



# DRAFT Book Two

## CONSOLIDATED REQUEST FOR APPLICATIONS (RFA) FOR FY 2013 FUNDING

10-Day Comment Period: September 7, 2012 through September 17, 2012

### HOUSING APPLICATION

**FUNDING SOURCES:  
HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM  
EMERGENCY SOLUTIONS GRANT (ESG)\***

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

**FY 2013 RFA ELIGIBLE HOUSING ACTIVITIES:**

- AFFORDABLE HOUSING DEVELOPMENT
- HOMELESS HOUSING DEVELOPMENT
- TENANT BASED RENTAL ASSISTANCE (TBRA)
- 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/housing>**

**September TBD, 2012**

Miami-Dade County  
Department of Public Housing and Community Development (PHCD)  
701 NW 1<sup>st</sup> Court, 14<sup>th</sup> Floor - Miami, FL 33136





**\*\*\* APPLICATION DISCLAIMER \*\*\***

Applicants should check the County's website for updates to the FY 2013 RFA. Additionally, dates listed in Books 1-3 will be updated.

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



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

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**MIAMI-DADE COUNTY**  
**FY 2013 CONSOLIDATED REQUEST FOR APPLICATIONS**  
**HOME INVESTMENT PARTNERSHIPS (HOME)**  
**EMERGENCY SOLUTIONS GRANT (ESG)\*\***

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

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**MIAMI-DADE COUNTY  
FY 2013  
CONSOLIDATED REQUEST FOR APPLICATIONS FOR  
HOME AND ESG FUNDING**

**INTRODUCTION**

Miami-Dade County, through the Department of Housing and Community Development (PHCD) is soliciting applications under a Consolidated Request for Applications (RFA) process to fund developments applying under the HOME and ESG Programs. Specifically, the **FY 2013 Housing RFA** is seeking applications to address the high priority needs identified in the County's FY 2013 through 2017 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/housing> (See schedule on page 9).** This RFA is supported by the FY 2013-2017 Consolidated Plan and the FY 2013 Planning Process Policies (Policy Paper) approved by the Board of County Commissioners on TBD, (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 2013 Housing RFA are included in this package. Copies are also available at the [PHCD](http://www.miamidade.gov/housing) website: [<http://www.miamidade.gov/housing>] **The application submission deadline is TBD.**

The PHCD, will hold two (2) technical assistance workshops (TA) to review the application preparation and submission requirements, changes for FY 2013 evaluation criteria, and program requirement information for Housing and Homelessness Housing Activities. The Technical Assistance Workshop schedule and registration information is listed below:

***South Dade Government Center***  
September 25, 2012  
10710 SW 211<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Cutler Bay, FL 33189  
Time: 1:00 p.m. to 5:00 p.m.

***Joseph Caleb Center***  
September 27, 2012  
5400 NW 22<sup>nd</sup> Avenue  
Miami, FL 33142  
Time: 1:00 p.m. to 5:00 p.m.

You may also visit the PHCD website: <http://www.miamidade.gov/housing>

Questions regarding the FY 2013 RFA should be submitted via email to:

[FY2013HousingRFA@miamidade.gov](mailto:FY2013HousingRFA@miamidade.gov) no later than **TBD**.

Responses will be posted on the PHCD website: [www.miamidade.gov/housing](http://www.miamidade.gov/housing)

## 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.** 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. **Low-Moderate-Income Benefit** – The proposed activity, if requesting HOME federal funding, must meet the United States Department of Housing and Urban Development (US HUD) criteria of benefitting low-income families. 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 or an Eligible Block Group.
2. **Market Analysis and Feasibility** - A complete market study demonstrating the need for the housing is required. Also, a feasibility assessment/underwriting is required before funds can be committed.
3. **Priority Needs** – Activities must address a high priority need identified in the County’s FY 2013-2017 Consolidated Plan. Applications must describe how the priority need will be addressed and provide supporting data.
4. **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.

5. **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.
6. **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.
7. **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 PHCD 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 2013 RFA.
8. **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.
9. **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).
10. **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.
11. **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.
- 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 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 and ESG, 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 Contractual Loan Commitment, 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 PHCD 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 TBD.** 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, 17<sup>th</sup> Floor  
Miami, Florida 33128**

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

- Applications may be submitted to the Clerk of the Board from **TBD through TBD**, except on Holidays observed by the County.
- ON **TBD**, APPLICATIONS WILL **ONLY** BE ACCEPTED DURING THE HOURS OF **TBD** AT THE ADDRESS LISTED BELOW:

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

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

## FY 2013 RFA SCHEDULE\*

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

⇒ *TBD*

⇒ *TBD*

⇒ *TBD*

Applications may also be downloaded from the Miami-Dade County website at the following address:  
[http://www.miamidade.gov/ced/request\\_RFA.asp](http://www.miamidade.gov/ced/request_RFA.asp).

