

**DEPARTMENTAL INPUT  
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

Rev 1

<input checked="" type="checkbox"/> <b>New contract</b>	<input type="checkbox"/> <b>OTR</b>	<input type="checkbox"/> <b>CO</b>	<input type="checkbox"/> <b>SS</b>	<input type="checkbox"/> <b>BW</b>	<input type="checkbox"/> <b>Emergency</b>	Previous Contract/Project No. RTQ-00249
<input type="checkbox"/> <b>Re-Bid</b>	<input type="checkbox"/> <b>Other</b>	LIVING WAGE APPLIES: __YES <input checked="" type="checkbox"/> NO				

Requisition/Project No: RTQ-01120

TERM OF CONTRACT: 5 YEAR(S) WITH 0 YEAR(S) OTR

Requisition/Project Title:- Credit Underwriting Services; Subsidy Layering Reviews, and Other Related Services

Description: This Request to Qualify (RTQ) will establish a Prequalified Pool of Vendors (Pool) that will be used to solicit Credit Underwriting (CU) Services; Subsidy Layering Reviews (SLR), and Other Related Services for two Miami-Dade County (County) Programs: Multi-Family Affordable Housing (Affordable Housing) Development and Commercial Special Economic Development (SPED), represented by the Public Housing and Community Development (PHCD).

User Department(s): Public Housing and Community Development (PHCD)

Issuing Department: ISD Procurement Contact Person: Manny Jimenez Phone: 305-375-4425

Estimated Cost: \$750,000 Funding Source: Federal Fund REVENUE GENERATING: No

**ANALYSIS**

Commodity/Service No: 946, FINANCIAL SERVICES, SIC:			
<b>Trade/Commodity/Service Opportunities</b>			
Contract/Project History of Previous Purchases For Previous Three (3) Years Check Here <input checked="" type="checkbox"/> if this is a New Contract/Purchase with no Previous History			
	<b>EXISTING</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>
Contractor:	Multiple	Multiple	Multiple
Small Business Enterprise:			
Contract Value:	\$150,000	\$150,000	\$150,000
Comments: Previous Contract No. RTQ-00249			
Continued on another page (s): ____ Yes <input checked="" type="checkbox"/> No			

**RECOMMENDATIONS**

SBE	Set-Aside	Sub-Contractor Goal	Bid Preference	Selection Factor
		%		
		%		
		%		
		%		

Basis of Recommendation:

Signed: Manny Jimenez

Date to SBD: 02-04-2019

Date Returned to PM: \_\_\_\_\_

## **SECTION 2**

### **SPECIAL TERMS AND CONDITIONS**

#### **2.1 PURPOSE**

This Request to Qualify (RTQ) will establish a Prequalified Pool of Vendors (Pool) that will be used to solicit Credit Underwriting (CU) Services; Subsidy Layering Reviews (SLR), and Other Related Services for two Miami-Dade County (County) Programs: Multi-Family Affordable Housing (Affordable Housing) Development and Commercial Special Economic Development (SPED), represented by the Public Housing and Community Development (PHCD). Placement in the Pool is **not** a contract between the County and the Vendor, but an acknowledgement that the Vendor meets the qualifications as outlined throughout this RTQ. Vendor Submittals are accepted throughout the term of the RTQ for placement in such Pool.

#### **2.2 DEFINITIONS**

**Invitation to Quote (ITQ)** – Shall refer to the solicitation of quotes from the Pool for a specific good and/or service; and awarded based on lowest price, or other quantifiable criteria.

**Prequalified Pool of Vendors (Pool)** – Shall refer to business entities/individuals determined by the County's Internal Services Department, Strategic Procurement Division, as meeting the minimum standards of business competence, financial ability, and/or product quality for placement in the Pool, and which may submit quote or proposal, at the time of need.

**Vendor** – Shall refer to a business entity/individual responding to this RTQ.

**Submittal** - Shall refer to all information, attachments and forms submitted in response to this RTQ.

**Work Order Proposal Request (WOPR)** – Shall refer to the solicitation of offers from the Prequalified Pool of Vendors for specific goods and/or services; and evaluated and awarded based on best value.

