

**HOUSING FORMS SUBMISSION CHECKLIST
AND HOUSING FORMS 1- 5**

HOUSING FORMS SUBMISSION CHECKLIST RFA FY 2019

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
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	DUE DILIGENCE AFFIDAVIT (TAB 1)
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II.	PROPOSED ACTIVITY (TAB 1)
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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 2019 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 _____			
_____ Suite _____		_____	
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 – <i>Please mark District number(s) or Countywide</i>															
1	2	3	4	5	6	7	8	9	10	11	12	13	Countywide		
County Commission District (s) where clients reside – <i>Please mark District number(s) or Countywide</i>															
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 – <i>Please circle District number(s)</i>															
1	2	3	4	5	6	7	8	9	10	11	12	13	Countywide		
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 _____			
Perrine _____				South Miami _____				West Little River _____				Model City _____			
Opa-Locka _____															
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	\$ _____
Are you applying as a subrecipient or developer? (check one) _____ Developer _____ Sub-recipient			

AFFIDAVIT OF PREVIOUS CONTRACTUAL RELATIONSHIPS

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

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

☐ Yes _____ ☐ No

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

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

☐ Yes _____ ☐ No

If yes, submit 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:

- Were invoices submitted on time and were they accurate?
- Did payments need to be expedited due to cash flow problems?
- Has management and staff been stable (i.e., high or low turnover rate)?
- 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

Applicant Name:	
Address:	
Telephone Number:	

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):

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:



This material is available in an accessible format upon request.

CD/60/31516

GENERAL SECTION HOUSING FORMS

FORM 1

HOUSING FORMS

Miami-Dade County FY 2019 Housing RFA (TAB 1-5)

Part I. Applicant and Development Team

All Applicants for Housing must complete this section.

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.

_____ %

2. 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.

3. 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/Quadraplexes |
| <input type="checkbox"/> Townhouses | <input type="checkbox"/> Mid-Rise with Elevator (a building comprised of 4, 5, or 6 stories) |
| <input type="checkbox"/> High-Rise (a building comprised of 7 or more stories) | <input type="checkbox"/> Single Room Occupancy (SRO) |
| <input type="checkbox"/> Single-Family Home | <input type="checkbox"/> Homeownership _____ Model Type (duplex, single-family, etc.) |
| <input type="checkbox"/> Other Specify: _____ | |

6. Development Unit Mix

_____ Rental

_____ Homeownership

Demographic?

Elderly non-ALF _____

Elderly ALF _____

Family _____

Disabled _____

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 a minimum threshold and 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. Lease must be for a minimum of 30 years from date of occupancy/LURA and run concurrent with compliance period for funds; 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 12/31/2018. The closing must occur prior to contract execution with the County*); or
- Other indications of site control such as an executed Option to Purchase, Option to Lease Long-Term agreement, 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 of Florida Housing Finance Corporations' (FHFC) funding applications, if applicable.

Provide a list of all address(es) and folio numbers for the project site and attach color pictures of the site/structure (including roof and interior). Also include: completed 40-year certification, completed architectural/engineering plans; approved building and construction permits from the respective municipality and/or county for the proposed project. Property must be free of any Building Code violations and if there are existing violations a copy of the violation(s) must be provided from the municipality with a plan to address them.

Site Address	Folio Number

* (If there are multiple sites, please attach a separate list with address and folio numbers).

2. Evidence of Infrastructure Availability. PHCD reserves the right to have flexibility to accept the documents.

- Electricity – Provide a letter from the provider or the Verification of Availability of Infrastructure Electricity Form or a copy of an electrical bill for service to the subject property behind a tab labeled and clearly identified as Tab _____.
- Water – Provide a letter from the provider or the Verification of Availability of Infrastructure Water Form or a copy of a water bill for service to the subject property behind a tab labeled and clearly identified as Tab _____.
- Sewer, Package Treatment or Septic Tank – Provide a letter from the provider or the Verification of Availability of Infrastructure – Sewer Capacity, Package Treatment, or Septic Tank Form or a copy of a sewer bill for service to the subject property behind a tab labeled and clearly identified as Tab _____.
- Roads – Provide a letter from the appropriate Local Government or the Verification of Availability of Infrastructure – Roads Form behind a tab labeled and clearly identified as Tab _____.

