



**CONSOLIDATED REQUEST FOR APPLICATIONS (RFA)  
FOR FY 2016 FUNDING**



**HOUSING APPLICATION**

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

**FY 2016 RFA ELIGIBLE HOUSING ACTIVITIES:**

- AFFORDABLE HOUSING DEVELOPMENT
- HOMELESS SERVICES
- EMERGENCY SOLUTIONS GRANT
- HOMELESS HOUSING DEVELOPMENT
- TENANT BASED RENTAL ASSISTANCE (TBRA) – HOME
- 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>

**Monday March 21, 2016**



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 2016 RFA, as dates listed are subject to change.

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

Although the federal government has approved the 2016 budget, all federal funding amounts are estimates. This solicitation is subject to receipt of estimated funds to be received from the U.S. Department of Housing and Urban Development (HUD). Any award as a result of this Request for Applications (RFA) is subject to funding and may be reduced or rescinded based on the level of funding received from the federal government. If funding is affected by factors other than the level of federal appropriations, these funds shall be considered subject to those influences.

Please be advised at the time of this RFA, Miami-Dade County has not been awarded a HOME Allocation for FY 2016. Funding for proposed community projects will be contingent upon final federal awards.

Updates to the FY 2016 RFA will be posted on the Department of Public Housing and Community Development website. Applicants should periodically check the County's website for potential changes in funding availability, submission dates and/or requirements. [www.miamidade.gov/housing/](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.**

**The Department of Public Housing and Community Development (PHCD) does not discriminate based on race, sex, color, religion, marital status, national origin, disability, ancestry, sexual orientation, age, gender identity, pregnancy or familial status in the access to, admissions to, or employment in, housing programs or activities. If you need a sign language interpreter or materials in accessible format for this event, call (786) 469-2155 at least five days in advance. TDD/TTY users may contact the Florida Relay Service at 800-955-8771.**

**MIAMI-DADE COUNTY  
FY 2016 CONSOLIDATED REQUEST FOR APPLICATIONS  
HOME INVESTMENT PARTNERSHIPS (HOME)  
EMERGENCY SOLUTIONS GRANT (ESG)**

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<b>THE COMPLETE FY 2016 RFA CAN BE FOUND ONLINE AT PHCD'S WEB SITE <a href="http://www.miamidade.gov/housing">http://www.miamidade.gov/housing</a></b>
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# MIAMI-DADE COUNTY REQUEST FOR APPLICATIONS FOR FY 2016

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Available online only: <http://www.miamidade.gov/housing>

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**MIAMI-DADE COUNTY REQUEST FOR APPLICATIONS FOR FY 2016**

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**MIAMI-DADE COUNTY  
FY 2016  
CONSOLIDATED REQUEST FOR APPLICATIONS FOR  
HOME AND ESG FUNDING**

**INTRODUCTION**

Miami-Dade County, through the Department of Public 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 2016 Housing RFA** is seeking applications to address the high priority needs identified in the County's FY 2013 through 2017 Consolidated Plan.

In particular, the County is seeking applications that focus on addressing the high priority 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 future RFA updates and scheduled meeting dates, visit <http://www.miamidade.gov/housing>.** This RFA is supported by the FY 2013-2017 Consolidated Plan approved by the Board of County Commissioners (BCC) on September 6, 2012. (See Table of Contents, Part II).

**INSTRUCTIONS AND TECHNICAL ASSISTANCE WORKSHOPS**

Instructions and application forms for the FY 2016 Housing RFA are included in this package. Copies are also available at the PHCD website: [<http://www.miamidade.gov/housing>] The application submission deadline is Monday, April 11, 2016

PHCD will hold two (2) technical assistance workshops (TAs) to review the application preparation and submission requirements, changes to the FY 2016 evaluation criteria, and program requirement information for Housing and Homeless Housing Activities. The Technical Assistance Workshop schedule and registration information is listed below:

*African Heritage Cultural Arts Center  
Thursday, March 24, 2016  
6161 NW 22<sup>nd</sup> Avenue  
Miami, FL 33142  
10:00AM to 12:00PM*

*South Dade Government Center  
Tuesday March 22, 2016  
10710 SW 211 Street  
Cutler Bay, FL 33189  
2:00PM -4:00 PM*

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

Questions pertaining to this application must be submitted in writing to PHCD, no later than Friday, March 18, 2016, to the attention of:

Miami-Dade County Department of Public Housing and Community Development (PHCD)  
Overtown Transit Village North  
701 NW 1st Court, 16th floor  
[phcdresidentservices@miamidade.gov](mailto:phcdresidentservices@miamidade.gov)

Responses will be posted no later than March 25, 2016, on the 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.

## **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 Department of Housing and Urban Development (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 (NRSA) or an Eligible Block Group(EBG).

All HOME funds must be used to benefit low-income families, those having incomes at or below 80 percent of area median income (AMI). Miami-Dade County median income is \$49,900 and is adjusted by family size as follows:

Family of 1 - \$37,950  
Family of 2 - \$43,350  
Family of 3 - \$48,750  
Family of 4 - \$54,150

2. Market Analysis and Feasibility Analysis - A complete market study demonstrating the need for the housing is required. A credit underwriting analysis will be required for all projects to be considered for funding. Any applicant that fails to meet this threshold item will not be funded. For Homeless HOME set-aside funding an analysis must also be provided of how the project will fulfill a gap in the Continuum of Care's identified Needs and Gaps.
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. Projects proposing to assist the homeless must address the local Homeless Continuum of Care priorities.
4. Organizational and Financial Capacity – Applicants must demonstrate they are fiscally sound and have the skills, ability and experience required to achieve 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 and commitments 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 – Previously funded Community Development Block Grant (CDBG), HOME, Neighborhood Stabilization Program (NSP), and Section 108 projects 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. If is project not in good standing, PHCD can disqualify the application. Applicants with an existing PHCD contract that have either: 1) failed to demonstrate achievement of the National Objective, 2) failed to meet appropriate performance and timeliness measures under their existing CDBG, HOME, NSP and/or Section 108 loan agreements as well as SHIP and Surtax contractual requirements, or 3) are currently in a delinquent payment status with their existing County contracts shall be ineligible for funding under the FY 2016 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 HUD annually. (Page 19 of the application) also (Table of Contents Part II - Attachments).
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. Total Development Costs – Maximum Total Development Costs Per Unit requirements exclusive of Land Costs –
  - New Construction Units:
    - a. High-Rise – \$250,000
    - b. Mid-Rise – \$225,000
    - c. Garden Style – \$225,000
  - Rehabilitation Units:
    - a. Garden Style – \$145,000
    - b. Non-Garden Style - \$200,000
12. Payment and Performance Bond – for projects that involve construction or rehabilitation work, the County requires the applicant provide the County with a Payment and Performance Bond in the full amount of the construction contract, naming the County as a dual obligee. For projects which involve construction or rehabilitation work on County-owned property, the County shall require prior to the commencement of any work on the property a payment and performance bond that meets the requirements set forth in Florida Statutes, Section 255.05, which bond shall be in the full amount of the construction contract covering all contractors, subcontractors, or materials providers downstream from the developer, including but not limited to the General Contractor, and naming the County as a dual obligee. In lieu of applicant providing a Payment and Performance Bond, the County may, at its sole and absolute discretion, accept a Letter of Credit in an amount to be determined by the County, in its sole and absolute discretion. However, the County shall in no event be required to accept any alternative to the Payment and Performance Bond.
13. Material changes to the application after approval of the award of funds may result in the cancellation of award and recapture of funds. Cancellation shall be the sole discretion of PHCD if the appropriate requirement is not met, PHCD may determine the application shall be considered non-responsive and shall be deemed ineligible. Review by the County Attorney’s Office (CAO) will be requested.

## DEFINITIONS

1. Bonds - a certificate that serves as evidence of a debt and of the terms under which it is undertaken. Multi-family housing revenue bonds issued to finance construction of multi-family housing projects where a specified proportion of the units will be rented to moderate-and low-income families.
2. Credit Underwriting (CU) – an analytical process that determines the amount of financing necessary for completion of the construction and development of a project as indicated in a report prepared by a credit underwriter under the direction and oversight of PHCD. Credit underwriting will assist PHCD to determine the terms of financing, whether the project is financially feasible as represented in the application and whether the costs and risks associated with the project are reasonable. Developer will be responsible for the cost of this analysis; however, this is a reimbursable expense.
3. Deferred Developer's Fee – will not be paid to the developer as a development expense, but will be paid to the developer from the project's cash flow.
4. Developer's Fees for Low Income Housing Tax Credit (LIHTC) - developer fees for all categories (including developer's overhead, developer's fees and consultant fees) combined cannot be more than 18% for 4% tax credit Low Income Housing Tax Credit (LIHTC) with FHFC or HFA bonds, and no more than 16% on 9% LIHTC projects.
5. Developer's Fees for Non-Low Income Housing Tax Credit (LIHTC)- the developer fee is commensurate with the level of risk.

Project development costs (including fees and soft costs) should reflect a pro-rata share of the total funding awarded by the County and all other funding sources. If the project receives funding from the County from multiple funding years (i.e., 2015 and 2016 funding), the Developer's Fees shall be prorated in accordance with the terms of those respective funding years and the Requests for Applications and the respective applications for funding submitted to the County. Developer's Fees must be prorated among funding sources. The County's funds may not be used to pay a greater portion of the Developer's Fee than the proportion of the County's loan to the overall development costs absent the consent of the County. Developer fees must be reflective of actual construction completed. No part of the developer's fee can be disbursed until all loan closing conditions have been met. Under no condition will Miami-Dade County reimburse developers for costs incurred on the development prior to an executed written agreement and loan closing with recorded documents in effect.

6. Development soft costs – Includes costs for appraisals, attorney's fees, architectural fees, construction related, engineering fees, and other development costs not associated with the actual hard construction or permanent financing of the development.( see definition #13)
7. Disabled Household – Any moderate, low, very low or extremely low income household that has one or more persons who (a) have a physical impairment or mental impairment that substantially limits one or more major life components; (b) have a record of such impairment; or (c) are regarded as having such an impairment in accordance with the Federal Fair Housing Act and Chapter 11A of the Code of Miami-Dade County.

8. Extremely Low Income (ELI) – Those individuals or families whose income is 30% of area median income (AMI) or below.
9. Firm Commitment – Financing, matching or other funds for the project A commitment in writing and signed by a person authorized to make the commitment. Letters of commitment must indicate the total dollar value of commitment; including a calculation to show how the value of the commitment was derived; be dated between the publication date of this RFA and the application deadline for this RFA; and indicate how the commitment will relate to the proposed project.
10. Financial Beneficiary - one who is to receive a financial benefit of the total development cost (including deferred fees). This definition includes any party, which meets the above criteria, such as the developer and its principals and principals of the applicant entity. This definition does not include third party lenders, housing credit (HC) syndicators, credit enhancers who are regulated by a state or federal agency.
11. “Gap” Funding for Projects – the financing gap between the existing financing commitments to the project and the overall Development Cost of the housing project. Development Cost of the Project means the total cost of completing the entire project, from acquisition to the issuance of Certificate of Occupancy, including but not limited to the costs for acquisition, design and planning, zoning and variances, financing costs, legal costs, construction, permitting, hard costs and development soft costs. Gap funding may not represent more than 25% of the total project cost. The gap shall be determined by PHCD, taking into consideration the credit writing analysis. This limitation shall not apply to HOME CHDO applications.
12. Green Building – green building also known as green construction or sustainable building, is a structure that is designed, built, renovated, operated and reused in an ecological and resource-efficient manner. For proposed developments involving new construction units, regardless of the development category of the application, the applicant must commit that (i) each new construction unit in the proposed development that is eligible for the energy star new homes (Florida standard) will achieve a home energy rating system (HERS) index of 75 or below, and (ii) each new construction unit in the proposed development that is not eligible for the Energy Star new homes will include, at a minimum, the energy features outlined in MDC Green Code through Ordinance No. 07-65. The applicant will also adhere to all the requirements of said ordinance.
13. Guaranty – a formal assurance given as security that another’s debt or obligation will be fulfilled.
14. Homelessness- A person is considered homeless only when he/she resides in one of the places described below: In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). To be considered **chronically homeless**, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months.
15. Hard Costs – the monetary costs of physically preparing the site, and building the structure. Determination of hard costs shall be made by PHCD, examples include but not limited to
16. Loan Documents or Closing Documents – the “shell” loan documents for all HOME/Surtax awards are available for review on the web site at [www.miamidade.gov/housing/](http://www.miamidade.gov/housing/). The County encourages all applicants to review the Loan Documents prior to submitting any application. The County expects awardees of funds to execute the Loan Documents without any substantive revisions or edits. Any substantive changes to the loan documents are at the sole and absolute discretion of the County.