#### **2.3 TERM**

The Pool shall be established on the first calendar day of the month succeeding approval by the Board of County Commissioners, or designee, unless otherwise stipulated in the Blanket Purchase Order issued by the Internal Services Department, Strategic Procurement Division. The Pool shall expire on the last day of the last month of the sixty (60) month period. The County, at its sole discretion, reserves the right to exercise the option to extend this Pool.

#### **2.4 QUALIFICATION CRITERIA**

Vendor shall meet the following criteria to be considered for placement in the Pool; and for participation in future competitions:

##### **A. Group A: Multi-Family Affordable Housing (Affordable Housing) Development Program**

1. Provide a Certificate of Status from the State for Florida to demonstrate that Respondent is properly registered to conduct business in the State of Florida.
2. Submit three (3) references to demonstrate that the Respondent is regularly engaged in the business of providing CU and SLRs that included any or all of the following assessments: refinancing, subordinations, loan modifications, assignments and assumptions, sales and transfers, physical needs assessments, and project feasibility assessments. The references must be from customers that have received the services described in this solicitation within the last twelve (12) months from the Respondent.
3. Provide experience record (copies of analyses, reports, studies, findings, recommendations, etc. for two (2)

similar projects completed within the last five (5) years to demonstrate a minimum of two (2) years of experience in performing CU and SLRs that included any or all of the following assessments: refinancing, subordinations, loan modifications, assignments and assumptions, sales and transfers, physical needs assessments, and project feasibility assessments for low-income housing projects with bond funds with Miami-Dade County, the Housing Finance Authority (HFA), Florida Housing Finance Corporation (FHFC), and/or the State Of Florida, for a minimum of four (4) of the funding sources/programs listed in Section 3.2.

4. Provide a point of contact and email address. A contact person shall be someone who has personal knowledge of the Respondent's performance for the specific requirement listed. Each contact person must have been informed that they are being used as a reference and that the Authority may be calling them. DO NOT list persons who will be unable to answer specific questions regarding the experience record provided per Section 2.4.A.3.

**B. Group B: Commercial Special Economic Development (SPED) Program**

1. Provide a Certificate of Status from the State for Florida to demonstrate that Respondent is properly registered to conduct business in the State of Florida.
2. Submit three (3) references to prove that the Respondent is regularly engaged in the business of providing commercial CU and SLRs that included any or all of the following assessments: risk analyses, physical needs assessments, and project feasibility assessments. The references must be from customers that have received the services described in this solicitation within the last twelve (12) months from the Respondent.
3. Provide experience record (copies of analyses, reports, studies, findings, recommendations, etc. for two (2) similar projects completed within the last five (5) years to demonstrate a minimum of two (2) years of experience in performing commercial CU and SLRs for multiple commercial (income-producing) projects and/or property types funded with Community Development Block Grant (CDBG) funds. The commercial CU and SLRs must have included physical needs assessments and project feasibility assessments that provided recommendations on the viability of the projects and their capacity to create Full-Time Equivalent (FTE) jobs that were sustainable for a one-year period.
4. Provide a point of contact and an email address. A contact person shall be someone who has personal knowledge of the Respondent's performance for the specific requirement listed. Each contact person must have been informed that they are being used as a reference and that the Authority may be calling them. DO NOT list persons who will be unable to answer specific questions regarding the experience record provided per Section 2.4.B.3.

Vendor shall provide all of the specified information, documents and attachments listed above with their Submittal as proof of compliance with the requirements of this RTQ. However, the County may, at its sole discretion and in its best interest, allow Vendors to complete, supplement or supply the required documents throughout the term of the RTQ. It shall be the sole right of the County to determine the number of Vendors which will be included in the Pool. During the term of the RTQ, the County reserves the right to add or delete Vendors as it deems necessary, and in its best interest.

**2.5 METHOD OF AWARD: PRE-QUALIFIED VENDORS, BY GROUP**

Approved Respondent(s) will be placed in a prequalified pool by group. The groups are as follows: Group A: Multi-Family Housing Development Program and Group B: Special Economic Development Projects. These groups will be accessed by the County departments using a Spot Market quotation.