3. Evidence of Appropriate Zoning:

- New Construction Development – Provide a properly completed and executed Local Government Verification Form that development is consistent with zoning and land use regulations form behind a tab labeled and clearly identified as Tab _____.
OR
- Rehabilitation/Substantial Rehabilitation Developments – Provide a properly completed and executed Local Government Verification Form that development is consistent with zoning and land use regulations or a properly completed and executed Local Government Verification Form that states permits are not required for this development behind a tab labeled and clearly identified as Tab _____.

Infrastructure and Zoning Forms

Infrastructure and zoning forms must be completed and submitted with RFA applications for construction projects. Verification of infrastructure and zoning forms 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 re-typed, the Applicant will fail to meet threshold. The certification may be photocopied.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE – SEWER CAPACITY AND 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 re-typed, 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 re-typed, 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 re-typed, 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 re-typed, 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-based 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 re-typed, 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 re-typed, 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 re-typed, 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:

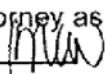
The administration of this Implementing Order is designated to the Director of the Public Housing and Community Development Department, who will be responsible for the collection of fees and the delivery of the required services. The Director shall review the contents of the implementing order annually 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 

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:

- All federally assisted 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 windowsills 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 three bedroom or larger construction units.

- Bathtub with a shower in at least one bathroom of 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 showerheads 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.

OPTIONAL FEATURES AND AMENITIES:

Check all that apply	Optional Features And Amenities For All Developments Except SRO
	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	Optional Features and Amenities For Single Family Homeownership or Rental, Duplexes or Quadraplexes Applications
	Garage for each unit that 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 that 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". A door must afford direct access to the fenced back yard for each unit from that unit and no other unit.
	Other:

Check all that apply	Optional Features and Amenities For SRO Developments
	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 2 of 3

C. Housing Preservation Activities

Check all that apply:

- _____ Project is rehabilitating or replacing existing affordable housing units that will remain affordable to households of 80% of AMI or less.
- _____ Project will obtain Green Certification in accordance with Miami-Dade County Green Code through Ordinance 07-65.
- _____ Project is rehabilitating affordable housing units subject to an Expiring Use Agreement under the Tax Credit, Section 8 or other government program and will result in units affordable to households of 80% of AMI or less.

D. Design and Accessibility Features

Check all that apply:

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

Energy Features for All Units in the Development

For 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 Miami-Dade County Green Code through Ordinance No. 07-65. The applicant will also adhere to all the requirement of said ordinance.

_____ YES

_____ NO

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

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

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 photocopied 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 5

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 (HUD). Tenant paid utilities must be subtracted from the gross rents provided to determine net rents, which are the maximum initial allowable rents. 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.

Utility Allowances (UA):

Effective immediately, Miami-Dade County will no longer permit the use of the utility allowance established by the local Public Housing Authority (PHA) for HOME-assisted rental projects for which HOME funds were committed on or after August 23, 2013. Projects to which HOME funds were committed before the effective date of the 2013 HOME Rule may continue to use the PHA utility schedule. U.S. HUD has notified all Participating Jurisdictions (PJs) that methods used by PHAs to establish utility schedules vary across the country and, therefore, may generate inconsistent or inaccurate allowances. PHA utility schedules are based on average consumption rates across a PHA's portfolio. Application of standardized utility allowances may result in undercharging of rent, particularly in projects where tenants pay utilities directly. As more projects are constructed or rehabilitated to higher energy-efficiency standards, the use of a standard utility allowance may not represent actual utility costs. Pursuant to U.S. HUD regulations, all PJs must establish a local policy for determining the UA for HOME projects based on the specific type of utilities used at the project.

PHCD has adopted the Utility Company Estimate project-specific methodology, as per 26 CFR Part 1.42-10(b)(4)(B). PHCD will approve UAs based upon estimates obtained from a local utility company for each of the utilities used in the project. IRS regulations state that the estimate must be obtained in writing and must be based on the estimated cost of that utility for a unit of similar size and construction for the geographic area in which the building containing the unit is located.

RENTS AND OPERATING PRO-FORMA (TAB 9)

Page 2 of 5

Utility Allowances (UA) - Continued:

PHCD will only accept written correspondences from local utility companies categorized by the bedroom size, square footage per unit, number of units per size, and the estimated utility rate. Review the following table as a sample.