17. Loan Terms – the term of the loan will be 30 years, which will include a two (2) year construction period.
18. Low Income Housing Tax Credits (LIHTC) – Housing Credits: The tax credit issued in exchange for the development of affordable rental housing pursuant to section 42 of the Internal Revenue Code and the provisions of Rule Chapter 67-48, Florida Administrative Code.
19. Non–Recourse – A loan for which the sole source of satisfaction for default thereon is the real property that was given as collateral.
20. PHCD – Department of Public Housing and Community Development or predecessor or successor department.
21. Principal - an applicant, managing partner, investor partner, general partner, officer, director, or shareholder of an applicant or shareholder of the general partner of an applicant.
22. Project Rule – specifies the amount of HOME-assisted occupancy units in each rental at initial occupancy and throughout the period of affordability. In projects of five or more HOME-assisted units, at least 20 percent of the HOME-assisted rental units must be occupied by families with gross annual incomes that are 50 percent or less of area median income. These very low-income tenants must occupy units with rents at or below the Low HOME Rent limit.
23. Recourse (Full Recourse) – the ability of a lender to claim money from a borrower in default, in addition to the property pledged as collateral.
24. Senior Housing – HUD has determined that a dwelling that is specifically designed for and occupied by an elderly person under a Federal, State, or local government; or is occupied solely by persons who are 62 or older; or a dwelling that houses at least one person who is 55 or older in at least 80% of the occupied units, and adheres to a policy that demonstrates intent to house persons who are 55 or older.
25. Special Needs Populations – a resident or family member who may have special circumstances or conditions, i.e., a person with mental, emotional, or physical disability or that possesses a high risk of developing such conditons.
26. Shovel Ready – the Environmental Site Assessment reports (Phase I and/or II) are completed with a “No Further Action” recommendation, construction plans and specifications have been completed and approved by all local agencies, full funding of construction phase is committed in writing (minus the gap funding requested), and construction is ready to start pending the selection and award of the general contractor within sixty days (60) from the contract execution date with the County.
27. Subsidy Layering Review (SLR) – an analytical process that determines the amount of Government (public) financing necessary and the reasonableness of cost allocations. (Developer will be responsible for the cost of this analysis; however, this is a reimbursable expense.)
28. Threshold – Minimum requirements that must be satisfied for the application to be responsive. Per Resolution No. R-630-13 applicants are required to provide a detailed project budget, sources and uses statement, certifications as to past defaults on agreements with Non-County source and clear a due diligence check (refer Table of Contents Part II - Attachments) prior to funding commitment. Due Diligence findings will be reported to the Board of County Commissioners.

29. Total Development Cost – total development cost is the total cost of completing the project, from acquisition to the issuance of Certificate of Occupancy, including, but not limited to, the cost of for design, planning, zoning, variances, financing costs, legal costs, construction and permitting. For construction and rehabilitation projects, the cost of land acquisition shall not be included in the total development costs.

## APPLICANT 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.
- The cover of each binder must include the name of the entity, the name of the proposed activity, and the requested funding source.
- 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.**
- Applications will not be evaluated for inconsistent Funding Source, Funding Amount, and Activity Category throughout application.
- All awards will be allocated the full amount of requested funding until available funds are exhausted.
- All applications should be typed.
- All applicants must be submitted in the legal name of the corporation or entity 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 The D-U-N-S® 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. PHCD may determine that any deficient application is non-responsive. Review by the County Attorney's Office (CAO) will be requested.
- **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's delinquent registry.

## APPLICANTS INSTRUCTIONS Cont'd

- 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.
- All projects or activities awarded HOME funds that fail to complete the activity in a timely manner, shall be subject to recapture.
- Applicants applying for HOME, HOME CHDO Operating Support, ESG, Homeless Set-Aside or HOME CHDO 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 Conditional Loan Commitment, Memorandum of Understanding (MOU), or interlocal/interdepartmental agreement, as well as appropriate security instruments and loan documents.
- All housing developments shall adhere to housing construction (new construction/rehabilitation) standards as outlined by HUD, Miami-Dade County, and local/municipal codes.
- Construction 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 building and construction permit(s) from the respective municipality and/or county for the proposed project; 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 entity 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 entity.
- PHCD Compliance Requirement: PHCD will adhere to compliance guidelines pursuant to Resolution No. R-630-13 approved by the Miami-Dade County Board of County Commissioners on July 16, 2013. Copies of the resolution, Due Diligence Checklist and Affidavit are located at [www.miamidade.gov/housing/](http://www.miamidade.gov/housing/). Agencies not clearing the Due Diligence Report review will not be recommended to the Board for funding. (Refer to Attachment 44).
- If during the application process or during the development of an awarded loan, an entity associated with the project has been charged with a crime or convicted of a criminal act (in connection with any County program), PHCD has the discretion to rule the project as being ineligible and any funds awarded and /or expended shall be recaptured.

- Environmental Review: Environmental review forms must be completed in its entirety and submitted with the FY 2016 RFA application(s). Applicant will be responsible for costs incurred in completing the environmental review process, i.e. public notices, Miami-Dade Department of Regulatory and Economic Resources environmental site assessment analyses, etc. All project related environmental expenses are eligible for financial reimbursement upon receipt of an award for HOME and/or ESG funding. Refer to Attachment 47 and submit the form.
- Developers are encouraged to include loan closing costs in the requested award amount. It is anticipated that these costs will be absorbed into the project costs, beginning with projects funded through the FY 2016 RFA process. The County is in the process of finalizing a pool of loan closing agents to work along with PHCD and the County Attorney's Office to facilitate the closing of all construction loans funded by the County. A schedule of fees will be published once the process is complete.
- Miami-Dade County Affordable Housing Set Aside Incentive for Disabled Households. Ordinance No. 14-56. Developers desirous of building more accessible units may be awarded extra points on applications; however, total funding will not be affected. Refer to Table of Contents Part II - Attachments.
- Miami-Dade County Notice of Availability of Affordable Rental and Homeownership Opportunities. Resolution No. R-34-15. Developers are required to provide written notice to Miami-Dade County of the availability of affordable rental or homeownership opportunities. Developers are required to advertise the availability of affordable rental or homeownership opportunities in newspapers of general circulation.
- Conflict of Interest- The general rule is that no persons (defined as any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of sub recipients that are receiving funds under this part) who exercise or have exercised any functions or responsibilities with respect to HOME activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a HOME -assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a HOME assisted activity, or with respect to the proceeds of the HOME-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. The complete Code of Federal Regulations (CFR) can be viewed at <http://www.ecfr.gov>, 24.CFR.570.611.

## **APPLICATION DEADLINE AND SUBMISSION LOCATIONS**

- **The application submission deadline is TBD no later than 12:00 noon.** Immediately following the deadline, the Department of Public 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 submitted on or before **Friday, April 8, 2016** must be delivered to the:

**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**

- On the submittal deadline date of **Monday, April 11, 2016** all applications must be delivered to:

**Miami-Dade County  
Department of Public Housing and Community Development  
Overtown Transit Village North  
701 NW 1<sup>st</sup> Court – 11<sup>th</sup> Floor  
Miami, Florida 33136  
Submittal Time: 9:00 a.m. through 12:00 Noon Only**

A representative from the Clerk's Office will be present to accept the RFA applications.

## FY 2016 RFA SCHEDULE\*

- The RFA Application will be available for review at the following locations on Monday, March 21, 2016. (***These locations will not have copies available for distribution***):

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

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

⇒ ***South Dade Regional Library***  
10750 SW 211<sup>th</sup> Street  
Miami, FL 33189

Applications may also be downloaded from the Miami-Dade County website at the following address: **<http://www.miamidade.gov/housing>**

- Technical Assistance Workshops will be conducted by PHCD at the following two (2) locations:
  - ***South Dade Government Center***  
Tuesday, March 22<sup>nd</sup>, 2016  
South Dade Government Center  
10710 S.W. 211<sup>th</sup> Street, 1<sup>st</sup> FL  
Cutler Bay, FL 33189  
Time: 2:00 p.m. to 4:00 p.m.
  - ***African Heritage Cultural Arts Center***  
Thursday, March 24<sup>th</sup>, 2016  
6161 NW 22<sup>nd</sup> Avenue  
Miami, FL 33142  
Time: 10:00 a.m. to 12:00 p.m.
- **ALL** applicants undertaking new projects not previously funded with HOME funds 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.

If the activity is not in a NRSA, the applicant will be required to make a presentation at the Countywide **MUST** meeting on Thursday April 7, 2016. Additionally, applicants proposing activities in the newly designated Cutler Ridge NRSA and Biscayne North NRSA shall be required to make a **MUST** presentation at the Countywide MUST Meeting. The meeting schedule is included as follows: (**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

### **Thursday, April 7, 2016**

Overtown Transit Village – North  
701 NW 1<sup>st</sup> Court  
1<sup>st</sup> Floor Training Room  
Miami, Florida 33136  
6:00 p.m. to 8:00 p.m.

### **Wednesday April 13, 2016**

#### **Goulds CAC**

Goulds Park Facility  
11350 SW 216<sup>th</sup> Street  
Goulds, FL 33177  
6:00 PM

### **Tuesday April 12, 2016**

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

Naranja Lakes Community Redevelopment  
Agency (CRA) Community Center  
27555 SW 140<sup>th</sup> Street  
Naranja, Miami, FL 33032  
6:30 PM

### **Thursday, March 31, 2016**

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

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

### **Wednesday, March 23, 2016**

#### **Model City CAC**

African Heritage Cultural Arts Center  
6161 NW 22<sup>nd</sup> Avenue  
Miami, FL 33142  
6:30 PM

### **Thursday April 21, 2016**

#### **Perrine CAC**

Perrine CAHSD Enrichment Center  
17801 Homestead Avenue  
Miami, FL 33157  
6:00 PM

### **Thursday, April 21, 2016**

Miami Gardens Enrichment Center  
16405 NW 25<sup>th</sup> Ave  
Opa-locka, FL 33054  
6:00 p.m.

- Public Hearing: The staff funding recommendations are normally considered by the Economic Prosperity Committee. This serves as the public hearing in the Action Plan process, [24 CFR 91.105] – Citizen Participation Plan and local governments, [24 CFR 91.105(a) (1)]. The public hearing will be publicly noticed.
- The FY 2016 Action Plan will be submitted to HUD as part of the FY 2013-2017 Consolidated Plan upon approval by the Board of County Commissioners (BCC).
- Contract Development will begin immediately upon approval of the Action Plan by HUD.

## HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)

**PARTICIPATING JURISDICTIONS (PJs) / ENTITLEMENT AREAS 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.**

### FY 2016 AFFORDABLE HOUSING FUNDS AVAILABLE

#### HOUSING RESOURCE GUIDELINE ALLOCATIONS

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

Activity	HOME	ESG	TOTAL
CHDO Operating Costs (\$50,000 cap per entity)	\$78,123		\$78,123
CHDO Set-Aside	\$234,369		\$234,369
Single Family Homeownership Rehabilitation	\$365,000		\$365,000
Rental Rehabilitation	\$1,357,475		\$1,357,475
Tenant Based Rental Assistance (TBRA)	\$365,000		\$365,000
Homeless Set-Aside (TBRA/Rehabilitation)	\$750,000		\$750,000
Emergency Shelter and Outreach		\$591,256	\$591,256
Homeless Prevention and Rapid Rehousing		\$320,263	\$320,263
<b>Totals</b>	<b>\$3,149,967</b>	<b>\$911,519</b>	<b>\$4,061,486</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 OF 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. IF FUNDING IS AFFECTED BY ANY OTHER FACTOR THAN THE FEDERAL APPROPRIATIONS, THESE FUNDS ARE SUBJECT TO THOSE INFLUENCES (I.E. OTHER FEDERAL PROCESSES).**
- **APPLICANT MUST CLEARLY DELINEATE IF THEY ARE APPLYING FOR CHDO/HOME FUNDS AND INDICATE THE PROJECT. HOME CHDO OPERATING SUPPORT CAN ONLY BE AWARDED WHEN ATTACHED TO AN AWARDED HOME PROJECT.**
- **ACTIVITIES FUNDED UNDER MISCELLANEOUS FUNDING WILL BE REQUIRED TO ADHERE TO HOME REGULATIONS.**
- **ANY FUNDS REMAINING WILL BE USED IN AN ALTERNATE CATEGORY.**

#### FINANCING TERMS FOR HOUSING DEVELOPMENTS

Final determination of the rate and terms will be made based on the Credit Underwriting/Subsidy Layering Review Analysis. All permanent loans are for a period of 30 years. Loan terms shall be as set forth in the Loan Terms and Conditions table. However, loan terms are subject to change and modification at the sole and absolute discretion of PHCD. Refer to the Table of Contents for detailed information.

## **Changes to the Scope of Services/Development Project**

**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 and any funding allocation **may be cancelled or modified**. “Material change “ may include among other items changes to:

- development location;
- number of units;
- set-aside units;
- activity description;
- ownership interest and/or financial beneficiaries; and
- Any change in ownership or financial beneficiaries during the term of the contract/mortgage requires prior approval by PHCD.

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 who can show site control at the 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 Part 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
- New Construction
- Tenant Based Rental Assistance (TBRA)

For more information on eligible activities, refer to 24 CFR Part 92.

## HOME Maximum Subsidy Per Unit

Applicant must not exceed the following HOME subsidy-per-unit maximums as to HOME funds:

Bedrooms	Non-Elevator	Elevator
0	\$49,924	\$53,928
1	\$56,671	\$61,822
2	\$68,501	\$75,176
3	\$85,980	\$97,251
4+	\$97,156	\$106,754

**Source:** Section 221(d)(3) Moderate Income Housing as of 11/2015  
(Federal Register Vol. 80, No. 222)

**All applicants understand that by submitting an application, they are agreeing to comply with all the HOME regulations, as amended, which will be passed on from the County to the Applicant.**

**MIAMI-DADE COUNTY  
DEPARTMENT OF PUBLIC HOUSING AND COMMUNITY DEVELOPMENT  
RECOMMENDATIONS FOR LOAN TERMS AND CONDITIONS  
FOR  
FY 2016 RFA**

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

FUNDING SOURCE	USE OF FUNDS	TYPE OF ENTITY	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, years 1-2.  1% - 6% fully amortized in years 3-30. (monthly principal and interest payments)	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units for 30 years from date project placed into service. If borrower ceases to use the property for intended purposes then remaining balance and note are due. - Subject to occupancy restrictions from date project placed into service. - Subject to Florida Housing Finance Corporation (FHFC) terms. - Subject to subsidy layering review and credit underwriting	Overall debt service ratio 1.0 minimum and 1.6 maximum. Ratio may be waived.
HOME	ACQUISITION, NEW CONSTRUCTION OR REHABILITATION OF AFFORDABLE RENTAL HOUSING (RENTAL ONLY).	FOR PROFIT	0% during construction, years 1-2.  1% - 6% fully amortized in years 3-30. (monthly principal and interest payments).	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units for 30 years from date project placed into service. If borrower ceases to use the property for intended purposes then remaining balance and note are due. - Subject to occupancy restrictions from date project placed into service. - Subject to FHFC terms. - Subject to subsidy layering review and credit underwriting	Overall debt service ratio 1.0 minimum and 1.6 maximum. Ratio may be waived
HOME	HOMELESS	NOT-FOR-PROFIT	0% during construction, years 1-2.  0.5% - 6% fully amortized in years 3-30. (monthly principal and interest payments)	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units for 30 years from date project placed into service. - Subject to occupancy restrictions from date project placed into service. - Subject to FHFC terms. - Subject to subsidy layering review and credit underwriting	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, years 1-2.  0.5% - 6% fully amortized in years 3-30. (monthly principal and interest payments)	2 years for construction completion.	- Subject to rental regulatory agreement for set aside units for 30 years from date project placed into service. - Subject to occupancy restrictions from date project placed into service. - Subject to FHFC terms. - Subject to subsidy layering review and credit underwriting	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.

**HOUSING FORMS SUBMISSION CHECKLIST  
AND HOUSING FORMS 1-4**

# HOUSING FORMS SUBMISSION CHECKLIST

## RFA FY 2016

### HOUSING SUBMISSION CHECKLIST

Refer to the Housing Submission Checklist form for the preparation of all applications. The items listed in the General Section must be submitted with all affordable housing construction/rehabilitation applications and homeless applications.

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 entity in order to certify the completeness of your proposal. If any particular form is not applicable, please insert a page behind the tab that says "N/A".

SECTION	DESCRIPTION OF SECTIONS
<b>FORM 1</b>	<b>GENERAL SECTION HOUSING FORMS (REQUIRED FROM ALL APPLICANTS):</b>
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)
II.	PROPOSED ACTIVITY (TAB 1)
III.	FUNDING REQUEST (TAB 1)
IV.	GEOGRAPHIC LOCATION (TAB 2)
V.	LEVERAGING RENTAL AND HOMELESS PROJECTS ONLY (TAB 3)
VI.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 4)
VII.	TRACK RECORD (TAB 4)
VIII.	TIMELY COMPLETION (TAB 4)
IX.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 5)
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):
X.	SITE CONTROL (TAB 6)
XI.	PRE-DEVELOPMENT (TAB 6)
XII.	SHOVEL READY (TAB 6)
XIII.	FEATURES AND AMENITIES (TAB 6)
	DEMOGRAPHIC AND SET-ASIDE COMMITMENTS ACCESSIBILITY FEATURES:
	DEMOGRAPHIC TARGETS (TAB 7)
	INCOME AND SPECIAL NEEDS (TAB 7)
	HOUSING PRESERVATION ACTIVITIES (TAB 7)
	TENANT RELOCATION (TAB 7)
	DESIGN AND ACCESSIBILITY FEATURES (TAB 7)
	SET-ASIDE COMMITMENTS (TAB 7) [REQUIRED FOR HOME FUNDS ONLY]
	FINANCIAL BENEFICIARIES (TAB 8)
	RENTS & OPERATING PRO-FORMA (TAB 9)
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 10) [RENTAL DEVELOPMENTS ONLY]
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 11)
<b>FORM 2</b>	<b>HOMELESS RENTAL HOUSING DEVELOPMENT AND EMERGENCY SOLUTIONS GRANTS (ESG) (REQUIRED FOR ALL HOMELESS RENTAL HOUSING PROJECT AND ESG APPLICANTS):</b>
	ORGANIZATIONAL QUALIFICATIONS & PROPOSED PROJECT NARRATIVE (TAB 12)
<b>FORM 3</b>	<b>TENANT BASED RENTAL ASSISTANCE (TAB 13)</b>
<b>FORM 4</b>	<b>COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDO) (TAB 14)</b>
	AFFIDAVIT OF PREVIOUS CONTRACTUAL RELATIONSHIPS
	DUE DILIGENCE AFFIDAVIT

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

**DEVELOPER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPLICATION COVER SHEET  
(Tab 1)  
FY 2016 REQUEST FOR APPLICATION (RFA)**

**ENTITY / DEVELOPER / APPLICANT INFORMATION:**

**Legal Name:** \_\_\_\_\_

**Organization's Federal 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>

**Developer/Applicant Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Developer/Applicant Mailing Address**  
\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip+4** \_\_\_\_\_

**ACTIVITY INFORMATION:**

**Activity Location/Address**  
\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip+4** \_\_\_\_\_

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

Activity Description:  
\_\_\_\_\_

Please use the following link to answer the questions below: <http://gisims2.miamidade.gov/Cservices/CSReport.asp>

County Commission District (s) **where activity is located** – *Please circle District number(s) or Countywide*

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

County Commission District (s) **where clients reside** – *Please circle District number(s) or Countywide*

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

County Commission District (s) **where developer/entity/applicant's business is located** – *Please circle District number(s)*

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

**Is this Activity located within a Neighborhood Revitalization Strategy Area (NRSA)?** Yes / No

**If yes, select the appropriate NRSA(s) below:**

Biscayne North \_\_\_\_\_ Cutler \_\_\_\_\_ Goulds \_\_\_\_\_ Leisure City/Naranja \_\_\_\_\_

Model City \_\_\_\_\_ Opa-Locka \_\_\_\_\_ Perrine \_\_\_\_\_ South Miami \_\_\_\_\_ West Little River \_\_\_\_\_

**Participating Municipality** \_\_\_\_\_ **Entitlement City** - \_\_\_\_\_

**Low-Mod Area (LMA) Benefit Eligible Block Group(s)**  
\_\_\_\_\_

Funding Requested: Please provide the total amount of funding requested in the appropriate blank below.

CDBG	\$ _____	SHIP	\$ _____
HOME	\$ _____	ESG	\$ _____
HOME CHDO Set-Aside	\$ _____	Surtax	\$ _____

# ACTIVITY SUMMARY FOR MUST PRESENTATION

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

ENTITY/APPLICANT NAME: \_\_\_\_\_

CONTACT PERSON (NAME AND TITLE): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

ENTITY/APPLICANT DUNS NUMBER \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ENTITY/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 2016:


TOTAL ACTIVITY COST:

# 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.

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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 \_\_\_\_\_



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

DUE DILIGENCE AFFIDAVIT

<b>Applicant Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	

Pursuant to Miami-Dade County Resolution No. R-630-13, the undersigned certifies, to the best of his or her knowledge and belief, that:

1. Within the past five (5) years, neither the Entity nor its directors, partners, principals, members or board members:
  - Have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
  - Have been cited by a funding source for non-compliance or default under a contract;
  - Have been a defendant in a lawsuit based upon a contract with a funding source;
  - Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any County program.

Please list any matters which prohibit the Entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

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This is certified by my signature:

\_\_\_\_\_

Applicant's Signature                      Print Name                      Date

*Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.* He/she is personally known to me or has presented \_\_\_\_\_ as identification number: \_\_\_\_\_.

(Print or Stamp of Notary):                      Expiration Date: \_\_\_\_\_

Notary Public – State of \_\_\_\_\_                      Notary Seal:



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**GENERAL SECTION HOUSING FORMS**

**FORM 1**

**HOUSING FORMS**  
**Rental Rehabilitation /New Construction**  
Miami-Dade County FY 2016 Housing RFA  
(TAB 1-5)

**Part I. Applicant and Development Team**

**All Applicants for Housing must complete this section.**

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: \_\_\_\_\_

**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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

8. Developer Experience

- a. Please provide a list of all completed housing developments with copies of certificates of occupancy attached.
- b. This list should include name of developer and development, complete address, folio number, year completed, number of units.
- c. Please provide color photographs of all completed developments.

**Part III. Development**

**All Applicants must 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 Project Type

- |   |   |
|---|---|
| <input type="checkbox"/> Garden Apartment                                       | <input type="checkbox"/> Duplexes/Quadruplexes  |
| <input type="checkbox"/> Townhouses   | <input type="checkbox"/> Mid-Rise with Elevator (a building comprised of 4 to 12 stories) |
| <input type="checkbox"/> High-Rise (a building comprised of 12 or more stories) | <input type="checkbox"/> Single Room Occupancy (SRO)                                      |
| <input type="checkbox"/> Single-Family Home                                     | <input type="checkbox"/> Other Specify: _____   |

6. Development Unit Mix

- Rental
- Homeownership

## FEATURES AND AMENITIES (TAB 6)

### REQUIRED GENERAL FEATURES AND AMENITIES FOR ALL DEVELOPMENTS (THRESHOLD)

**ALL DEVELOPMENTS MUST CONFORM TO THE UNIFORM FEDERAL ACCESSIBILITY STANDARDS (UFAS) FOR NEW CONSTRUCTION AND ALTERATIONS UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) FOR STATE AND LOCAL GOVERNMENT FACILITIES.**

1. Does the Applicant commit to provide the required features and amenities for the proposed development? Applicant must select "Yes" to be considered for participation in any program. Must abide by County Resolution requiring energy-efficient reflective roofs or green roofs in all new construction for affordable housing. Yes \_\_\_\_\_ No \_\_\_\_\_

Does the development project commit to providing Green Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, evidence of commitments for Green Certification is required and must be provided with the application. If awarded this would be a contractual requirement.