All Respondents submitting qualification documents are required to submit all specified information, documents and attachments as proof of compliance to the qualification requirements. Respondents must identify in the submittal the group(s) for which they are submitting. Miami-Dade County, at its sole discretion, may allow a

Respondent to complete the qualification requirements information/documents during the evaluation period. The County reserves the right to verify the information submitted by the Respondent and to obtain and evaluate additional information, as it deems necessary to ensure the Respondent's qualifications. The County shall be sole judge of the Respondent's conformance with the qualification requirements and its decision shall be final.

## 2.6 **INSURANCE**

Insurance is **not** required in order to be prequalified under this RTQ. However, the Awarded Vendor as a result of a Spot Market Request will be required to have Professional Liability Insurance in an amount not less than \$1,000,000 per claim, in addition to the Insurance Requirements required per Section 1.22. Insurance requirements will be detailed in the subsequent ITQ or WOPR.

## 2.7 **MIAMI-DADE PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) EXEMPTION TO CERTAIN CLAUSES**

The pool to be established under this solicitation will be accessed by the Miami-Dade Public Housing and Community Development (PHCD). As a Federally-funded agency, certain clauses within this solicitation do not apply to that Department's allocation, as follows:

- Section 1, Paragraph 1.10 (Local Preferences)
- Section 1, Paragraph 1.27 (Office of the Inspector General);
- Section 1, Paragraph 1.35 (County User Access Program - UAP);
- Section 1, Paragraph 1.43 (Small Business Enterprise Measures); and
- Section 1, Paragraph 1.44 (Local Certified Veteran)

## 2.8 **COMPLIANCE WITH FEDERAL REGULATIONS DUE TO USE OF FEDERAL FUNDING**

Since the goods, services, and/or equipment that will be acquired under this solicitation will be purchased, in part or in whole, with federal funding, it is hereby agreed and understood that Section 60-250.4, Section 60-250.5 and Section 60-741.4 of Title 41 of the United States Code, which addresses Affirmative Action requirements for disabled workers, is incorporated into this solicitation and resultant contract by reference.

## 2.9 **SPOT MARKET QUOTES**

Vendors in the Pool will be invited to participate in spot market competitions, as needed. The spot market competition will be in the form of an ITQ or WOPR that will include the specific goods and/or services required, and may include provisions, as applicable, such as:

- Small Business Measures
- Warranty Requirements
- Liquidated Damages
- Living Wage

For federally funded projects/programs, additional provisions may apply in accordance with the funding source. The following provisions from Section 1, General Terms and Conditions shall be exempted from such solicitations, as indicated in the ITQ or WOPR.

- Local Preferences
- User Access Program (UAP) Fee
- Small Business Enterprises (SBE) Measure

- Local Certified Service-Disabled Veteran's Business Enterprise Preference
- First Source Hiring Referral Program
- Prompt Payment Terms
- Office of Inspector General Fee

## 2.10 **ADDITIONAL SERVICES**

At the County's sole discretion the selected Pre-Qualified Vendor(s) may be requested to provide additional services (Other Financial Analyses and/or Assessments), as defined and required by PHCD, in order to make recommendations on other resources for developments and/or proposed developments funded by the programs under the purview of PHCD. The County reserves the right to award additional services for, and updates to, a previously awarded Work Order to the same Vendor selected for the original Work Order or to solicit all applicable pre-qualified vendors.

DRAFT

## **SECTION 3**

### **SCOPE OF SERVICES/TECHNICAL SPECIFICATIONS**

#### **3.1 INTRODUCTION**

The services provider(s) shall provide Miami-Dade County with Credit Underwriting (CU) Services; Subsidy Layering Reviews (SLR), and Other Related Services for two distinct Public Housing and Community Development (PHCD) programs: Multi-Family Affordable Housing (Affordable Housing) Development and Commercial Special Economic Development (SPED). The CU and/or SLR analysis of each development or commercial project may be requested for any or all of the following assessments: Refinancing, Subordinations, Loan Modifications, Assignments and Assumptions, Sales and Transfers, Physical Needs Assessments, and Project Feasibility Assessments. Each analysis shall include a recommendation as to whether the requested loan amount allocation is adequate, necessary, financially feasible, and viable for each development or commercial project sought by the Developer. CU Services; SLRs, and Other Related Services will be performed for two distinct PHCD programs:

**Group A: Multi-Family Affordable Housing (Affordable Housing) Development** that includes a variety of affordable housing programs funded and regulated at the local, state and federal levels whose primary purpose is to provide low and moderate income County residents with affordable, sanitary, safe and decent housing.