Bedroom Size*	Square Footage per Unit	Number of Units	Utility Rate
1 Bedroom	600 Square Feet	25	\$
1 Bedroom	750 Square Feet	45	\$
2 Bedroom	900 Square Feet	60	\$
2 Bedroom	1050 Square Feet	75	\$
3 Bedroom	1300 Square Feet	40	\$
Total Units		245	

*Per Bedroom Size. If the property consists of multiple non-identical buildings, (the buildings are not substantially similar) then the sampling must be performed for each bedroom size for each building on the site.

PHCD will require all owners of the buildings to make available copies of the utility company estimate to the tenants in the building.

PHCD will not accept correspondences from utility companies without an estimated utility rate breakdown by bedroom size, square footage per unit, and the number of units per size for the entire project.

PHCD reserves the right to deny approval of any correspondences that do not meet PHCD and U.S. HUD federal regulations.

RENTS AND OPERATING PRO-FORMA (TAB 9)

Page 3 of 5

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			\$	\$	\$	\$
		TOTAL			\$	\$	\$	\$
					Annual	Income	\$	

Non-Miami-Dade County Assisted Units

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

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

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

\$

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

RENTS AND OPERATING PRO-FORMA (TAB 9)

Page 4 of 5

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 operating 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 5 of 5

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 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 for People Living 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

PROJECT COST	County Funds Requested	Other Public Funding	Other Financing
<i>Actual Construction Cost</i>			
Demolition			
New Units			
Rehab of Existing Rental Units			
Accessory Buildings			
Recreational Amenities			
Rehab of Existing Common Areas			
*Other (explain in detail)			
A1. Actual Construction Cost			
Contingency (explain in detail)			
A1.1 Sub-Total			
A1.2 General Contractor Fee			
A1.3 Total Actual Construction Cost			
<i>Financial Cost</i>			
Construction Loan Credit Enhancement			
Construction Loan			
Construction Loan Interest			
Construction Loan Origination Fee			
Bridge Loan Interest			
Bridge Loan Origination Fee			
Permanent Loan Credit Enhancement			
Permanent Loan Origination Fee			
Reserves Required By Lender			
A2. Total Financial Cost			

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			
*Impact Fees (list in detail)			
Inspection Fees			
Insurance			
Legal Fees			
Market Study			
Marketing/Advertising			
Property Taxes			
Soil Test Report			
Survey			
Title Insurance			
Utility Connection Fee			
*Other (explain in detail)			
*Contingencies (explain in detail)			
A3. Total General Development Cost			
B. Development Cost (A1.3+A2+A3)			
C. Developer's Fee			
<i>Acquisition Cost Of Existing Developments (Excluding Land)</i>			
Existing Buildings			
Developer Fee on Existing Buildings			
*Other (explain in detail)			
D. Total Acquisition Cost			
<i>Land Cost</i>			
E. Total Land Cost			
F. Total Development Cost (B+C+D+E)			

FINANCING (TAB 11)

Page 3 of 5

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 housing 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 # _)
A. Total Development Cost			
B. Sources			
County Funds			
First Mortgage Financing			
Second Mortgage Financing			
Third Mortgage Financing			
Deferred Developer Fee			
Grants			
Equity – Partner's Contribution			
Other			
Total Sources			
C. Financing Shortfall (A minus B)			
D. County Funds Requested			

FINANCING (TAB 11)

Page 5 of 5

PERMANENT FINANCING (Must complete for leveraging score)

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

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

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

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

**SCORING CRITERIA
FOR
HOME HOUSING FUNDS**



MIAMI-DADE COUNTY REQUEST FOR APPLICATIONS (RFA) FY 2019 HOME PROGRAM

SCORING CRITERIA FOR HOME HOUSING FUNDS

1. Ability to Proceed: (45 points)

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

☐ Yes

☐ No

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 master or umbrella building permit(s) or (15 points)

☐ Copy of building permit(s) (10 points)

☐ Copy of Fully Executed GC Contract (10 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

2. 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 (23 points)

- ☐ Located within 1/2 mile of public transportation (5 points)
- ☐ Access to 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)
- ☐ Community Land Trust non-profit documentation (3 points)

TOTAL BONUS POINTS EARNED: _____

MAXIMUM POINTS 123

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

HOME TENANT-BASED RENTAL ASSISTANCE (HOME 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. Income must be verified annually. Preference will be given to participant(s) who are disabled, elderly and/or the chronic homeless as defined by HUD, and 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. PHCD has established a minimum household payment of \$50 per month.

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.

Funding awarded for HOME TBRA services must be utilized by eligible program participants residing in Miami-Dade County.

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' rent 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.