### **All items below are preferred features for all units in all developments (new construction and rehabilitation).**

- All federally assisted new construction housing developments with 5 or more units must design and construct 5 percent of the dwelling units, or at least one unit, whichever is greater, to be accessible for persons with mobility disabilities. These units must be constructed in accordance with the Uniform Federal Accessibility Standards (UFAS) or a standard that is equivalent or stricter. An additional 2 percent of the dwelling units, or at least one unit, whichever is greater, must be accessible for persons with hearing or visual disabilities.
- Termite prevention and pest control throughout the entire affordability period.
- Minimum 15 year expected life and warranty on new roofs.
- Central heating, ventilation and air conditioning (HVAC) system in all units, interior hallways and common areas with a minimum SEER rating of 16 (excluding buildings with central chiller system). Window air conditioning units are not allowed.
- Energy Star qualified water heater in all units.
- Code compliant impact windows and exterior doors for all new construction units and for all rehabilitation units, if replacing.
- Marble window sills in all units.
- Replacement of all jalousie (louvered) windows and exterior doors with code compliant impact windows and exterior doors in all rehabilitation units.
- Window treatment/covering for each window, including tinted, screens and blinds.
- UFAS entrance door must have two peepholes, one at standing eye level and one at seated eye level, not more than 43 inches from bottom of door.
- Ceramic and/or porcelain tiles throughout each entire unit, hallways and common areas.
- New kitchen cabinets with granite counter top(s) or comparable in all units-new or rehab, new bathroom cabinet(s), excluding medicine cabinet, in all units new or rehab. All cabinets must be wood.
- Energy Star qualified refrigerator, dishwasher and full-size range and oven in all units.
- Over the range microwave, except in the UFA units where the microwaves are counter top.
- At least two full bathrooms in all 3 bedroom or larger new construction units.

- Bathtub with shower in at least one bathroom in at least 90% of the new construction non-Elderly units.
- New plumbing fixtures in kitchen and bathroom(s) in all rehabilitation units [minimum of new sink and faucets in kitchen and minimum of new tub, sink and faucets in bathroom(s)].
- Water Sense certified faucets, toilets and shower heads with flow of 2.2 gallons per minute or less in all bathrooms for all new construction units and for all rehabilitation units, if replacing.
- Double Bowl kitchen sink in all units – must be 9 inches deep, undermount if granite countertops are used.
- Garbage disposal in all units.
- Low-VOC paint for all interior walls (50 grams per liter or less for flat paint; 150 grams per liter or less for non-flat paint).
- Programmable thermostat in each unit.
- Energy Star qualified ceiling fans with lighting fixtures in all bedrooms.
- Cable or satellite TV hook-up in each unit and, if the Development offers cable or satellite TV service to the residents, the price cannot exceed the market rate for service of similar quality available to the Development's residents from a primary provider of cable or satellite TV.
- Laundry hook-ups and space for full-size washer and dryer inside each unit
- Exterior lighting in open and common areas with daylight sensors, timer or motion detectors.

**All items below are required for all SRO Developments:**

- Minimum unit size of 110 square feet.
- Each unit must contain at least one full size single bed, a lockable storage compartment or chest of drawers and a vertical clothes closet measuring at least three feet wide.
- Each unit must contain a sink.
- At least one set of bathroom facilities for every 16 units (each bathroom facility must contain a ratio of at least one sink, one shower with curtain or door and one toilet with door for every 4 units).
- Community center or meeting room featuring a television (minimum 40") with cable or satellite TV hook-up.
- Public transportation within ½ mile.

**All items below are required for all Multi-family New Construction Developments**

- Steel exterior entry door frames for all units.
- At least 1.5 bathrooms (one full bath and one with at least a toilet and sink) in all 2 bedroom new construction units. *Note: in order to be eligible for this feature, the development must have at least one 2- bedroom unit.*
- Pantry in kitchen area in all new construction units – must be no less than 20 cubic feet of storage space. Pantry cannot be just an under-or-over-the-counter cabinet.
- Community center or clubhouse
- Playground/tot lot accessible to children with disabilities (must be sized in proportion to development's size and expected resident population with age-appropriate equipment).
- Exercise room with appropriate equipment.
- Emergency call service in all elderly units.

- Library consisting of a minimum of 100 books and 5 current magazine subscriptions.
- Computer lab on-site with a minimum one computer per 15 units, with basic word processing, spreadsheets and assorted educational and entertainment software and at least one printer
- Laundry facilities with full-size Energy Star qualified washers and dryers available in at least one common area on site – minimum of 1 washer and dryer for every 12 units

Check all that apply	<b>Optional Features And Amenities For All Developments Except SRO</b>
	Gated community with “carded” or “touchpad” entry or security guard, or if 2 or more stories, “carded” or “touchpad” secure entry to each building.
	Car care area (for car cleaning/washing/vacuuming) with Rain Water Supply (Green).
	Swimming pool
	Picnic area with hard cover permanent roof with a design compatible with the Development, open on all sides, containing at least three permanent picnic tables with benches and an adjoining permanent outdoor grill.
	Two or more parking spaces per total number of units.
	Humidistat in each unit
	Energy Star qualified roofing materials
	Energy Star rating for all windows in each unit
	Other:

Check all that apply	<b>Optional features and Amenities For Single Family Homeownership or Rental, Duplexes or Quadruplexes Applications</b>
	Garage for each unit which consists of a permanent fully enclosable structure designed to accommodate one or more automobiles, either attached to the unit or detached but located on the same property, provided at no charge to the resident.
	Carport for each unit which consists of a permanent covered and paved area, attached to the unit and designed to accommodate one or more automobiles, provided at no charge to the resident.
	Fenced back yard for each unit, which consists of a portion of the property behind each unit that is enclosed, by a wood, privacy or chain link fence of a minimum height of 48”. Direct access to the fenced back yard for each unit must be afforded by a door from that unit and no other unit.
	Other:
Check all that apply	<b>Optional Features and Amenities For SRO Developments</b>
	Cable or satellite TV hook-up in each unit and, if the development offers cable or satellite, Or satellite TV service to the residents, the price cannot exceed the market Rate for service of similar quality available to the development’s residents from a primary provider of cable or satellite TV.
	Gated community with “carded” or “touchpad” entry or security guard, or if 2 or more stories, “carded” or “touchpad” secure entry to each building. Emergency call service in all units.
	Picnic area with hard cover permanent roof with a design compatible with the Development, open on all sides, containing at least three permanent picnic tables with benches and an adjoining permanent outdoor grill.
	Library consisting of a minimum of 100 books and 5 current magazine subscriptions.
	Other:

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

**Page 1 of 3**

**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

Will the proposed Development serve chronic homeless persons?

Yes       No

3. Family – Development will serve the general population.

Yes       No

4. Disabled Households – Development will serve the disabled population.

Yes       No

**B. Income Targeting.**

Project will result in (check all that apply):

\_\_\_\_\_ For projects of five or more HOME-assisted units, a set-aside of 20% or more of units that are affordable to households at 50% or less of AMI. Units at 30% rents must be identified and included in 15-year pro-forma.

\_\_\_\_\_ A set-aside of an additional 5% of units for Disabled Households beyond Federal, state, or local fair housing laws or other applicable laws.



**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 <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>	_____ %

**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).

# FINANCIAL BENEFICIARIES DISCLOSURE (TAB 8)

## Page 1 of 1

This application must fully disclose any person or entity defined as a **financial beneficiary** pursuant to Rule 67-48.002, F.A.C. “**Financial Beneficiary**” means one who is to receive a financial benefit of the total development cost (including deferred fees).

The **financial beneficiary** definition includes any party, which meets the above criteria, such as the developer and its principals and principals of the applicant entity. This definition does not include third party lenders, Housing Credit Syndicators, Credit Enhancers who are regulated by a state or federal agency.

“**Principal**” means an applicant, any general partner of an applicant, and any officer, director, or any shareholder of any applicant or shareholder of any general partner of an applicant.

**FAILURE TO ACCURATELY AND FULLY DISCLOSE ALL INFORMATION REQUESTED BELOW WILL RESULT IN THE REJECTION OF THE APPLICATION.**

**Financial Beneficiary Disclosure for the Proposed Development:** On the chart below list the names of all persons or entities that are financial beneficiaries as defined by Rule 67-48, F.A.C. in the proposed development excluding limited partner investors through housing credit syndication, third-party lenders, and third-party management agents for each application submitted in this cycle.

NAME OF FINANCIAL BENEFICIARY	NAME(S) OF OTHER APPLICATIONS SUBMITTED IN THIS CYCLE

**NOTE:** If additional space is necessary, chart may be photographed and attached as an exhibit. If so, please indicate that the completed chart can be found behind tab labeled “Exhibit \_\_\_\_”.

# RENTS AND OPERATING PRO-FORMA (TAB 9)

Page 1 of 4

Development Name: \_\_\_\_\_

Development Address: \_\_\_\_\_

## Rents

### Rent levels:

Rents are controlled for the length of the applicable affordability period. Maximum rents are determined on an annual basis by the United States Department of Housing and Urban Development (DEPARTMENT OF DEPARTMENT OF HUD). Rents for the first year are provided (refer Table of Contents Part II – Attachments) 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.

# RENTS AND OPERATING PRO-FORMA (TAB 9)

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 9)

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.
- B. 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.*

### USE THE FOLLOWING ASSUMPTIONS:

- ◆ Mortgage Term: 30 year amortization
- ◆ Mortgage Rate:6% (includes servicing fees)
- ◆ Vacancy Rate: 6%
- ◆ Annual Rental Income Increase Rate: 3%
- ◆ Annual Expense Increase Rate is 4%
- ◆ Replacement Reserves of \$300 per unit
- ◆ Operating Expenses of \$4,500 per unit per year and the maximum operating expenses are \$6,250

### NOTE:

**Variances 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 9)

Page 4 of 4

## III. PRO FORMA FORMAT

Complete the Rents and Operating Pro Forma Form 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	\$ _____

(B) 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: \*Overall debt service ratio minimum of 1.00 and a maximum of 1.60.**

# ACCEPTANCE OF RENTAL PAYMENTS (TAB 10)

Page 1 of 1

## *(Rental Developments Only)*

A. Is rental assistance anticipated for this development?

Yes       No

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

### TENANT-BASED

HOUSING VOUCHERS (SECTION 8)

HOUSING VOUCHERS

STATE

HOPWA\*

OTHER

### PROJECT-BASED

OTHER DEPARTMENT OF DEPARTMENT OF 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 11)

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			
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>			

## FINANCING (TAB 11)

Page 2 of 5

PROJECT COST	County Funds Requested	Other Public Funding	Other Financing
<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			
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>			

## FINANCING (TAB 11)

Page 3 of 5

PROJECT COST	County Funds Requested	Other Public Funding	Other Financing
<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 11)

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 for tax exempt bond financing deals 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 Firm Commitment or Application/Award	Location of Supporting Documentation (i.e. Attachment # _ or Tab # _)
<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 11)

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: \_\_\_\_\_.

**HOUSING FORMS  
FOR SINGLE FAMILY  
REHABILITATION/HOMEOWNERSHIP**  
Miami-Dade County FY 2016 HOME RFA

**Part I. General Information**

**All Applicants must complete this section.**

**Applicant and Development Team**

1. 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

Name of Developer: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- b. 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:

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

8. Developer Experience

- a. Please provide a list of all completed housing developments.

