of Contents, Part 2,). Additionally, the County is seeking applications for Surtax funding outlined in Book 3, that focus on affordable housing development.

Instructions and application forms for the FY 2012 Housing RFA are included in this package. Copies are also available at the [DHCD](http://www.miamidade.gov/ced/request_rfa.asp) website: [http://www.miamidade.gov/ced/request_rfa.asp]. **The application submission deadline is August 3, 2011, no later than 12:00 noon.**

The DHCD, will hold two (2) technical assistance workshops (TA) to review the application preparation and submission requirements, changes for FY 2012 evaluation criteria, and program requirement information for Housing and Homelessness Housing Activities. The Technical Assistance Workshop schedule and registration information is listed below:

**July 20, 2011
10 a.m. to 12 Noon
South Dade Government Center
10710 Southwest 211th Street, 2nd Floor
Cutler Bay, Florida 33189**

**July 22, 2011
10 a.m. to 12 Noon
Joseph Caleb Center
5400 NW 22 Avenue, Room 110
Miami, Florida 33142**

You may also visit the DHCD website: http://www.miamidade.gov/ced/request_rfa.asp

Questions regarding the FY 2012 RFA should be submitted via email to:

FY2012HousingRFA@miamidade.gov no later than July 17, 2011, at 5:00 p.m.

Responses will be posted on the DHCD website: www.miamidade.gov/ced

ELIGIBLE APPLICANTS

Community Based Organizations (CBOs), Community Development Corporations (CDCs), as well as for-profit and not for-profit developers are encouraged to respond to this Consolidated RFA process by submitting applications for an eligible affordable housing development or project/activity. Entities may apply for funding for an activity from multiple funding sources by **submitting individual applications for each funding source**. Eligibility for use of funds available under this RFA varies from program to program. Applicants should refer to specific requirements and/or restrictions for each funding source as set forth in this application document.

Homeownership development projects will not be funded utilizing the federal sources included in this RFA, except single family rehabilitation under the CDBG program. Homeownership development activities are allowable utilizing SURTAX funding (Book 3) on a limited basis in Categories 3 and 4. In the spirit of “finish what we started”, the only exception will be made for CHDOs applying for funding through the HOME CHDO set-aside, which have previously received County HOME funds for the same affordable housing construction project.

ELIGIBILITY REQUIREMENTS AND EVALUATION CRITERIA FOR CONSTRUCTION DEVELOPMENT AND REHABILITATION PROJECTS

To be eligible for funding, all proposed construction development and rehabilitation activities must meet the requirements listed below. It is strongly recommended that applicants consider these requirements before preparing an application, as these are the same factors that will be used to rate and evaluate proposals.

1. **National Objective** – The proposed activity, if requesting CDBG federal funding, must meet the United States Department of Housing and Urban Development (US HUD) National Objective of benefiting low-to-moderate-income (LMI) persons (24 CFR 570.208). Every application that will benefit low- and moderate-income persons must provide evidence that the beneficiaries of the program will be low-to-moderate-income (LMI) persons. Applicants must provide the income eligibility requirements for the proposed activity or demonstrate that the activity is located in a Neighborhood Revitalization Strategy Area (NRSA) for CAC priorities for single family rehabilitation or an Eligible Block Group.
2. **Priority Needs** – Activities must address a high priority need identified in the County's FY 2008-2012 Consolidated Plan. Applications must describe how the priority need will be addressed and provide supporting data.
3. **Organizational and Financial Capacity** – Applicants must demonstrate they are fiscally sound and have the skills, ability and experience required to achieve US HUD's National Objective, and are able to meet other program requirements. Applicants will be evaluated on experience, organizational and administrative capacity, financial capacity, and management. This will include a review of resumes, financial statements, monitoring reports, audit findings, and complete inspections of new proposed activity locations.

4. **Leveraging** – Applicants must show that they have other sources of funding available for the proposed activity. Since the County uses its federal and local funds to address funding gaps, other funding must exist to ensure timely project completion. Documentation must be provided with the application to verify the availability of leveraged resources. Applicants must have complete funding in place, except for the requested gap funding, and applicants must provide a sources and uses statement. Applicants must demonstrate maximum leveraging with non-County funds.
5. **Timely Completion** - Applicants must demonstrate that they have a history of completing projects in a timely manner. Timely completion is defined as two (2) years for construction.
6. **Track Record:** Prior funded agencies must be in good standing with respect to audit findings and have a favorable track record of completing projects on time, submitting accurate and complete quarterly progress reports, and addressing all monitoring findings. Applicants with an existing DHCD contract that have either 1) failed to demonstrate achievement of the National Objective, or appropriate performance measure under their existing CDBG, HOME, NSP and/or Section 108 loan agreements as well as SHIP and Surtax contractual requirements, or 2) are currently in a delinquent payment status with their existing County contracts, shall be ineligible for funding under the FY 2012 RFA.
7. **Site Control:** Applicants must demonstrate site control (i.e. title, lease agreement, firm purchase contract, Option to Purchase, or Local Government Resolution) of the vacant site or building proposed for funding, as applicable.
8. **Subsidy Per Unit** – For affordable housing projects, agencies must show that the subsidy per unit does not exceed established standards. For HOME funded projects, the maximum subsidy per unit is set by US HUD annually (See Attachment 43).
9. **Geographic Location – For Federal funding,** priority will be given to activities located in the NRSAs and CDBG Eligible Block Groups. Applications must describe how these areas and the residents will be served by the proposed activity.
10. **Finish What We Started - Ongoing housing activities that have been previously funded will receive special consideration, provided the activities remain financially viable, so we can “finish what we started.”**

APPLICANTS INSTRUCTIONS

- All applicants must submit the **Application Cover Sheet** as the **first page** of each application, the **Activity Application Submission Form Checklist**, and **all affidavits contained herein**. All applicants must complete the general section. [Homebuyer Counseling applicants need only complete the first section of the general section (non-scoring general data).]
- All applicants must submit one (1) original and six (6) copies of the application in 3-ring binders with **TABS** and **TABLE OF CONTENTS**. Applications must be in separate binders. **Do not staple or clip pages.**
- Do not submit more than one application per activity per binder. The original application must be submitted with the word “**ORIGINAL**” written on the outside of the binder, and each of the six (6) copies must be marked as “**COPY.**” **ALL Originals and copies of applications must contain all required documents. Please do not exclude any document from any copy.**
- The cover of each binder must include the name of the agency, the name of the proposed activity and the requested funding source.
- Applicants are limited to three (3) applications per funding cycle. All applications should be typed.
- All applicants must be submitted in the legal name of the corporation or agency that is applying for funding. The applicant must be an active entity registered with the Florida Division of Corporations (<http://www.sunbiz.org>).
- All applicants must provide an Employer Identification Number (EIN/Federal Identification Number) and a Data Universal Numbering System or DUNS Number. For more information about obtaining the DUNS Number, visit: <http://fedgov.dnb.com/webform>. The D-U-N-S® Number is a unique nine-digit identification number that remains with an organization even if the organization is no longer in operation. The D-U-N-S® Number was incorporated into the Federal Acquisition Regulation (FAR) in April 1998.
- Applicants are encouraged to coordinate and collaborate with other organizations in carrying out programs funded under this RFA. As part of the proposal, a written agreement specifying the role of each organization in the collaborative arrangement must be included and must be executed by each partner organization.
- Applications must comply with all the requirements of this RFA. Applications that are incomplete or have deficiencies and errors will be submitted to the County Attorney’s Office for legal review and determination of responsiveness.
- **Miami-Dade County will not fund an entity or an affiliate with** defaulted loans, debarment actions or any other legal encumbrances regardless of the merits of the submitted application. Miami-Dade County will not fund entities listed in the Federal Excluded Parties List System, as those entities are prohibited from receiving federal contracts or federally approved subcontracts, and from certain types of federal financial and non-financial assistance and benefits. Miami-Dade County will not fund entities on the County delinquent registry.
- Miami-Dade County reserves the right to require and participate in the creation of partnerships to ensure project viability and/or enhance the effectiveness of program delivery, should the County determine such action is in the best interest of the County and the community being served.

APPLICANTS INSTRUCTIONS Cont'd

- All projects or activities awarded CDBG or HOME funds that fail to complete the activity in a timely manner, shall be subject to recapture.
- All agencies applying for funding for Housing and Homeless activities under the HOME, SHIP, ESG, CDBG (Single Family Rehabilitation only) or SURTAX programs must complete the **General Section and the appropriate forms in the Housing RFA application Book 2 or Book 3, respectively.**
- Applicants applying for Housing or HOME CHDO Operating Support or HOME Set-Aside funds must complete the Housing application forms designated in the Housing Submission Checklist in the Housing Application Booklet.
- All awards will be evidenced by a contract, Memorandum of Understanding (MOU), or interlocal/interdepartmental agreement, as well as appropriate security instruments.
- All housing developments shall adhere to housing construction (new construction/rehabilitation) standards as outlined by US HUD and Miami-Dade County.
- Construction Pre-Application requires intended use of property with supporting documentation to include, but not limited to:
 - Current color photos of the property including roof and interior;
 - Completed 40-year certification (**most recent signed and sealed**);
 - Completed architectural/engineering plans;
 - Approved permit from the respective municipality and/or county; and
 - Property must be free of any Building Code violations (if existing violations exist, applicant must provide a copy of the violations from the municipality and plans must address the corrections).
- If construction/rehabilitation involves occupied units, contact information must be included for occupied units (tenant's name and phone number(s)). Requesting agency must provide written appointments with tenants explaining potential scope of work to be performed within occupied units with a hard copy to our office file.
- Field visits will be conducted on behalf of DHCD to evaluate the viability and/or feasibility of the project site with the proposed scope of work and requested funds by agency.

Environmental Review: Environmental review forms must be completed in its entirety and received within thirty (30) days of contract award or funding will be assessed for recapture.

APPLICATION DEADLINE AND SUBMISSION LOCATIONS

- **The application deadline is 12:00 Noon on August 3, 2011.** Immediately following the deadline, the Department of Housing and Community Development will open applications and initiate the review process. Once the RFA review process has commenced, **no late applications will be accepted.**
- Faxed or electronic applications will not be accepted.
- Applications must be labeled as directed below:

**Mr. Harvey Ruvin
Clerk of the Board of County Commissioners
Stephen P. Clark Center
111 N.W. First Street, 17th Floor
Miami, Florida 33128**

**Attention: Director's Office
Miami-Dade County
Department of Housing and Community Development**

- Applications may be submitted to the Clerk of the Board from **July 14, 2011 through August 2, 2011 from 9:00 a.m. to 4:00 p.m.**, Monday through Friday, except on Holidays observed by the County.
- ON **WEDNESDAY, AUGUST 3, 2011**, APPLICATIONS WILL **ONLY** BE ACCEPTED DURING THE HOURS OF **9:00 A.M. TO 12:00 NOON** AT THE ADDRESS LISTED BELOW:

**Miami-Dade County
Department of Housing and Community Development
Overtown Transit Village North
701 NW 1st Court – 1st Floor Training Room
Miami, Florida 33136**

Applications will **ONLY** be accepted at the addresses noted above.

FY 2012 RFA SCHEDULE*

- The RFA Application will be available for review at the following locations on July 14, 2011. ***(These locations will not have copies available for distribution):***

⇒ ***Miami-Dade Public Library***
101 West Flagler Street
Miami, FL 33130

⇒ ***Miami-Dade Regional Library***
2455 NW 183rd Street
Miami Gardens, FL 33056

⇒ ***South Dade Regional Library***
10750 SW 211th Street
Miami, FL 33189

Applications may also be downloaded from the Miami-Dade County website at the following address:
http://www.miamidade.gov/ced/request_RFA.asp

- Technical Assistance Workshops will be conducted by DHCD at the following two (2) locations:
 - ***South Dade Government Center***, July 20, 2011
10710 SW 211th Street, 2nd Floor, Miami, FL 33189
Time: 10:00 a.m. to 12:00 Noon
 - ***Joseph Caleb Center***, July 22, 2011
5400 NW 22nd Avenue, Miami, FL 33142
Time: 10:00 a.m. to 12:00 Noon
- **The Application submission deadline is Wednesday, August 3, 2011. Applications submitted on or before August 3, 2011** must be delivered to the Clerk of the Board of County Commissioners, located at the ***Stephen P. Clark Center***, 111 NW 1st Street, 17th Floor, Miami, Florida 33128.
- During July 2011, **ALL** applicants undertaking new projects or activities must make a mandatory **MUST** presentation before the community in which the activity is located. If the activity is in a NRSA, the applicant **MUST** make a presentation before the Community Advisory Committee (CAC) that represents the NRSA. **Failure to make the mandatory MUST presentation shall render the application ineligible for funding consideration under the FY 2012 RFA.**

MUST MEETING PRESENTATION DATES

If the activity is not in a NRSA, the applicant will be required to make a presentation at the Countywide MUST meeting during July 2011. The meeting schedule is included below (**Please refer to the DHCD website at www.miamidade.gov/ced/request_RFA.asp for an update of the respective meeting dates**):

Countywide MUST Meeting (for activities to be located in CDBG Eligible Block Group areas)

Monday, August 1, 2011
Overtown Transit Village – North
701 NW 1st Court,
1st Floor Training Room
Miami, Florida 33136
6:00 p.m. to 8:00 p.m.

Wednesday, July 27, 2011 **Goulds CAC**

Isaac A. Withers Community Enrichment
Center
21300 SW 122nd Avenue
Miami, FL 33177
7:00 PM

Tuesday, July 26, 2011 **(Site to be determined)**

Leisure City/Naranja CAC
Naranja Lakes Community Redevelopment
Agency (CRA) Community Center
27555 SW 140th Street
Naranja, Miami, FL 33032
6:30 PM

Tuesday, July 26, 2011 **Melrose CAC**

MDTA Auditorium
3300 NW 32nd Avenue
Miami, FL 33142
6:00 PM

Wednesday, July 27, 2011 **Model City CAC**

Joseph Caleb Center, Room #110
5400 NW 22nd Avenue
Miami, FL 33142
7:00 PM

Thursday, July 28, 2011 **Perrine CAC**

Perrine CAA
17801 Homestead Avenue
Miami, FL 33157
6:30 PM

Thursday, July 21, 2011 **Opa-Locka CAC**

Opa-Locka Community Development
Corporation
490 Opa-locka Blvd., Suite 20 (2nd Floor)
Opa-locka, FL 33054
6:30 PM

Monday, July 18, 2011 **South Miami CAC**

US HUD Senior Center
6701 SW 62nd Avenue
South Miami, FL 33143
7:00 PM

Thursday, July 28, 2011 **West Little River CAC**

Arcola Lakes Park
1301 NW 83rd Street
Miami, FL 33147
6:00 PM

HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)

NOTE: PARTICIPATING JURISDICTIONS ARE REQUIRED TO MATCH 25% OF THEIR HOME ALLOCATIONS WITH NON-FEDERAL SOURCES. THE COUNTY'S LOCAL FUNDS AND THE DEVELOPER'S LEVERAGED FUNDS SHALL BE USED AS MIAMI-DADE COUNTY'S MATCHING SOURCE. THE FUNDS ARE REQUIRED TO BE USED IN THE SAME MANNER AS HOME FUNDS AND ARE SUBJECT TO ALL OF THE HOME PROGRAM RESTRICTIONS. FOR THIS REASON, THE FOLLOWING DESCRIPTION FOR THE HOME PROGRAM WILL ALSO APPLY TO THE SHIP FUNDS, UP TO THE MAXIMUM AMOUNT REQUIRED TO MATCH THE HOME ALLOCATION.

INELIGIBLE APPLICANTS

- Projects that were fully funded by the County within the last 24 months.

FY 2012 AFFORDABLE HOUSING FUNDS AVAILABLE

HOUSING RESOURCE GUIDELINE ALLOCATIONS

In order to meet local priorities the following will serve as the illustrative guidelines to resource allocations:

Activity	HOME	ESG	SHIP	CDBG	Total
CHDO Operating Costs \$50,000 cap per agency	\$317,000				\$317,000
CHDO Set-Aside	\$952,000				\$952,000
Rental New Construction/Rental Rehabilitation	\$1,841,000				\$1,841,000
Homeless Programs	\$1,000,000	\$750,000			\$1,750,000
Homebuyer Counseling			\$500,000		\$500,000
Tenant Based Rental Assistance	\$600,000				\$600,000
TOTAL	\$4,710,000	\$750,000	\$500,000		\$5,960,000

NOTE: FEDERAL FUNDS ARE SUBJECT TO APPROPRIATION BY THE U.S. CONGRESS. THE PRESIDENT'S BUDGET MUST BE APPROVED AND MAY BE SUBJECT TO REDUCTIONS. ALL FEDERAL FUNDING AMOUNTS ARE ESTIMATES. THIS SOLICITATION IS SUBJECT TO THE RECEIPT OF THE ESTIMATED AMOUNT OF FUNDS TO BE RECEIVED FROM U.S. HUD. ANY AWARDS AS A RESULT OF THIS RFA IS SUBJECT TO FUNDING AND MAY BE REDUCED OR RESCINDED BASED ON THE LEVEL OF FUNDING RECEIVED FROM THE FEDERAL GOVERNMENT.

- All funding must be identified in this initial application; NO FUTURE applications will be accepted for the same development for 24 months.
- At the discretion of the County, up to 20% of rental units (per development) may be designated for Section 8 subsidy; either project/development-based or tenant-based.

FINANCING TERMS FOR RENTAL DEVELOPMENTS

- Please see Loan Terms and Conditions on page 15.

Construction and Rehabilitation Loans for Rental Developments

Construction and rehabilitation loan rates and terms for rental developments are outlined on page 15.

However, final determination of the rate and term will be made based on the Credit Underwriting/Subsidy Layering Review Analysis. All permanent loans are for a period of no more than 30 years.