- Technical Assistance Workshops will be conducted by PHCD at the following two (2) locations:
  - *TBD*
  - *TBD*
- **The Application submission deadline is TBD. Applications submitted on or before TBD** must be delivered to the Clerk of the Board of County Commissioners, located at the **Stephen P. Clark Center**, 111 NW 1st Street, 17<sup>th</sup> Floor, Miami, Florida 33128.
- **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 2013 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 **TBD**. The meeting schedule is included below (**Please refer to the PHCD website at [www.miamidade.gov/housing](http://www.miamidade.gov/housing) for an update of the respective meeting dates**):

### **Countywide MUST Meeting**

**TBD**

Overtown Transit Village – North  
701 NW 1<sup>st</sup> Court,  
1<sup>st</sup> Floor Training Room  
Miami, Florida 33136  
TBD

***(Sites to be determined)***

**TBD**

#### **Goulds CAC**

Isaac A. Withers Community Enrichment  
Center  
21300 SW 122<sup>nd</sup> Avenue  
Miami, FL 33177  
TBD

**TBD**

#### **Leisure City/Naranja CAC**

Naranja Lakes Community Redevelopment  
Agency (CRA) Community Center  
27555 SW 140<sup>th</sup> Street  
Naranja, Miami, FL 33032  
TBD

**TBD**

#### **Melrose CAC**

MDTA Auditorium  
3300 NW 32<sup>nd</sup> Avenue  
Miami, FL 33142  
TBD

**TBD**

#### **Model City CAC**

Joseph Caleb Center, Room #110  
5400 NW 22<sup>nd</sup> Avenue  
Miami, FL 33142  
TBD

**TBD**

#### **Perrine CAC**

Perrine CAA  
17801 Homestead Avenue  
Miami, FL 33157  
TBD

**TBD**

#### **Opa-Locka CAC**

Opa-Locka Community Development  
Corporation  
490 Opa-locka Blvd., Suite 20 (2<sup>nd</sup> Floor)  
Opa-locka, FL 33054  
TBD

**TBD**

#### **South Miami CAC**

US HUD Senior Center  
6701 SW 62<sup>nd</sup> Avenue  
South Miami, FL 33143  
TBD

**TBD**

#### **West Little River CAC**

Arcola Lakes Park  
1301 NW 83<sup>rd</sup> Street  
Miami, FL 33147  
TBD

## 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 2013 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:

<b>Activity</b>	<b>HOME</b>	<b>ESG</b>	<b>SHIP</b>	<b>CDBG</b>	<b>Total</b>
CHDO Operating Costs \$50,000 cap per agency	TBD				TBD
CHDO Set-Aside	TBD				TBD
Rental New Construction/Rental Rehabilitation	TBD				TBD
Homeless Programs	TBD	TBD			TBD
Tenant Based Rental Assistance	TBD				TBD
<b>TOTAL</b>	<b>TBD</b>	<b>TBD</b>			<b>TBD</b>

**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 PHCD. 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 PHCD before funds are awarded.
- Other Not-for-profit Organizations
- Private, For-Profit Organizations (including Partnerships and Sole Proprietorships)

**Eligible Activities** (24 CFR 92)

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 2013 RFA**

**\*Interest Rates below are subject to an independent underwriting analysis\***

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	0% during construction, yrs. 1-2. 1.0% accrual in years: 3-30 subject to project cash flow.	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units during the entire 30 year term - Subject to Florida Housing Finance Corporation (FHFC) terms. - Subject to subsidy layering review	Overall debt service ratio 1.25 maximum
HOME	ACQUISITION, NEW CONSTRUCTION OR REHABILITATION OF AFFORDABLE RENTAL HOUSING (RENTAL ONLY).	FOR PROFIT	0% during construction, yrs. 1-2. 0.5%accrual in years: 3-30 subject to project cash flow.	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units during the entire 30 year term - Subject to FHFC terms. - Subject to subsidy layering review	Overall debt service ratio 1.25 maximum
HOME	HOMELESS	NOT-FOR-PROFIT	0% during construction, yrs. 1-2. 1.0% accrual in years 3-30 which will not be collected as long as development complies with all loan conditions.	2 years for construction completion. 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 27 through 30.	- Subject to rental regulatory agreement. - Subject to a 30 year affordability and occupancy restriction period. - Subject to FHFC terms. - Subject to subsidy layering review	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, if any, shall become immediately due and payable.
HOME	HOMELESS	FOR PROFIT	0% during construction, yrs. 1-2. 0.5% accrual in years 3-30 which will not be collected as long as development complies with all loan conditions.	2 years for construction completion. 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 27 through 30.	- Subject to rental regulatory agreement. - Subject to a 30 year affordability and occupancy restriction period. - Subject to FHFC terms. - Subject to subsidy layering review	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, if any, shall become immediately due and payable.
MISC. REVENUE OR FUNDS		FOR PROFIT	0% during construction, yrs. 1-2. 1.0% accrual in years: 3-30 subject to project cash flow.	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units during the entire 30 year term - Subject to FHFC terms. - Subject to subsidy layering review	Overall debt service ratio 1.25 maximum
MISC. REVENUE OR FUNDS		NOT-FOR-PROFIT	0% during construction, yrs. 1-2. 0.5%accrual in years: 3-30 subject to project cash flow.	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units during the entire 30 year term - Subject to FHFC terms. - Subject to subsidy layering review	Overall debt service ratio 1.25 maximum