**Group B: Commercial Special Economic Development (SPED)** that administers projects for not-for-profit, forprofit, and/or public entities pursuing CDBG funding in order to develop retail, industrial, commercial, or mixed-used buildings with the overall objective of creating sustainable Full-Time Equivalent (FTE) jobs over a one-year period.

#### **3.2 SCOPE OF SERVICES**

##### **A. Credit Underwriting Services (CU) / Subsidy Layering Reviews (SLR)**

The credit underwriting analysis of a Project shall include a recommendation as to whether the requested loan amount is adequate, what total amount is necessary for the financial feasibility and viability for such Project, and reasonableness of the assumptions for loan repayment. The Qualified Respondent shall meet with the County or its agent and the applicant, if necessary, of each Project, as requested by the County. Credit underwriting for any County program shall comply with all applicable Florida Statutes, the Miami-Dade County Code, rules, regulations and policies.

##### **B. Credit Writing Review Process**

CU and/or SLR analysis may include:

1. Evaluate Developer's, Guarantor's and general contractor's ability to complete the development, based on their financial capability and stability as well as contingent liability for the Developer and Guarantors;
2. Evaluate the Total Development Cost and its reasonableness;
3. Evaluate the construction timeline as presented by the Developer and its reasonableness;
4. Evaluate the Developer's pro-forma and requested "gap" financing to determine the minimum level of subsidy in order to ensure the project's financial feasibility;
5. Perform a credit analysis, for principals, guarantors, general contractors, applicant and general partners;
6. Review the cost estimates and certifications from the Developer's architect, engineer or other professionals;
7. Verify and document that the architect/ engineer has valid and unencumbered Florida license;

8. Obtain and review a plan and cost review or physical needs assessment where applicable for the development;
9. Review the appraisal to determine whether the value of the land and improvements to be acquired (or already acquired) supports the acquisition value and cost; and
10. The CU/SLR checklist shall be in a form to be agreed upon by Miami Dade County and the underwriter.

**C. Credit Writing Review Process**

CU and/or SLR analysis of each development or commercial project may include any or all of the following assessments:

**1. Refinancing / Subordinations / Loan Modifications / Assignments and Assumptions/ Sales and Transfers (Applicable to Group A only)**

Subordinations, Loan Modifications, or Assignments and Assumption may include:

- a. Evaluate Developer's and Guarantor's ability to maintain the financial stability as well as contingent liability for the Developer and guarantors;
- b. Evaluate whether the requested activity preserves or improves the County's loan status and the financial feasibility and viability of the project;
- c. Evaluate whether the requested activity diminishes the Developer's participation and liability in the project;
- d. Review the appraisal to determine whether the value of the land and improvements supports the refinancing, Subordinations, loan modifications, or assignments and assumptions Sales and Transfers; and
- e. A refinancing, Subordinations, loan modifications, or assignments and assumptions, Sales and Transfers, check list shall be supplied by the awarded vendor and shall be in a form to be agreed upon by Miami-Dade County and the underwriter.

**2. Physical Needs Assessments**

Physical needs assessment analysis may include:

- a. Evaluate Developer's, Guarantor's and General Contractor's ability to complete rehabilitation of the development, based on their financial capability and stability, as well as a contingent liability for the Developer and guarantors;
- b. Evaluate the total development costs and its reasonableness;
- c. Evaluate whether the proposed project rehabilitation addresses and corrects any and all outstanding health and safety issues;
- d. Review the appraisal to determine whether the value of the land and improvements supports the proposed rehabilitation costs; and;
- e. A physical needs assessment checklist shall be supplied by the bidder and shall be in a form to be agreed upon by Miami-Dade County and the underwriter.