Changes to the Scope of Services/Development Project

Please note that **any changes** to the Scope of Services/Development Project after receiving a funding award, which impacts the scoring criteria may constitute a material change to your application (i.e. change of development location, number of units, set a-side units, activity) and any funding allocation **may be cancelled**. This includes changes in ownership interest and financial beneficiaries. Any change in ownership or financial beneficiaries during the term of the contract/mortgage requires prior approval by DHCD. Additionally, any material change in the organizational or financial capacity of the Applicant from the time of the award to the expiration of the contract may result in the cancellation of any funding allocation secured through this RFA process.

HOME PROGRAM FUNDS UP TO THE MATCHING LIABILITY PORTION

SUMMARY OF HOME PROGRAM REGULATIONS

The HOME Program is designed to:

- Expand the supply of decent and affordable housing, particularly rental housing, for low- and very-low income individuals.
- Strengthen the abilities of State and local governments to design and implement strategies for achieving adequate supplies of decent, affordable housing.
- Provide both financial and technical assistance to participating jurisdictions (entitlement areas) including the development of model programs of affordable housing for very-low and low-income families.
- Expand and strengthen partnerships among all levels of government and the private sector, including for-profit and not-for-profit organizations, in the production and operation of affordable housing.

Project site(s) submitted for consideration must be owned or controlled by the Developer as defined herein at time of submission to Miami-Dade County. Site(s) must be serviced, or proposed to be serviced, by all utilities including sanitary sewer, where available.

Eligible Applicants

Eligible applicants for HOME funds for affordable housing projects include:

- Community Housing Development Organizations (CHDOs). All CHDOs must be certified by DHCD before funds are awarded.
- Other Not-for-profit Organizations
- Private, For-Profit Organizations (including Partnerships and Sole Proprietorships)

Eligible Activities (24 CFR 205)

HOME funds may be used for the following:

- Rehabilitation of existing units
- Conversion of nonresidential uses to residential uses
- Acquisition of existing units and funds for rehabilitation
- Reconstruction (see conditions below)
- New Construction (see conditions below)
- Tenant Based Rental Assistance (TBRA)

For more information on eligible activities, refer to 24 CFR.

**MIAMI-DADE COUNTY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
RECOMMENDATIONS FOR LOAN TERMS AND CONDITIONS FOR
FY 2012 RFA**

FUNDING SOURCE	USE OF FUNDS	TYPE OF AGENCY	LOAN TERMS			NOTES
			RATE	CONSTRUCTION TERMS	AFFORDABILITY	
HOME/ HOME CHDO	ACQUISITION, NEW CONSTRUCTION OR REHABILITATION OF AFFORDABLE RENTAL HOUSING, PRE-DEVELOPMENT.	NOT-FOR-PROFIT	1% TO ACCRUE AFTER CERTIFICATE OF OCCUPANCY FOR THE REMAINING LOAN TERM.	0% INTEREST DURING CONSTRUCTION PERIOD UNTIL CERTIFICATE OF OCCUPANCY.	SUBJECT TO RENTAL REGULATORY AGREEMENT FOR SET ASIDE UNITS DURING THE ENTIRE TERM. 30 YRS/REHAB OR SUBSTANTIAL REHAB. 30 YRS/NEW CONSTRUCTION.	TERMS BASED ON COUNTY GUIDELINES. A TOTAL OF 2 YEARS TO CONSTRUCT THE PROJECT. FINAL LOAN AMOUNT SUBJECT TO SLR UNDERWRITING REVIEW.
HOME	ACQUISITION, NEW CONSTRUCTION OR REHABILITATION OF AFFORDABLE RENTAL HOUSING (RENTAL ONLY).	FOR PROFIT	0% - 1.5% TO ACCRUE AFTER CERTIFICATE OF OCCUPANCY FOR THE REMAINING LOAN TERM.	0% INTEREST DURING CONSTRUCTION PERIOD UNTIL CERTIFICATE OF OCCUPANCY. NO ACCRUAL.	SUBJECT TO RENTAL REGULATORY AGREEMENT FOR SET ASIDE UNITS DURING THE ENTIRE TERM. 30 YRS/REHAB OR SUBSTANTIAL REHAB. 30 YRS/NEW CONSTRUCTION.	TERMS BASED ON COUNTY GUIDELINES. A TOTAL OF 2 YEARS TO CONSTRUCT PROJECT. FINAL LOAN AMOUNT SUBJECT TO SLR UNDERWRITING REVIEW.
HOME	HOMELESS	FOR PROFIT AND NOT-FOR-PROFIT	1.0%	1% INTEREST PER ANNUM OVER 20-YEAR LOAN TERM, WHICH WILL NOT BE COLLECTED AS LONG AS DEVELOPMENT COMPLIES WITH ALL LOAN CONDITIONS. IF THE PROJECT COMPLIES WITH ALL LOAN CONDITIONS, THEN THE PRINCIPAL AND INTEREST SHALL BE FORGIVEN IN EQUAL INCREMENTS EQUAL TO TWENTY-FIVE PERCENT (25%) OF THE LOAN AMOUNT IN YEARS 17 THROUGH 20.	SUBJECT TO REGULATORY RENTAL AGREEMENT. SUBJECT TO A 30-YEAR AFFORDABILITY AND OCCUPANCY RESTRICTION PERIOD.	IF BORROWER CEASES ITS USE OF THE PROPERTY AS A HOMELESS FACILITY, THEN OR AT ANY TIME, UPON WRITTEN NOTICE FROM THE COUNTY, THE LOAN, INCLUDING ANY ACCRUED INTEREST, SHALL BECOME IMMEDIATELY DUE AND PAYABLE.
CDBG	SINGLE FAMILY REHAB	FOR PROFIT AND NOT-FOR-PROFIT	0%	0% INTEREST DURING CONSTRUCTION PERIOD UNTIL CERTIFICATE OF OCCUPANCY. NO ACCRUAL.	DEFERRED	

**HOUSING FORMS SUBMISSION CHECKLIST
AND HOUSING FORMS**

ACTIVITY SUMMARY FOR MUST PRESENTATION

Please submit one (1) form for each proposed activity.

Failure to make presentation will result in the **reduction of 5 points** from the overall score of the application.

AGENCY/APPLICANT NAME: _____

CONTACT PERSON (NAME AND TITLE): _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

AGENCY/APPLICANT DUNS NUMBER _____

E-MAIL: _____
AGENCY/APPLICANT ADDRESS: _____

ACTIVITY TITLE: _____

TYPE OF ACTIVITY: _____

- HOUSING
- ESG
- HOMELESS

LOCATION OF ACTIVITY (ADDRESS OR FOLIO NUMBER): _____
CITY: _____ STATE _____ ZIP: _____

ACTIVITY DESCRIPTION Provide an Abbreviated Activity Description statement about your proposed project (**Who, What, When, Where, Why, and How**). Example of a good abbreviated description: Construction of an ADA walkway, ADA parking, fencing/landscaping for 50 low/mod income Alzheimer's clients in an adult day care program located in the Model City NRSA, 123 Main Street, in Commission District 3.

LIST THE COMMISSION DISTRICTS THE ACTIVITY WILL SERVE (1 thru 13):
<http://gisims2.miamidade.gov/Cservices/CSReport.asp> _____

LIST THE NAME(S) OF THE NRSA's TO BE SERVED BY THIS ACTIVITY (if applicable) <http://gisims2.miamidade.gov/Cservices/CSReport.asp> _____

LIST THE FUNDING SOURCES REQUESTED:

- CDBG (Apply using Housing RFA Book 2 Application)
- HOME (Apply using Housing RFA Book 2 Application)
- SHIP (Apply using Housing RFA Book 2 Application)
- ESG (Apply using Housing RFA Book 2 Application)

AMOUNT OF FUNDS REQUESTED FOR FY 2012:

--

TOTAL ACTIVITY COST:

--

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HOUSING FORMS SUBMISSION CHECKLIST RFA FY 2012

HOUSING SUBMISSION CHECKLIST

Please refer to this form when preparing the application. The items in General Section must be submitted with all affordable housing construction/rehabilitation applications and homeless. Homebuyer Counseling applications need only submit the organization capacity and experience portion. All items must be submitted in the same order as listed and all corresponding forms must be completed with all requested exhibits. The exhibits must be submitted behind the forms and identified by the location and page number where the items may be located in the proposal. The bottom portion of this form must be signed by the authorized representative of the agency in order to certify the completeness of your proposal. Forms to be provided by Developer are indicated with an (*). All items must be included. If this form is not applicable, please insert a page behind the tab that says "N/A".

SECTION	DESCRIPTION OF SECTIONS
	GENERAL SECTION HOUSING FORMS (REQUIRED FROM ALL APPLICANTS):
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)
II.	PROPOSED ACTIVITY (TAB 1)
III.	FUNDING REQUEST (TAB 1)
IV.	NATIONAL OBJECTIVE (TAB 3)
V.	GEOGRAPHIC LOCATION (TAB 3)
VI.	HIGH PRIORITY NEEDS (TAB 3)
VII.	LEVERAGING RENTAL AND HOMELESS ONLY (TAB 9)
VIII.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 2)
IX.	TRACK RECORD (TAB 2)
X.	TIMELY COMPLETION (TAB 2)
XI.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 8)
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):
XII.	SITE CONTROL (TAB 6)
XIII.	PRE-DEVELOPMENT (TAB 6)
XIV.	SHOVEL READY (TAB 6)
XV.	FEATURES AND AMENITIES (TAB 5)
	DEMOGRAPHIC AND SET-ASIDE COMMITMENTS ACCESSIBILITY FEATURES:
	DEMOGRAPHIC TARGETS (TAB 7)
	INCOME AND SPECIAL NEEDS (TAB 7)
	HOUSING PRESERVATION ACTIVITIES (TAB 7)
	TENANT RELOCATION (TAB 8)
	DESIGN AND ACCESSIBILITY FEATURES (TAB 7)
	SET-ASIDE COMMITMENTS (TAB 7) [REQUIRED FOR HOME FUNDS ONLY]
	FINANCIAL BENEFICIARIES (TAB 10):
	RENTS & OPERATING PRO-FORMA (TAB 11):
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 13) [RENTAL DEVELOPMENTS ONLY]:
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 9):
FORM 3	HOMEBUYER COUNSELING :
	EDUCATION AND EXPERIENCE (TAB 1)
	LOCATION OF PROVIDER (TAB 2)
	EDUCATIONAL MATERIALS AND CURRICULA (TAB 3)
	COST TO APPLICANTS (TAB 4)
	POST PURCHASE WORKSHOPS (TAB 5)
	COUNSELING SERVICE REFERENCES (TAB 6)
FORM 4	HOMELESS RENTAL HOUSING DEVELOPMENT AND EMERGENCY SOLUTIONS GRANTS (ESG):*
	<i>*REQUIRED FOR ALL HOMELESS RENTAL HOUSING PROJECT AND ESG APPLICANTS</i>
	ORGANIZATIONAL QUALIFICATIONS & PROPOSED PROJECT NARRATIVE (TAB 16)
FORM 5	TENANT BASED RENTAL ASSISTANCE (TAB 17)
FORM 6	SINGLE FAMILY HOME REHABILITATION (TAB 18)
FORM 7	COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDO) (TAB 19)

I HEREBY CERTIFY THAT THIS PROPOSAL IS COMPLETE, AS INDICATED ABOVE, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

DEVELOPER: _____

DATE: _____

AFFIDAVIT OF ORGANIZATIONAL CONSISTENCY

By completing this document, the applicant certifies the following:

- The firm cited on this form is currently funded through the Consolidated Plan Application Process for the CDBG, SHIP, HOME, ESG, and other programs through Miami-Dade County.
- The firm's organizational status – as it pertains to the structure of its Board of Directors, its contractual relationships with other businesses, its operations of its projects funded through the sources mentioned above, and the statements affirmed on the affidavits submitted to Miami-Dade County during FY 2011 has remained unchanged.
- The organization further affirms that it will notify Miami-Dade County's Department of Housing and Community Development to report any changes in the status of the items mentioned above that occur after the execution of this affidavit and that it will complete all required documents to formally report such modifications.
- The failure by the contractor to comply with the items mentioned above shall render any contract or funding application between the contractor and Miami-Dade County void and result in the debarment from future County work. The Inspector General shall be authorized to investigate such alleged violations.

By: _____ Date _____ 20__
Signature of Affiant Date

Printed Name and Title of Affiant Federal Employer ID Number

Printed Name of Firm

Address, City/State of Firm

State of _____
County of _____

SUBSCRIBED AND SWORN TO (of affirmed) before me this ____ day of _____, 20__

He/She is personally known to me ____ or has presented _____ as identification.
Type of ID

Signature of Notary Serial Number

Printed or Stamped Name of Notary Expiration Date

AFFIDAVIT OF PREVIOUS CONTRACTUAL RELATIONSHIPS

(Only Agencies currently not receiving HOME, ESG, SHIP, CDBG, and/or McKinney Vento funding via Miami-Dade County must complete this form.)

1. Has the applicant had any previous contractual relationship to provide services or develop housing?

Yes _____ No

If yes, please list name of organization, contract year, dollar amount, and Scope of Services.

2. Have there been any previous monitoring reports for the contracts above?

Yes _____ No

If yes, review the last issued monitoring report from each funding organization identified in #1 above.

3. Obtain the contact name and telephone number for each funding organization identified in #1 above and contact him/her to ask the following questions (write responses on a separate page):

4. Summarize your experience with the applicant concerning their performance under the contract:

- a. Were invoices submitted on time and were they accurate?
- b. Did payments need to be expedited due to cash flow problems?
- c. Has management and staff been stable (i.e. high or low turnover rate)?
- d. Would you continue to contract with the applicant?

Are there any issues Miami-Dade County should be aware of (attach additional pages if necessary)?

BY: _____
SIGNATURE OF AFFIANT

_____ 20____
DATE

PRINTED NAME AND TITLE OF AFFIANT

FEDERAL EMPLOYER IDENTIFICATION NO.

PRINTED NAME OF FIRM

PRINT ADDRESS OF FIRM

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20____.
HE/SHE IS ___ PERSONALLY KNOWN TO ME OR ___ HAS PRESENTED _____ AS IDENTIFICATION.

SIGNATURE OF NOTARY

SERIAL NUMBER

PRINTED/ STAMPED NAME OF NOTARY

EXPIRATION DATE

NOTARY PUBLIC, STATE
OF _____

APPLICATION COVER SHEET (Tab 1)

FY 2012 REQUEST FOR APPLICATION (RFA)

AGENCY / DEVELOPER / APPLICANT INFORMATION: _____

Legal Name: _____

Organization's Fed. Tax or Employer Identification Number (TIN /EIN): _____

Organization's Dun & Bradstreet D-U-N-S # (Required): _____

To obtain a DUNS # please call 1.866.705.5711 or visit <http://fedgov.dnb.com/webform>

Contact Person _____

Phone: _____

e-mail: _____

MAILING ADDRESS (P.O. Boxes will not be accepted):

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip+4 _____

To answer the questions below, you may obtain the information at the following link:
<http://gisims2.miamidade.gov/Cservices/CSReport.asp>

County Commission District(s) where activity is located
--Please circle District number(s)

1 2 3 4 5 6 7 8 9 10 11 12 13
County Wide

County Commission District(s) where clients reside (service area):
--Please circle District number(s)

1 2 3 4 5 6 7 8 9 10 11 12 13
County Wide

Neighborhood Revitalization Strategy Area(s):

Opa-locka _____ South Miami _____
Melrose _____ Leisure City/Naranja _____
Goulds _____ West Little River _____
Model City _____ Perrine _____

Low-Mod Area (LMA Benefit Eligible Block Group(s)) _____

Are you applying for Homeless Funds? Yes ___ No ___

ACTIVITY INFORMATION:

Activity Title: _____

For this activity, please list the total amount of CDBG funds requested: \$ _____

**RENTAL HOUSING DEVELOPMENT
PAGE 1**

SCORING TABLE

SECTION	SCORING ITEMS	MAXIMUM POINTS
	GENERAL SECTION HOUSING FORMS (REQUIRED FROM ALL APPLICANTS):	
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)	0
II.	PROPOSED ACTIVITY (TAB 1)	0
III.	FUNDING REQUEST (TAB 1)	0
IV.	NATIONAL OBJECTIVE (TAB 3)	0
V.	GEOGRAPHIC LOCATION (TAB 3)	10
VI.	HIGH PRIORITY NEEDS (TAB 3)	10
VII.	LEVERAGING RENTAL AND HOMELESS ONLY (TAB 9)	10
VIII.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 2)	25
IX.	TRACK RECORD (TAB 2)	5
X.	TIMELY COMPLETION (TAB 2)	2
XI.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 8)	0
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):	
XII.	SITE CONTROL (TAB 6)	5
XIII.	PRE-DEVELOPMENT (TAB 6)	6
XIV.	SHOVEL READY (TAB 6)	9
XV.	FEATURES AND AMENITIES (TAB 5)	8
	DEMOGRAPHIC AND SET-ASIDE COMMITMENTS ACCESSIBILITY FEATURES:	10
	DEMOGRAPHIC TARGETS (TAB 7)	0
	INCOME AND SPECIAL NEEDS (TAB 7)	0
	HOUSING PRESERVATION ACTIVITIES (TAB 7)	0
	TENANT RELOCATION (TAB 8)	0
	DESIGN AND ACCESSIBILITY FEATURES (TAB 7)	0
	SET-ASIDE COMMITMENTS (TAB 7) [REQUIRED FOR HOME FUNDS ONLY]	0
	FINANCIAL BENEFICIARIES (TAB 10):	0
	RENTS & OPERATING PRO-FORMA (TAB 11):	0
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 13) [RENTAL DEVELOPMENTS ONLY]:	0
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 9):	0
	TOTAL POINTS	100

GENERAL SECTION

ALL INFORMATION IS REQUIRED TO BE CONSIDERED FOR AWARD

~ALL APPLICANTS MUST COMPLETE THE GENERAL SECTION AND THE RESPECTIVE SUB-SECTIONS~

THE APPLICATION MAY BE OBTAINED AT THE FOLLOWING LINK:

http://www.miamidade.gov/ced/request_rfa.asp

For the following questions, please tab each part of the document with the corresponding questions that tab is addressing and highlight the appropriate section. If the requested written documentation is not provided, the question will be scored as a NO. For example, for any question that states by-laws are an acceptable source of documentation, you only need to supply one set of by-laws with each question appropriately tabbed and highlighted to denote the answer to that particular question.