**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.

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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:

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

AMOUNT OF FUNDS REQUESTED FOR FY 2013: 

--

TOTAL ACTIVITY COST: 

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## HOUSING FORMS SUBMISSION CHECKLIST RFA FY 2013

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

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 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 2013 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, 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 2013 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 1 2 3 4 5 6 7 8 9 10 11 12 13  
**--Please circle District number(s)** County Wide

County Commission District(s) where clients reside (service area): 1 2 3 4 5 6 7 8 9 10 11 12 13  
**--Please circle District number(s)** County Wide

Neighborhood Revitalization Strategy Area(s): Low-Mod Area (LMA Benefit Eligible Block Group(s)) \_\_\_\_\_  
 Opa-locka \_\_\_\_\_ South Miami \_\_\_\_\_  
 Melrose \_\_\_\_\_ Leisure City/Naranja \_\_\_\_\_  
 Goulds \_\_\_\_\_ West Little River \_\_\_\_\_  
 Model City \_\_\_\_\_ Perrine \_\_\_\_\_

Are you applying for Homeless Funds? Yes \_\_\_ No \_\_\_

**ACTIVITY INFORMATION:**

Activity Title: \_\_\_\_\_

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

**HOUSING FORMS**  
**Miami-Dade County FY 2013 Housing RFA**

**Part I. General Information**

**Local Match and “Gap” Applicants must complete this section.**

**Applicant and Development Team**

1. Purpose of this Application:

— “Gap” Funding

Amount Requested: \_\_\_\_\_

2. Applicant Information

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Federal Employer  
Identification Number: \_\_\_\_\_

If not yet obtained, provide a copy of the completed, submitted application for the Federal Employer Identification Number behind a tab labeled “FEIN Number \_\_\_\_.”

a. Is the Applicant a legally formed entity qualified to do business in the State of Florida as of the Application Deadline?

Yes       No

Provide the required documentation behind a tab labeled and clearly identified.

b. Is the Applicant a limited partnership or limited liability company?

- Limited Partnership
- Limited Liability Company

c. Is the Applicant applying as a not-for-profit organization?

- Yes       No

If the answer is “Yes,” the Applicant must respond to (I) and (II) below. If the answer is “No,” skip not-for-profit status questions and proceed to question 3 below.

(I) Provide the following documentation.

- Attorney’s opinion letter behind a tab labeled and clearly identified.
- IRS determination letter behind a tab labeled and clearly identified.

(II) Answer the following questions:

- Is the Applicant a public housing authority created by Section 421.04, Florida Statutes?

- Yes       No

- Is the applicant or one of its general partners a not-for-profit entity that is an affiliate of a public housing authority created by Section 421.04, Florida Statutes?

- Yes       No

- Is the applicant or one of its general partners a public housing authority or incorporated as a not-for-profit entity pursuant to Chapter 617, Florida Statutes, or similar state statutes if incorporated outside Florida?

- Yes       No

- If “no”, is the applicant or one of its general partners a wholly-owned subsidiary of a not-for-profit entity formed pursuant to Chapter 617, Florida Statutes, or similar state statutes if incorporated outside Florida?

- Yes       No

- Is the applicant or one of its general partners a 501(c)(4) not-for-profit entity; or is the applicant or one of its general partners a wholly-owned subsidiary of a 501(c)(3) or 501(c)(4) not-for-profit entity?

- Yes       No

- Does the not-for-profit entity have an ownership interest, either directly or indirectly, in the general partner or general partnership interest or in the managing member of the managing member's interest in the applicant?