**General Information**  
**Part III. Development**

**Applicants must complete this section.**

**A. General Development Information**

1. Name of Development:

\_\_\_\_\_

2. Location of Development Site: (if there are multiple sites, please attached a separate list with address and folio numbers).

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, 5, or 6 stories)

Single Room Occupancy (SRO)

Other Specify: \_\_\_\_\_

Homeownership

\_\_\_\_\_ Model Type  
(duplex, single-family etc.)

**B. Ability to Proceed:**

**Funding applicants must complete this section.**

1. Evidence of Site Control. Does the organization/applicant have documented site control? Please note that site control is **required to** receive funding.

Applicant must demonstrate site control by providing one of the following documents:

- Provide a recorded deed or recorded certificate of title behind a tab labeled \_\_\_\_ and clearly identified; or
- Provide a copy of the dated and fully executed long-term lease behind a tab labeled \_\_\_\_\_ and clearly identified; or
- Provide a dated and fully executed contract for purchase and sale for the subject behind a tab labeled and clearly identified. (*Purchase option must be through 12/31/2016. The closing must occur prior to contract execution with the County*); or
- Other indications of site control such as an executed Option to Purchase, Clerk certified local government resolution, or an original Invitation to Negotiate. However, it is the responsibility of the developer to meet all minimum threshold requirements FHFC.



**Part IV. General Forms.**

**Applicants must complete this section or may use the FHFC form for operating budgets and pro-formas.**

**Financing**

**DEVELOPMENT COST PRO FORMA**

<b>PROJECT COST</b>	<b>Costs</b>
<i>Actual Construction Cost</i>	
Demolition	
New Units	
Rehab of Existing Homeownership/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 Interest	
Construction Loan Origination Fee	
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	
Brokerage Fees – Land	
Brokerage Fees – Building	
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	
Title Insurance	
Utility Connection Fee	
<b>*Other (explain in detail)</b>	
<b>*Contingency (7) (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>	

<b>E. Total Development Cost (B+C+D)</b>	
--	--

**CONSTRUCTION OR REHABILITATION ANALYSIS**

	Amount	Documentation Attached and marked as Exhibit
<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:		
Other:		
Total Sources		
<b>C. Financing Shortfall (A minus B)</b>		

**PERMANENT ANALYSIS**

	Amount	Documentation Attached and marked as Exhibit
<b>A. Total Development Cost</b>		
<b>B. Sources</b>		
<b>C. County Funds Requested</b>		



**HOMELESS PROGRAM / EMERGENCY SOLUTIONS GRANT (ESG)  
FORM 2**

# HOMELESS PROGRAM

## INTRODUCTION/BACKGROUND

The Miami-Dade County Homeless Trust was created by the Miami-Dade Board of County Commissioners to oversee the use of the Food and Beverage Tax and to establish then 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 housing:

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, including supported single room occupancy residence and assisted apartment or other residential arrangements.

Funding specified as set aside for Homeless Rental Housing Development can be applied toward either: 1) the development of a homeless-only housing development; or 2) the development of units set-aside to serve homeless persons within a mixed-use development. Funding requested under this RFA should indicate how the proposal relates to the homeless Continuum Of Care (CoC) system developed by the County through the Miami-Dade County Homeless Trust, how it addresses existing Needs and Gaps, and how the proposed project will meet the needs of the priority sub-populations of the Continuum. The County will have the right of first priority throughout the loan period (e.g. 30 years) to refer clients to the housing for homeless persons funded through the RFA, through the continuum's established coordinated intake and assessment process. In addition, any entity approved for funding must participate in the County's Homeless Management Information System (HMIS).

A total of \$365,000 in HOME Homeless Set-Aside funds will be made available pursuant to this RFA. HOME Homeless set-aside TBRA funds may also be utilized for rental subsidies using a "Rapid Re-Housing" program model if the proposed program falls within the Federal HOME guidelines. Homeless set-aside TBRA may not be used in conjunction with the homeless set-aside for development funding, instead it must be a stand-alone project offering lease agreements not less than one year. (Please refer to the Tenant Based Rental Assistance section of the RFA for additional funding opportunities relating to rental subsidies that do not require capital funding and the requirements to submit a request for funding for Tenant-Based Rental Assistance).

Priority will be given to proposals that request HOME Homeless Set-Aside development funding to provide match for other sources of homeless funding. Requests to fund projects that will serve the continuum's priority sub-population will also be considered as long as documented commitment of leverage is provided. However, *new* homeless units must be created via this funding. New units are those not currently considered as homeless units by the Homeless Trust and not reflected in the most recent Housing Inventory Count on file with HUD. In addition, those units having received capital or operating funds as part of the Homeless Trust's 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 the contractual deadline established using HOME federal guidelines.

Housing developers may propose to provide mixed-use housing that includes units that are affordable, market rate and/or set-aside for chronic homeless/formerly persons with special needs, such as youth exiting foster care, the elderly, individuals with mental illness, substance abuse issues,

HIV/AIDS, or with co-occurring disorders. A funded applicant shall execute a Rental Regulatory Agreement delineating the homeless 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. Maximum rents to be charged for these units cannot exceed 60% of the Fair Market Rent (FMR) for the unit size being assisted, with a preference for units targeting households of 30% of FMR. 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. Housing developers must accept tenant eligibility criteria that is adjusted to accommodate the unique needs of the priority sub-population. Eligibility criteria must minimize or eliminate barriers to tenancy (e.g. reduced/modified credit history, background checks, application fees and other screenings that would prevent admission of the target population).

Housing developers should identify whether they will be partnering with any non-profit homeless service provider on their application, the name of the non-profit homeless service provider, and the role of the non-profit service provider.

Applicants requesting funds under this application for homeless housing capital development funds must commit to the following requirements by completing and including the Homeless Funding Application Certification Form as part of its Application for funding:

1. Project has a plan in place to provide the supportive services for the targeted population(s) to be served either directly by the applicant or documented through a Memorandum of Agreement (MOA) or other agreement provided at the time of contract execution or time of application.
2. Project's admission and/or assistance criteria, as applicable, is appropriate as well as consistent with screen-in policies and best practices for the target population to be served by the project.
3. The project will participate in the CoC's coordinated intake and assessment process, including acceptance of all referrals to the homeless units/beds.
4. The project will participate in the Homeless Management Information System, as well as ensure meeting the minimum data quality standards.
5. The project will provide housing and services consistent with the CoC's established Standards of Care, as may be amended from time to time.
6. The project will be required to meet minimum performance measures, including those HUD required performance measures.

The set-aside period for the funded units is thirty years, i.e. the loan period.

**All applicants applying for capital 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.**

As a second priority, the funding under the HOME Homeless Set-Aside may also be utilized for rental subsidies (Tenant Based Rental Assistance) with lease agreements not less than one year through a “Rapid Re-housing Program” model. The proposed project must fall within the Federal HOME guidelines and must target the Continuum’s priority sub-populations for Rapid Re-housing: 1) Chronic homeless 2) Homeless veterans or 3) Homeless families and unaccompanied homeless youth. Applicants must describe their proposed Rapid Re-housing model, including the proposed duration of any rental assistance, any minimum requirements for eligibility, and the supportive services provided to program participants to secure and maintain housing. Agencies applying for TBRA to provide Rapid Re-housing to the homeless must complete and submit the TBRA forms required in this RFA.

## **FINANCING TERMS FOR HOMELESS DEVELOPMENTS**

Refer to the Table of Contents for Loan Term and Conditions.

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

# **EMERGENCY SOLUTIONS GRANT (ESG)**

## **GENERAL INFORMATION/ESG PROGRAM OBJECTIVES**

The ESG program provides funding to: 1) engage homeless individuals and families living on the street; 2) improve the number and quality of emergency shelters for homeless individuals and families; 3) help operate these shelters; 4) provide essential services to shelter residents; 5) rapidly re-house homeless individuals and families; and, 6) prevent families and individuals from becoming homeless.

Applicants requesting ESG funds under this RFA must commit to the following requirements by completing and including the Homeless Funding Application Certification Form as part of its Application for funding:

1. Project has a plan in place to provide the supportive services for the targeted population(s) to be served either directly by the applicant, or documented through the Memorandum Of Agreement (MOA) or other agreement provided at the time of contract execution.
2. Project's admission and/or assistance criteria, as applicable, is appropriate as well as consistent with screen-in policies and best practice for the target population to be served by the project.
3. The project will participate in the CoC's coordinated intake and assessment process, including acceptance of all referrals to the homeless units/beds.
4. The project will participate in the Homeless Management Information System, as well as ensure meeting the minimum data quality standards.
5. The project will provide housing and services consistent with the CoC's established Standards of Care, as may be amended from time to time.
6. The project will be required to meet minimum performance measures, including those HUDrequired performance measures.

## **ADMINISTRATION**

Miami-Dade County will retain the ESG Administrative Fee of 7.5% to administer programmatic services.

## **SERVICES AND ACTIVITIES ELIGIBLE FOR ESG FUNDING**

PHCD is requesting proposals from qualified and experienced private for-profit or not-for-profit service providers, to receive and expend ESG funding to meet the following eligible activities:

- 1) Emergency Shelter – Beckham Hall: ESG funding is available to provide emergency housing, meals, and supportive services to homeless (single) 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. There are currently 88 beds serving men (64 beds) and women (24 beds). Funding is provided for Essential Services (case management, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation and services for special populations) and Shelter Operations (maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocations and furnishings). The total ESG allocation for emergency shelter available through this RFA is ONLY available for the

operation of this particular facility; proposals for the use of ESG funds for other emergency shelters 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. Applicants for this funding must demonstrate their capacity and experience in operating a comparable emergency shelter program, including their ability to provide appropriate services for this client population. The selected applicant must participate in the Miami-Dade County Homeless Trust's Homeless Management Information System (HMIS), and will be governed by the established Standards of Care for Temporary Housing, and performance measures for such. PHCD has available a total estimated amount of \$591,256 through the federal Emergency Solutions Grant (ESG) for this activity (essential services and operations of this facility). This represents a reduction in funding for the program. As such, applicants must indicate how many beds they propose to operate at the Beckham Hall facility based on this available level of ESG funding and match required by the applicant (leverage provided by the applicant). Preference will be given to applicants that propose to provide the highest number of units to make operational with this available funding.

- 2) An estimated \$ 320,000 is available for short and/or medium term rental assistance, as follows:
  - a) Homeless Prevention: This includes activities that provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if: 1) annual income of the individual or family is below 30 percent of median family income; or 2) assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing. Eligible costs in this category include: utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing service and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.
  - b) Rapid Re-Housing: This includes housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help individuals or families living in homeless shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs also include utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

The applicant(s) funded to provide the Homeless Prevention and the Rapid Re-Housing activities will be required to participate in the Miami-Dade County Homeless Trust's Homeless Management Information System (HMIS), participate in the Continuum of Care Coordinated Outreach Assessment and Placement process and abide by the Continuum of Care Standards of Care Prevention and Rapid Rehousing as adopted (and may be amended) by the Miami-Dade County Homeless Trust.

While no specific amount is identified to be allocated specifically for either of these two short and/or medium term rental assistance categories, it is anticipated that no more than twenty-five percent (25%) of the total available allocation for Short and/or Medium term rental assistance will be provided for Homeless Prevention Activities.

There is a match requirement for ESG funding that requires an equal amount of funds from cash or the following in-kind sources: new staff, volunteer time, the donation of materials and buildings, or the value of any lease on a building.