SCORING

Developments will be awarded funds in a ranked order with criteria including the lowest per unit request for subsidy from the County, readiness and experience.

If a tiebreaker is needed during scoring to determine project ranking, the first tiebreaker will be leveraging – those projects that require less total County funding per unit will be ranked first. If an additional tiebreaker is needed, those projects with greater points in the “Ability to Proceed” section of the application will be ranked higher.

I. Applicant Information - TAB 1

1.	<p>What is the LEGAL NAME of the Agency or Developer applying for funds? <i>Please provide evidence such as Business License, Corporation Documents, Certificate of Good Standing or IRS Forms 990, 1120 and 1120 (s) and include document as part of the Scope of Services (See Attachment #16 of the application). Currently funded agencies must submit DHCD's Affidavit of Organizational Consistency to be exempt from this requirement (See attached form in RFA package on page 45).</i></p>
2.	<p>Agency or Developer Address <i>If you are a partnership, you must submit this information for all partners. Please use a separate sheet of paper to list all partners and include the document as part of the Scope of Services (See Attachment #16 of the application).</i></p> <p>Street Address: _____</p> <p>City: _____ State: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Zip Code: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Organization TIN # / EIN #: _____</p> <p>Organization Dun & Bradstreet D-U-N-S #: _____</p> <p>A D-U-N-S #: is mandatory <i>(To obtain a DUNS #, please call 1 866 705-5711)</i></p>
3.	<p>Agency or Developer Contact Person. <i>If you are a partnership, you must submit this information for all partners. Please use a separate sheet of paper to list all partners and include the document as part of the Scope of Services (See Attachment 16 of the application).</i></p> <p>Contact Person: _____ Title: _____</p> <p>Phone Number: () _____ Fax: () _____</p> <p>E-mail: _____ Website: _____</p>

4.	<p>Organization Type. Please select one.</p> <table border="0"> <tr> <td><input type="checkbox"/> Community Based Development Organization (CBDO)</td> <td><input type="checkbox"/> Municipality</td> </tr> <tr> <td><input type="checkbox"/> Community Based Organization (CBO)</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Community Development Corporation (CDC)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Community Housing Development Organization (CHDO)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Developer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Joint Venture</td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>2b. Not-for-Profit <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2c. For Profit <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2d. Institution of higher Education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p><i>Please provide evidence such as IRS certification or Corporation certification, Board Resolution or Partnership Agreement. Currently funded agencies must submit Affidavit of Organizational Consistency to be exempt from this requirement (See attached form in RFA package 43).</i></p>	<input type="checkbox"/> Community Based Development Organization (CBDO)	<input type="checkbox"/> Municipality	<input type="checkbox"/> Community Based Organization (CBO)	<input type="checkbox"/> Other	<input type="checkbox"/> Community Development Corporation (CDC)		<input type="checkbox"/> Community Housing Development Organization (CHDO)		<input type="checkbox"/> Developer		<input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Community Based Development Organization (CBDO)	<input type="checkbox"/> Municipality												
<input type="checkbox"/> Community Based Organization (CBO)	<input type="checkbox"/> Other												
<input type="checkbox"/> Community Development Corporation (CDC)													
<input type="checkbox"/> Community Housing Development Organization (CHDO)													
<input type="checkbox"/> Developer													
<input type="checkbox"/> Joint Venture													
5.	<p>Is your agency/business or any affiliate <u>delinquent</u> in any obligation to Miami-Dade County or is the agency/business or any affiliate, officer or any member of the agency's board of directors on the Miami-Dade County <u>Delinquent List</u>?</p> <p><i>You may view the Delinquent List at the following link: http://intra.miamidade.gov/Finance/Delinquent-memo.asp</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
6.	<p>If you answered yes to the above question, has the agency/business filed an appeal? <i>Please provide information regarding the appeal and submit with application.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
7.	<p>Is your agency/business or any affiliate or any officer/board member/employee of your organization listed in the Federal Excluded Parties list system? <i>Excluded Parties List System (www.epls.gov) includes parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DHCD Staff will verify Questions 5-7. If you answered YES to either question, your application will be rejected. If you are currently in appeal, the application will be referred to the Miami-Dade County Attorney's Office for review.</p>												

Questions 8 to 11 are for Not-for-Profits Only.

8.	<p>Is the agency organized under state law to engage in community development activities within the community? <i>Please provide evidence such as: Articles of Incorporation or By-Laws.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9.	<p>Has there been a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501 (c)(3) or (4) of the IRS Code of 1986? <i>Please provide evidence such as: current Tax Exempt Status Letter or letter of application to the IRS.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
10.	<p>Does your agency act as an agency or instrumentality of a unit of state or local government and does the board consist of no more than one-third elected or appointed public officials or employees of state or local government? <i>Please provide evidence such as Articles of Incorporation, By-Laws or a List of Members of the Government Board with addresses.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11.	<p>Is the Governing body nominated by the general membership of the organization? <i>Please provide evidence such as: Articles of Incorporation or By-Laws.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

II. Proposed Activity - TAB 1

12.	<p>Activity Title: _____</p> <p><i>If this is a currently funded activity, and you are requesting funding from the same funding source, the title must be the same as currently contracted.</i></p>
13.	<p>What category are you applying for? <i>Select only one below. Note: There must be a separate application for each funding source.</i></p> <p><input type="checkbox"/> Rental New Construction/Rehab <input type="checkbox"/> Homebuyer Assistance <input type="checkbox"/> Homeless <input type="checkbox"/> TBRA <input type="checkbox"/> CHDO Set-Aside</p> <p><input type="checkbox"/> Homeownership New Construction/Rehab <input type="checkbox"/> Single Family Homeownership Rehabilitation (CDBG Funding in NRSAs only)</p>
14.	<p>Provide an Abbreviated Activity Description statement for the proposed activity. <i>It should be no more than 250 characters, and should describe the Who, What, When, Where, Why, and How of the proposed activity. Sample abbreviated description: Rehabilitation (40 Year Re-certification) of an existing 50 unit affordable housing development servicing families with incomes below 60 percent of the AMI, located in the Model City NRSA, 123 Main Street, in Commission District 3.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
15.	<p>Provide a full, detailed activity description, limited to one page typed. <i>The description shall include, at a minimum, the developer, development team that will carry out the activity, type of development/rehab that will be provided, the proposed AMI, when the project is expected to be completed, the location of the activity and how the project will be financed. Include document as part of the Scope of Services (See Attachment #16 of the application).</i></p>
16.	<p>Please provide EACH of the following documents, which must adhere to the formats provided in Part II, Attachment 15 and 16.</p> <p><input type="checkbox"/> An overall sources and uses statement (showing all funding sources by line-item)</p> <p><input type="checkbox"/> A detailed construction budget showing how County funds will be used</p> <p><input type="checkbox"/> A detailed activity scope of work with quarterly milestones, (4) quarters</p> <p><input type="checkbox"/> A detailed 15-year operating pro-forma (If applicable)</p>

III. Funding Request - TAB 1

17.	<p>How much funding are you requesting for the proposed activity?</p>	
18.	<p>If currently funded for this activity, how much funding did you receive for this activity in prior years? Include all government related financing, e.g., FHFC, HUD, HFA, City of Miami, etc.</p>	
19.	<p>Is the funding request greater than 50% of the total amount of available funding for a particular funding category? <i>Note: A request greater than 50% of what is available for a funding category will result in a five-point reduction in the overall score.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
20.	<p>How many funding applications has the agency submitted? <i>Note: More than 3 applications result in a (-5 point) deduction in the overall score for each activity.</i></p>	

IV. National Objective – TAB 3

The County reserves the right to make the final determination on the following questions (Not applicable for SURTAX requests).

21.	U.S. Department of Housing and Urban Development (US HUD) Activity Type. Please refer to Part II, Attachment 9 to answer question. _____
22.	US HUD Matrix Code. Please refer to Part II, Attachment 9 to answer question. _____
23.	What objective of the US HUD mandated Performance Measurement Outcome System does the activity meet? Please refer to Part II, Attachment 9 to answer question. Select one in each column. <input type="checkbox"/> Creating a suitable living environment <input type="checkbox"/> Availability / Accessibility <input type="checkbox"/> Providing decent housing <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability
24.	What type of accomplishment units are you proposing to serve with this funding request? Please refer to Part II, Attachment 9 to answer question. Select only one. <input type="checkbox"/> People <input type="checkbox"/> Households
25.	How many accomplishment units are you proposing to serve with this funding request? Please provide an unduplicated count for the proposed accomplishments. _____
26.	Will this project meet USHUD National Objective or other HUD requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No

V. Geographic Location (Maximum 10 Points) - TAB 3

27.	What is the primary development address (location of project)? If there are multiple addresses (scattered sites), you must submit this information for all locations. For vacant lots, you may provide crossroads information. Please use a separate sheet of paper and include document as part of the Scope of Services (See Attachment #16 of the application). Post Office Boxes are not acceptable; a physical activity location must be provided. Street Address: _____ City: _____ State: <input type="text"/> <input type="text"/> Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
28.	Describe the service area of the proposed activity.						
29.	Provide the Census Tract and Census Block Group Number of the activity location or service area. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Census Tract</td> <td style="width: 50%; border-bottom: 1px solid black;">Census Block Group</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p><small>Census information can be obtained through www.census.gov. Select American Fact Finder. Select Street Address. Type in the activity address. Press Go and your information will come up in a box underneath your address. You may also obtain the information at the Miami-Dade County Services Near Your link: http://gisims2.miamidade.gov/Cservices/CSReport.asp.</small></p>	Census Tract	Census Block Group				
Census Tract	Census Block Group						

30.	<p>Is the activity located in any of the following Entitlement Cities? Please select only one below. Note: Funding applications from agencies that propose activities in entitlement jurisdictions or participating jurisdictions in the State of Florida Small Cities CDBG Program will only be considered if they can demonstrate that the activity is of Metropolitan Significance and is consistent with the high priority needs identified in that jurisdiction's Consolidated Plan. "Metropolitan Significance" is defined as beyond the boundaries of a single municipality. Government entities representing the entitlement jurisdictions are not eligible to apply.</p> <p> <input type="checkbox"/> City of Miami <input type="checkbox"/> City of Hialeah <input type="checkbox"/> City of Miami Gardens <input type="checkbox"/> N/A <input type="checkbox"/> City of North Miami <input type="checkbox"/> City of Miami Beach <input type="checkbox"/> City of Homestead <input type="checkbox"/> Florida City </p>
31.	<p>Indicate if the activity will serve or is located in a Neighborhood Revitalization Strategy Area (NRSA) and/or an Eligible Block Group</p> <p><input type="checkbox"/> Yes (10 pts.) <input type="checkbox"/> No</p> <p>See Part II, Attachment 17 for maps of the NRSAs and a list of the eligible block groups. You may also find the NRSA maps at the following link:</p>
32.	<p>If you answered yes to the above question, indicate the area/s that you will serve.</p> <p>NRSAs</p> <p> <input type="checkbox"/> Opa-Locka <input type="checkbox"/> Model City <input type="checkbox"/> West Little River <input type="checkbox"/> Melrose <input type="checkbox"/> South Miami <input type="checkbox"/> Perrine <input type="checkbox"/> Goulds <input type="checkbox"/> Leisure City/Naranja </p> <p>Eligible Block Group/s</p> <p>_____</p> <p>_____</p>

VI. High Priority Needs (Maximum 10 Points) TAB 3

33.	<p>Does the activity address a NRSA priority need or goals/objectives in a community Charrette plan? Please select only one of the following options listed below. To obtain points for this question, applicants must provide a brief narrative of how the proposed activity is addressing the identified needs in the NRSA or Charette areas. Include in Tab 5 scope of services. <u>(Single Family Homeownership Application must attach a Letter of Support from CAC indicating that activity as a NRSA high priority need.</u></p> <p> <input type="checkbox"/> Yes, addresses an eligible NRSA high priority need listed in the FY 2008-2012 Consolidated Plan. (5 pts.) <input type="checkbox"/> Yes, addresses a need listed in listed in the Small Area Plans – Charrettes. (3 pts.) <input type="checkbox"/> No (0 pts) </p>
34.	<p>Is the activity a Single Family Homeownership Rehabilitation Program within a NRSA, where the CAC has designated the activity as a high priority?</p> <p> <input type="checkbox"/> Yes (5 pts.) <input type="checkbox"/> No (0 pts.) </p>

VII. Leveraging – Rental and Homeless Only (Maximum 10 Points) TAB 9

35.	<p>What is the TOTAL project cost of the proposed activity? <i>Must provide detailed project scope and budget; see Part II, Attachments 15 and 16.</i> _____</p>										
36.	<p>Has this activity secured documented funding from other sources?</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Name of Source</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> <tr> <td style="text-align: right; padding-top: 5px;">TOTAL</td> <td style="text-align: right; vertical-align: bottom;">\$ _____</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> 25-75% Leverage (3 pts.) <input type="checkbox"/> 76-100% Leverage (5 pts.) </p> <p style="font-size: small; margin-top: 10px;"> <i>The County will not consider funding for any activity that has not secured a minimum of \$25,000 in outside funding sources to support the activity. The implementing agency must provide evidence such as Award letters, signed affidavits (if source is from agency's own resources), or letters of commitment that are not contingent upon award or municipal resolutions. Applicant must complete the Home Underwriting Analysis Template, Table of Contents, Part II, Attachment #28</i> </p>	<u>Name of Source</u>	<u>Amount</u>		\$ _____		\$ _____		\$ _____	TOTAL	\$ _____
<u>Name of Source</u>	<u>Amount</u>										
	\$ _____										
	\$ _____										
	\$ _____										
TOTAL	\$ _____										
37.	<p>Total County funds per unit divided by number of affordable units under 80% AMI _____</p> <p> Less than \$20,000 <input type="checkbox"/> Yes (5 pts.) From \$20,001 to \$40,000 <input type="checkbox"/> Yes (3 pts.) Greater than \$40,000 <input type="checkbox"/> Yes (0 pts.) </p> <p style="font-size: small; margin-top: 10px;"> Note: Consulting fees, if any and the cost of an independent HC market study must be paid out of the Developer fee. Consulting fees include, but are not limited to, payments for Application consultants, construction management or supervision consultants, or local government consultants. <u>Developer fees can be no more than 16% of total development cost and is subject to an independent underwriting review.</u> </p> <p style="font-size: small; margin-top: 10px;"> CONSTRUCTION OR REHAB ANALYSIS Identify all funding sources for which a firm commitment is in place, a funding application has been submitted and is pending review, or a funding award has been recommended, but not yet made firm. Applicant must provide documentation of firm commitments or funding recommendations for each funding source identified below, along with a copy of the application for such funding. In cases of pending applications, a copy of the application must be submitted. </p>										

VIII. Organizational Capacity (Maximum 25 Points) – TAB 2

38.	<p>Does the developer have the technical capacity to carry out the proposed activity? <i>Please provide Resumes and/or statements that describe the experience of key staff of the Development Team or contract(s) with consultant firms or not-for-profit organizations who possess development knowledge and experience carrying out the proposed project. Subject to review by DHCD. Must have a minimum of 10+ years in producing affordable housing to be awarded both the 10 points for building within the past 4 years and the 8 points for 10+ experience.</i></p> <p>Select only one (1) from the following two (2) questions – (10 points maximum)</p> <p>1) Has the applicant demonstrated recent experience by producing government sponsored affordable housing within the past 4 years in the State of Florida?</p> <p style="text-align: center; margin-left: 100px;"> <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (10 pts.) </p> <p>2) Has the applicant demonstrated experience producing government sponsored affordable housing that was 5 to 7 years ago, in the State of Florida? <i>(If you answered yes to the question above – do not answer this question)</i></p> <p style="text-align: center; margin-left: 100px;"> <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (5 pts.) </p>
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39.	<p>Does the developer have more than 10 years of documented government funded affordable housing experience:</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (8 pts.)</p>
40.	<p>Have you produced more than 500 government funded affordable housing units within the past four years in the State of Florida?</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (5 pts.)</p>
41.	<p>Has the developer, an affiliate or any member of its Development/Management team defaulted on any affordable housing loan in the State of Florida?</p> <p><input type="checkbox"/> No (2 pts.) <input type="checkbox"/> Yes and has not cured the default. (0 pts.)</p>

IX. Track Record (Maximum 5 Points) – TAB 2

42.	<p>If currently funded by DHCD for other projects, has the developer submitted acceptable progress reports and met its contractual requirements, as defined in contract, in a timely manner in FY 2010?</p> <p><input type="checkbox"/> A. Not previously funded, or question does not apply <input type="checkbox"/> B. Submitted all required reports and met all contractual requirements 100% of the time (3 pts.) <input type="checkbox"/> C. The agency has submitted progress reports in a timely manner, or it has submitted incomplete progress reports 80% of the time. (2 pts.)</p>
43.	<p>If not currently funded by DHCD for other projects, does the developer have evidence of submitting acceptable progress reports and meeting its contractual requirements, in a timely manner in FY 2010?</p> <p><input type="checkbox"/> Yes (3 pts) <input type="checkbox"/> No (0 pts.)</p>
44.	<p>Has the agency submitted evidence that projects started have been completed?</p> <p><input type="checkbox"/> A. Projects completed 100% of the time (2 pts.) <input type="checkbox"/> B. Projects completed 90% of the time (1 pts.) <input type="checkbox"/> C. Projects completed less than 90% of the time. (0 pts.)</p>