Yes       No

If "Yes", state the percentage owned in the general partnership interest:  
 \_\_\_\_\_ %

(i) Percentage of Developer's fee that will go to the not-for-profit entity:

\_\_\_\_\_ %

(ii) Provide the description/explanation of the role of the not-for-profit entity behind a tab labeled and clearly identified as tab \_\_\_\_.

(iii) Provide the names and addresses of the members of the governing board of the not-for-profit entity behind a tab labeled and clearly identified as tab \_\_\_\_.

(iv) Provide the Articles of Incorporation demonstrating that one of the purposes of the not-for-profit entity is to foster low-income housing behind a tab labeled and clearly identified as tab \_\_\_\_.

(v) Year not-for-profit entity was incorporated.  
 \_\_\_\_\_ (yyyy)

(vi) Is the not-for-profit entity affiliated with or controlled by a for-profit entity within the meaning of Section 42(h), Internal Revenue Code?

Yes       No

If "Yes," state name of the for-profit entity and what is the percentage of partnership.

\_\_\_\_\_ %

### 3. General and Limited Partner(s), Officers, Directors and Shareholders

For a Limited Partnership, provide a list of the limited partner(s), and the officers, directors, members, and shareholders of the general partner(s) as of the application deadline, behind a tab labeled and clearly identified.

For a Limited Liability Company, provide a list of the member(s), and the officers, directors, members, and shareholders of majority-in-interest or elected managing member(s) as of the application deadline, behind a tab labeled and clearly identified.

This list must include warrant holders and/or option holders of the proposed development.

For all other entities, provide a list of the officers and directors as of the application deadline, behind a tab labeled and clearly identified.

4. Contact Person for this Application

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**General Information**  
**Part II. Development Team**  
**All Applicants must complete entire section**

1. Developer or principal of developer

- a. Corporate name of each developer (include all co-developers):

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- b. Provide the prior experience for each developing entity in a chart behind a tab labeled and clearly identified.

2. Management agent or principal of management agent

- a. Provide the management agent's prior experience chart behind a tab labeled and clearly identified.

3. General contractor or principal of general contractor

- a. Provide the General Contractor's name and prior experience chart behind a tab labeled and clearly identified.
- b. Is the construction company a subsidiary of the developing entity or does the developer have an ownership interest in the construction company?

Yes       No

4. Architect or Engineer

- a. Provide the executed Architect or Engineer Certification form behind a tab labeled and clearly identified. Non-Housing Credit (NHC) Applicants shall provide a copy of a current license of the Architect or Engineer.

5. Attorney

- a. Housing Credit (HC) Applicants – provide the executed Attorney HC Certification form behind a tab labeled and clearly identified. NHC Applicants shall provide a copy of a current license of the Attorney.

6. Accountant:

- a. Provide the executed Accountant Certification form behind a tab labeled and clearly identified. NHC Applicant shall provide a copy of a current license of the Accountant.

7. Service Provider for Assisted Living Facility (ALF) Development only:

- a. Provide the executed Service Provider or Principal of Service Provider Certification form behind a tab labeled and clearly identified.
- b. Provide the Service Provider's or principal of Service Provider's Prior Experience Chart behind a tab labeled and clearly identified.

**General Information**  
**Part III. Development**  
**All Applicants to complete this section**

**A. General Development Information**

1. Name of Development:

\_\_\_\_\_

2. Location of Development Site:

a. Address of Development Site:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Folio # \_\_\_\_\_

a. Will the development consist of scattered sites?

Yes       No

If "Yes," for each of the sites provide the address, total number of units, and a latitude and longitude coordinate behind a tab labeled and clearly identified.

b. Local Jurisdiction:

a. Name of local jurisdiction where development is located:

\_\_\_\_\_

3. Will this development require rehabilitation as a historic building?

Yes       No

If "Yes," answer questions (a) and (b) below:

a. Date the development originally placed in service:

\_\_\_\_\_ (mm/dd/yyyy)

b. Date and cost of last rehabilitation:

\_\_\_\_\_ (mm/dd/yyyy)      Cost: \$ \_\_\_\_\_

#### 4. Development Category

a. Select one category

New Construction (where 100% of the units are new construction)

Rehabilitation

#### 5. Development Type

Garden Apartment

Townhouses

High-Rise (a building comprised of 7 or more stories)

Duplexes/Quadruplexes

Mid-Rise with Elevator (a building comprised of 4 stories)

Single Room Occupancy (SRO)

Other                    –                    Specify:

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**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 Targeting. 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-use and 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).

**C. Housing Preservation Activities**

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.

**D. Design and Accessibility Features**

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.