**Applications for tenant-based rental assistance should be completed using the TBRA forms. Refer to the Table of Contents - Part I for more information.**

**HOMELESS RENTAL HOUSING DEVELOPMENT**  
**Funding Application**  
**(Capital and ESG)**  
**PAGE 1 OF 5**  
**(Tab 12)**

**SCORING TABLE**

SECTION	SCORING ITEMS	MAXIMUM POINTS	MAXIMUM POINTS ESG
FORM 1	<b>GENERAL SECTION HOUSING FORMS (Required from all applicants):</b>		
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)		
II.	PROPOSED ACTIVITY (TAB 1)		
III.	FUNDING REQUEST (TAB 1)		
IV.	GEOGRAPHIC LOCATION (TAB 2)	5	
V.	LEVERAGING RENTAL AND HOMELESS ONLY (TAB 3)	10	
VI.	ORGANIZATION CAPACITY AND EXPERIENCE (TAB 4)		
VII.	TRACK RECORD (TAB 4)	5	
VIII.	TIMELY COMPLETION (TAB 4)	2	
IX.	TENANT RELOCATION INFORMATION FOR EXISTING PROPERTIES (TAB 5)		
	<b>ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):</b>		
X.	SITE CONTROL (TAB 6)	5	
XI.	PRE-DEVELOPMENT (TAB 6)	3	
XII.	SHOVEL READY (TAB 6)	5	
XIII.	FEATURES AND AMENITIES (TAB 6)	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 7)		
	DESIGN AND ACCESSIBILITY FEATURES (TAB 7)		
	SET-ASIDE COMMITMENTS (TAB 7) [REQUIRED FOR HOME FUNDS ONLY]		
	FINANCIAL BENEFICIARIES (TAB 8):		
	RENTS & OPERATING PRO-FORMA (TAB 9): [REQUIRED]	5	
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 10) [RENTAL DEVELOPMENTS ONLY]		
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 11):		
FORM 2	<b>HOMELESS ORGANIZATION QUALIFICATION, HISTORY, AND STRUCTURE (TAB 12)</b>	35	40
	TARGET POPULATION (TAB 12)	15	20
	PROJECT NARRATIVE (TAB 12)	5	
	<b>TOTAL POINTS</b>	<b>100</b>	
FORM 2	<b>ESG PROPOSALS ONLY (COMPLETE ONLY)</b>		
	PROJECT NARRATIVE (TAB 12)		30
	MATCH REQUIREMENT (TAB 12)		10
	<b>TOTAL POINTS</b>	<b>100</b>	<b>100</b>

**ALL HOMELESS RENTAL HOUSING DEVELOPMENT  
FUNDING APPLICATIONS (CAPITAL AND ESG)  
PAGE 2 OF 5  
(Tab 12)**

**ORGANIZATIONAL QUALIFICATIONS AND  
PROPOSED PROJECT NARRATIVE  
FOR HOMELESS HOUSING DEVELOPMENT AND ESG 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 Qualifications, History, and Structure (Refer to Scoring Table for maximum points possible)**

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 entity'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 entity's specific experience serving homeless persons.  
Indicate what types housing/services you currently provide:

Type	#Of Beds/Units	Years of Experience	Type of Project (Leased or Owned Building, etc.)
Emergency Housing			
Transitional Housing			
Permanent Housing			
Rapid Re-housing			
Homeless Prevention			
Support Services Only	N/A		

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)?

**ALL HOMELESS RENTAL HOUSING DEVELOPMENT  
FUNDING APPLICATIONS (CAPITAL AND ESG)  
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(Tab 12)**

8. What is the organization's total annual operating budget? What is the entity'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 entity and/or key members of your proposed/current program staff including building occupational licenses, professional licenses, and state licenses, etc.
11. Provide resumes and/or job descriptions for principal staff.
12. Describe your entity's procedures for assuring that all individuals (including formerly homeless/homeless persons) are encouraged to accept employment in your entity regardless of race, ethnicity, gender, disability or sexual orientation.
13. Describe your entity's experience in entering and maintaining client level and performance data in a management information system.

**Section B. Target Population** *(Refer to Scoring Table for maximum points possible)*

Describe the targeted population (families or singles; if singles: men, women, coed, etc.; chronically homeless). Maximum points awarded for projects serving veterans or homeless households meeting HUD's definition for chronic homeless.

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

1. Describe the project proposed for funding. Answer the following questions in narrative form, in no more than four (4) single-spaced pages. 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. ESG applicants must specify how many beds will be offered based on the available funding and the target population to be served (e.g. men, women). Include the following information:
  - a. Describe the type of housing program. For capital requests: type of service (transitional, permanent supportive housing and model/approach, i.e. Housing First, safe haven). For ESG: shelter, homeless prevention, or rapid re-housing.
  - b. Describe the services to be provided (case management, substance abuse treatment, and/or mental health services, etc.) both on-site and off-site. Describe who will be providing the services (e.g. your entity, 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 or retention. If a Capital Request for a Housing First program, please describe in detail the model that you will apply to the project and expected outcomes based on existing evidence-based evaluation(s) of the model.

**ALL HOMELESS RENTAL HOUSING DEVELOPMENT  
FUNDING APPLICATIONS (CAPITAL AND ESG)  
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(Tab 12)**

- c. Describe how such services will be funded for the period of restricted use as homeless housing (if applicable).
- d. Describe the referral, intake, and orientation process and how it is linked with the coordinated intake and assessment process including eligibility criteria for your program (as well as restrictions such as family size, age, etc.) Fully describe the case management services offered in the narrative including client-centered strength-based approach; frequency/duration of case management (one-on-one, daily, etc.); links to other services; how clients are prepared for independent living; how clients are assisted in obtaining employment; and permanent housing or retention, etc.
- e. Describe the schedule of hours for the proposed/currently provided services and the level of site supervision and client interaction.
- f. Describe 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. Provide a gender/ethnic breakdown of staff including languages spoken.
- g. Describe how this project supplements your entity's existing efforts (i.e. additional service units, beds created, and additional service hours, etc.).
- 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-to-one, daily etc.) and the links to other services; how clients are prepared for independent living; and how clients are assisted in obtaining employment and permanent housing, etc.

*For permanent housing project:* 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 entity will seek.
- 4. Describe how you will ensure the participation of program participants in program design and the manner in which 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, then 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.

**ALL HOMELESS RENTAL HOUSING DEVELOPMENT  
FUNDING APPLICATIONS (CAPITAL AND ESG)  
PAGE 5 OF 5  
(Tab 12)**

*The following section applies only to ESG Proposals:*

**Section D. Match Requirement for ESG Proposals (10 points)**

The proposal must describe and document committed sources for the mandatory dollar for dollar match requirement. PHCD will not be providing additional points for exceeding the mandatory match requirements.

If a proposal is requesting funds as match for another source of homeless funding, please identify the source of such funding and describe the need for such match. If proposal is requesting funds for any other development which will serve the priority sub-population described herein, the applicant must submit documentation of firm funding commitments.

**TENANT BASED RENTAL ASSISTANCE**

**FORM 3**

## **TENANT-BASED RENTAL ASSISTANCE (TBRA)**

The purpose of the HOME TBRA is to provide individual households with rental assistance. The County has emphasized the needs of renters with special needs to assist them with housing costs. These special needs renters may be the chronic homeless, elderly, disabled residents, and/or children aging out of foster care in need of housing. In addition, tenant-based rental housing assistance may be provided to individuals and families who are homeless, at risk of becoming homeless, or threatened with economic displacement.

### **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 HUD, but also includes children aging out of foster care.

The renter is issued approval to search for a unit. The amount and level of assistance shall be based on a sliding scale determined by household income. The renter is required to contribute 30 percent of their monthly adjusted income towards the approved rent.

The rent subsidy provides assistance to individual households. The tenant is allowed to take the TBRA assistance to another residential site if they choose to move within the Miami-Dade County area.

### **Eligible Uses of Assistance**

The HOME assistance in this RFA is for 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. Utility deposits are limited to water, sewer, trash, electric and/or gas services. Utility deposits are for first time utility services 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 must be paid in conjunction with the security deposits.

### **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.

### **Ineligible Program Activities**

HOME TBRA is not allowable for overnight or temporary shelters.

HOME TBRA cannot duplicate existing rental assistance programs that already reduce the tenant's rent payment to 30 percent of income, i.e. Section 8, etc.

HOME TBRA is not allowable for subsidizing particular rental projects.

## **Lease Term**

The lease agreement between a tenant and an owner of rental housing assisted with HOME TBRA funds must be for not less than one (1) year, unless both the tenant and the owner agree otherwise. HOME TBRA rental assistance with individual households may not exceed two (2) years. Contracts can be renewed, subject to availability of HOME funds.

## **Tenant Selection**

The selected applicant must have written policies on how they select participants. These policies must be available for inspection by DEPARTMENT OF DEPARTMENT OF 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). If the TBRA is to be used to assist homeless clients through a Rapid Re-Housing model then the selected applicants should describe how they will work with and link through the coordinated intake and assessment process, and referral mechanisms of the Continuum of Care.

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.

## **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.

## **Program Administration**

The selected applicant is responsible for collecting, reviewing, and approving the dwelling lease assuring its compliance with state law and program regulations. 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, i.e. income and other eligibility issues. Program specific information can be found at 24 CFR Part 982 to include 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 that provides 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. 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.

### **Homeless CoC Certification**

Applicants requesting HOME TBRA funds under this RFA must commit to the following requirements by completing and including the Homeless Funding Application Certification Form as part of this application for funding:

- Project has a plan in place to provide the supportive services for the targeted population(s) to be served either directly by the applicant, or documented through an MOA or other agreement provided at the time of contract execution.
- Projects admission and/or assistance criteria, as applicable is appropriate as well as consistent with screen-in policies and best practice for the target population to be served by the project.
- The project will participate in the CoC's coordinated intake and assessment process including acceptance of all referrals to the homeless units/beds.
- The project will participate in the Homeless Management Information System, as well as ensure meeting the minimum data quality standards.
- The project will provide housing and services consistent with the CoC's established Standards of Care, as may be amended from time to time.
- The project will be required to meet minimum performance measures including those HUD required performance measures.

**TENANT BASED RENTAL ASSISTANCE  
(TAB 13)**

**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 Expense	<b>25</b>
	<b>Total</b>	<b>100</b>

**TENANT BASED RENTAL ASSISTANCE  
(HOME AND ESG)  
PAGE 1 OF 2  
(TAB 13)**

**TENANT BASED RENTAL ASSISTANCE PROGRAM  
Scoring Criteria**

Please complete and include in the application the Application Cover Sheet with the appropriate Affidavit(s) and the Housing Forms Checklist. 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 (in years) operating a Tenant Based Rental Assistance Program? *(Please provide evidence such as a resolution authorizing the formation of the entity.)*

_____ 6+	(25 points)
_____ 3-5	(15 points)
_____ 2	(10 points)
_____ 0-1	(0 points)

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

*Contract Administration (executing and monitoring) - (Please provide evidence of executed contract agreements, copies of Contract Administration staff resumes, and Contract Administration staff job descriptions.)*

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

*Inspecting Units (Housing Quality Standards or local code) - (Please provide evidence of Housing Quality Standard reports, copies of Inspection staff resumes, and Inspection staff job descriptions.)*

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

*Case Management (comprehensive) - (Please provide evidence of case management documentation, copies of Case Management staff resumes, and job descriptions.)*

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

*Subsidized Housing (ownership or management) - (Please provide evidence of property title, lease agreements, or management agreements.)*

_____ 6+	(8 points)
_____ 2-5	(5 points)
_____ 0-1	(0 points)

**TENANT BASED RENTAL ASSISTANCE  
(HOME AND ESG)  
PAGE 2 OF 2  
(TAB 13)**

**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.)*

Yes (12.5 points)  
 No (0 points)

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

Yes (12.5 points)  
 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.)*

100-90 (15 points)  
 89-80 (10 points)  
 79-70 (5 points)  
 69-60 (3 points)  
 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.)*

100-90 (10 points)  
 89-80 (8 points)  
 79-70 (6 points)  
 69-60 (3 points)  
 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.)*

10% or more (25 points)  
 9% (20 points)  
 8% (15 points)  
 7% (10 points)  
 6% (5 points)

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

**FORM 4**

# **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 Department of Housing and Urban Development (HUD). Miami-Dade County, as a participating jurisdiction (PJ), receives funds under the HOME Program. HOME regulations require PJs to set-aside 15% of their HOME allocation for 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. 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. CHDO applications are submitted each year with the applicant's RFA even if the entity is already certified since re-certification is required on a yearly-basis.

## **II. CHDO DEFINITION, CERTIFICATION AND RE-CERTIFICATION**

### **Definition:**

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 HUDmandated 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;
- 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 2013-2017 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 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 then 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 and hard copies are kept in our central file with electronic copies saved on PHCD's internal server.