X. Timely Completion (Maximum 2 Points) – TAB 2

45.	<p>If previously funded by DHCD, did the agency complete the National Objective, as defined in contract, in a timely manner?</p> <p><input type="checkbox"/> A. Not previously funded, or question does not apply (0 pts.) <input type="checkbox"/> B. Completed National Objective and met all performance objectives in a timely manner (1 pts.) <i>(If yes, list all developments behind Tab 2)</i> <input type="checkbox"/> C. The agency has not met the National Objective (0 pts.)</p>
46.	<p>If the developer/development team member received HOME funds in FY 2010 or after, has the entity executed a loan closing with Miami-Dade County and commenced Construction?</p> <p><input type="checkbox"/> Yes (1 pts.) <input type="checkbox"/> Funded but loan not closed or constuction commenced (0 pts.) <input type="checkbox"/> Not funded in FY 2008 (0 pts.)</p>

XI. Tenant Relocation Information For Existing Properties - TAB 8

47.	<p>This section applies to all existing properties subject to rehabilitation or demolition for purposes of new construction.</p> <p>1. If converting an existing property, is temporary relocation anticipated during the rehabilitation period?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the number of units affected: _____</p> <p>2. Is permanent relocation (displacement) anticipated during or after the rehabilitation period?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the number of units affected: _____</p> <p>3. Describe how you plan to cover the cost of relocation. Detail how the temporary and permanent relocation will be handled (relocation costs are not eligible soft costs).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4. A tenant profile must be submitted for each occupied unit. Alternate forms may be used, if the same information is provided. Tenant profile forms are found directly behind this form labeled TAB 8.</p>
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ABILITY TO PROCEED

THE RFA APPLICATION MAY BE OBTAINED AT THE FOLLOWING LINK:

http://www.miamidade.gov/ced/request_rfa.asp

XII. Site Control (Maximum 5 Points) – TAB 6

48.	<p>Does the organization/applicant have documented site control? <i>Please note that site control is required to receive funding. Documents must be in the name of the legal entity that will own the project or the contracting agency. (Threshold)</i></p> <p><input type="checkbox"/> Yes (5 pts) <input type="checkbox"/> No (0 pts)</p>
49.	<p>If yes, what supportive documentation does your organization hold? <i>Select one below and include documentation as part of your application package. (Not applicable for Single Family Homeownership Rehabilitation Applications.)</i></p> <p><input type="checkbox"/> Title / Deed or Municipal owner ,</p> <p><input type="checkbox"/> A valid option to purchase <i>(Purchase option must be through 6/30/2012. The closing must occur prior to contract execution with the County.), or</i></p> <p><input type="checkbox"/> Executed long term lease. <i>(Land lease must cover timeframe required to achieve US HUD National Objective.)</i></p> <p><input type="checkbox"/> Other Provisional Indications of Site Control such as an Option to Purchase, Local Government Resolution, or an Invitation to Negotiate.</p>

ABILITY TO PROCEED Cont'd

50.	Provide a list of all folio numbers for the project site and attach pictures of the site/structure.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; padding: 5px;">Site Address</th> <th style="width: 50%; text-align: center; padding: 5px;">Folio Number</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>		Site Address	Folio Number								
Site Address	Folio Number										

XIII. Pre-Development (Maximum 6 Points) – TAB 6

51.	<p>Does agency have documented community support for this project? <i>If yes, please provide evidence of support, such as a resolution from a NRSA Community Advisory Board, community letters of support, or other documented support from the community. Failure to make “MUST” presentation will result in the reduction of 5 points from the overall score of the application.</i></p> <p><input type="checkbox"/> Yes (2 pts.) <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Failed to make “MUST presentation (-5 pts.)</p>
52.	<p>Have pre-development funds been identified to pay for feasibility/market analysis? <i>Provide copy of feasibility/market analysis. If analysis is not complete, please provide evidence that funds have been set aside.</i></p> <p><input type="checkbox"/> Yes, funds are identified and feasibility/market analysis is complete. (2 pts.) <input type="checkbox"/> Yes, funds have been identified but analysis is not complete. (1 pt.) <input type="checkbox"/> No (0 pts.)</p>
53.	<p>The Environmental Site Assessment report (Phase I and/or II) is complete with a “No Further Action” recommendation. <i>Please provide proof.</i></p> <p><input type="checkbox"/> Yes (1 pts.) <input type="checkbox"/> No (0 pts.)</p>
54.	<p>Has public approval, such as land use, zoning, permitting and variances been obtained to the carry out the project? <i>Please provide evidence such as Governmental clearance documentation or permit.</i></p> <p><input type="checkbox"/> Yes (.5 pt.) <input type="checkbox"/> No (0 pts.)</p>
55.	<p>Is there appropriate infrastructure or access to infrastructure for this project? <i>(i.e. water and sewer connections, roadway access, and electric service) If yes, provide utility bills or letters from appropriate agencies. If no, please explain plans for the the appropriate infrastructure for the site and provide copies of the plans.</i></p> <p><input type="checkbox"/> Yes (.5 pt.) <input type="checkbox"/> No (0 pts.)</p>

XIV. Shovel Ready (Maximum 9 Points) – TAB 6

A project is considered “Shovel Ready” if the following conditions are met: 1) the Environmental Site Assessment reports (Phase I and/or II) are completed with a “No Further Action” recommendation; 2) construction plans and specifications have been completed and approved by all appropriate local agencies; 3) full funding of construction phase is available (minus the gap funding requested; and 4) construction is ready to start pending the selection and award of the general contractor within sixty (60) calendar days from the contract execution date with Miami-Dade County.

56.	<p>Construction plans and specifications have been completed and approved by all appropriate local agencies. <i>Please provide proof,</i></p> <p><input type="checkbox"/> Yes (3 pts.) <input type="checkbox"/> No (0 pts.)</p>
57.	<p>Full funding of construction phase is committed (minus the gap funding requested). – <i>Please provide proof, such as commitment letter.</i></p> <p><input type="checkbox"/> Yes (3 pts.) <input type="checkbox"/> No (0 pts.)</p>
58.	<p>Construction is ready to start pending the selection and award of the general contractor within sixty (60) calendar days from the HOME contract execution date with Miami-Dade DHCD. <i>Please provide proof.</i></p> <p><input type="checkbox"/> Yes (1 pt.) <input type="checkbox"/> No (0 pts.)</p>
59.	<p>Will the proposed project be completed in 18 months or less? <i>Please provide project timeline.</i></p> <p><input type="checkbox"/> Yes (1 pt.) <input type="checkbox"/> No (0 pts.)</p>
60.	<p>Does the proposed Public Facility and/or improvements comply with the US Green Building Council’s LEED green building rating system for New Construction and Major Renovations? <i>Please provide certification.</i></p> <p><input type="checkbox"/> Yes (1 pt.) <input type="checkbox"/> No (0 pts.)</p>

**END OF ABILITY TO PROCEED
SECTION**

XV. Features and Amenities (TAB 5) Page 1 of 3

1.	<p>REQUIRED GENERAL FEATURES AND AMENITIES FOR ALL DEVELOPMENTS (THRESHOLD)</p> <p>Does the Applicant commit to provide the required features and amenities for the proposed development? Applicant must select "Yes" to be considered for participation in any program. Must abide by County Resolution requiring energy-efficient reflective roofs or green roofs in all new construction for affordable housing.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>All items below are required for all units in All Developments:</u></p> <ul style="list-style-type: none"> - Zero-VOC paint for all interior walls (50 grams per liter or less for flat paint; 150 grams per liter or less for non-flat paint); - Water Sense certified faucets and toilets and shower heads with flow of 2.2 gallons per minute or less in all bathrooms (for all new construction units and for all rehabilitation units, if replacing); - Replacement of all jalousie (louvered) windows and doors with code compliant impact windows and doors in all rehabilitation units; - Window treatment/covering for each window and glass door inside each unit; - Termite prevention and pest control throughout the entire affordability period; - Entrance door must have two peepholes, one at standing eye level and one at seated eye level, not more than 43 inches from bottom of door; - Exterior lighting in open and common areas; - Porcelain tiles throughout the entire unit - Over the range Microwave - Air conditioning with a minimum SEER rating of 16 (excluding buildings with central chiller system). Window air conditioning units are not allowed; however, through-wall air conditioning units with a minimum EER rating of 10 and with Reverse Cycle are permissible for rehabilitation units). <p>ALL UNITS IN ALL DEVELOPMENTS EXCEPT SRO:</p> <ul style="list-style-type: none"> - Cable or satellite TV hook-up in each unit and, if the Development offers cable or satellite TV service to the residents, the price cannot exceed the market rate for service of similar quality available to the Development's residents from a primary provider of cable or satellite TV; - Full-size range, oven and Energy Star qualified refrigerator in all units; - At least two full bathrooms in all 3 bedroom or larger new construction units; - Bathtub with shower in at least one bathroom in at least 90% of the new construction non-Elderly units; - Double Bowl kitchen sink in all units – must be 9 inches deep, undermount if granite countertops are used. <p>C. ALL SRO DEVELOPMENTS:</p> <ul style="list-style-type: none"> - Minimum unit size of 110 square feet; - Each unit must contain at least one full size single bed, a lockable storage compartment or chest of drawers and a vertical clothes closet measuring at least three feet wide; - Each unit must contain a sink; - At least one set of bathroom facilities for every 16 units (each bathroom facility must contain a ratio of at least one sink, one shower with curtain or door and one toilet with door for every 4 units); - Community center or meeting room featuring a television (minimum 40") with cable or satellite TV hook-up; - Public transportation within ½ mile.
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FEATURES AND AMENITIES (TAB 5)

Page 2 of 3

2.	<p>Optional Features and Amenities</p> <p>If the proposed Development will consist of scattered sites, does the Applicant make a commitment to locate each selected feature and amenity that is not unit-specific on each of the scattered sites, or no more than 1/16 mile from the scattered site with the most units, or a combination of both?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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(A maximum of 8 points will be awarded for the section below)

- **5 or more items – 2 points** _____
- **10 or more items – 5 points** _____
- **15 or more items – 8 points** _____

Check all that apply	New Construction Developments Descriptions
	Ceramic tile bathroom floors in all units.
	Dishwasher – Energy Star.
	Marble window sills in all units.
	Steel exterior entry door frames for all units.
	At least 1.5 bathrooms (one full bath and one with at least a toilet and sink) in all 2 bedroom new construction units. <i>Note: in order to be eligible for this feature, the development must have at least one 2-bedroom unit.</i>
	Double compartment kitchen sink in all units.
	Pantry in kitchen area in all new construction units – must be no less than 20 cubic feet of storage space. Pantry cannot be just an under-or-over-the-counter cabinet.
	Garbage disposal in all units.
	New kitchen cabinets with granite counter top(s) or comparable in all units-new or rehab, new bathroom cabinet(s), excluding medicine cabinet, in all units new or rehab) ALL Cabinets must be wood.
	New plumbing fixtures in kitchen and bathroom(s) in all rehabilitation units [minimum of new sink and faucets in kitchen and minimum of new tub, sink and faucets in bathroom(s)].
Check all that apply	Optional Features And Amenities For All Developments Except SRO
	30 year expected life REFLECTIVE/GREEN roofing on all buildings
	Gated community with “carded” or “touchpad” entry or security guard, or if 2 or more stories, “carded” or “touchpad” secure entry to each building.
	Emergency call service in all units.

Check all that apply	Optional Features And Amenities For All Developments Except SRO <i>Playground/tot lot, accessible to children with disabilities (must be sized in proportion to development’s size and expected resident population with age-appropriate equipment)</i>
	Exercise room with appropriate equipment.
	Car care area (for car cleaning/washing/vacuuming) with Rain Water Supply (Green).
	Community center or clubhouse
	Swimming pool
	Picnic area with hard cover permanent roof with a design compatible with the Development, open on all side, containing at least three permanent picnic tables with benches and an adjoining permanent outdoor grill.
	Two or more parking spaces per total number of units

FEATURES AND AMENITIES (TAB 5)

Page 1 of 3

Check all that apply	CONT'D Optional Features And Amenities For All Developments Except SRO <i>Playground/tot lot, accessible to children with disabilities (must be sized in proportion to development's size and expected resident population with age-appropriate equipment)</i>
	Library consisting of a minimum of 100 books and 5 current magazine subscriptions
	Computer lab on-site with a minimum one computer per 15 units, with basic word processing, spreadsheets and assorted educational and entertainment software and at least one printer

Select One	LAUNDRY FEATURES
	Laundry hook-ups and space for full-size washer and dryer inside each unit
	Dryer and Energy Star Qualified washer in dedicated space with hook-ups within each unit, provided at no charge to the resident during the term of any lease

Select One	LAUNDRY FEATURES
	Laundry facilities with full-size dryers and energy star qualified washers available in at least one common area on site – minimum of 1 washer and dryer for every 12 units
	Laundry facilities with full-size dryers and energy star qualified washers available in at least one common area on site – minimum 1 washer and 1 dryer for every 12 units

Check all that apply	Complete Only For Single Family Homeownership or Rental, Duplexes or Quadraplexes Applications
	Garage for each unit which consists of a permanent fully enclosable structure designed to accommodate one or more automobiles, either attached to the unit or detached but located on the same property, provided at no charge to the resident.
	Carport for each unit which consists of a permanent covered and paved area, attached to the unit and designed to accommodate one or more automobiles, provided at no charge to the resident
	Fenced back yard for each unit, which consists of a portion of the property behind each unit that is enclosed, by a wood, privacy or chain link fence of a minimum height of 48". Direct access to the fenced back yard for each unit must be afforded by a door from that unit and no other unit

Check all that apply	Optional Features and Amenities For SRO Developments Only
	Cable or satellite TV hook-up in each unit and, if the development offers cable or satellite, Or satellite TV service to the residents, the price cannot exceed the market Rate for service of similar quality available to the development's residents from a primary provider of cable or satellite TV
	30 year expected life reflective/green roofing on all buildings
	Gated community with "carded" or "touchpad" entry or security guard, or if 2 or more stories, "carded" or "touchpad" secure entry to each building
	emergency call service in all units
	Picnic area with hard cover permanent roof with a design compatible with the Development, open on all side, containing at least three permanent picnic tables with benches and an adjoining permanent outdoor grill
	Library consisting of a minimum of 100 books and 5 current magazine subscriptions

3. Energy Features for all units in the development

For proposed developments involving new construction units, regardless of the development category of the application, does the applicant commit that (i) each new construction unit in the proposed development that is eligible for the energy star new homes (Florida standard) will achieve a home energy rating system (HERS) index of 77 or below, and (ii) each new construction unit in the proposed development that is not eligible for the Energy Star new homes will include, at a minimum, the energy features outlined in MDC Green Code through Ordinance No. 07-65?

Yes No

**DEMOGRAPHIC AND SET-ASIDE COMMITMENTS
ACCESSIBILITY FEATURES (TAB 7)**

Page 1 of 3

(Maximum of 10 Points)

A. Demographic Targets

1. Elderly

Will the proposed Development serve residents over age 62?

Yes No

2. Homeless

Will the proposed Development set aside units for homeless persons?

Yes No

_____ SINGLES ONLY

_____ FAMILIES ONLY

_____ SINGLES AND FAMILIES

3. Family – Development will serve the general population.

Yes No

**B. Income and Special Needs Targeting (0.666667 point each for maximum of 6 points).
Points will not be awarded if requested documentation is not included in application or
items are not checked.**

Project will result in (check all that apply):

_____ Mixed-income residential housing, which includes units affordable to persons with incomes of 80% or less of AMI, along with retail space, offices, and/or leased office space for community-based services. At least 75% of the residential units must serve households with incomes of 80% AMI or less. Please provide a separate sources and uses and income/expense pro forma for the non-residential portion of the development labeled Exhibit Tab 7. The zoning certification included in the application must support the mixed-use development.

_____ Housing units restricted to occupancy by households with income of 80% or less of AMI in located at or near (within one mile radius) of rapid transit facilities (i.e. Metrorail) or, if project is located south of Kendall Drive, busways. At least 75% of the residential units must serve households with incomes of 80% AMI or less. Include a map with a one-mile radius circle with the project location identified at the center of the circle and the location of the transit stop within the circle.

**DEMOGRAPHIC AND SET-ASIDE COMMITMENTS
ACCESSIBILITY FEATURES (TAB 7)
Page 2 of 3**

- _____ A set-aside of 15% to 29% of units that are affordable to households at 30% or less of AMI. Units at 30% rents must be identified and included in 15-year pro forma.
- _____ A set-aside of 30% or more of units that are affordable to households at 30% or less of AMI. Units at 30% rents must be identified and included in 15-year pro forma. If checking this item, please check the set-aside of 15%-29% of units as well.
- _____ An operating reserve for rental assistance for projects that set aside 15% or more of the units for households at 30% or less of AMI (the operating reserve must be shown in project's capital budget with an allowed source to fund the reserve. Funding from this RFA cannot be utilized for an operating reserve).

To receive points for the following four items, applicants must provide documentation of the appropriate funding source for services or a contract or MOU to provide services for the special needs population being targeted. Support services must meet the needs of the population being served. If the applicant is providing the services, a description of the applicant's mission statement and a description of support services must be included.