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

**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 <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 shown as a whole number	_____
		<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? 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: <i>(Divide number shown in 2(a) by 1(d) and round percentage to two decimal places)</i>	_____ %
	(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 <i>(Add 1(f) and 2(b) and round percentage to two decimal places)</i>	_____ %

**F. Total Number of Extremely Low Income (ELI) units.** \_\_\_\_\_

These units are separate from the County-Assisted units (E1) and the additional County-Assisted units (E2).



# 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 PHCD (See Attachments 40 for rent limits).

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

## 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

### C. 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			\$	\$	\$	\$
		<b>TOTAL</b>			\$	\$	\$	\$
					<b>Annual</b>	<b>Income</b>	\$	

### 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			\$	\$	\$	\$
		<b>TOTAL</b>			\$	\$	\$	\$
					<b>Annual</b>	<b>Income</b>	\$	

\*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.

\$

D. Total Number of Extremely Low Income (ELI) Units \_\_\_\_\_

## 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:**

**Variations 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**

**PROJECT-BASED**

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

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"/>	MISC.FUNDS	\$	
<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			
<b>*Other (explain in Detail)</b>			
<b>A1. Actual Construction Cost</b>			
<b>Contingency (explain in detail)</b>			
<b>A1.1 Sub-Total</b>			
<b>A1.2 General Contractor Fee</b>			
<b>A1.3 Total Actual Construction Cost</b>			

<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			
<b>A2. Total Financial Cost</b>			

<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			
<b>*Impact Fees (list in detail)</b>			
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			
<b>*Other (explain in detail)</b>			
<b>*Contingencies (explain in detail)</b>			
<b>A3. Total General Development Cost</b>			
<b>B. Development Cost (A1.3+A2+A3)</b>			
<b>C. Developer's Fee</b>			
<i>ACQUISITION COST OF EXISTING DEVELOPMENTS (EXCLUDING LAND)</i>			
Existing Buildings			
Developer Fee on Existing Buildings			
<b>*Other (explain in detail)</b>			
<b>D. Total Acquisition Cost</b>			
<i>LAND COST</i>			
<b>E. Total Land Cost</b>			
<b>F. Total Development Cost (B+C+D+E)</b>			

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 18% of total development cost and is subject to an independent underwriting review and commensurate with the level of risk.**

### 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
<b>A. Total Development Cost</b>			
<b>B. Sources</b>			
County Funds			
First Mortgage Financing			
Second Mortgage Financing			
Third Mortgage Financing			
Deferred Developer Fee			
Grants			
Equity – Partner’s Contribution			
Other			
Total Sources			
<b>C. Financing Shortfall (A minus B)</b>			

## FINANCING (TAB 9)

*Page 5 of 5*

**PERMANENT FINANCING (Must complete for leveraging score)**

	Number of Units	Total Dev. Cost	Per Unit
<b>A. Project Information</b>			
<b>B. Sources</b>	<b>Source of funds</b>	<b>Amount of funds</b>	<b>Per Unit</b>
County Funds Requested in this RFA			
Other County Funding – Please identify source with award year			
First Mortgage			
Other Funds			
Other Funds			
<b>Total</b>			
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: \_\_\_\_\_.**

**HOMELESS RENTAL HOUSING  
DEVELOPMENT**

**AND**

**EMERGENCY SOLUTIONS GRANT (ESG)\*\***

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

**FORM 3**

# 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, 2013. 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 2013 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**

PHCD 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. Beckham 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. PHCD has available a total estimated amount of \$750,000 through the federal Emergency Solutions Grant (ESG).

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.

**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

- o 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 <b>(Divide (a) by (b) and round up to the next whole percentage number)</b>	_____ %
	(d)	Total number of units in Development	_____
	(e)	Minimum number of County-Assisted Units shown as a whole number	_____
		<b>(Multiply (d) by (c) and round up to the next whole number)</b>	
	(f)	Minimum number of County-Assisted Units as a percentage	
		<b>(Divide (e) by (d) and round percentage to two decimal places)</b>	_____ %

2	<b>Commitments to Set Aside Units Beyond the Minimum:</b>		
	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: <b>(Divide number shown in 2(a) by 1(d) and round percentage to two decimal places)</b>	_____ %
	(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 <b>(Add 1(f) and 2(b) and round percentage to two decimal places)</b>	_____ %

4. Total Number of Extremely Low Income (ELI) units. \_\_\_\_\_

These units are separate from the County-Assisted units and the additional County-Assisted units.

**TENANT BASED RENTAL ASSISTANCE**

**FORM 4**

## **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. Applicant is required to provide administrative support as an in-kind contribution.