PHCD has adopted the Utility Company Estimate project-specific methodology, as per 26 CFR Part 1.42-10(b)(4)(B). PHCD will approve UAs based upon estimates obtained from a local utility company for each of the utilities used in the project. IRS regulations state that the estimate must be obtained in writing and must be based on the estimated cost of that utility for a unit of similar size and construction for the geographic area in which the building containing the unit is located.

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 participant must ensure that units are in compliance with lead-based paint regulations (24 CFR 35 Support M). The rents must be reasonable.

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 their income, (i.e., Section 8, etc.).

HOME TBRA is not allowable for subsidizing particular rental projects.

Lease Requirements

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. The lease must be free of prohibited provisions (24 CFR 92.253) and must incorporate the Violence Against Women (VAWA) lease addendum required under 24 CFR 92.359(e).

- **VAWA:** Applicant shall comply with the federal Violence Against Women Act, codified at 42 U.S.C. 13701-14040 ("VAWA"), which protects applicants, tenants, and program participants in federally funded programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them, including the Final Rule adopted November 16, 2016, printed in Federal Register Vol. 81, No. 221, 80724-80824 (the "VAWA Final Rule"). VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Tenant Selection

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

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. Tenant paid utilities must be subtracted from the gross rents provided to determine net rents, which are the maximum initial allowable rents.

HOME TBRA rental assistance with individual households may not exceed two (2) years. Contracts can be renewed, subject to availability of HOME funds.

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 in 24 CFR Part 5, (i.e., income and other eligibility issues). Program specific information can be found in 24 CFR Part 982 to include HQS and rent reasonableness. The HOME TBRA regulations can be found in 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 not allowed, however, project delivery costs such as unit inspection cost and income eligibility determinations are allowed. Staff timecards or records are required for review for staff expenses 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 practices 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 (HMIS), 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.

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

FORM 2

**TENANT-BASED RENTAL ASSISTANCE
(HOME TBRA)
(PAGE 1 OF 2)
(TAB 13)**

**ORGANIZATIONAL QUALIFICATIONS AND
PROPOSED PROJECT NARRATIVE
TENANT-BASED RENTAL ASSISTANCE PROGRAM ONLY**

Please complete and include in the application the Application Cover Sheet with the appropriate Affidavit(s), Housing Forms Checklist, and indication of Tab # for proof of documentation. Also, include general information about your organization and its mission.

The applicant must check the appropriate funding: ☐ HOME

SECTION 1- 4:

1. Experience and Capacity

- a. Entity must have experience (in years) operating a Tenant-Based Rental Assistance Program. How many years of experience does your organization have? _____

Evidence includes the following:

- ☐ A resolution authorizing the formation of the entity.
- ☐ Contract Administration (Executing and Monitoring): Executed contract agreements, copies of Contract Administration staff resumes, and Contract Administration staff job descriptions.
- ☐ Inspection of Units (Housing Quality Standards or Local Code): Housing Quality Standard reports, copies of inspection staff resumes, and inspection staff job descriptions.
- ☐ Case Management (Comprehensive): Case management documentation, copies of Case Management staff resumes, and job descriptions.
- ☐ Subsidized Housing (ownership or management): Please provide evidence of property title, lease agreements, or management agreements.

Evidence is located in Tab _____

2. Policies and Procedures

- a. Entity must have Tenant Selection Policies and Procedures. Entity must provide evidence of a copy of the adopted policy, lease and rental subsidy portability statement. Tab _____
- b. Entity must have a Landlord Outreach Plan. Entity must provide evidence such as the approved plan and landlord agreement. Tab _____

3. Clients and Units Identified

- a. What percent of clients are identified for the proposed project? Entity must provide evidence such as a client list that has been determined preliminarily eligible. Tab _____
- Total number of clients located within project units? _____
- Total number of clients to be served by proposed project? _____
- Total percent of clients to be served by proposed project? _____

**TENANT-BASED RENTAL ASSISTANCE
(HOME TBRA)
PAGE 2 OF 2
(TAB 13)**

3. Clients and Units Identified (Continued)

- b. What percent of units are identified for the proposed project? Entity must provide evidence such as commitment letters from owners with addresses that are available. Tab _____

Total number of units? _____

Total number of units to benefit from the proposed project? _____

Total percent of units identified for the proposed project? _____

4. Administrative Expense

What percent of the total budget is provided as in-kind contribution for administrative expenses? Provide evidence such as the proposed budget. Tab _____

Total amount of in-kind contributions of administrative expenses? _____

Total amount of administrative expenses? _____

What percent of total budget is provided as in-kind contribution administrative expenses?