- _____ A set-aside of at least five units for occupancy by, and affordable to, persons living with AIDS.
- _____ A set-aside of at least five units for occupancy by, and affordable to, persons with special needs other than living with Aids. Special needs population must be listed in Table 1B of the most recent Miami-Dade County Consolidated Plan. Describe special need:
_____.
- _____ Supportive housing for persons with history of mental illness.
- _____ Supportive housing for young persons transitioning out of foster care.

C. Housing Preservation Activities (0.666667 points each for maximum of 2 points)

Check all that apply:

- _____ Project is rehabilitating or replacing existing affordable housing units that will remain affordable to households of 80% of AMI or less.
- _____ Project will obtain LEED Gold Certification
- _____ Project is rehabilitating affordable housing units subject to an Expiring Use Agreement under the Tax Credit, Section 8 or other government program and will result in units affordable to households of 80% of AMI or less.

**DEMOGRAPHIC AND SET-ASIDE COMMITMENTS
ACCESSIBILITY FEATURES (TAB 7)
Page 3 of 3**

D. Design and Accessibility Features (.666667 points each for maximum of 2 points)

Check all that apply:

—	Project incorporates or will incorporate Crime Prevention Through Environmental Design (CPTED) features.
—	Project incorporates or will incorporate universal design features.
—	Project will result in accessible units in excess of federal requirements (greater than 5% of project units). Please complete the following:
	_____ (number of accessible units) divided by _____ (total number of project units) = _____% of project units.

E. Set-Aside Commitments (Required for HOME funds only)

1	Minimum Number of County Assisted Units (HOME Requirement)		
	(a)	Total County funding Requested:	\$ _____
	(b)	Total Development Cost:	\$ _____
	(c)	Percentage of Total Development Cost provided by County funds requested (Divide (a) by (b) and round up to the next whole percentage number)	_____%
	(d)	Total number of units in Development	_____
	(e)	Minimum number of County-Assisted Units shown as a whole number	_____
		(Multiply (d) by (c) and round up to the next whole number)	
	(f)	Minimum number of County-Assisted Units as a percentage	
		(Divide (e) by (d) and round percentage to two decimal places)	_____%

2	Commitments to Set Aside Units Beyond the Minimum:		
	Does the Applicant commit to additional County-Assisted Units beyond the minimum? If yes, answer questions a through d below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a)	How many?	_____
	(b)	Percentage of additional County-Assisted Units: (Divide number shown in 2(a) by 1(d) and round percentage to two decimal places)	_____%
	(c)	Is the minimum number of County-Assisted Units required, as shown in 1(e), plus the additional County-Assisted Units, as shown in 2(a), either equal to or less than the total number of units in the Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d)	Total Set-Aside percentage (Add 1(f) and 2(b) and round percentage to two decimal places)	_____%

RENTS AND OPERATING PRO-FORMA (TAB 11)
Page 1 of 4

Development Name: _____

Development Address: _____

I. Rents

A. Rent levels:

Rents are controlled for the length of the applicable affordability period. Unless targeted as workforce housing, (which this RFA does not fund) these maximum rents are determined on an annual basis by the United States Department of Housing and Urban Development (US HUD). Rents for the first year are provided (see attachments 26, 40 and 41) and include all utilities. Tenants paid utilities must be subtracted from the gross rents provided to determine net rents, which are the maximum initial allowable rents. **Each owner should use the utility allowance schedule of the local Public Housing Authority to make the utility adjustments.** These rents may increase or decrease from year to year. Also, these rents are not necessarily representative of market conditions.

Each owner should be aware of the market conditions of the area in which the development is located. Federal Fair Market rents are **maximum** rents, which can be charged. Each development should show market feasibility **not** based upon these HOME rents but upon area housing markets and the occupancy requirements, which require occupancy by low-income persons. Actual rents charged should **not** exceed the published rents, adjusted for utility allowances and bedroom size.

B. Miami-Dade County Set Aside Rental Units and Proposed Rents

One hundred percent (100%) of the proposed County set-aside and tax credit developments units must have rents that do not exceed the rental amounts published by the Florida Housing Finance Corporation minus tenants paid utility as published by Miami-Dade Public Housing Agency (MDPHA) (See Attachments 40 for rent limits).

Note: Proposed rents may be less than the published rents, but not more.

C. MIAMI-DADE COUNTY ASSISTED RENTS (MUST USE MDPHA UTILITY ALLOWANCE CHART, see Attachments 13, 24 and 34)

Calculate county assisted units as follows:

Total funds requested ÷ Number of set-aside units in development = Number of assisted units.

RENTS AND OPERATING PRO-FORMA (TAB 11)

Page 2 of 4

This form will be included in the County's contract and the Rental Regulatory Agreement

D. Miami-Dade County Assisted Units

%	A	B	C	D	E	F	G	H
of Median Income	Target Tenant *	# of Bedrooms	# of Units	Sq. Ft. of Living Area**	Rent	Tenant Paid Utility Allow.	Proposed Net Rent	Net Rent/Sq. Ft.
		0			\$	\$	\$	\$
		1			\$	\$	\$	\$
		2			\$	\$	\$	\$
		3			\$	\$	\$	\$
		4			\$	\$	\$	\$
		5			\$	\$	\$	\$
		TOTAL			\$	\$	\$	\$
					Annual	Income	\$	

Non-Miami-Dade County Assisted Units

%	A	B	C	D	E	F	G	H
of Median Income	Target Tenant *	# of Bedrooms	# of Units	Sq. Ft. of Living Area	Rent	Tenant Paid Utility Allow.	Proposed Net Rent	Net Rent/Sq. Ft.
		0			\$	\$	\$	\$
		1			\$	\$	\$	\$
		2			\$	\$	\$	\$
		3			\$	\$	\$	\$
		4			\$	\$	\$	\$
		5			\$	\$	\$	\$
		TOTAL			\$	\$	\$	\$
					Annual	Income	\$	

*Codes for Target Tenant: H = Homeless; LWA = Living with AIDS; E = Elderly; D = Disabled (other than LWA); F = Exiting Foster Care Youth.

**Living area should be defined as only air-conditioned spaces.

\$

RENTS AND OPERATING PRO-FORMA (TAB 11)

Page 3 of 4

II. OPERATING PRO FORMA (*Rental Only*) - Must be included in application.

- A. Submit an Operating Pro Forma for the proposed development, which projects operating expenses and income. ***The Operating Pro Forma can be found at tab 9.***
- B. If loan or other funding approval is in place, insert the actual interest rate(s), terms and assumptions used in obtaining the commitment.

*Please provide evidence of the figures used to obtain the commitment in **tab 9.***

USE THE FOLLOWING ASSUMPTIONS IF ALL SOURCES OF FUNDING ARE NOT FIRMLY COMMITTED:

- ◆ Mortgage Term: 30 year amortization
- ◆ Mortgage Rate: 8% (includes servicing fees)
- ◆ Vacancy Rate: 5%
- ◆ Annual Rental Income Increase Rate: 3%
- ◆ Annual Expense Increase Rate is 4%
- ◆ Replacement Reserves of \$250 per unit
- ◆ Operating Expenses of \$4,500 per unit per year

NOTE:

Variiances from the above assumptions may be made only if adequate data are attached hereto as an Exhibit to justify the exception. If anticipated vacancy rates or annual expenses for a particular market area are higher, then the higher numbers should be used.

If applicable, justification should be placed behind tab 9.

RENTS AND OPERATING PRO-FORMA (TAB 11)

Page 4 of 4

III. PRO FORMA FORMAT

Complete the Rents and Operating Pro Forma Form shown on Rental form 1 and project figures for construction and rehabilitation developments for **30 years**. Attach a detailed explanation of all projections. *A detailed explanation of all projections can be found directly behind this form at tab labeled "Exhibit ____."*

INCOME (must agree with total income from page 3 of this form)

GROSS RENTAL INCOME (ATTACH RENT SCHEDULE)	\$ _____
OTHER INCOME (SPECIFY SOURCE)	\$ _____
SUBTOTAL	\$ _____
MINUS VACANCY (5% OF SUBTOTAL)	\$ (_____)

(A) INCOME \$ _____

OPERATING EXPENSES

SALARIES	\$ _____
REPAIR AND MAINTENANCE	\$ _____
UTILITIES	\$ _____
ADMINISTRATION	\$ _____
CONTRACT SERVICES	\$ _____
MANAGEMENT FEES	\$ _____
INSURANCE	\$ _____
MISCELLANEOUS	\$ _____
REAL ESTATE TAXES	\$ _____
REPLACEMENT RESERVE EXPENSES	\$ _____

NET OPERATING INCOME

(A) INCOME	\$ _____
(B) EXPENSES	\$ (_____)
NET OPERATING INCOME	\$ _____

DEBT SERVICE COVERAGE

(A) NET OPERATING INCOME	\$ _____
(B) ANNUAL DEBT SERVICE FOR ALL MORTGAGES	\$ _____
(C) DEBT SERVICE RATIO {DIVIDE (A) BY (B)}*	\$ _____

If debt service coverage relies on other sources of funds in addition to net operating income, attach separate sheet(s) describing source of funds. Place *attachment(s) directly behind this form labeled clearly*.

Note: *Must be a maximum of 1.25.

ACCEPTANCE OF RENTAL PAYMENTS (TAB 13)

Page 1 of 1

(Rental Developments Only)

A. Is rental assistance anticipated for this development?

Yes No

B. If yes, please check all sources that apply:

TENANT-BASED

HOUSING VOUCHERS (SECTION 8)
HOUSING VOUCHERS
STATE
HOPWA*
OTHER

PROJECT-BASED

OTHER HUD
HOPWA*
OTHER

Number of units receiving assistance: _____

Number of years on rental assistance contract: _____

Does the applicant commit to accept and actively seek prospective tenants from public housing waiting lists or who will use federal rental vouchers as payment of rent?

Yes No

If yes, describe the marketing effort to be used: _____

Examples of suitable marketing efforts are newspapers, bus signs, bench signs, billboards, direct mailing, and notification of vacancies to housing authorities. All HOME developments with five (5) or more housing units **must** adopt affirmative marketing efforts in accordance with 24 CFR, Part 92.351.

* HOPWA = Housing Opportunities People With Aids.

FINANCING (TAB 9)

Page 1 of 5

A. Funding

1. Funding Request

<input type="checkbox"/>		\$	
<input type="checkbox"/>	HOME	\$	
<input type="checkbox"/>	ESG	\$	
	Total	\$	

DEVELOPMENT COST PRO FORMA SAMPLE

PROJECT COST	County Funds Requested	Other Public Funding	Other Financing
<i>Actual Construction Cost</i>			
Demolition			
New Units			
Rehab of Existing Rental Units			
Accessory Buildings			
Recreational Amenities			
Rehab of Existing Common Areas			
*Other (explain in Detail)			
A1. Actual Construction Cost			
Contingency (explain in detail)			
A1.1 Sub-Total			
A1.2 General Contractor Fee			
A1.3 Total Actual Construction Cost			

<i>Financial Cost</i>			
Construction Loan Credit Enhancement			
Construction Loan			
Construction Loan Interest			
Construction Loan Origination Fee			

FINANCING (TAB 9)

Page 2 of 5

PROJECT COST	County Funds Requested	Other Public Funding	Other Financing
Bridge Loan Interest			
Bridge Loan Origination Fee			
Permanent Loan Credit Enhancement			
Permanent Loan Origination Fee			
Reserves Required By Lender			
A2. Total Financial Cost			

<i>General Development Cost</i>			
Accounting Fees			
Appraisal			
Architect's Fee – Design			
Architect's Fee – Supervision			
Builder's Risk Insurance			
Building Permit			
Closing Costs – Construction Loan			
Closing Costs – Permanent Loan			
Engineering Fee			
Environmental Fee			
Environmental Report			
*Impact Fees (list in detail)			
Inspection Fees			
Insurance			
Legal Fees			
Market Study			
Marketing/Advertising			
Property Taxes			
Soil Test Report			
Survey			

FINANCING (TAB 9)

Page 3 of 5

PROJECT COST	County Funds Requested	Other Public Funding	Other Financing
Title Insurance			
Utility Connection Fee			
*Other (explain in detail)			
*Contingencies (explain in detail)			
A3. Total General Development Cost			
B. Development Cost (A1.3+A2+A3)			
C. Developer's Fee			
<i>ACQUISITION COST OF EXISTING DEVELOPMENTS (EXCLUDING LAND)</i>			
Existing Buildings			
Developer Fee on Existing Buildings			
*Other (explain in detail)			
D. Total Acquisition Cost			
<i>LAND COST</i>			
E. Total Land Cost			
F. Total Development Cost (B+C+D+E)			

Detail/Explanation Sheet

Development Cost

Acquisition Cost of Existing Developments:

Other:

Actual Construction Cost:

Off-Site:

Other:

Contingency:

General Development Costs:

Impact Fees:

Other:

Contingency:

FINANCING (TAB 9)

Page 4 of 5

Note: Consulting fees, if any and the cost of an independent HC market study must be paid out of the Developer fee. Consulting fees include, but are not limited to, payments for Application consultants, construction management or supervision consultants, or local government consultants. Developer fees can be no more than 16% of total development cost and is subject to an independent underwriting review.

CONSTRUCTION OR REHAB ANALYSIS

Identify all funding sources for which a firm commitment is in place, a funding application has been submitted and is pending review, or a funding award has been recommended, but not yet made firm. Applicant must provide documentation of firm commitments or funding recommendations for each funding source identified below, along with a copy of the application for such funding. In cases of pending applications, a copy of the application must be submitted.

	Amount	Indicate if Firm Commitment or Application/Award is Pending	Location of Documentation
A. Total Development Cost			
B. Sources			
County Funds			
First Mortgage Financing			
Second Mortgage Financing			
Third Mortgage Financing			
Deferred Developer Fee			
Grants			
Equity – Partner’s Contribution			
Other			
Total Sources			
C. Financing Shortfall (A minus B)			

FINANCING (TAB 9)

Page 5 of 5

PERMANENT FINANCING (Must complete for leveraging score)

	Number of Units	Total Dev. Cost	Per Unit
A. Project Information			
B. Sources	Source of funds	Amount of funds	Per Unit
County Funds Requested in this RFA			
Other County Funding – Please identify source with award year			
First Mortgage			
Other Funds			
Other Funds			
Total			
Total County Funds Only			

FINANCIAL LEVERAGE (Request of County/Federal subsidy on a per unit basis):

Number of units serving household under 80% AMI: _____.

Total County/Federal Funds divided by number of units under 80% AMI: _____.

HOMEBUYER COUNSELING AND EDUCATION

FORM 3

HOMEBUYER COUNSELING STATE HOUSING INITIATIVES PARTNERSHIP (SHIP)

PROGRAM SCOPE

The SHIP program requires that at least 30 percent of the County's allocation of SHIP funds must be directed towards very-low-income persons (50% of median family income for Miami-Dade County) and at least an additional 30 percent of the funds must be directed towards low-income persons (80% of median family income for Miami-Dade County). The balance may be directed towards households with income up to 120% of median family income.

This RFA is providing SHIP funding for Homebuyer Education and Counseling Services only. Education and Counseling services must include such topics as: types of financing, how to find appropriate financing, fair housing practices, credit counseling, budget and money management, financial literacy, selecting a neighborhood, consideration of schools, employment and transportation, how to locate a home, how to negotiate a purchase price, home maintenance, the mortgage approval process and post-closing education and counseling, and inspections and repairs.

Applicants with a demonstrated ability to provide educational and counseling services to prospective homebuyers are encouraged to apply to perform those services in accordance with the instructions provided. **There is a minimum threshold requirement for participation in this activity. All applicants must be a US HUD approved Homebuyer Education and Counseling Agency. Proof of this required designation must be provided at the time of application in order to be considered for funding.**

County funding will be limited to three homebuyer counseling agencies. The County will endeavor to distribute these funds in a geographically equitable manner, such that residents in the North, Central, and South shall have reasonable access to such services. This policy seeks to achieve greater efficiencies in the provision of these services and the expenditure of funds by eliminating the funding of multiple agencies that provide duplicative services in the same market area.

All recipients of homeownership assistance will participate in a financial literacy program in conjunction with the existing required homebuyer counseling curricula..

HOMEBUYER COUNSELING SERVICES
PAGE 1 OF 4

SCORING TABLE

TAB	SCORING ITEMS	MAXIMUM POINTS
1	Education and experience of provider	25
2	Location of provider	10
3	Educational materials and Curricula	25
4	Cost to applicants	15
5	Post purchase workshops	15
6	Counseling Service References	10
	MAXIMUM POINTS	100

Please do not complete the Homebuyer Counseling and Education Sections unless you intend to apply to perform the services. Counseling services must include such topics as: types of financing, how to find appropriate financing, fair housing practices, credit counseling, budget and money management, financial literacy training, selecting a neighborhood, consideration of schools, employment and transportation, how to locate a home, how to negotiate a purchase price, home maintenance, and inspections and repairs.