**3. Project Feasibility Assessments**

Project feasibility assessment may include:

- a. Evaluate Developer's, Guarantor's and General Contractor's ability to complete the development, based on their track record, financial capability and stability, as well as contingent liability for the development and guarantors;
- b. Evaluate the total development cost and its reasonableness;

- c. Evaluate the construction timeline as presented by the Developer and its reasonableness;
- d. Evaluate the Developer's pro-forma and proposed financing structure to determine project financial feasibility;
- e. Perform a credit analysis for principals, guarantors, general contracts, applicant and general partner;
- f. Review the cost estimates and certifications from the Developer's architect, engineer or other professionals;
- g. Verify and document that the architect/engineer has a valid and unencumbered Florida license;
- h. Obtain and review construction plans and cost review for the development;
- i. Review the appraisal to determine whether the value of the land and improvements supports the proposed development; and
- j. A project feasibility checklist shall be supplied by the awarded vendor and shall be in a form to be agreed upon by Miami-Dade County and the underwriter.

### **3.3 TYPES OF DEVELOPMENTS/PROJECTS**

Pre-Qualified Respondent(s) may receive requests for Credit Underwriting (CU) Services, Subsidy Layering Reviews (SLR), and Other Related Services for federally funded, bond financed projects, four percent (4%) Low-Income Housing Tax Credit (LIHTC), nine percent (9%) Low-Income Housing Tax Credit (LIHTC), and/or other non-tax credit developments/projects.

### **3.4 FUNDING SOURCES**

CU and/or SLR Services that may be requested for any or all of the following assessments: Refinancing, Subordinations, Loan Modifications, Assignments and Assumptions, Sales and Transfers, Physical Needs Assessments, and Project Feasibility Assessments and Other Related Services for any County program shall comply with all applicable federal requirements, Florida Statutes and Miami-Dade County Code as well as the following, as applicable to each development:

1. HOME (Federal Funding Source)
2. Multifamily Loan Program
3. Miami-Dade County Documentary Stamp Surtax Program (Surtax)
4. State Housing Initiative Partnership (SHIP)
5. Rental Rehab Federal Program (RR)
6. Community Development Block Grant (CDBG)
7. Housing Development Action Grant (HODAG)
8. Miami-Dade County Neighborhood Stabilization Program (NSP)
9. Miami-Dade County General Obligations Bond Program (GOB)



**SECTION 4 - SUBMITTAL FORM**

**SUBMITTER:** \_\_\_\_\_

**QUALIFICATION CRITERIA (TO BE COMPLETED BY ALL SUBMITTERS PER GROUP)**

**Group A: Multi-Family Affordable Housing (Affordable Housing) Development Program**

Refer to Section 2.4, Qualification Criteria to ensure that Submittal complies with solicitation requirements.