**MIAMI-DADE COUNTY REQUEST FOR APPLICATIONS (RFA)
FY 2019 HOME PROGRAM**

**TENANT-BASED RENTAL ASSISTANCE PROGRAM
(HOME TBRA)**

Scoring Criteria

Check the appropriate funding: ☐ HOME

1. Experience and Capacity

Does the entity have experience (in years) operating a Tenant-Based Rental Assistance Program? *(Evidence includes 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 entity have experience (in years) with the following:

Contract Administration (executing and monitoring) - (Evidence includes 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) - (Evidence includes 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) - (Evidence includes 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) – (Evidence includes the property title, lease agreements, or management agreements.)

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

**TENANT-BASED RENTAL ASSISTANCE PROGRAM
(HOME TBRA)**

Scoring Criteria

2. Policies and Procedures

Does the entity have Tenant Selection Policies? - *(Evidence includes a copy of the adopted policy, lease and rental subsidy portability statement.)*

_____ Yes	(12.5 points)
_____ No	(0 points)

Does the entity have a Landlord Outreach Plan? - *(Evidence includes 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? - *(Evidence includes 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? - *(Evidence includes 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? - *(Evidence includes a copy of the proposed budget.)*

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

TOTAL POINTS EARNED: _____

HOMELESS PROGRAMS

**HOMELESS RENTAL HOUSING DEVELOPMENT
(HOMELESS SET-ASIDE REHABILITATION AND
EMERGENCY SOLUTIONS GRANT (ESG) SHELTER/OUTREACH)**

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 Miami-Dade County's Community Homeless Plan: Priority Home. The Plan is available at www.homelesstrust.org. The Plan is a comprehensive Continuum of Care (CoC) system to serve homeless persons in Miami-Dade County. The Plan includes strategies to make homelessness intermittent with the provision of a wide range of housing and service interventions to accomplish goals.

Funding awarded services must be utilized by eligible program participants residing in Miami-Dade County. 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 including chronic homeless, families with minor children, unaccompanied youth, and Veterans. The County will have the right of first priority throughout the loan period (e.g., 30 years) to refer clients to 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).

HOME Homeless Set-Aside funds will be made available pursuant to this RFA. HOME Homeless Set-Aside Tenant-Based Rental Assistance (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 TBRA section of the RFA for additional funding opportunities related to rental subsidies that do not require capital funding and the requirements to submit a request for funding for TBRA).

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-populations 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, persons living with 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 (HMIS), 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 to be 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 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 homeless units/beds.
4. The project will participate in the Homeless Management Information System (HMIS), 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.

ADMINISTRATION

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

ELIGIBLE PARTICIPANTS

Funding awarded for ESG services must be utilized by eligible program participants residing in Miami-Dade County.

SERVICES AND ACTIVITIES ELIGIBLE FOR ESG FUNDING

PHCD is requesting proposals from qualified and experienced not-for-profit service providers, to receive and expend ESG funding to meet eligible activities summarized, as follows.

Funding awarded for ESG services must be utilized by eligible program participants residing in Miami-Dade County.

- 1) Emergency Shelter: ESG funding is available to provide emergency housing, meals, and supportive services to homeless (single) adults. 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). 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), comply with established Emergency Shelter Standards of Care, and contribute to HUD system-level performance improvements. Applicants must indicate how many beds they propose to operate at the facility based on the 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) 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 as 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.

HOMELESS PROGRAMS

**HOMELESS RENTAL HOUSING DEVELOPMENT
(HOMELESS SET-ASIDE REHABILITATION AND ESG
SHELTER/OUTREACH)**

FORM 3

HOMELESS RENTAL HOUSING DEVELOPMENT
Funding Application
(Homeless Set-Aside Rehabilitation and ESG Shelter/Outreach)
PAGE 1 OF 5
(Tab 13)