The County through DHCD, requests that agencies with a demonstrated ability to provide educational and counseling services to prospective homebuyers, apply to perform those services in accordance with the instructions provided. **There is a minimum threshold requirement for participation in this activity. All applicants must be a US HUD Approved Homebuyer Counseling Agency. Proof of this required designation must be provided at the time of application in order to be considered for funding.**

HOMEBUYER COUNSELING SERVICES
PAGE 2 OF 4

Rating Criteria for Homebuyer Counseling/Education Component

Please provide detailed documentation to support the following:

1. **EDUCATION AND EXPERIENCE OF PROVIDER** (maximum of 25 points)

____ Total Number of Homebuyer Counseling/Educational Training Employees

Employee's Certification Assessment (maximum of 3 points)

Indicate below all employees certified and directly responsible for providing the counseling/educational training (**attach copies of all employee's certificates**). **Example:** *Training Certificates issued by NeighborWorks America for training and counseling would be an acceptable certificate.*

a1. Indicate the percentage of Homebuyer Counseling/Educational Training Employees Certified:

____ 90 – 100% **(3 Points)**

____ 80 – 89% **(2 Points)**

____ 70 – 79% **(1 Points)**

____ Less Than 69% **(0 Points)**

Employee's Training Experience (maximum of 2 points)

a2. Total number of Years Experience In Training

____ 0 – 10 years **(1 Points)**

____ 11+ years **(2 Points)**

Agency's Performance Ability (maximum of 1 point)

b1. The number of participants who have attended workshops conducted by this agency within the past twelve (12) months:

____ 200+ **(1 Points)**

____ Less than 200 **(0 Points)**

HOMEBUYER COUNSELING SERVICES
PAGE 3 OF 4

b2. The number of participants who have completed workshops conducted by this agency that included a minimum of two budget counseling training sessions:

____ 100+ **(2 Points)** ____ Less than 100 **(0 Points)**

b3. The number of participants who successfully achieved homeownership within 6-12 months of course completion:

____ 50+ **(5 Points)** ____ Less than 50 **(0 Points)**

(Attach detailed supporting documentation of agency's experience)

Agency's Training Experience Assessment (maximum of 5 Points)

c. Agency's Experience in providing counseling/educational activities:

____ 1-4 years **(2 Points)** ____ 5-7 years **(3 Points)**
____ 8+ years **(5 Points)**

(Please provide detailed documentation of agency's experience)

d. How are your services funded? How is your counseling staff funded? **(0 points)**

Please attach documentation of funding awards and commitments for this program and evidence of other operational funds as well as an agency annual budget (points may be prorated). **(7 points)**

e. Has your agency received other funding for counseling services? **(0 points)**
please list: _____

2. Location of provider (maximum of 10 points)

Agency's access to centrally located sites within the desired region of the County to conduct workshops.

____ Yes **(5 Points)** ____ No **(0 Points)**
____ One location accessible via Metrorail/ Bus service **(5 Points)**

HOMEBUYER COUNSELING SERVICES
PAGE 4 OF 4

3. Educational and Curricula materials (maximum of 25 points)

Agency provides educational materials as part of the course, which the applicants may keep and use as a reference. Include materials **(materials cannot be older than two years from the time of this application)**.

- | | | |
|--------------------------|---|--------------------|
| <input type="checkbox"/> | No materials | (0 Points) |
| <input type="checkbox"/> | Comprehensive manual | (7 Points) |
| <input type="checkbox"/> | Brochures and action plan with worksheets | (7 Points) |
| <input type="checkbox"/> | Comprehensive manual, Brochures and Action Plan | (15 points) |
| <input type="checkbox"/> | Worksheet and Budget Book | (25 points) |
| <input type="checkbox"/> | Financial Literacy Curricula | (5 points) |

4. Cost to applicants (maximum of 15 points)

Cost of workshop to applicants:

- | | | | | | |
|--------------------------|---------------|-------------------|--------------------------|--------------|--------------------|
| <input type="checkbox"/> | \$76 to \$100 | (0 Points) | <input type="checkbox"/> | \$51 to \$75 | (0 Points) |
| <input type="checkbox"/> | \$25 to \$50 | (5 Points) | <input type="checkbox"/> | \$0 | (15 Points) |

5. Post purchase workshops (maximum of 15 points)

Will you provide post homeownership workshops for persons who you served, as well as current homeowners who are experiencing delinquency. **Action plan must be attached to receive the points.**

- | | | | | | |
|--------------------------|-----|--------------------|--------------------------|----|-------------------|
| <input type="checkbox"/> | Yes | (10 Points) | <input type="checkbox"/> | No | (0 Points) |
|--------------------------|-----|--------------------|--------------------------|----|-------------------|

We will also include budgeting assistance and financial literacy

- | | | | | | |
|--------------------------|-----|-------------------|--------------------------|----|-------------------|
| <input type="checkbox"/> | Yes | (5 Points) | <input type="checkbox"/> | No | (0 Points) |
|--------------------------|-----|-------------------|--------------------------|----|-------------------|

6. Homebuyer Counseling and Education Services References (maximum of 10 points)

Provide references that speak of your counseling program, evidence of joint venture agreements (only if other agencies are included), testimonials from homebuyers, and documentation from lending institutions **(points may be prorated depending upon the quality of details provided)**. **Please provide contact information for all references.**

**HOMELESS RENTAL HOUSING
DEVELOPMENT**

AND

EMERGENCY SOLUTIONS GRANT (ESG)**

***ESG was formerly known as the Emergency Shelter Grant*

FORM 4

HOMELESS PROGRAM

INTRODUCTION/BACKGROUND

The Miami-Dade County Homeless Trust was created by the Miami-Dade Board of County Commissioners to, among other things, oversee the use of the Food and Beverage Tax and in this regard to establish and implement policies based on the Miami-Dade County Community Homeless Plan. The Plan is a comprehensive continuum of care system to serve homeless persons in Miami-Dade County. The Plan calls for the development of the following three stages of care:

1. Temporary Care - to provide immediate short term (7 to 30 days) housing and basic support services at Homeless Assistance Centers to persons residing in public spaces;
2. Primary Care - transitional housing (6 - 9 months on an average) with a focus on treatment and rehabilitation (e.g., substance abuse treatment, vocational training, skills building, mental health treatment, and basic education); and
3. Advanced Care - supported long term housing, such as church assisted housing, supported single room occupancy residence and assisted apartment or other residential arrangements.

Proposals for funding for homeless programs requested in this RFA should indicate how they relate to the continuum of care system developed by the County through the Miami-Dade County Homeless Trust and more specifically to the Unmet Needs section of the Housing Inventory Chart as submitted on an annual basis to the United States Department of Housing and Urban Development by the Miami-Dade County Homeless Trust. The County will have a right of first priority to refer clients to the services and housing for homeless persons funded through this RFA. For capital projects this right to refer is 30 years, i.e., the loan period.

A total of \$1 million in HOME, funds will be made available pursuant to this RFA to acquire, rehabilitate or construct transitional and/or permanent housing for homeless persons. HOME funds may be also be utilized for rental subsidies if they fall within the Federal HOME guidelines.

Funding to provide match for other sources of homeless funding, and/or to fill existing funding gaps in projects proposing to serve only homeless/formerly homeless persons will be given priority consideration in this competition. However, new homeless units must be created via this funding. New units are those not currently considered as Homeless Units by the Homeless Trust having received capital or operating funds as part of our Homeless Housing Inventory or units currently under development in the Housing Inventory which are near completion and have a funding gap which when filled will result in the completion of the project by September 30, 2012. Funding is also available for the development of new homeless housing that addresses an identified priority in the local homeless continuum of care.

Housing developers may propose to provide mixed use housing that includes housing for homeless/formerly homeless persons including: youth exiting foster care, the elderly, individuals with mental illness, substance abuse issues, HIV/AIDS, or with co-occurring disorders. The Applicant shall execute a Rental Regulatory Agreement delineating unit set-aside and Area Median Income percent of the residents housed proportionate with the level and source of funding received pursuant to this funding opportunity.

Applicants requesting funds under this application for homeless housing programs also must agree to allow the Miami-Dade County Homeless Trust the first right to refer appropriate persons to the units, and to accept tenant eligibility criteria that is adjusted to accommodate the unique needs of this population (to include reduced/modified credit history and background checks and application fees).

Additionally, maximum rents to be charged for these units cannot exceed 60% of the FMR for the unit size being assisted. Where rental assistance is provided via a public entity, rents for homeless individuals and or families cannot exceed the FMR unless a public housing authority grants a 10% waiver.

All applicants applying for funding under the Homeless program must include copies of any and all applications, contracts, and or funding agreements, (as well as permits, and zoning applications), and any subsequent amendments to these applications, contracts, or agreements which provide operational or capital funding for the project they are applying for.

Note: Failure to comply with grant award, contractual requirements/provisions, or misrepresentations related to this application by a provider may result in liquidated damages, or disbarment as may be appropriate.

FINANCING TERMS FOR HOMELESS DEVELOPMENTS

Refer to the FY 2012 Loan Term and Conditions Chart on page 15.

THIS RFA IS NOT SOLICITING PROPOSALS FOR FUNDING FROM THE FOOD AND BEVERAGE TAX.

EMERGENCY SOLUTIONS GRANT FORMERLY KNOWN AS EMERGENCY SHELTER GRANT (ESG)

GENERAL INFORMATION

DHCD is requesting proposals from a qualified private for-profit or not-for-profit service provider, to receive and expend ESG funding to provide emergency solutions, meals, and supportive services to homeless adults at Beckman Hall Homeless Shelter. Beckman Hall is a 14,450 square feet, two story facility located at 2735 N.W. 10 Avenue, Miami, Florida 33127. The total ESG allocation available through this RFA is available for the operation of this particular facility. Proposals for the use of ESG funds for other projects will not be considered. The facility is owned by the City of Miami and is currently used by the County through a Revocable Permit with the City of Miami. The Permit is renewable yearly with 90 days advance notice. The Permit allows the County to assign the Permit to a private provider, which must be approved by the City Manager. DHCD has available a total estimated amount of \$750,000 through the federal Emergency Solutions Grant (ESG). An estimated \$350,000 is available for a tenant-based rental assistance program. **An addendum to this application will be issued to allow applicants to apply for Tenant-based Rental Assistance (TBRA) for Homeless only. Please visit our website for more information including a release date.**

The Emergency Solutions Grant is designed to help improve the quality of emergency shelter for the homeless, to help cover the costs of operating emergency shelter, and to provide essential social services to homeless individuals so they have access not only to safe and sanitary shelter, but also to the supportive services and other types of assistance they may also need to improve their situations or prevent homelessness through rental assistance. Through this proposal, federal grants are being made available for the payment of certain operating and social service expenses in connection with emergency shelter for the homeless and tenant-based rental assistance. For the purpose of this proposal, shelter is defined as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general, or for specific homeless population.

ESG PROGRAM OBJECTIVES

The Agency awarded the ESG will be required to:

- A. Reduce hardships on homeless persons through the provision of emergency shelter.
- B. Provide or arrange for the provisions of essential support services to homeless persons in the shelter, including food, clothing, personal care items, medical care, alcohol, drug abuse and mental health treatment, counseling and assistance in obtaining government benefits, employment and permanent housing.

SERVICES AND ACTIVITIES ELIGIBLE FOR ESG FUNDING

A. Shelter Operating Expenses

Shelter operating expenses may include utilities, insurance, security, furnishings, equipment, appliances, supplies facilities maintenance, staff to assist in the operation of shelter and the supervision of shelter residents, audits of shelter grant expenditures, architectural, and engineering site study and inspection fees. Staff costs associated with shelter operations is limited to 60 percent of grant award. Projects using Emergency Solutions Grant funds for shelter operating costs must provide homeless shelter for the life of their contract with the County. **Applications for tenant-based rental assistance should be completed using the TBRA forms on pages 70 and 71.**

**HOMELESS RENTAL HOUSING DEVELOPMENT
PAGE 1 OF 4**

SCORING TABLE

SECTION	SCORING ITEMS	MAXIMUM POINTS
	GENERAL SECTION HOUSING FORMS (REQUIRED FROM ALL APPLICANTS):	
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)	
II.	PROPOSED ACTIVITY (TAB 1)	
III.	FUNDING REQUEST (TAB 1)	
IV.	NATIONAL OBJECTIVE (TAB 3)	0
V.	GEOGRAPHIC LOCATION (TAB 3)	10
VI.	HIGH PRIORITY NEEDS (TAB 3)	10
VII.	LEVERAGING RENTAL AND HOMELESS ONLY (TAB 9)	10
VIII.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 2)	25
IX.	TRACK RECORD (TAB 2)	5
X.	TIMELY COMPLETION (TAB 2)	2
XI.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 8)	
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):	5
XII.	SITE CONTROL (TAB 6)	
XIII.	PRE-DEVELOPMENT (TAB 6)	6
XIV.	SHOVEL READY (TAB 6)	9
XV.	FEATURES AND AMENITIES (TAB 5)	8
	DEMOGRAPHIC AND SET-ASIDE COMMITMENTS ACCESSIBILITY FEATURES:	3
	DEMOGRAPHIC TARGETS (TAB 7)	
	INCOME AND SPECIAL NEEDS (TAB 7)	
	HOUSING PRESERVATION ACTIVITIES (TAB 7)	
	TENANT RELOCATION (TAB 8)	
	DESIGN AND ACCESSIBILITY FEATURES (TAB 7)	
	SET-ASIDE COMMITMENTS (TAB 7) [REQUIRED FOR HOME FUNDS ONLY]	
	FINANCIAL BENEFICIARIES (TAB 10):	
	RENTS & OPERATING PRO-FORMA (TAB 11): [REQUIRED]	
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 13) [RENTAL DEVELOPMENTS ONLY]:	
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 9):	
FORM 4	HOMELESS ORGANIZATION QUALIFICATION / PROJECT NARRATIVE (TAB 16)	5
	ORGANIZATIONAL HISTORY AND STRUCTURE (TAB 16)	1
	TARGET POPULATION (TAB 16)	1
	TOTAL POINTS	100
FORM 4	ESG PROPOSALS ONLY (COMPLETE ONLY)	
	HOMELESS ORGANIZATION QUALIFICATION / PROJECT NARRATIVE (TAB 16)	5
	MATCH REQUIREMENT (TAB 16)	5
	TOTAL POINTS ESG PROPOSALS ONLY	105

**HOMELESS RENTAL HOUSING DEVELOPMENT
PAGE 2 OF 4**

**ORGANIZATIONAL QUALIFICATIONS AND
PROPOSED PROJECT NARRATIVE
FOR HOMELESS HOUSING DEVELOPMENT PROPOSALS ONLY**

APPLICANT'S LEGAL NAME: _____

ADDRESS (MAIN OFFICE): _____

EXECUTIVE DIRECTOR: _____

CONTACT PERSON: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

PROJECT NAME: _____

PROPOSED PROJECT ADDRESS: _____

Section A. Organizational History and Structure (*maximum of 1 points*)

1. In narrative form, please briefly describe your organization's main purpose/mission, and its history of providing services and/or housing in this community, including specifically the types of services (e.g. prevention, educational, employment, etc.), the number of locations, and the number of persons served
2. Describe your agency's experience in providing services specifically to the population to be served by the proposed project, including past experience in operating housing/providing services similar to that proposed.
3. Describe the experience of staff providing substantive supportive services.
4. Describe your agency's specific experience serving homeless persons.
Indicate what types housing/services you currently provide:

Type	# of beds/units	Since when Provided	Location(s)
Emergency			
Transitional			
Permanent			
Service Only			
Service Only			
Service Only			

5. Indicate the total number of persons served by your program in the last year, and the total number of homeless persons served in the last year.
6. Indicate the average daily population for all programs and for homeless programs.
7. What are the organization's total sources of funding (provide source as well as amounts)?

HOMELESS RENTAL HOUSING DEVELOPMENT PAGE 3 OF 4

8. What is the organization's total annual operating budget? What is the agency's fiscal year?
9. Describe how the proposed project will supplement your current programs, and the Organization's capacity to administer this additional program.
10. Describe and enclose any licensure requirements that have been met by your agency and/or key members of your proposed/current program staff, including building occupational licenses, professional licenses, state licenses, etc.
11. Provide resumes and/or job descriptions for principal staff.
12. Describe your agency's procedures for assuring that all individuals (including formerly homeless/homeless persons) are encouraged to accept employment in your agency regardless of race, ethnicity, gender, disability or sexual orientation.
13. Describe your agency's experience in entering and maintaining client level and performance data in a management information system.

Section B. Target Population

1. Describe the targeted population (families or singles; if singles: men, women, coed, etc.; chronically homeless).
2. Preference Points (***maximum of 1 points; .5 points per target population***):
 - a. At least 70% of the project units/beds will house chronically homeless persons.
 - b. Except in the case of ESG proposals, project units/beds will house homeless/formerly homeless families.

Section C. Project Narrative (*maximum of 5 points*)

Answer the following questions in narrative form, in no more than four (4) single-spaced pages

1. Describe the Project proposed for funding. Include the following information:
 - a. Type of housing program (transitional, permanent, safe haven).
 - b. The services* to be provided (case management, substance abuse treatment, mental health services, etc.) both on-site and off site, and who will be providing the services (e.g. your agency, sub-contracted to other providers, etc.), including specifically how the following services are provided (as applicable): education, independent living skills, vocational/employment training, and permanent housing placement assistance.
 - c. How such services will be funded for the period of restricted use as homeless housing.
 - d. The referral, intake and orientation process, including eligibility criteria for your program (including any restrictions such as family size, age, etc.).
 - e. The schedule of hours for the proposed/currently provided services and the level of site supervision and client interaction.
 - f. The amount of staff that will be/are providing services, including the staff to client ratio and whether staff is already on board or if recruitment is required (please provide a gender/ethnic breakdown of staff, including languages spoken).

HOMELESS RENTAL HOUSING DEVELOPMENT PAGE 4 OF 4

- g. How this project supplements your agency's existing efforts (additional service units, beds created additional service hours, etc.); and
- h. Describe program outcomes (e.g. percentage of clients transitioning from permanent housing or percentage of clients remaining in permanent housing for more than 7 months).

***NOTE:** *For all homeless housing projects:* Case management services must be provided to all residents and Applicant must fully describe the case management services offered in the narrative, including frequency/duration of case management [one-on-one, daily, etc.], the links to other services, how clients are prepared for independent living, how clients are assisted in obtaining employment and permanent housing, etc.

For permanent housing projects: The narrative must include a service coordination component which describes how your project facilitates the availability of and access to an appropriate array of services and resources that promote quality of life for and housing retention of homeless residents. The narrative should fully describe how service coordination will be provided from the project.