Reference Section	Requirements	Copy Attached																																														
2.4.A.1.	Certificate of Status from the State for Florida to demonstrate that Respondent is properly registered to conduct business in the State of Florida. <b>Initial to confirm attachment to submittal</b> _____	<input type="checkbox"/>																																														
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The references must be from customers that have received the services described in this solicitation within the last twelve (12) months from the Respondent. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #e0e0e0;">Reference No. 1</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">Project Assessment:</td> <td> <input type="checkbox"/> Refinancing   <input type="checkbox"/> Loan Modifications   <input type="checkbox"/> Sales &amp; Transfers  <input type="checkbox"/> Physical Needs Assessments   <input type="checkbox"/> Subordinations   <input type="checkbox"/> Assignments &amp; Assumptions  <input type="checkbox"/> Project Feasibility Assessments                 </td> </tr> <tr> <td>Project Description:</td> <td></td> </tr> <tr> <td>Project Completion:</td> <td>Is it with in the last twelve (12) months? <input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td></td> </tr> <tr> <td>Phone Number:</td> <td></td> </tr> <tr> <td>Email Address::</td> <td></td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Reference No. 2</th> </tr> <tr> <td>Project Assessment:</td> <td> <input type="checkbox"/> Refinancing   <input type="checkbox"/> Loan Modifications   <input type="checkbox"/> Sales &amp; Transfers  <input type="checkbox"/> Physical Needs Assessments   <input type="checkbox"/> Subordinations   <input type="checkbox"/> Assignments &amp; Assumptions  <input type="checkbox"/> Project Feasibility Assessments                 </td> </tr> <tr> <td>Project Description:</td> <td></td> </tr> <tr> <td>Project Completion:</td> <td>Is it with in the last twelve (12) months? <input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td></td> </tr> <tr> <td>Phone Number:</td> <td></td> </tr> <tr> <td>Email Address::</td> <td></td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Reference No. 3</th> </tr> <tr> <td>Project Assessment:</td> <td> <input type="checkbox"/> Refinancing   <input type="checkbox"/> Loan Modifications   <input type="checkbox"/> Sales &amp; Transfers  <input type="checkbox"/> Physical Needs Assessments   <input type="checkbox"/> Subordinations   <input type="checkbox"/> Assignments &amp; Assumptions  <input type="checkbox"/> Project Feasibility Assessments                 </td> </tr> <tr> <td>Project Description:</td> <td></td> </tr> <tr> <td>Project Completion:</td> <td>Is it with in the last twelve (12) months? <input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td></td> </tr> <tr> <td>Email Address:</td> <td></td> </tr> </tbody> </table>	Reference No. 1		Project Assessment:	<input type="checkbox"/> Refinancing <input type="checkbox"/> Loan Modifications <input type="checkbox"/> Sales & Transfers <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Subordinations <input type="checkbox"/> Assignments & Assumptions <input type="checkbox"/> Project Feasibility Assessments	Project Description:		Project Completion:	Is it with in the last twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Manager Contact Info:		Name & Title:		Phone Number:		Email Address::		Reference No. 2		Project Assessment:	<input type="checkbox"/> Refinancing <input type="checkbox"/> Loan Modifications <input type="checkbox"/> Sales & Transfers <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Subordinations <input type="checkbox"/> Assignments & Assumptions <input type="checkbox"/> Project Feasibility Assessments	Project Description:		Project Completion:	Is it with in the last twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Manager Contact Info:		Name & Title:		Phone Number:		Email Address::		Reference No. 3		Project Assessment:	<input type="checkbox"/> Refinancing <input type="checkbox"/> Loan Modifications <input type="checkbox"/> Sales & Transfers <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Subordinations <input type="checkbox"/> Assignments & Assumptions <input type="checkbox"/> Project Feasibility Assessments	Project Description:		Project Completion:	Is it with in the last twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Manager Contact Info:		Name & Title:		Email Address:		<input type="checkbox"/>
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	Project Description And Entity Name:	
	Project Completion:	Is it with in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No Does it demonstrate a minimum of two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Funding Source(s):	<input type="checkbox"/> HOME (Federal Funding Source) <input type="checkbox"/> Multifamily Loan Program <input type="checkbox"/> Miami-Dade County Documentary Stamp Surtax Program (Surtax) <input type="checkbox"/> State Housing Initiative Partnership (SHIP) <input type="checkbox"/> Rental Rehab Federal Program (RR) <input type="checkbox"/> Community Development Block Grant (CDBG) <input type="checkbox"/> Housing Development Action Grant (HODAG) <input type="checkbox"/> Miami-Dade County Neighborhood Stabilization Program (NSP) <input type="checkbox"/> Miami-Dade County General Obligations Bond Program (GOB)
	Project Manager Contact Info:	
	Name & Title:	
	Phone Number:	
	Email Address:	
	<b>Project No. 2</b>	
	Project Assessment:	<input type="checkbox"/> Refinancing <input type="checkbox"/> Loan Modifications <input type="checkbox"/> Sales & Transfers <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Subordinations <input type="checkbox"/> Assignments & Assumptions <input type="checkbox"/> Project Feasibility Assessments
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	Email Address:	