SCORING TABLE

SECTION	SCORING ITEMS	MAXIMUM POINTS HOME	MAXIMUM POINTS ESG
FORM 1	GENERAL SECTION HOUSING FORMS (Required from all applicants):		
I.	APPLICANT AND DEVELOPMENT TEAM (TAB 1)		
II.	PROPOSED ACTIVITY (TAB 1)		
III.	FUNDING REQUEST (TAB 1)		
IV.	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)		
	ABILITY TO PROCEED (ATTACH PICTURES OF EXTERIOR AND INTERIOR):		
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	
	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): [REQUIRED]	5	
	ACCEPTANCE OF RENTAL ASSISTANCE (TAB 10) [RENTAL DEVELOPMENTS ONLY]		
	FINANCING: DEVELOPMENT COST PRO FORMA SAMPLE (TAB 11):		
FORM 3	HOMELESS ORGANIZATION QUALIFICATION, HISTORY, AND STRUCTURE (TAB 13)	35	40
	TARGET POPULATION (TAB 13)	15	20
	PROJECT NARRATIVE (TAB 13)	5	
	TOTAL POINTS	100	
FORM 3	ESG PROPOSALS ONLY (COMPLETE ONLY)		
	PROJECT NARRATIVE (TAB 13)		30
	MATCH REQUIREMENT (TAB 13)		10
	TOTAL POINTS		100
FORM 4	TENANT-BASED RENTAL ASSISTANCE (HOMELESS SET-ASIDE TBRA AND ESG)		
	APPLICANT EXPERIENCE AND PERFORMANCE (TAB 14)	22	22
	SCOPE OF SERVICES (TAB 14)	28	28
	DETAILED BUDGET AND JUSTIFICATION (TAB 14)	8	8
	SUPPLEMENTAL RESOURCES (TAB 14)	4	4
	TOTAL POINTS	62	62

HOMELESS RENTAL HOUSING DEVELOPMENT
Funding Application
(Homeless Set-Aside Rehabilitation and ESG Shelter/Outreach)
PAGE 2 OF 5
(Tab 13)

**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)?

HOMELESS RENTAL HOUSING DEVELOPMENT
Funding Application
(Homeless Set-Aside Rehabilitation and ESG Shelter/Outreach)
PAGE 3 OF 5
(Tab 13)

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 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 would 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.

HOMELESS RENTAL HOUSING DEVELOPMENT
Funding Application
(Homeless Set-Aside Rehabilitation and ESG Shelter/Outreach)
PAGE 4 OF 5
(Tab 13)

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

- 2. Describe how your project addresses a need or gap as identified in the Annual Continuum of Care Gaps and Needs Analysis.
- 3. Describe (and attach) any licenses that are required.
- 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 or homeless clients, 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.

HOMELESS RENTAL HOUSING DEVELOPMENT
Funding Application
(Homeless Set-Aside Rehabilitation and ESG Shelter/Outreach)
PAGE 5 OF 5
(Tab 13)

The following section applies only to ESG Proposals:

Funding awarded for ESG services must be utilized by eligible program participants residing in Miami-Dade County.

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 that will serve the priority sub-population described herein, the applicant must submit documentation of firm funding commitments.

TENANT-BASED RENTAL ASSISTANCE
(HOMELESS SET-ASIDE TBRA AND ESG HOMELESS
PREVENTION/RAPID REHOUSING)

FORM 4

TENANT BASED RENTAL ASSISTANCE
(HOMELESS SET-ASIDE TBRA AND ESG HOMELESS PREVENTION/RAPID REHOUSING)
(PAGE 1 OF 3)
(TAB 14)

Agency: _____
Director: _____
Address: _____
Phone: _____
Email: _____
Project Name: _____
Project Address: _____

Type of Project: ☐ **HOMELESS TBRA** ☐ **ESG HOMELESS PREVENTION/RAPID REHOUSING**

Specific to HOME funds, PHCD has adopted the Utility Company Estimate project-specific methodology, as per 26 CFR Part 1.42-10(b)(4)(B). PHCD will approve utility allowances based upon estimates obtained from a local utility company for each of the utilities used in the project. IRS regulations state that the estimate must be obtained in writing and must be based on the estimated cost of that utility for a unit of similar size and construction for the geographic area in which the building containing the unit is located.