- 2. Describe how your project addresses a need or gap identified in the Annual Continuum of Care Gaps and Needs Analysis.
- 3. Describe (and attach) any licenses that are required/the agency will seek.
- 4. Describe how you will ensure the participation of program participants in program design, and how you will/currently ensure a client's right to courteous, fair and respectful treatment.
- 5. If you plan on developing a permanent housing structure of sixteen or more units of housing that will house only formerly homeless/homeless, provide a narrative demonstrating why market conditions necessitate the development of a project of that size and how the project will be integrated into the community.
- 6. Describe your plan for securing community support for the project and any community support in place at this time.

The following section applies only to ESG Proposals:

Section D. Match Requirement for ESG Proposals (5 points)

The proposal must describe and document committed sources for the mandatory dollar for dollar match requirement. Match in excess of the mandatory match amount will receive additional points.

Please complete the Homeless Demographics Section in the following pages.

DEMOGRAPHIC AND SET-ASIDE COMMITMENTS
HOMELESS RENTAL DEVELOPMENTS ONLY

(Maximum Points 3)

Demographic Targets

1. Elderly

Will the proposed Development serve residents over age 62?

Yes No

2. Homeless

Will the proposed Development set aside units for homeless persons?

Yes No

	SINGLES ONLY
	FAMILIES ONLY
	SINGLES AND FAMILIES

3. Family – Development will serve the general population.

Yes No

Design and Accessibility Features (1 point each for maximum of 3 points)

Check all that apply:

	Project incorporates or will incorporate Crime Prevention Through Environmental Design (CPTED) features.
	Project incorporates or will incorporate universal design features.
	Project will result in accessible units in excess of federal requirements (greater than 5% of project units). Please complete the following:
	____ (number of accessible units) divided by ____ (total number of project units) = ____% of project units.

Set-Aside Commitments

1	Minimum Number of County Assisted Units (HOME Requirement)		
	(a)	Total County funding Requested:	\$ _____
	(b)	Total Development Cost:	\$ _____
	(c)	Percentage of Total Development Cost provided by County funds requested	
		<i>(Divide (a) by (b) and round up to the next whole percentage number)</i>	
	(d)	Total number of units in Development	_____
	(e)	Minimum number of County-Assisted Units as a percentage	_____%
		<i>(Multiply (d) by (c) and round up to the next whole number)</i>	
	(f)	Minimum number of County-Assisted Units as a percentage	_____%
		<i>(Divide (e) by (d) and round percentage to two decimal places)</i>	
2	Commitments to Set Aside Units Beyond the Minimum:		

Does the Applicant commit to additional County-Assisted Units beyond the minimum?

Yes No If yes, answer the following questions:

	(a)	How many?	_____	
	(b)	Percentage of additional County-Assisted Units:	_____%	
		<i>(Divide number shown in E-2(a) by E-1(d) and round percentage to two decimal places)</i>		
	(c)	Is the minimum number of County-Assisted Units required, as shown at E-1(e), plus the additional County-Assisted Units, as shown at E-2(a), either equal to or less than the total number of units in the Development?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(d)	Total Set-Aside percentage	_____%	
		<i>(Add E-1 (f) and E-2(b) and round percentage to two decimal places)</i>		
		_____%		

TENANT BASED RENTAL ASSISTANCE

FORM 5

TENANT-BASED RENTAL ASSISTANCE (TBRA)

The purpose of the HOME TBRA is to provide housing assistance for renters. The County has emphasized renters with special needs to assist them with housing costs. These special needs renters may be the chronic homeless, elderly, and/or disabled residents, or children aging out of foster care, in need of housing. Also, to provide short and medium-term tenant-based rental housing assistance to individuals and families who are homeless, at risk of becoming homeless, or threatened with economic displacement. Other eligible persons can participate. The amount, level, and term of such assistance shall be based on a sliding scale determined by household income. The subsidy provided is specific to and for the resident household and follows the resident as they move, but is limited to Miami-Dade County. The renter is issued a coupon (voucher) to search for a unit. The renter is required to contribute 30 percent of their monthly adjusted income towards the approved rent. The recipient may receive a grant for security deposit, or security deposit along with utility deposit.

Eligible Participants

The participants for TBRA must be low-income. Therefore, their annual gross income cannot exceed 80 percent of the area median income. At least 90 percent of the participants assisted must be at 60 percent of area median income. Preference will be given to participant(s) who are disabled, elderly and/or the chronic homeless as defined by US HUD, but also includes children aging out of foster care.

Tenant Selection

The selected applicant must have written policies on how they select participants. These policies must be available for inspection by HUD, the County or the public. The policies should describe the application process. It should spell out when applications are accepted and where they will be accepted. It should also speak to how the program will be marketed and the method of the application process (in person, by phone, or other).

Occupancy standards should be included in the policy along with a plan for landlord and participant outreach. The policy should speak to fair housing requirements as well as Americans with Disabilities Act and Section 504 compliance. The policy should also speak to participant compliance issues and the consequences of non-compliance, such as eviction or termination of assistance, along with any grievance requirements.

Eligible Uses of Assistance

The HOME assistance in this RFA is for ongoing rental assistance, utility deposits, and security deposits. These are the only allowable expenses for the funds associated with this solicitation. Rents must be reasonable as set forth by HUD and should be documented as such. Deposits for utilities are limited to water, sewer, trash, electric and gas and are for first time utilities and not for subsequent moves. The deposits should be reasonable and based on market practices. Security deposits may be the equivalent of no more than two months rents or less. Both utility and security deposits will only be paid once. Security deposits may be paid as a stand alone, however, utility deposits may be paid in conjunction with the security deposits.

Subsidy Limitations

The subsidy is limited to the difference between the payment standard that applies (in this case 100 percent of the published Fair Market Rent (FMR)) and 30 percent of the participant's monthly adjusted income.

Eligible Units

Public or privately owned units can be used in the program. The units must meet Housing Quality Standards (HQS) prior to the commencement of any assistance. The rents must be reasonable. The units cannot have duplicative subsidy attached, such as a project-based Section 8 unit or a public housing unit.

Program Administration

The selected applicant is responsible for collecting, reviewing and approving the dwelling lease assuring its compliance with state law and program regulations. The lease should be for 12 months unless the two parties agree for a lesser term. An agreement must be executed with the owner agreeing to lease the property under HOME TBRA and abide by the program rules. The owner contract should run concurrent with the dwelling lease. Ongoing activities include lease renewals, review rent increases, recertify income, re-inspect the dwelling unit, and assure compliance with all program regulations. The selected applicant should also maintain a waiting list for program participants. This list should be available for inspection.

Program Design and Regulatory Citations

The HOME TBRA is designed to mimic the Section 8 Housing Choice Voucher Program (S8 HCV). General program information can be found at 24 CFR Part 5, such as income and other eligibility issues. Program specific information can be found at 24 CFR Part 982, that speak to HQS and rent reasonableness. The HOME TBRA regulations can be found at 24 CFR, Part 92. These regulations are intended to assist the applicant in providing a responsive application for consideration. The program can also be a stand alone deposit assistance program, providing security and utility deposits to eligible families that are relocating.

Program Budget

The HOME TBRA budget should be based on actual costs within program guidelines. The housing costs are based on the payment standard using 100 percent of the current FMR. The applicant must allow for deposit expenses as well when preparing the budget. The family composition will determine the bedroom size and affect the budget. The deposits are offered as grants, but still must be accounted for when submitting a budget. Administrative expenses are limited to 10 percent; however, additional points are given for costs less than 10 percent of housing assistance costs. Staff timecards or records are required for review for staff expense and should be specific to HOME allowable expenses.

TENANT BASED RENTAL ASSISTANCE

SCORING TABLE

Section	Scoring Items	Maximum Points
1	Experience and Capacity	25
2	Policies and Procedures	25
3	Clients and Units Identified	25
4	Administrative Experience	25
	Total	100

**TENANT BASED RENTAL ASSISTANCE
(HOME AND ESG)
PAGE 2 OF 2**

Subsidize Housing (ownership or management) - (Please provide evidence such as a copy of resumes and job descriptions.)

- | | |
|------------------------------|------------|
| <input type="checkbox"/> 0-1 | (0 points) |
| <input type="checkbox"/> 2-5 | (5 points) |
| <input type="checkbox"/> 6+ | (8 points) |

2. Policies and Procedures

Does the respondent have Tenant Selection Policies? - *(Please provide evidence such as a copy of the adopted policy, lease and rental subsidy portability statement.)*

- | | |
|------------------------------|---------------|
| <input type="checkbox"/> Yes | (12.5 points) |
| <input type="checkbox"/> No | (0 points) |

Does the respondent have a Landlord Outreach Plan? - *(Please provide evidence such as the approved plan and landlord agreement)*

- | | |
|------------------------------|---------------|
| <input type="checkbox"/> Yes | (12.5 points) |
| <input type="checkbox"/> No | (0 points) |

3. Clients and Units Identified

Percent of clients identified for the proposed project? - *(Please provide evidence such as a client list that has been determined preliminarily eligible.)*

- | | |
|-----------------------------------|-------------|
| <input type="checkbox"/> 100-90 | (15 points) |
| <input type="checkbox"/> 89-80 | (10 points) |
| <input type="checkbox"/> 79-70 | (5 points) |
| <input type="checkbox"/> 69-60 | (3 points) |
| <input type="checkbox"/> below 60 | (0 points) |

Percent of units identified for the proposed project? - *(Please provide evidence such as commitment letters from owners with addresses that are available.)*

- | | |
|-----------------------------------|-------------|
| <input type="checkbox"/> 100-90 | (10 points) |
| <input type="checkbox"/> 89-80 | (8 points) |
| <input type="checkbox"/> 79-70 | (6 points) |
| <input type="checkbox"/> 69-60 | (3 points) |
| <input type="checkbox"/> below 60 | (0 points) |

4. Administrative Expense

What percent of the TBRA housing assistance budget is used for administrative costs? - *(Please provide evidence such as the proposed budget.)*

- | | |
|-------------------------------|-------------|
| <input type="checkbox"/> 6 % | (25 points) |
| <input type="checkbox"/> 7 % | (20 points) |
| <input type="checkbox"/> 8 % | (15 points) |
| <input type="checkbox"/> 9 % | (10 points) |
| <input type="checkbox"/> 10 % | (5 points) |

SINGLE FAMILY HOMEOWNERSHIP REHABILITATION

FORM 6

**SINGLE FAMILY HOME REHABILITATION
PAGE 1**

SCORING TABLE

SECTION	SCORING ITEMS	MAXIMUM POINTS
	GENERAL SECTION HOUSING FORMS (REQUIRED FROM ALL APPLICANTS):	
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)	0
II.	PROPOSED ACTIVITY (TAB 1)	0
III.	FUNDING REQUEST (TAB 1)	0
IV.	NATIONAL OBJECTIVE (TAB 3)	0
V.	GEOGRAPHIC LOCATION (TAB 3)	10
VI.	HIGH PRIORITY NEEDS (TAB 3)	10
VII.	LEVERAGING RENTAL AND HOMELESS ONLY (TAB 9)	10
VIII.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 2)	25
IX.	TRACK RECORD (TAB 2)	5
X.	TIMELY COMPLETION (TAB 2)	2
XI.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 8)	0
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):	
XII.	SITE CONTROL (TAB 6)	5
XIII.	PRE-DEVELOPMENT (TAB 6)	6
XIV.	SHOVEL READY (TAB 6)	9
XV.	FEATURES AND AMENITIES (TAB 5)	8
	DEMOGRAPHIC AND SET-ASIDE COMMITMENTS ACCESSIBILITY FEATURES:	10
	DEMOGRAPHIC TARGETS (TAB 7)	0
	INCOME AND SPECIAL NEEDS (TAB 7)	0
	HOUSING PRESERVATION ACTIVITIES (TAB 7)	0
	TENANT RELOCATION (TAB 8)	0
	DESIGN AND ACCESSIBILITY FEATURES (TAB 7)	0
	SET-ASIDE COMMITMENTS (TAB 7) [REQUIRED FOR HOME FUNDS ONLY]	0
	FINANCIAL BENEFICIARIES (TAB 10):	0
	RENTS & OPERATING PRO-FORMA (TAB 11):	0
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 13) [RENTAL DEVELOPMENTS ONLY]:	0
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 9):	0
	TOTAL POINTS	100

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FOR SINGLE FAMILY HOMEOWNERSHIP REHABILITATION

The County's CDBG Program allocates block grant funds from US HUD to private non-profit community based development organizations, community development corporations, community-based organizations, for-profit businesses, municipalities and County departments for activities that benefit low- and moderate-income areas or low- and moderate-income persons. Low- and moderate-income areas are defined as areas in which at least 51 percent of residents earn below eighty (80) percent of the County's median income. For reference, below is a table reflecting Area Median Income (AMI) in Miami-Dade County by family size.

**Miami-Dade County
U.S. HUD 2010 50%, 80% and 120% of AMI Income Thresholds by Household Size**

	1	2	3	4	5	6	7	8
	Person	Persons						
30% of AMI	14,500	16,600	18,650	20,700	22,400	24,050	25,700	27,350
50% of AMI	24,150	27,600	31,050	34,500	37,300	40,050	42,800	45,550
80% of AMI	38,650	44,200	49,700	55,200	59,650	64,050	68,450	72,900

Applicants in non-compliance with the requirements and conditions of their existing CDBG or HOME contracts with Miami-Dade County shall be ineligible for funding under the FY 2012 RFA.

Future funds **will not** be provided to an agency that has **failed** to meet the national objective, has **failed** to meet required performance benchmarks, or **failed** to repay any CDBG loans according to the terms agreed to in the award contract.

NRSA Single Family Rehabilitation High Priority Needs

Community Action Committee (CAC) may elect to prioritize single family homeownership rehabilitation as one of its NRSA's high priority. Therefore, the single family homeownership rehabilitation program will entail moderate rehabilitation, up to and including the upgrade and update of single family homes that will be rehabilitated to local building codes and standards. Allocation may not exceed \$40,000 of CDBG funds per home.

An application will not be awarded funding if the proposed rehabilitation program from the applicant has not been established by the CAC as a **high priority need** of the NRSA.

**HOME PROGRAM
COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDO)**

Form 6

HOME PROGRAM COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

I. INTRODUCTION AND BACKGROUND

The Community Housing Development Organization (CHDO) guidelines provide the policies and standards for the management and funding of CHDO operating funds by Miami-Dade Department of Housing and Community Development (DHCD). These policies and procedures are based on HOME Program regulations (24 CFR 92.208). It is the responsibility of the CHDO to understand and ensure compliance with these policies and procedures. It is the intent of these guidelines to create a consistent and equitable system by which CHDOs are identified and selected, and to build long-term relationships with the CHDOs.

The HOME program is administered through the U.S. Department of Housing and Urban Development (HUD). Miami-Dade County, as a participating jurisdiction (PJ), receives funds under the HOME Program. HUD HOME regulations require PJs to set aside 15% of their HOME allocation for Community Housing Development Organizations (CHDOs), and awards up to 5% of the HOME Program allocation for CHDO Operating Support to build capacity that will result in additional affordable housing units. The CHDO funds can be obtained by organizations that have a qualified project without match requirements. Each year, all organizations requesting CDBG or HOME funds from the County must submit an application which provides information concerning the organization, its corporate and financial structure, and a specific proposal for a program or project. Staff issues a Request for Applications (RFA) and accepts applications only once each calendar year. This is to allow staff sufficient time to review each proposal and make recommendations to the Board of County Commissioners, which allocates the available funds accordingly. Community Housing Development Organization (CHDO) applications are submitted each year with the applicant's RFA even if the agency is already certified since re-certification is required on a yearly-basis.

II. CHDO DEFINITION, CERTIFICATION AND RE-CERTIFICATION

Definition:

A Community Housing Development Organization (CHDO) is a private nonprofit organization that has among its purposes the provision of decent housing that is affordable to low and moderate income persons as evidenced in its charter, articles of incorporation, resolutions, or by-laws. A CHDO may apply for funding in the capacity of a Developer, Owner, or Sponsor, but only CHDOs may apply for a HUD mandated set-aside percentage of local HOME funds.

For further information refer to 24 CFR Part 92.

Certification:

In order to receive CHDO funds from the County, a local housing organization must be formally certified by the DHCD at the time of application for operating funds and CHDO eligible housing projects. In order to be certified as a CHDO, a local housing organization must:

- Meet all of the CHDO certification requirements per 24 CFR Part 92.208 (See Exhibit A, CHDO Certification Checklist);
- Enter into a Memorandum of Understanding (MOU) that states that the CHDO intends to use HOME CHDO set-aside funds to develop units of affordable housing within 24 months of the date of the agreement that specifies the expected uses for the funds.; and
- DHCD will provide a certification/re-certification letter to each CHDO to confirm the organization's CHDO status upon review and approval of the documents listed below.

If the organization is not recertified, it is not eligible to receive any funds and/or services reserved for CHDOs until such time as the organization is able to prove to still meet all of the criteria necessary to obtain CHDO certification.

III- APPLICATION PROCESS AND FUNDING PRIORITIES:

1. Application Process

DHCD will accept applications for CHDO Operating Support once a year with the Request For Application and will award CHDO Operating funds on an as-needed basis taking into consideration five (5) priorities:

- Representation in underserved areas;
- Response to community housing needs as identified by Housing Needs Assessments in the FY 2008-2012 Consolidated Plan;
- Local Match provided;
- Established CHDOs that are continuing to add units to their portfolio, and;
- Demonstrate the capacity to complete the project(s).

Upon finalizing the RFA recommendations, the CHDO certification process is initiated for those agencies that are recommended for CHDO funding. Applicants are provided with a "CHDO Qualifications checklist" (Please see Exhibit "A" attached), which outlines the CHDO criteria and references to the HUD regulations governing the process.