2.4.A.4.	<p>Provide a point of contact and email address. A contact person shall be someone who has personal knowledge of the Respondent's performance for the specific requirement listed. Each contact person must have been informed that they are being used as a point of contact. DO NOT list persons who will be unable to answer specific questions regarding the requirement.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Company Name:</td> <td colspan="3"></td> </tr> <tr> <td>Office Location:</td> <td colspan="3"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Contact Person No. 1:</td> <td colspan="2" style="text-align: center;">Contact Person No. 2:</td> </tr> <tr> <td>Name &amp; Title:</td> <td></td> <td>Name &amp; Title:</td> <td></td> </tr> <tr> <td>Phone Number:</td> <td></td> <td>Phone Number:</td> <td></td> </tr> <tr> <td>Fax Number:</td> <td></td> <td>Fax Number:</td> <td></td> </tr> <tr> <td>Email Address:</td> <td></td> <td>Email Address:</td> <td></td> </tr> </table>	Company Name:				Office Location:				Contact Person No. 1:		Contact Person No. 2:		Name & Title:		Name & Title:		Phone Number:		Phone Number:		Fax Number:		Fax Number:		Email Address:		Email Address:		<input type="checkbox"/>
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**Group B: Multi-Family Affordable Housing (Affordable Housing) Development Program**