Initiating the certification/re-certification process with the RFA ensures that re-certifications are completed every year and decreases the amount of paperwork submitted as some supportive documents such as the articles of incorporation and 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 percent 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 percent 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 CHDO Operating 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 principal payments from a loan to buyer of CHDO developed homeownership housing.

## **6- CHDO Certification**

Applicants are provided with the CHDO Qualifications Checklist which outlines the CHDO criteria utilized. Applicants must complete the CHDO application and submit requested documentation summarized on pages 83-89.

**Certifications will only be evaluated during the FY 2016 RFA process.**

## CHDO CERTIFICATION CHECKLIST

	CHDO Staff & Experience	Adequate	Deficiency
<b>1</b>	<b>Organization Status &amp; Mission</b>		
	<b>Regulatory Thresholds:</b>		
	The nonprofit is organized under State or local laws, as evidence by:  _____ A Charter, OR _____ Articles of Incorporation.		
	It has a tax exemption ruling from the Internal Revenue Service as evidenced by:  _____ A 501 ©(3) or (4) Certificate from the IRS or _____ A group exemption letter under Section 905 from the IRS that includes the CHDO		
	It has among its purpose the provision of low- and moderate-income housing, as evidenced by:  _____ Charter, _____ Articles of Incorporation, _____ By-laws, OR _____ Resolutions.		
	<b>Additional Questions</b>		
	<b>Certificate of Good Standing:</b> Can it deliver a certificate of good standing or other documents from the State?		
	<b>Service Area:</b> Does it have a documented service area consistent with its CHDO activities?		
	<b>Topic/Question</b>		
	<b>Strategic plan:</b> Has it produced a strategic plan that specifies an action plan for housing development?		
	<b>Organizational structure:</b> Does the organization have a development subsidiary or other structural method of ensuring that it can be undertake development without diverting time and resources from other activities?		
	<b>Shared commitment:</b> Do board and staff exhibit shared commitment to its housing development mission?		
	<b>Capital advance set-aside:</b> Has the organization set aside funds for meeting the equity and/or capital advance needs of development?		
	Other organization issues:		
<b>2</b>	<b>Board Composition</b>	<b>Adequate</b>	<b>Deficiency</b>
	<b>Regulatory Thresholds:</b>		
	At least 1/3 of board membership is for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations, as evidenced by:  _____ By-laws, _____ Charter, OR _____ Articles of Incorporation.		
	No more than one-third of the governing board members may be public officials (including any employees of the PJ) or appointed by public officials, and government-appointed board members may not, in turn, appoint any of the remaining board members, as evidenced by:  _____ By-laws _____ Charter, OR _____ Articles of Incorporation.		
If the CHDO is sponsored/created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:  _____ By-laws _____ Charter, OR _____ Articles of Incorporation.			
<b>2 Cont.</b>	<b>Topic/Question</b>	<b>Adequate</b>	<b>Deficiency</b>
	<b>Additional Questions:</b>		

	<u>Board stability</u> : Has there been stability/continuity of board members over the last several years?		
	<u>Development oversight</u> : Does the board have a committee structure or other means of overseeing planning and development?		
	<u>Board skills</u> : Do board members have professional skills directly relevant to housing development (e.g., real estate, legal, architecture, finance, management)?		
	<u>Decision-making</u> : Has the board demonstrated the ability to make timely decisions?		
	<u>Board-staff relations</u> : Is there a good relationship between board and staff? Do they have shared goals?		
	Other board issues:		
<b>3</b>	<b>Sponsorship/Independence</b>	<b>Adequate</b>	<b>Deficiency</b>
	<b>Regulatory Thresholds</b>		
	The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:  _____ The organization's By-laws, OR _____ A Memorandum of Understanding (MOU).		
	If sponsored or created by a for-profit entity, the for-profit entity's primary purpose does not include the development or management of housing, as evidenced:  _____ In the for-profit organization's By-laws		
	If sponsored or created by a for-profit entity, the CHDO is free to contact for goods and services from vendor(s) of its own choosing, as evidenced by:  _____ By-laws, _____ Charter, OR _____ Articles of Incorporation		
	If sponsored by a religious organization, the CHDO is a separate secular entity from the religious organization, with membership available to all persons, regardless of religion or membership criteria, as evidenced by:  _____ By-laws, _____ Charter, OR _____ Articles of Incorporation		
	<b>Topic/Question</b>		
	<b>Additional Questions:</b>		
	<u>Identity of Interest</u> : Are there any identity of interest issues between the organization and the contractors, consultants, and professionals it uses for its CHDO projects that might constitute a conflict of interest?		
	Other independence issues:		
<b>4</b>	<b>Relationship/Service to the Community</b>	<b>Adequate</b>	<b>Deficiency</b>
	<b>Regulatory Thresholds:</b>		
	The organization has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:  _____ Documentation of at least one year of experience in serving the community, OR _____ For new organizations, documentation that its parent organization has at least one year of experience in serving the community.		
	It provides a formal process for low-income, program beneficiaries to advise the organization in decisions regarding design, siting, development, & management of affordable housing projects, as evidenced by:  _____ The organization's By-laws, _____ Resolutions, OR _____ A written statement of operating procedures approved by the governing body.		
	<b>Additional Questions:</b>		
	<u>Needs</u> : Are current plans well grounded in an understanding of current housing conditions, housing needs, and need for supportive services? Has it done any analyses of the local housing market and the housing needs of low-income households?		
<b>4 Cont.</b>	<u>Community relations</u> : How strong are the current reputation of the corporation and the relationship with the community?	<b>Adequate</b>	<b>Deficiency</b>
	<u>NIMBY</u> : 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? <u>Local government relations</u> : How strong is the CHDO's relationship with the local government? How strongly does local government support its housing activities?		
	<b>Topic/Question</b>		
	Other community issues:		
<b>5</b>	<b>Financial Management &amp; Capacity</b>	<b>Adequate</b>	<b>Deficiency</b>
	<b>Regulatory Threshold:</b>		
	The organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management System", as evidenced by:  _____ A notarized statement by the president or CFO; _____ A certification from a CPA, OR _____ A HUD approved audit summary.		
	<b>Additional Financial Management Questions:</b>		
	<u>Audit</u> : Does the CHDO have an annual audit: Is the most recent audit current?		
	<u>Audit findings</u> : Were there management or compliance findings in the last two years? Are finding resolved?		
	<u>Budgeting</u> : Does the organization undertake annual budgeting of its operations and all activities or programs? Does it track and report and report budget v. actual income and expenses?		
	<u>Reporting</u> : Is financial reporting regular, current and sufficient for the board to forecast and monitor the financial status of the corporation?		
	<u>Cash flow management</u> : Does it know its current cash position and maintain controls over expenditures? How regularly does it experience cash flow problems?		
	<u>Internal controls</u> : Does it have adequate internal controls to ensure separation of duties & safeguarding of corporate assets? Is there sufficient oversight of all financial activities?		
	<u>Procurement/conflict of interest</u> : Does the organization have a conflict of interest policy-governing employees and development activities, particularly in procurement of contract services and the award of housing units for occupancy?		
	<u>Insurance</u> : Does it maintain adequate insurance – liability, fidelity bond, workers comp, property hazard, & project?		
	<b>Topic/Question</b>		
	<u>Financial stability</u> : Does the current balance sheet and budget indicate sufficient funds to supports essential operations? To what extent does the organization have a diversified and stable funding base for operations? What portion of revenues is predictable year-to-year? Does the CHDO have an established fundraising program for both capital & operational needs?		
	<u>Portfolio financial condition</u> : If it has a portfolio of properties, are the properties in stable physical and financial condition or are they a drain on corporate resources? Does it collect adequate management fees from the properties?		
	<u>Liquidity</u> : Does the organization have liquid assets available to cover current expenses? Does it have funds available for pre-development expenses or equity investments required for development?		
	Other financial issues:		
<b>6</b>	<b>Development Capacity</b>	<b>Adequate</b>	<b>Deficiency</b>
	<b>Regulatory Threshold:</b>		
	It has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:  Experience of key staff who have completed similar projects to HOME-funded activities, OR _____ Contract(s) with consultants who have relevant housing experience, to train key staff		
	<b>Additional Capacity Questions:</b>		
	<u>Structure</u> : 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?		
	<u>Portfolio</u> : Does the organization's portfolio of projects/properties evidence competent management and oversight? Do the properties appear to have adequate funding?		
<b>6 Cont.</b>	<u>Previous Performance</u> : Has it done the CHDO activities previously? Did it perform competently (on schedule and within budget)?	<b>Adequate</b>	<b>Deficiency</b>
	<b>Topic/Question</b>		
	<u>Management capacity</u> : Does the current management have the ability to manage additional development activities? Does the organization have the capabilities to analyze alternative housing projects?		

	<u>Procedures</u> : Are the corporate lines of authority for development activities clear? Are policies & procedures in place governing development activities?		
	<u>Project management</u> : Does the organization have procedures for monitoring the progress of a project? Does it have the capacity to monitor project-level cash flow and schedule?		
	<u>Personnel</u> : Does it have staff that are assigned responsibilities for housing development? Are personnel policies and job descriptions clear?		
	<u>Staff skills</u> : How strong are staff in the following areas? <ul style="list-style-type: none"> <li>• Market analysis</li> <li>• Legal/financial aspects of housing development</li> <li>• Management of real estate development</li> <li>• Oversight of design &amp; construction management</li> <li>• Marketing, intake</li> <li>• Property management (if applicable)</li> </ul>		
	<u>Training</u> : Are staff encouraged to obtain training and develop new skills? What is their potential for learning skills that they currently do not have?		
	<u>Membership involvement</u> : Is the organization's membership active and in support of the housing activities?		
	<u>Use of consultants/partners</u> : To what extent does the CHDO have access to and make use of qualified development consultants and partners? How well do consultants and partners interact with staff? Are the consultants/partners focused on training CHDO staff and building capacity?		
	<u>Access to funding</u> : Does the organization have funds available for equity or capital advances in housing development projects? Does the organization have the ability to raise funds for the capital requirements of projects? How strong are relationships with funders of housing? With lenders?		
	<b>Topic/Questions</b>		
	<u>Opportunity costs</u> : 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?		
	Other capacity issues:		
<b>7</b>	<b>Conclusions</b>	<b>Yes</b>	<b>No</b>
	Has the organization met all CHDO regulatory thresholds? If not, these must be corrected prior to CHDO certification.		
	Have capacity deficiencies been identified that may need to be addressed prior to the award of CHDO funds or as a condition of the commitment? If not, proceed to a request for CHDO certification and funding.		
	Can the capacity deficiencies be addressed by TA from the PJ or from a qualified CDTA CHDO intermediary? If so, request TA.		

**HOME PROGRAM  
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)  
CHDO CERTIFICATION APPLICATION  
(TAB 14)**

All CHDO applicants must complete the CHDO Certification Application.

**PART I – APPLICANT CONTACT INFORMATION**

Applicant Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

State:

ZIP

\_\_\_\_\_

Executive Director  
Name:

\_\_\_\_\_

Phone:

Email:

\_\_\_\_\_

Applicant Role:

\_\_\_\_\_ Owner

\_\_\_\_\_ Developer

\_\_\_\_\_ Sponsor

**PART II – CHDO CERTIFICATION REQUIREMENTS**

**Submit evidence to document the requirements below and answer narrative requirements accordingly. Label each document submission as CHDO Attachment-(Question Number), e.g., documentation for Question 1 must be labeled as “CHDO Attachment-1”.**

**Evidence of the following must be submitted each year to qualify as a CHDO:**

1. Applicant is organized under state or local laws, as evidenced by its Charter or Articles of Incorporation;
2. Applicant must clearly demonstrate that no part of the net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by its Charter or Articles of Incorporation;
3. Applicant must have received a tax-exempt ruling from the IRS under Section 501(C)(3) or (4) of the Internal Revenue Code of 1986, as evidenced by a written ruling from the IRS;
4. Applicant must have a clearly defined geographical service area, as evidence by its Charter, Bylaws, or Articles of Incorporation. A geographical service area may be defined as a neighborhood or neighborhoods, city, or county.