## **TENANT BASED RENTAL ASSISTANCE**

### **SCORING TABLE**

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

**TENANT BASED RENTAL ASSISTANCE  
(HOME AND ESG)  
PAGE 1 OF 2**

**TENANT BASED RENTAL ASSISTANCE PROGRAM  
Scoring Criteria**

**Please complete and include in the application the Application Cover Sheet, the appropriate Affidavit(s) and the Housing Forms Checklist. Please also include general information about your organization and its mission.**

The applicant must check the appropriate funding:             HOME             ESG

**1. Experience and Capacity**

Does the respondent have experience operating a Tenant Based Rental Assistance Program?  
*(Please provide evidence such as a resolution authorizing the formation of the agency.)*

_____ Yes	(25 points)
_____ No	(0 points)

If no, does the respondent have experience (in years) with the following:

*Contract Administration (executing and monitoring) - (Please provide evidence such as a copy of resumes and job descriptions.)*

_____ 0-1	(0 points)
_____ 2-5	(3 points)
_____ 6+	(5 points)

*Inspecting Units (Housing Quality Standards or local code) - (Please provide evidence such as a copy of resumes and job descriptions.)*

_____ 0-1	(0 points)
_____ 2-5	(3 points)
_____ 6+	(6 points)

*Case Management (comprehensive) - (Please provide evidence such as a copy of resumes and job descriptions.)*

_____ 0-1	(0 points)
_____ 2-5	(3 points)
_____ 6+	(6 points)

**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 total budget is provided as in-kind contribution for administrative expenses? - *(Please provide evidence such as the proposed budget.)*

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

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

**Form 5**

# **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 Public Housing and Community Development (PHCD). 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 PHCD 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
- PHCD 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**

PHCD 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 2008-2013 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 PHCD's internal server.

PHCD 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.
- PHCD 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 PHCD'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, PHCD 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 PHCD 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

PHCD 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. PHCD will verify that such uses are strictly for HOME-eligible activities or other low and moderate income housing activities to include CHDO operations. PHCD 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.

## 6- The following is a CHDO U.S. HUD Checklist and Requirements:

### CHDO Staff Experience & Organizational Capacity Checklist - Program Year 2012 CHDO Funding

1. Staff classification and documentation – To be counted as staff, the person must be employed by the CHDO, and documentation is needed.
  - a. Full time or part time employment – This would be evidenced by a payroll report or a W-4 or a W-2.
  - b. Contracted staff – This would be evidenced by a “contract” for employment and a W-9 and 1099 (at the end of a year).
2. Relevant development experience – Document the basis for answers to the applicable project type.

- a. Homeownership development – Has the staff person been involved in the acquisition, rehabilitation/construction and sale of homebuyer housing? Previous experience purely in counseling, marketing, or financing activities is not sufficient to be considered development experience.
- b. Rental development – Has the staff person been involved in the acquisition, rehabilitation/construction and/or ownership/operation of rental housing?

### **Developer Capacity & Fiscal Soundness**

#### 3. Past and current performance

- a. Has the CHDO performed adequately in the past in HOME, CHDO, and/or other real estate development activities?
- b. Is the CHDO currently in good standing on all its development and administrative activities? Does it show the capacity to take on this additional activity and continue to manage everything that it has ongoing?

#### 4. Capacity – CHDO Organization

- a. Organizational structure – Can the current corporation structure support housing development activities, or is there a need for a subsidiary or other organizational structure for future development? Are there operations or activities that need to be organizationally separate from housing development activities and portfolios?
- b. Management structure/practices – Does the current management have the ability to manage additional development activities? Are the corporate lines of authority for development activities clear? Are policies & procedures in place governing development activities?
- c. Pipeline/portfolio – What does the CHDO have as its current project pipeline and program responsibilities? Will it be able to handle the additional project proposed? If the organization pursues housing development, what other activities are likely to suffer or not be able to be pursued due to the effort required for development activities? Does its portfolio of projects/properties evidence competent management and oversight? Do the properties appear to have adequate funding?
- d. Staff capacity – Do(es) the identified staff have the time to direct toward management of the proposed project? How strong are staff in the following areas: Legal/financial aspects of housing development? Management of real estate development? Oversight of design & construction management? Marketing & intake? Property management (if applicable)? Are staff encouraged to obtain training and develop new skills? What is their potential for learning skills that they currently do not have?
- e. Board expertise/skills – Do board members have professional skills directly relevant to housing development (e.g., real estate, legal, architecture, finance, management)? Has the board demonstrated the ability to make timely decisions? Is there a good relationship between board and staff? Does the board have a committee structure or other means of overseeing planning and development? Has there been stability/continuity of board members over the last several years?
- f. Project specific capacity for marketing & sale of homebuyer units or operation of rental units – If a homebuyer project, does the CHDO experience and capacity to market the units and counsel and qualify homebuyers? If a rental project, does the CHDO experience and capacity to oversee the marketing, management and ownership of the project?