Reference Section	Requirements	Copy Attached																																																																																																
2.4.B.1.	<p>Certificate of Status from the State for Florida to demonstrate that Respondent is properly registered to conduct business in the State of Florida.</p> <p><b>Initial to confirm attachment to submittal _____</b></p>	<input type="checkbox"/>																																																																																																
2.4.B.2.	<p>Submit three (3) references to prove that the Respondent is regularly engaged in the business of providing commercial CU and SLRs that included any or all of the following assessments: risk analyses, physical needs assessments, and project feasibility assessments. The references must be from customers that have received the services described in this solicitation within the last twelve (12) months from the Respondent.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Reference No. 1</th> </tr> <tr> <td style="width:30%;">Project Assessment:</td> <td colspan="3"> <input type="checkbox"/>Risk Analyses                       <input type="checkbox"/>Physical Needs Assessments                       <input type="checkbox"/>Project Feasibility Assessments                 </td> </tr> <tr> <td>Project Description:</td> <td colspan="3"></td> </tr> <tr> <td>Project Completion:</td> <td colspan="3">Is it with in the last twelve (12) months? <input type="checkbox"/>Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td colspan="3"></td> </tr> <tr> <td>Phone Number:</td> <td colspan="3"></td> </tr> <tr> <td>Email Address::</td> <td colspan="3"></td> </tr> <tr> <th colspan="4" style="text-align: center;">Reference No. 2</th> </tr> <tr> <td>Project Assessment:</td> <td colspan="3"> <input type="checkbox"/>Risk Analyses                       <input type="checkbox"/>Physical Needs Assessments                       <input type="checkbox"/>Project Feasibility Assessments                 </td> </tr> <tr> <td>Project Description:</td> <td colspan="3"></td> </tr> <tr> <td>Project Completion:</td> <td colspan="3">Is it with in the last twelve (12) months? <input type="checkbox"/>Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td colspan="3"></td> </tr> <tr> <td>Phone Number:</td> <td colspan="3"></td> </tr> <tr> <td>Email Address::</td> <td colspan="3"></td> </tr> <tr> <th colspan="4" style="text-align: center;">Reference No. 3</th> </tr> <tr> <td>Project Assessment:</td> <td colspan="3"> <input type="checkbox"/>Risk Analyses                       <input type="checkbox"/>Physical Needs Assessments                       <input type="checkbox"/>Project Feasibility Assessments                 </td> </tr> <tr> <td>Project Description:</td> <td colspan="3"></td> </tr> <tr> <td>Project Completion:</td> <td colspan="3">Is it with in the last twelve (12) months? <input type="checkbox"/>Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td colspan="3"></td> </tr> <tr> <td>Phone Number:</td> <td colspan="3"></td> </tr> <tr> <td>Email Address:</td> <td colspan="3"></td> </tr> </table>	Reference No. 1				Project Assessment:	<input type="checkbox"/> Risk Analyses <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Project Feasibility Assessments			Project Description:				Project Completion:	Is it with in the last twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Project Manager Contact Info:				Name & Title:				Phone Number:				Email Address::				Reference No. 2				Project Assessment:	<input type="checkbox"/> Risk Analyses <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Project Feasibility Assessments			Project Description:				Project Completion:	Is it with in the last twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Project Manager Contact Info:				Name & Title:				Phone Number:				Email Address::				Reference No. 3				Project Assessment:	<input type="checkbox"/> Risk Analyses <input type="checkbox"/> Physical Needs Assessments <input type="checkbox"/> Project Feasibility Assessments			Project Description:				Project Completion:	Is it with in the last twelve (12) months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Project Manager Contact Info:				Name & Title:				Phone Number:				Email Address:				<input type="checkbox"/>
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2.4.B.3.	<p>Provide experience record (copies of analyses, reports, studies, findings, recommendations, etc. for two (2) similar projects completed within the last five (5) years to demonstrate a minimum of two (2) years of experience in performing commercial CU and SLRs for multiple commercial (income-producing) projects and/or property types funded with Community Development Block Grant (CDBG) funds. The commercial CU and SLRs must have included physical needs assessments and project feasibility assessments that provided recommendations on the viability of the projects and their capacity to create Full-Time Equivalent (FTE) jobs that were sustainable for a one-year period.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Project No. 1</th> </tr> </thead> <tbody> <tr> <td style="width:30%;">Project Description And Entity Name:</td> <td></td> </tr> <tr> <td rowspan="2">Project Completion:</td> <td>Is it with in the last five (5) years? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>Does it demonstrate a minimum of two (2) years? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td colspan="2">Does the experience record provided demonstrate performing commercial CU and SLRs for multiple commercial (income-producing) projects and/or property types funded with Community Development Block Grant (CDBG) funds? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td colspan="2">Does the experience record provided demonstrate physical needs assessments and project feasibility assessments recommendations on the viability of the projects and their capacity to create Full-Time Equivalent (FTE) jobs that were sustainable for a one-year period? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td colspan="2">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td></td> </tr> <tr> <td>Phone Number:</td> <td></td> </tr> <tr> <td>Email Address::</td> <td></td> </tr> <tr> <th colspan="2" style="text-align: center;">Project No. 2</th> </tr> <tr> <td>Project Description And Entity Name:</td> <td></td> </tr> <tr> <td rowspan="2">Project Completion:</td> <td>Is it with in the last five (5) years? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>Does it demonstrate a minimum of two (2) years? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td colspan="2">Does the experience record provided demonstrate performing commercial CU and SLRs for multiple commercial (income-producing) projects and/or property types funded with Community Development Block Grant (CDBG) funds? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td colspan="2">Does the experience record provided demonstrate physical needs assessments and project feasibility assessments recommendations on the viability of the projects and their capacity to create Full-Time Equivalent (FTE) jobs that were sustainable for a one-year period? <input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td colspan="2">Project Manager Contact Info:</td> </tr> <tr> <td>Name &amp; Title:</td> <td></td> </tr> <tr> <td>Phone Number:</td> <td></td> </tr> <tr> <td>Email Address::</td> <td></td> </tr> </tbody> </table> <p><b>Initial to confirm attachment to submittal</b> _____</p>	Project No. 1		Project Description And Entity Name:		Project Completion:	Is it with in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it demonstrate a minimum of two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the experience record provided demonstrate performing commercial CU and SLRs for multiple commercial (income-producing) projects and/or property types funded with Community Development Block Grant (CDBG) funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the experience record provided demonstrate physical needs assessments and project feasibility assessments recommendations on the viability of the projects and their capacity to create Full-Time Equivalent (FTE) jobs that were sustainable for a one-year period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Project Manager Contact Info:		Name & Title:		Phone Number:		Email Address::		Project No. 2		Project Description And Entity Name:		Project Completion:	Is it with in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it demonstrate a minimum of two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the experience record provided demonstrate performing commercial CU and SLRs for multiple commercial (income-producing) projects and/or property types funded with Community Development Block Grant (CDBG) funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the experience record provided demonstrate physical needs assessments and project feasibility assessments recommendations on the viability of the projects and their capacity to create Full-Time Equivalent (FTE) jobs that were sustainable for a one-year period? <input type="checkbox"/> Yes <input type="checkbox"/> No		Project Manager Contact Info:		Name & Title:		Phone Number:		Email Address::		□
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