5. Applicant has among its purposes the provision of decent, safe, and sanitary housing that is affordable to low- and moderate- income persons, as evidenced by a statement in the organization's Charter, Articles of Incorporation, By-Laws, or a Resolution of the CHDO's board of directors;
6. Applicant conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems", as evidenced by a notarized statement by the president, or chief financial officer of the organization, a certification from a Certified Public Accountant or a HUDapproved audit summary;
7. Applicant or its parent organization has at least one year of experience in serving the community within which housing will be assisted with HOME funds is to be located, as evidenced by a written statement signed by the president of the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided) such as, developing new housing, rehabilitating existing housing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities;
8. Applicant maintains at least one-third of its governing board's membership as residents of low-income neighborhoods, low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization's By-Laws, Charter, or Articles of Incorporation. A list of board members must be provided indicating which are low-income representatives and how they qualify to meet the eligibility. Under the HOME Program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole State) provided that the governing board contains low-income residents from each of the multi-county areas;
9. Applicant provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of all HOME-assisted affordable housing projects, as evidenced by the organization's By-Laws, Resolutions, or written statement of operating procedures approved by the governing body;
10. CHDOs chartered by a State or local government: A maximum of one-third of the applicant's governing board membership may consist of representatives of the public sector, as evidenced by the organization's By-Laws, Charter, or Articles of Incorporation. The public sector is defined as elected officials, appointed public officials, public employees, and appointees of public officials. Public sector representatives may not, in turn, appoint the remaining 2/3 of the board members. A list of board members must be provided indicating which are from the public sector;
11. For-Profit Entities: If the applicant is sponsored or created by a for-profit entity, the for-profit entity's primary purpose may not include the development or management of housing. The CHDO may not be controlled by, nor under the direction of, the for-profit entity or individuals seeking profit from the organization and the CHDO must be free to contract goods and services from vendor(s) of its own choosing as evidenced by the CHDO's By-Laws, Charter, or Articles of Incorporation; and
12. For-Profit Entities: If the applicant is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining 2/3 of the board members, as evidenced by the CHDO's By-Laws, Charter, or Articles of Incorporation.

13. To demonstrate conformance with 24 CFR 84.21, Standards for Financial Management Systems, applicants are required to submit a copy of the organization's financial management policies and procedures and provide narrative responses, including a citation with reference to the policies and procedures document to the points below:
  - a. Specify the nature of which financial records are maintained. Describe the basis of data development, analysis, and records used for accounting.
  - b. Explain the source, receipt, and use of funds per funding type.
  - c. Identify controls to account for funding, real property, assets, and physical property to insure usage is for applicable purposes.
  - d. Outline the organization's budgeting system.
  - e. Outline the procedure to track financial expenditures in relation to actual unit costs and actual time accruals (i.e. salaries per grant related projects).
  - f. Describe the process for accepting funds, requisitions, disbursements, and accounting methods.
  - g. Outline procedures for determining whether financial disbursements are program eligible.
  - h. Outline dates for organizational audit activity.
14. Provide a copy of the organization's most current balance sheet.
15. Provide a copy of the organization's most current audit.
16. Submit a copy of the organization's most current profit and loss statement/income statement.
17. Applicant is to certify the low-income designations of each low-income Board member. Complete the attached Low-Income Board Member Certification Form (Attachment A).
18. Applicant is to complete the attached Board Membership Information Form (Attachment B). Applicant is to provide supplemental documentation listing each Board Member and contact information.
19. To demonstrate compliance with CHDO staff definition, the following documentation must be provided:
  - a. Listing of staff members of CHDO organization. Specifically identify if full-time, part-time, or contracted employee and hours worked per pay period.
  - b. Job description for each staff position including day-to-day responsibilities and programmatic responsibilities.
  - c. Resumes for currently employed staff with an addendum to resume provided to specifically outline the past experience of employees to specific current CHDO programming.
  - d. Evidence of payment to currently employed staff, may include payroll, W-2, W-4 and if contracted, must include copy of contract agreement with W-9 and 1099.
20. Applicant is to provide a statement of current projects both HOME and non-HOME, scope of work, and timelines for each project.
21. Applicant is to provide timeline and scope for future projects over course of next one to three years.
22. Applicant is to provide history of development experience as related to any current HOME projects and projects associated with operating funds, i.e. single-family, multi-family, rental development and homeownership development.

23. Applicant should identify project selection policies and procedures. This may be a narrative document, or excerpt from an organization's policy and procedure manual.
24. Applicant is to provide a listing of the organization's current asset portfolio including the designation of project types (i.e. rental, single-family, multi-family), number of units, completion and occupancy date, and affordability period, if applicable.
25. Applicant is to provide an outline of development team members per project type. Identify employee positions, professional partnerships, and role of each team member.

### **PART III – CHDO CERTIFICATION REQUIREMENTS**

The following documents must be completed as required in Part II.

- CHDO Attachment A – Certification of Low-Income Board Membership Form.
- CHDO Attachment B – Board Membership Information Form.

**Refer to the following pages for the CHDO Attachment A and B.**

**Certification of Low-Income Board Membership  
(TAB 14)**

The following certification document is to be completed by each Board Member of the applicant organization deemed a representative of low-income persons.

Name \_\_\_\_\_ of \_\_\_\_\_ Board  
Member: \_\_\_\_\_  
I, \_\_\_\_\_, certify I am a member of the governing board of \_\_\_\_\_ and that I represent the interests of low-income persons in Miami-Dade County .

I am:  
(Select one of the following)

- A low-income resident of Miami-Dade County as classified by the 80% area median income definition;
- A resident of a low-income neighborhood in Miami-Dade County as designated by the County through the FY 2013-2017 Consolidated Plan and Annual Action Plan and applicable U.S. Census data.
- An elected representative of a low-income neighborhood organization of Miami-Dade County as designated by organizational services and service area consistent with the FY 2013-2017 Consolidated Plan and Annual Action Plan and applicable U.S. Census data.

\_\_\_\_\_  
Signature of Low-Income Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

**Board Membership Information  
(TAB 14)**

A. How often does your Board of Directors meet?	
B. What are the standing Board Committees?	
	Committee Name
1	
2	
3	
4	
5	
6	
7	
8	
C. Board President:	
Name	
Mailing Address	
Start Date	
Term Expiration Date	
D. Identify specific experience of board members directly related to the development and financing of housing include activities relative to operations as a CHDO.	
E. Explain any recent changes to the composition of the Board, i.e. membership turnover or a new President, etc.	





MIAMI-DADE COUNTY REQUEST FOR APPLICATIONS (RFA)
FY 2016 HOME PROGRAM

SCORING CRITERIA

1. Ability to Proceed: (45 points)

a. Does the organization/applicant have documented site control?

- Yes (15 points)
No (0 points)

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

- Yes (10 points)
No (0 points)

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

- Yes (10 points)
No (0 points)

d. Executed Contracts?

- Copy of building permit(s) (5 points)
Copy of Fully Executed GC Contract (5 points)

2. Number of Affordable Housing HOME Set-Aside Units? (10 points)

- 100% (10 points)
75% (7 points)
50% (5 points)
25% (3 points)
0% (0 points)

3. Set-asides for extremely low income (ELI\*)? (5 points)

- 10% and greater (5 points)
5% - 9.99% (3 points)
Less than 5% (0 points)

\*At or below 33% of area median

4. County subsidy including any previously awarded Surtax, CDBG, SHIP, HOME, NSP, GOB, or other County resources and funding requested in current application on a per unit basis? (10 points)

- less than or equal to \$35,000 (10 points)
- \$35,001 - \$45,000 (7 points)
- \$45,001 - \$50,000 (5 points)
- greater than \$50,001 (0 points)

5. Experience of Development Team. Evidence must be based on RFA submittal. (13 points)  
Units completed with Certificate of Occupancy.

- More than 1000 units (13 points)
- 400-999 units (9 points)
- 399-150 units (6 points)
- Less than 150 units (3 points)

**FOR CHDO Single-Family Homeownership Applications Only**

*The following Question 5A will replace Question 5 above.*

5A. Experience of Development Team constructing homeownership units? (13 points)

Units completed with Certificate of Occupancy. Evidence must be based on RFA submittal.

- More than 100 units (13 points)
- 25-100 units (9 points)
- 5-24 units (6 points)
- Less than 5 units (3 points)

6. Not-for-Profit partners as members of development team or public housing projects? Not-for-Profit member must be a minimum of 51% owner. (5 Points)

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

7. Construction Features and Amenities? Does the Development commit to providing Green Certification? If so, provide evidence (it will be a contractual requirement). (12 points)

- Green Certified (LEED, FGBC, NGBS, Energy Star, etc.) (12 points)
- 10 or more features, including at least 3 energy efficient (7 points)
- 5 or more features, including at least 2 energy efficient (3 points)

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

**BONUS POINTS ONLY (20 points)**

- Located within 1/2 mile of public transportation (5 points)
- Accesses recreation and health facilities (within one mile) (5 points)
- Addresses Ordinance 14-56 (Disability Set Aside) (5 points)
- Project provides mixed income integration \_\_\_\_\_ (5 points)

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

**MAXIMUM POINTS 120**

## **Infrastructure and Zoning Forms**

*Verification of infrastructure and zoning must be current within a period of one year of application submittal date.*

# VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - ELECTRICITY

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. Electricity is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining electric 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 electricity available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to electric 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 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 capacity 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)

1. Internet is available to the proposed Development.
2. 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.
3. To the best of our knowledge, no variance or local hearing is required to make internet available to the proposed Development.
4. 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 consider a current Phase II ESA, if applicable, 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 exist 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.

**PHASE I ENVIRONMENTAL SITE ASSESSMENTS MUST BE CERTIFIED TO MIAMI-DADE COUNTY.**

# 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.

I.O. No.: 4-132  
 Ordered: 9/17/2015  
 Effective: 10/01/2015

MIAMI-DADE COUNTY  
 IMPLEMENTING ORDER

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT FEE SCHEDULE

**AUTHORITY:**

Sections 1.01, 2.02 and 5.02 of the Miami-Dade County Home Rule Charter.

**POLICY:**

This Implementing Order provides a schedule of fees for services and programs provided by the Public Housing and Community Development Department.

**PROCEDURE:**

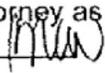
The administration of this Implementing Order is designated to the Director of the Public Housing and Community Development Department, who will be responsible for the collection of fees and the delivery of the required services. The Director shall review the contents of the implementing order annually and, if appropriate, make recommendations to the Board of County Commissioners for revisions or adjustments.

**FEE SCHEDULE:**

The fee schedule adopted by this Implementing Order is attached hereto and made a part hereof. This official fee schedule is also filed with and subject to the approval of the Board of County Commissioners and on file with the Clerk thereof. Fees charged by the Public Housing and Community Development Department shall be the same as those listed in the official fee schedule on file with the Clerk of the County Commission.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT SERVICE RATE SCHEDULE		
Fee Name	Current Fee (FY 2014-15)	Proposed Fee (FY 2015-16)
Loan Set Up Fee for Single Family Homes	\$100	\$100
Loan Set Up Fee for Development Projects	\$200	\$200
Satisfaction of Mortgage	\$50	\$50
Subordination Agreements	\$50	\$50
Fresh Start Agreement/ Forbearance	\$50	\$50
Mortgage Modifications	\$100	\$100
Force Placed Insurance	\$25	\$25
Monthly Servicing Fee	\$25 (per Month)	\$25 (per Month)
Partial Release	\$50	\$50
Origination Fee (Homebuyer loans, except for HOME-funded loans)		\$400
Construction Inspection Fee		\$1,500
Contract Extension/Modification Fee (multi-family development loans only)		\$2,500

This Implementing Order is hereby submitted to the Board of County Commissioners of Miami-Dade County, Florida.

Approved by the County Attorney as  
 to form and legal sufficiency 



**Carlos A. Gimenez**  
*Mayor*

**BOARD OF COUNTY COMMISSIONERS**

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*Clerk of Courts*

**Lazaro Solis**  
*Property Appraiser*

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