## 5. Development Team Capacity

- a. Development team roles – Are all of the key development team roles filled with qualified individuals or firms?
- b. Partner/consultant – Does the CHDO have a need for a partner or a consultant to supplement its skills and help it to ensure success, while still maintaining development control?
- c. Prior experience – Do team members have prior experience directly relevant to the proposed project?
- d. Experience working together – Have the team members worked together before or demonstrated the ability to work effectively as a team?

## 6. Fiscal Soundness

- a. Financial management – Is there evidence that the CHDO meets the 84.21 standards? Does it do annual budgeting of its operations and all activities or programs? Does it track and report budget v. actual income and expenses? Does it have adequate internal controls to ensure separation of duties & safeguarding of corporate assets? Is there sufficient oversight of all financial activities? Is financial reporting regular, current, and sufficient for the board to forecast and monitor the financial status of the corporation?
- b. Financial stability – To what extent does the organization have a diversified and stable funding base for operations? How regularly does it experience cash flow problems?
- c. Liquidity – Does CHDO management know its current cash position and maintain controls over expenditures? Does the current balance sheet and budget indicate sufficient funds to support essential operations? Does it have funds available for pre-development expenses capital advances required for development?
- d. Audit – Does the CHDO have an annual audit? Is the most recent audit current? Were there management or compliance findings in the last two years? Are findings resolved?
- e. Portfolio & corporate liabilities – If it has a portfolio of properties, are they in stable physical and financial condition or are they a drain on corporate resources? Are there assets at risk of default? Does it collect adequate revenues and management fees from the properties? Does it maintain adequate insurance – liability, fidelity bond, workers comp, property hazard, & project?

## 7. Other Factors

- a. Community relations – How strong are the current reputation of the corporation and the relationship with the community? To what extent does NIMBY opposition exist to low income housing in the service area? To what extent do channels exist for the CHDO to negotiate with the community and potential opponents?
- b. Local government relations – How strong is the CHDO's relationship with the local government? How strongly does local government support its housing activities?
- c. Lender relations – Does the CHDO have good working relationships with lenders, especially those who might participate in the proposed project?

## CHDO Staff Experience & Organizational Capacity Checklist – CHDO Funding

Check if Adequate Capacity	CHDO Staff & Experience	See Notes	Documentation (Identify)	Comments
<input type="checkbox"/>	<b>CHDO has paid staff to manage development project</b>	<b>1</b>		
	o Paid full-time staff	<b>1a</b>	<b>(payroll, w-2, w-4)</b>	
	o Paid part-time staff	<b>1a</b>	<b>(payroll, w-2, w-4)</b>	
	o Contracted staff	<b>1b</b>	<b>(contract, w-9, 1099)</b>	
<input type="checkbox"/>	_____ <b>(Name &amp; job title or development role) has experience in:</b>	<b>2</b>		
	o Homeownership development	<b>2a</b>	<b>(resume, other)</b>	
	o Rental development	<b>2b</b>		
	o Other real estate development and management			
	o Rehabilitation & other housing administration			
	o Other relevant experience _____			
<input type="checkbox"/>	_____ <b>(Name &amp; job title or development role) has experience in:</b>	<b>2</b>		
	o Homeownership development	<b>2a</b>		
	o Rental development	<b>2b</b>		
	o Other real estate development and management			
	o Rehabilitation & other housing administration			
	o Other relevant experience _____			
	<b>CHDO Developer Capacity &amp; Fiscal Soundness</b>			
<input type="checkbox"/>	<b>Past and Current Performance</b>	<b>3</b>		
	o HOME/CHDO project performance	<b>3a</b>		
	o Past development performance	<b>3a</b>		
	o Housing program and Federal grant management performance	<b>3b</b>		
<input type="checkbox"/>	<b>Developer Capacity - CHDO</b>	<b>4</b>		
	o Organizational structure to support development	<b>4a</b>		
	o Management structure to support development	<b>4b</b>		
	o Current pipeline/backlog	<b>4c</b>		
	o Staff capacity (or consultant contract / plan to train)	<b>4d</b>		
	o Board expertise / oversight	<b>4e</b>		
	o Skills/capacity to market (for-sale) or manage (rental) units	<b>4f</b>		
<input type="checkbox"/>	<b>Developer Capacity – Development Team</b>	<b>5</b>		
	o All development team roles filled with qualified firms/persons	<b>5a</b>		
	o Partners/consultants enhance CHDO capacity (if needed)	<b>5b</b>		
	o Prior experience-Team successfully developed similar projects	<b>5c</b>		
	o Team has demonstrated capacity to work together	<b>5d</b>		
<input type="checkbox"/>	<b>Fiscal Soundness</b>	<b>6</b>		
	o Financial management	<b>6a</b>		
	o Financial stability	<b>6b</b>		
	o Liquidity	<b>6c</b>		
	o Audit and reporting	<b>6d</b>		
	o Portfolio & corporate liabilities	<b>6e</b>		
<input type="checkbox"/>	<b>Other Factors</b>	<b>7</b>		
	o Community relations	<b>7a</b>		
	o PJ relations	<b>7b</b>		
	o Lender relations	<b>7d</b>		
	o Project-specific skills/capacity _____			
<input type="checkbox"/>	<b>Certification</b>		<b>Signature &amp; Date</b>	
The community housing development organization has documented that it has staff with development experience and it has the organizational capacity and the development team to implement the proposed CHDO project.				