Staff reviews the documentation submitted to verify that all CHDO certification criteria are met, and issues a favorable or not favorable recommendation to senior management.

Subsequently, staff recommendations are presented to senior management for review and signature of the certification/re-certification cover letter and certification/re-certification document.

Once signed, the certification/re-certification documents are mailed to the agencies, hard copies are kept in our central file and electronic copies are saved on DHCD's internal server.

DHCD has also implemented a procedure that requires the Community Action Agency's Fiscal Unit to verify systematically the CHDO-certification status before issuing approvals for reimbursements to the agencies.

Initiating the certification/re-certification process with the RFA ensures that re-certifications are completed every year, and decreases the amount of paperwork submitted and processed as some supportive documents such as articles of incorporation, by-laws, are also required for compliance with the RFA guidelines. Prior to the release of HOME funds from the County, a written agreement must be executed with the applicant or CHDO. The agreement remains in effect during any period that the applicant or CHDO is operating a program or implementing a project in which HOME funds are being invested.

2. Available Funding

- Up to 5% of the HOME Program allocation may be awarded for CHDO Operating Support to build capacity that will result in additional affordable housing units.
- HOME Program assistance for CHDO's operating expenses in each fiscal year may not exceed \$50,000 or 50% of the CHDO's total annual operating expenses for that year, whichever is greater.
- DHCD sets aside 15 percent of the HOME Program allocation for CHDO Set-Aside Projects that result in affordable housing units.

3. Eligible uses of CHDO Operating Support Funds

Up to 5 percent of DHCD's HOME allocation may be used to provide funds for CHDO operating assistance. This allocation does not count toward the 15 percent set-aside funds used by CHDOs for projects. To be eligible for CHDO operating assistance, the CHDO must submit a funding application for a CHDO-eligible project. The following uses of CHDO Operating Support funds are permitted (24 CFR Part 92.208):

- Salaries, wages, benefits, and other employee compensation;
- Training and travel, resulting in increased capacity;
- Administrative expenses;
- Operating expenses, including rent and utilities;
- Equipment, materials and supplies, including communication costs;
- Taxes and insurance, and;
- Homebuyer education

The purpose of CHDO operating assistance is to nurture successful CHDOs, DHCD will periodically evaluate the performance of any CHDO wishing to receive CHDO operating funds. No match is required for these funds.

4. Eligible and Ineligible Uses of CHDO Set-Aside Funds

The HOME requirements in 24 CFR Part 92.300 require DHCD to set aside at least 15 percent of its annual HOME allocation for projects owned, developed or sponsored by CHDOs.

A certified CHDO must be an owner, developer or sponsor of a HOME-eligible project to use CHDO set-aside funds. A CHDO may serve in one of these roles or in a combination of roles, such as being owner and developer.

- **CHDO as Owner:** As owner, the CHDO holds valid legal title or has a long-term leasehold investment to the property (99 year minimum). The CHDO may be an owner with one or more individuals, corporations, partnerships or other legal entities. However, the CHDO must be the managing general partner with effective control (decision making authority) of the property.

Example: A CHDO may solely be the owner with another entity (for profit or not-for-profit) to act as a developer and construct new, or rehabilitate existing building(s). After completion of the development, the CHDO will maintain ownership of the property.

- **CHDO as Developer:** A CHDO is a developer when the CHDO owns the property and develops the project or has contractual obligations to the property owner to develop the project. The CHDO may be both owner and developer of its own project.
- **CHDO as Sponsor:**

a. Sponsoring Rental Housing

For HOME assisted rental housing, the CHDO may develop a project that it solely or partially owns and agrees to convey ownership to a second not-for-profit organization at a predetermined time prior to or during development or upon completion of the development of the project. The HOME funds are invested in the project owned by the CHDO.

The CHDO sponsor identifies the particular not-for-profit organization that will obtain ownership of the property prior to commitment of HOME funds.

The second not-for-profit will assume all HOME obligations (including repayment of loans and tenant and rent requirements) for the project from the CHDO at a specified time. If the property is not transferred to the not-for-profit organization, the CHDO sponsor will remain liable for the HOME obligations. The not-for-profit organization must be financially and legally separate from the CHDO sponsor. (The second not-for-profit may have been created by the CHDO, but nevertheless it is a separate entity from the CHDO.)

The CHDO must provide sufficient resources to the not-for-profit organization to ensure the development and long-term operation of project.

Example: A CHDO enters into a legally binding agreement with Eldercare, an existing not-for-profit organization experienced in providing enhanced housing services for the elderly. The CHDO agrees to purchase and rehabilitate a vacant 50-unit property and convey the property to Eldercare upon completion of the construction phase. Eldercare will assume responsibility for the long-term management of the project and for the fulfillment of all obligations and requirements associated with the use of the HOME funds.

b. Sponsoring Homebuyers:

For a HOME assisted first time homebuyers program, the CHDO owns and develops a property and transfers title and the HOME loan obligations and resale requirements to a HOME-qualified, first time homebuyer within a specified time frame.

The HOME funds are invested in the property owned by the CHDO. The CHDO sponsor acquires and completes the rehabilitation or construction of the property. At completion of the rehabilitation or construction, the CHDO is required to sell (transfer) the property along with the HOME loan obligations to a first time homebuyer. CHDO operating support will only be funded in connection with an application for a specific housing project.

- **Eligible Activities:** A CHDO acting as owner, sponsor or developer may use the 15 percent CHDO set-aside for the following activities:
 - Acquisition and/or rehabilitation of rental or homebuyer property;
 - New construction of rental or homebuyer property; and
 - Direct financial assistance to homebuyers of HOME-assisted property developed or sponsored by the CHDO.

CHDO set-aside HOME funds must be used during the construction or rehabilitation of the property.

- **Ineligible CHDO Activities** - Ineligible uses of the HOME CHDO set-aside are:
 - Homeowner rehabilitation;
 - Tenant-based rental assistance (TBRA); and
 - Downpayment and/or closing cost assistance to purchasers of housing not developed with HOME CHDO funds.

5- CHDO Proceeds

DHCD allows CHDOs to retain proceeds under few conditions. To be eligible for CHDO proceeds retention, the CHDO must provide a written plan for the specific use of such funds with the initial CHDO application. DHCD will verify that such uses are strictly for HOME-eligible activities or other low and moderate income housing activities to include CHDO operations. DHCD will respond in writing to the written plan. Proceeds are funds resulting from:

- Permanent financing of a CHDO project used to pay off a CHDO financed construction loan;
- The sale of CHDO developed homeownership housing to a homeowner or a second non-profit; and
- Interest and principle payments from a loan to buyer of CHDO developed homeownership housing.

Homeownership Only For Certified CHDOs

Form 6

SCORING TABLE

SECTION	SCORING ITEMS	MAXIMUM POINTS
	GENERAL SECTION HOUSING FORMS (REQUIRED FROM ALL APPLICANTS):	
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)	0
II.	PROPOSED ACTIVITY (TAB 1)	0
III.	FUNDING REQUEST (TAB 1)	0
IV.	NATIONAL OBJECTIVE (TAB 3)	0
V.	GEOGRAPHIC LOCATION (TAB 3)	10
VI.	HIGH PRIORITY NEEDS (TAB 3)	10
VII.	LEVERAGING RENTAL AND HOMELESS ONLY (TAB 9)	0
VIII.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 2)	25
IX.	TRACK RECORD (TAB 2)	5
X.	TIMELY COMPLETION (TAB 2)	2
XI.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 8)	0
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):	
XII.	SITE CONTROL (TAB 6)	5
XIII.	PRE-DEVELOPMENT (TAB 6)	6
XIV.	SHOVEL READY (TAB 6)	9
XV.	FEATURES AND AMENITIES (TAB 5)	8
FORMS 1-2	HOMEOWNERSHIP	
	MAX. SALES PRICE PER SQ. FT. – SINGLE FAMILY HOMES	10
	MAX. SALES PRICE PER SQ/ FT. – CONDO	10
	CLOSING COSTS FORM	10
	TENANT RELOCATION	REQUIRED
	TOTAL POINTS	100

Homeownership (Only for Certified CHDO)

**STATEMENT OF MAXIMUM FUNDING AND
SALES PRICE PER SQ. FT.
(SINGLE FAMILY HOMEOWNERSHIP ONLY)**

Check the one that applies:

- Homeownership
- Condominium

Total Land Cost for this development: _____

What is the targeted median income for the units? _____

MODEL TYPE	# OF UNITS	# OF BEDROOMS	MAXIMUM AMOUNT \$ PER UNIT REQUESTED	SALES PRICE PER UNIT	SQ. FT.	SALES PRICE PER SQ. FT.

A maximum of 10 Points will be awarded for the development selling for the lowest per sq. ft. price as follows:

Scoring: The application with the lowest price per square foot will receive 10 points. The application with the highest price per square foot will receive **0** points. Pro-rata scores will be given for applications, which fall between the highest and lowest price per square foot.

NOTE: The information provided on this page will be used as the basis for contract compliance, should the development be funded.

**HOMEOWNERSHIP CLOSING COSTS FORM
(Maximum Points 10)**

As part of this RFA, the developer will be required to pay Abstracting costs, owner/lender's title insurance, Documentary Stamps on Deed, and Survey costs on behalf of the buyer. The developer's commitment shall be incorporated as part of the County's contract if funded.

Developer is willing to pay closing cost over and above RFA requirements.

Yes No

If yes, specify dollar amount: \$ _____

3% of the maximum purchase price of \$205,000	4 points
4% of the maximum purchase price of \$205,000	8 points
6% of the maximum purchase price of \$205,000	10 points

NOTE: Closing cost paid by another entity on your behalf is not to be reflected on this page. You will not be credited with any points for closing cost paid by any other entity. Failure to honor the committed closing costs assistance will result in the reduction of the purchase price equivalent to the closing cost percentage committed to in this RFA.

Infrastructure and Zoning Forms

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE – SEWER CAPACITY, PACKAGE TREATMENT

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Sewer Capacity, Package Treatment is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining the specified waste treatment service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make this service available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to this service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name		_____ Address
_____ Print or Type Title		
		_____ Telephone Number (including area code)

THIS CERTIFICATION MAY NOT BE SIGNED BY THE APPLICANT, BY ANY RELATED PARTIES OF THE APPLICANT, OR BY ANY PRINCIPALS OR FINANCIAL BENEFICIARIES OF THE APPLICANT. IN ADDITION, SIGNATURES FROM LOCAL ELECTED OFFICIALS ARE NOT ACCEPTABLE. IF THE CERTIFICATION IS APPLICABLE TO THIS DEVELOPMENT AND IT IS INAPPROPRIATELY SIGNED, NO POINTS WILL BE AWARDED.

IF THIS CERTIFICATION CONTAINS CORRECTIONS OR "WHITE-OUT", OR IF IT IS SCANNED, IMAGED, ALTERED, OR RETYPED, THE APPLICANT WILL FAIL TO MEET THRESHOLD. THE CERTIFICATION MAY BE PHOTOCOPIED.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - ROADS

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Existing paved roads provide access to the proposed Development or paved roads will be constructed as part of the proposed Development.
2. There are no impediments to the proposed Development using the roads other than payment of impact fees or providing curb cuts, turn lanes, signalization, or securing required final approvals and permits for the proposed Development.
3. The execution of this verification is not a granting of traffic concurrency approval for the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to road usage, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name		_____ Address
_____ Print or Type Title		
		_____ Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and it is inappropriately signed, no points will be awarded.

If this certification contains corrections or "white-out", or if it is scanned, imaged, altered, or retyped, the Applicant will fail to meet threshold. The certification may be photocopied.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - WATER

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Potable water is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining potable water other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure
3. To the best of our knowledge, no variance or local hearing is required to make potable water available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to potable water, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name		_____ Address
_____ Print or Type Title		

Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and it is inappropriately signed, no points will be awarded.

If this certification contains corrections or "white-out", or if it is scanned, imaged, altered, or retyped, the Applicant will fail to meet threshold. The certification may be photocopied.

**VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT
PAGE I OF 2**

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above reference Development site was conducted by the undersigned environmental firm as of _____.
(Date of Phase I ESA-mm/dd/yyyy)

Such Phase I ESA meets the standards of ASTM Practice # E-1527-05.

Check all that apply in Items 1, 2, and 3 below:

1. If the Phase I ESA is over 12 months old from the Application Deadline for this Application, has the site's environmental condition changed since the date of the original Phase I ESA?

Yes No

If "Yes", to demonstrate the condition of the site, the signatory must answer question (1) or (2) below:

(1) an updated to the original Phase I ESA was prepared on _____
(Date-mm/dd/yyyy)

(Date of update must be less than 12 months old from the Application Deadline to receive points.)

(2) a new Phase I ESA was prepared on _____
(Date-mm/dd/yyyy)

Note: DHCD will not consider a Phase II ESA to be a substitute for the updated Phase I ESA or new Phase I ESA.

2. If there are one or more existing buildings on the proposed site, the presence or absence of asbestos or asbestos containing materials and lead based paint must be addressed either as a part of the Phase I ESA or as a separate report. The signatory must indicate which of the following (item a. or b.) applies:

- a. the Phase I ESA referenced above addresses the presence or absence of asbestos or asbestos containing materials and lead base paint; or
- b. separate report(s) addressing the presence or absence of asbestos or containing materials and lead-based paint have been prepared and the undersigned has reviewed the separate report(s). Such separate report(s) may or may not be incorporated by reference in the Phase I ESA.

**VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT
PAGE 2 OF 2**

3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials lead-based paint, radon gas, soil or ground water contamination, etc.) on the proposed site, the signatory must indicate which of the following (Item a, b, or c.) applies:
- a. environmental safety conditions on the site require remediation and a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate report; or
 - b. a Phase II ESA is required or recommended (the firm that performed the Phase II ESA, even if it is the same firm that prepared the Phase I ESA, MUST complete and execute the Phase II ESA Verification); or
 - c. although environmental safety conditions exists on the site, no remediation or further action is required or recommended.

CERTIFICATION

I certify that the foregoing information is true and correct.

Authorized Signature	Date (mm/dd/yyyy)	Name of Firm that Performed the Phase I ESA
Print of Type Name of Signatory	Address of Environmental Firm (street address, city, state)	
Print of Type Name of Signatory	Telephone Number Including Area Code	

THIS CERTIFICATION MUST BE SIGNED BY A REPRESENTATIVE OF THE FIRM THAT PERFORMED THE PHASE I ESA FOR THE PROPOSED DEVELOPMENT LOCATION. IF THIS CERTIFICATION CONTAINS CORRECTIONS OR "WHITE-OUT", OR IF IT IS SCANNED, IMAGED, ALTERED OR RETYPED, THE APPLICATION WILL FAIL TO MEET THRESHOLD. THE CERTIFICATION MAY BE PHOTOCOPIED.

VERIFICATION OF ENVIRONMENTAL SAFETY PHASE II ENVIRONMENTAL SITE ASSESSMENT

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

As a representative of the firm that performed the Phase II Environmental Site Assessment (ESA), I certify that:

1. A Phase II ESA of the above reference Development location was required or recommended by the Phase I ESA. The Phase II ESA was conducted by the undersigned environmental firm as of _____ in accordance with ASTM Practice # E-1903-97(2002).
(Date of Phase II ESA – mm/dd /yyyy)

If the phase II ESA is over 12 month old from the Application Deadline for this Application has the site's environmental condition changed since the date of the Phase II ESA?

Yes No

If "Yes", to demonstrate the condition of the site, an update to the original Phase II ESA was prepared on _____
(Dated of Phase II ESA-mm/dd/yyyy*)

** Date of the update to Phase II ESA, as stated above, must be within the last 12 months to receive points.*

2. If the Phase II ESA disclosed potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, soil or groundwater contamination, etc.) on the proposed site, a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared either as a part of the Phase II ESA or as a separate report. (Must be attached)

CERTIFICATION

I certify that the foregoing information is true and correct.

Authorized Signature	Date (mm/dd/yyyy)	Name of Firm that Performed the Phase II ESA
Print of Type Name of Signatory		Address of Environmental Firm (street address, city, state)
Print of Type Name of Signatory		Telephone Number Including Area Code

This certification must be signed by a representative of the firm that performed the Phase II ESA for the proposed Development location. If this certification contains corrections or "white-out", or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION THAT
DEVELOPMENT IS CONSISTENT WITH ZONING AND LAND USE
REGULATIONS**

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned Local Government official confirms that:

1) The number of units (not buildings) allowed for this development site (if restricted) is: _____ and/or

If a Planned Urban Development (PUD), the number of units (not buildings) allowed per development site is: _____ or

If not a PUD and development site is subject to existing special use or similar permit, number of units allowed for this development site is: _____; and

2) The zoning designation for the referenced Development site is _____; and

3) The intended use is consistent with current land use regulations and the referenced zoning designation or, if the Development consists of rehabilitation, the intended use is allowed as a legally non-conforming use. To the best of my knowledge, there are no additional land use regulation hearings or approvals required to obtain the zoning classification or density described herein. Assuming compliance with the applicable land use regulations, there are no known conditions, which would preclude construction or rehabilitation (as the case may be) of the referenced Development on the proposed site.

CERTIFICATION

I certify that the City/County of _____ has vested in me the authority
(Name of City/County)

To verify consistency with local land use regulations and the zoning designation specified above or, if the Development consists of rehabilitation, the intended use is allowed as "legally non-conforming use" and I further certify that the foregoing information is true and correct.

Signature

Date (mm/dd/yyyy)

This certification must be signed by the applicable city's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to comprehensive planning and zoning, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail to meet threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold. The certification may be photocopied.



Miami-Dade County
Mayor Carlos A. Gimenez

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