

**CITY OF TAMPA**

**REQUEST FOR QUALIFICATIONS/PROPOSALS  
DUE April 24, 2009- 4:30 PM**



**FISCAL YEAR 2009/PROGRAM YEAR 2008**

**Application Form and Program Guidelines**

***Neighborhood Stabilization Program  
Rental Program***

Purchasing Division  
306 East Jackson Street  
Tampa, FL 33602  
(813) 274-8836

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## Introduction

The City of Tampa has been allocated \$13,600,915 in Neighborhood Stabilization Program (NSP) funds for the purpose of acquiring, rehabilitating, or demolishing and redeveloping foreclosed or abandoned properties within the City. The NSP requires that a minimum of 25% of the funds received be used to serve populations that earn at or below 50% Area Median Income (AMI). Therefore, the City of Tampa has prioritized the utilization of NSP funds to provide permanent rental housing. Temporary shelters and transitional residential housing programs are not considered permanent housing.

Permanent rental housing opportunities may be located in 19 NSP eligible areas referenced below based on the regulations established in the Housing and Economic Recovery Act of 2008. If Housing Partners identify foreclosed properties outside the NSP eligible neighborhoods the City will determine if a waiver from HUD is necessary. The NSP eligible neighborhoods are: River Grove, Woodland Terrace, Live Oak Square, Northeast Community, Northview Hills, East Tampa Business and Civic, College Hill, Ybor Heights, V.M. Ybor, Southeast Seminole Heights, Grant Park, Highland Pines, East Ybor, Northeast McFarland, Drew Park, Riverbend, Lowry Park Central, Terrace Park, and Temple Crest.

In order to be considered for funding for the City's NSP Rental Program, the following qualifications are required:

1. The applicant (lead agency of the Housing Partnership) must be a 501(c) Social Service non-profit agency;
2. The agency must be located inside the City limits or provide services within the City;
3. The Agency must have been in business for at least two years;
4. Programs receiving funds must have been operated for at least 1 year in Florida; and
5. The Housing Partnership must demonstrate experience with property management.

NSP Rental Program applications are available for print at:  
[http://www.tampagov.net/dept\\_Housing\\_and\\_Community\\_Development/](http://www.tampagov.net/dept_Housing_and_Community_Development/)

**Overview of the RFQ/RFP Process**

**I. PURPOSE OF THE RFQ/RFP**

The purpose of this RFQ/RFP is to identify Social Services Entities interested in assisting the City in the acquisition, rehabilitation or demolition and redevelopment of foreclosed or abandoned properties. Social Service Entities interested in becoming Housing Partners with the City must complete and submit the following Request for Qualifications/Proposals. The Social Service Entity may lead a team that will form a Housing Partnership, with member entities that may include, but will not be limited to, additional social service entities, housing non-profit organizations, for-profit housing providers, contractors, lenders, title companies, and property managers.

Applicants will identify foreclosed or abandoned (and vacant for 90 days) property they intend to acquire in this proposal, as well as estimate the costs associated with the acquisition, rehabilitation and/or construction of each property. Approved Housing Partners will then carry out the NSP funded activities to provide rental housing (single family or multi-family), to eligible clients. Although desirable for the purposes of this RFQ/RFP process, applicants are not required to identify specific properties. Rather, applicants should provide the number of properties they intend to acquire.

The City will require that selected Housing Partners have a proven track record of experience and capacity for providing property management. Housing Partners utilizing NSP-funded properties for facility-based supportive housing programs shall demonstrate sufficient capacity and resources to provide for ongoing program operating costs of such housing. The City will also require that the City’s approved underwriter for financial feasibility review any potential multi-family rental development proposals.

The maximum Affordable Rents shall not exceed the State of Florida’s State Housing Initiative Partnership Program (SHIP) Rents as published annually by the Florida Housing Finance Corporation (FHFC) for the Tampa-St. Petersburg-Clearwater Metropolitan Statistical Area (MSA). The City has adopted the FHFC maximum affordable rent limits for use in NSP-funded programs. The 2008 Rent Schedule is provided below. An annually updated rent schedule will be provided by the City.