**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.

**HOME PROGRAM  
and other  
RENTAL HOUSING**

**Form 5**

**Miami-Dade County Request for Applications (RFA) for FY 2013 HOME Program**

**SCORING CRITERIA for HOME Program**

**Check Appropriate Box**

Applying for Category 2 – “Gap” Funding

**First – Ability to Proceed**

**Does the organization/applicant have documented site control? (30 points)**

Yes (10 points)

No (0 points)

**Has public approval, such as land use, zoning, permitting and variances been obtained to the carry out the project?**

Yes (10 pts.)

No (0 pts.)

**Is there appropriate infrastructure or access to infrastructure for this project?** *(i.e. water and sewer connections, roadway access, and electric service)*

Yes (10 pts.)

No (0 pts.)

**Second – Number of Affordable Housing HOME Set-Aside Units (5 points)**

100 %: (5 points)

75% : (4 points)

50% : (3 points)

25% : (2 points)

0% : (0 points)

**Third – County subsidy including any previously awarded County Surtax, CDBG, SHIP, HOME, NSP, GOB or other County resources and funding requested in current application on a per unit basis**

**(15 points)**

less than or equal to \$20,000 (15 points)

\$20,001 - \$25,000 (10 points)

\$25,001 - \$30,000 (5 points)

\$30,001 - \$35,000 (3 points)

\$35,001 - \$40,000 (1 points)

greater than \$40,001 (0 points)

**Fourth- Experience of Development Team (based on RFA Submittal) (15 points)**

**Units Completed with Certificate of Occupancy**

- (more than 1000 units) \_\_\_\_\_ (15 points)
- (150-999 units) \_\_\_\_\_ (10 points)
- (less than 150 units) \_\_\_\_\_ (0 points)

**Fifth – Set-asides for extremely low income (ELI\*): (5 points)**

- 15% and greater (5 points)
- Less than 15% (0 points)

\*At or below 30% of area median income

**Sixth – Readiness to Proceed (25 points)**

- Copy of building permits (15 points)
- Final sources and uses statement (1 points)
- Final operating Pro forma (15 year) (1 points)
- Architect’s / Engineering certificate with validated signatures (2 points)
- Copy of market study to demonstrate need (2 points)
- Copy of feasibility/underwriting analysis (4 points)

**Seventh – Not-for-Profit Partnership as member of development team ( 5 Points)**

**(Not-for -Profit member must be a minimum of 51% partner)**

- Yes \_\_\_\_\_ (5 points)
- No \_\_\_\_\_ (0 points)

**Eighth – Construction Features and Amenities (15 Points)**

- 15 or more features, including at least 5 energy efficient (15 points)
- 10 or more features, including at least 3 energy efficient (10 points)
- 5 or more features, including at least 2 energy efficient (8 points)

**TOTAL POINTS EARNED: \_\_\_\_\_**

# 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 AVAILABILITY OF INFRASTRUCTURE – INTERNET

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)

5. Internet is available to the proposed Development.
6. There are no impediments to the proposed Development for obtaining internet 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.
7. To the best of our knowledge, no variance or local hearing is required to make internet available to the proposed Development.
8. To the best of our knowledge, there are no moratoriums pertaining to internet 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 IF IS INAPPROPRIATELY SIGNED, THE APPLICATION WILL FAIL THRESHOLD.

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:** PHCD 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.



**Carlos A. Gimenez**  
*Mayor*

**BOARD OF COUNTY COMMISSIONERS**

**Joe A. Martinez**  
*Chairman*

**Audrey M. Edmonson**  
*Vice Chairwoman*

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*Clerk of Courts*

**Pedro J. García**  
*Property Appraiser*

**Alina T. Hudak**  
*County Manager*

**Robert A. Cuevas Jr.**  
*County Attorney*