A. APPLICANT EXPERIENCE AND PERFORMANCE

- | |
|--|
| 1. Past experience of applicant, its employees, or its partners/subcontractors in providing the solicited service, including experience with contract administration, inspection of units, comprehensive case management, and work with subsidized housing. |
| 2. Past experience of applicant in maximizing the use of mainstream resources. |
| 3. Past experience of applicant in leveraging resources through partnerships among agencies. |
| 4. For projects participating in HMIS: Provide an Annual Progress Report for similar projects between July 1, 2016 and May 1, 2017 to reflect achievement of HUD priorities (1) expedited access to, or retention in, permanent housing; (2) program fiscal utilization. For proposals that are new to the CoC and do not have an HMIS record, respondents may submit:

(1) a record of system performance from an equivalent database that is validated by a third party payer, and (2) a compelling explanation of the agency's connections to this community which positions them to serve homeless households considering the HUD priorities and achievement of HUD System Performance Measures. |

TENANT BASED RENTAL ASSISTANCE
(HOMELESS SET-ASIDE TBRA AND ESG HOMELESS PREVENTION/RAPID REHOUSING)
(PAGE 2 OF 3)
(TAB 14)

B. SCOPE OF SERVICES

1. Describe how project will comply with the CoC's Coordinated Entry procedures.
2. Describe how housing plans are developed and strategies for serving populations including chronic homeless adults on the Permanent Housing waiting list; non-chronic long-term homeless; families, survivors of violence, or unaccompanied youth experiencing homelessness.
3. Describe resources dedicated to housing identification (navigation), how projects will remove barriers to program entry (history of homelessness, poor credit, past evictions, lack of income), and assistance provided with move-in, or in the case of prevention, housing stabilization.
4. Describe how type, scale and location of the proposed housing offers client choice with evidence of active landlord relationships.
5. Describe case management services provided to help households address barriers that prevent access to or stability in housing (such as addressing credit history, debt issues, explaining lease agreements, navigating transportation issues and family conflicts).
6. Describe how individuals and families will be assisted following housing placement, or in the case of prevention, housing stabilization (accessing other services, including public benefits, health care, job training, employment), and how program will work to minimize and/or prevent program evictions.

TENANT BASED RENTAL ASSISTANCE
(HOMELESS SET-ASIDE TBRA AND ESG HOMELESS PREVENTION/RAPID REHOUSING)
(PAGE 3 OF 3)
(TAB 14)

C. DETAILED BUDGET AND JUSTIFICATION

1. Proposed project budget and narrative (Attachment 14) are:
 - a. clear, easily understandable to raters
 - b. detailed, as evidenced by a comprehensive budget narrative
 - c. reasonable, as evidenced by including only allowable activities, and
 - d. cost effective, as compared to other projects providing the same component

D. SUPPLEMENTAL RESOURCES

1. Describe sources and extent of match provided for the proposed project.

**TENANT-BASED RENTAL ASSISTANCE PROGRAM
(HOMELESS SET-ASIDE TBRA AND ESG HOMELESS PREVENTION/RAPID REHOUSING)**

SCORING CRITERIA

A. APPLICANT EXPERIENCE AND PERFORMANCE – UP TO 22 POINTS

1. Past experience of applicant, its employees, or its partners/ subcontractors in providing the solicited service, including experience with contract administration, inspection of units, comprehensive case management, and work with subsidized housing.	8 Points
2. Past experience of applicant in maximizing the use of mainstream resources.	4 Points
3. Past experience of applicant in leveraging resources through partnerships among agencies.	4 Points
4. For projects participating in HMIS: Annual Progress Reports for similar projects between July 1, 2017 and June 30, 2018 to reflect achievement of HUD priorities (1) exits to and retention in, permanent housing and (2) program fiscal utilization. For proposals that are new to the CoC and do not have an HMIS record, respondents may submit: (1) a record of system performance from an equivalent database that is validated by a third party payer, and (2) a compelling explanation of the agency's connections to this community which positions them to serve homeless households considering the HUD priorities and achievement of HUD System Performance Measures.	6 Points

B. SCOPE OF SERVICES – UP TO 28 POINTS

1. Proposal describes how the project will comply with the CoC's Coordinated Entry procedures.	4 Points
2. Proposal describes how housing plans are developed and strategies for serving populations including chronic homeless adults on the Permanent Housing waiting list; non-chronic long-term homeless; families, survivors of violence, or unaccompanied youth experiencing homelessness.	4 Points
3. Proposal describes resources dedicated to housing identification (navigation), how projects will remove barriers to program entry (history of homelessness, poor credit, past evictions, lack of income), and assistance provided with move-in, or in the case of prevention, housing stabilization.	6 Points
4. Proposal describes the type, scale and location of the proposed housing and services and how housing choice will be incorporated, with evidence of active landlord relationships.	6 Points
5. Proposal describes case management services provided to help households address barriers that prevent access to or stability in housing (such as addressing credit history, debt issues, explaining lease agreements, navigating transportation issues and family conflicts).	4 Points

**TENANT-BASED RENTAL ASSISTANCE PROGRAM
(HOMELESS SET-ASIDE TBRA AND ESG HOMELESS PREVENTION/RAPID REHOUSING)**

SCORING CRITERIA

B. SCOPE OF SERVICES

6. Proposal describes how individuals and families will be assisted following housing placement, or in the case of prevention, housing stabilization (accessing other services, including public benefits, health care, job training, employment), and how program will work to minimize and/or prevent program evictions.	4 Points
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C. DETAILED BUDGET AND JUSTIFICATION - UP TO 8 POINTS

1. Proposed project budget is: <ul style="list-style-type: none">a. clear, easily understandable to ratersb. detailed, as evidenced by a comprehensive budget narrativec. reasonable, as evidenced by including only allowable activities, andd. cost effective, as compared to other projects providing the same component	8 Points
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D. SUPPLEMENTAL RESOURCES – UP TO 4 POINTS

1. Projects that demonstrate the extent to which the amount of assistance to be provided will be matched (at a minimum 100 percent for TANF and Challenge).	4 Points
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TOTAL POINTS AVAILABLE FOR HOMELESS SET-ASIDE TBRA/ESG PROJECTS: 62

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

FORM 5

HOME PROGRAM COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (HOME CHDO)

I. INTRODUCTION AND BACKGROUND

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

The HOME Program is administered through the U. S. Department of Housing and Urban Development (HUD). Miami-Dade County, as a participating jurisdiction (PJ), receives funds under the HOME Program. 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 non-profit organization that has among its purposes the provision of decent housing that is affordable to low- and moderate-income persons as evidenced in its charter, articles of incorporation, resolutions, or by-laws. A CHDO may apply for funding in the capacity of a Developer, Owner, or Sponsor, but only CHDOs may apply for a HUD-mandated set-aside percentage of local HOME funds.

For further information, refer to 24 CFR Part 92.

Certification:

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

- Meet all of the CHDO certification requirements per 24 CFR Part 92.208;
- 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 the organization is able to prove that it still meets 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 the 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
- Demonstrated 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 that 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 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.

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. 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 HOME funds.

b. Sponsoring Homebuyers:

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

The HOME funds are invested in the property owned by the CHDO. The CHDO sponsor acquired 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 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
 - Down payment 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 a 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 that outlines the CHDO criteria utilized. Applicants must complete the CHDO application and submit requested documentation.

Certifications will only be evaluated during the FY 2019 RFA process.

HOME PROGRAM
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)
CHDO CERTIFICATION APPLICATION
(TAB 15)

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” within the Tab section (Tab #) stated in the header above.

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 evidenced 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 HUD approved 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 has demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by: resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds HUD defines CHDO staff as paid employees who are responsible for the day-to-day operations of the CHDO. Staff does not include volunteers, board members, or consultants.
9. 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;
10. 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;
11. 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;

12. 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
13. 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.
14. 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.
15. Provide a copy of the organization's most current balance sheet.
16. Provide a copy of the organization's most current audit.
17. Submit a copy of the organization's most current profit and loss statement/income statement.
18. 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).

19. 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.
20. 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 resumes 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 Form 1099.
21. Applicant is to provide a statement of current projects both HOME and non-HOME, scope of work, and timelines for each project.
22. Applicant is to provide timeline and scope for future projects over course of next one to three years.
23. 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.
24. Applicant should identify project selection policies and procedures. This may be a narrative document, or excerpt from an organization's policy and procedure manual.
25. 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.
26. 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 15)**

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 15)

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.).	

F. List the names of current Board Members.

[illegible]



Carlos A. Gimenez
Mayor

BOARD OF COUNTY COMMISSIONERS

Esteban Bovo, Jr.
Chairman

Audrey M. Edmonson
Vice Chairwoman

Barbara J. Jordan
District 1

Daniella Levine Cava
District 8

Jean Monestime
District 2

Dennis C. Moss
District 9

Audrey M. Edmonson
District 3

Senator Javier D. Souto
District 10

Sally A. Heyman
District 4

Joe A. Martinez
District 11

Eileen Higgins
District 5

José "Pepe" Diaz
District 12

Rebeca Sosa
District 6

Esteban Bovo, Jr.
District 13

Xavier L. Suarez
District 7

Harvey Ruvin
Clerk of Courts

Lazaro Solis
Property Appraiser

Abigail Price-Williams
County Attorney