<u>City (County)</u>	<u>Income Percentage Category</u>	<u>Maximum Rent by Number of Bedrooms</u>				
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Tampa-St.Petersburg-Clearwater MSA  (Hernando/Hillsborough/ Pasco/Pinellas)	20%	\$ 198	\$ 212	\$ 254	\$ 293	\$ 327
	25%	\$ 247	\$ 265	\$ 318	\$ 367	\$ 409
	28%	\$ 277	\$ 296	\$ 356	\$ 411	\$ 458
	30%	\$ 296	\$ 317	\$ 381	\$ 440	\$ 491
	33%	\$ 326	\$ 349	\$ 419	\$ 484	\$ 540
	35%	\$ 346	\$ 371	\$ 445	\$ 514	\$ 573
	40%	\$ 396	\$ 424	\$ 509	\$ 587	\$ 655
	45%	\$ 445	\$ 477	\$ 572	\$ 660	\$ 736
	50%	\$ 495	\$ 530	\$ 636	\$ 734	\$ 818

**II. TENTATIVE TIMELINE\*\*\*\*\* All dates are subject to change.**

January 19, 2009	Approval of NSP Grant Application by HUD
March 16, 2009	Grant Agreement with City and HUD executed
March 16, 2009	Request for Qualifications/Request for Proposal Issued – Social Service Entities (Rental Program Only)
March 24, 2009	RFQ/RFP Pre-Qualification Workshop ( <b>Attendance Recommended</b> )
April 24, 2009	RFQ/RFP for NSP Rental Program Submission Deadline
May 2009	RFQ/RFP Reviews, Interviews, and Recommendations
June 2009	Applicants Notified of Recommendation to serve as Housing Partners

**III. INCOME LIMITS FOR THE NSP RENTAL PROGRAM**

Florida Housing Finance Corporation establishes these limits annually based upon the Area Median Income (AMI). The State SHIP 2008 income limits are provided below. The current Income Limit schedule will be provided by the City on an annual basis.

MSA	Income Limits								
	Income Level	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
Tampa 2008 Median Family Income <b>\$56,500</b>	<b>30%</b> of Median Extremely Low-Income	11,850	13,550	15,250	16,950	18,300	19,650	21,000	22,350
	<b>50%</b> of Median Very Low-Income	19,800	22,600	25,450	28,250	30,500	32,750	35,050	37,300

\*If project is funded, a current Income Limits Table will be provided.

#### IV. FREQUENTLY ASKED QUESTIONS

**1. *Will we be held to the budget, timeline, and goals in the application?***

All budgets and timelines will be part of your contract with the City and are negotiable.

**2. *What if something happens and we need to change our budget, timeline, or goals?***

An amendment to the project contract can be executed if there are legitimate reasons for doing so. Changes in team members will not be accepted without prior written consent by the City.

**3. *Will we get the full amount of funding requested?***

The City reserves the right to award more or less than what is proposed for each Team depending on the nature of the project, amount requested, funds available, and RFQ/RFP evaluation criteria results. If your project is not viable without full funding, make sure to indicate this fact in your application.

**4. *Are matching funds (or in kind match) required?***

No. It is desirable however, that agencies provide evidence that programs assisted with NSP funds will be able to operate independently after acquisition and rehabilitation are complete. Programs demonstrating this capability will be looked at more favorably. The applicant must indicate in the total project budget funds from other federal, state, local or private sources. These leveraged resources may include in-kind services and staff time.

**5. *When will we know whether we will be funded? When can we spend the money?***

The City anticipates releasing preliminary letters of understanding in June 2009, with funds available for commitment and expenditure on or about July 2009. Receipt of an award letter is not a final guarantee of funding.

**6. *Can agencies spend our money now and be reimbursed by NSP funds later?***

No. If you commit or expend funding before receiving notice to proceed (signed agreement), you will not be eligible for reimbursement at any time. Only foreclosed or abandoned properties will be eligible for acquisition and may not be owned by the agency currently

**7. *Are Lis Pendens (pre-foreclosed) properties eligible for acquisition under NSP?***

No. Properties eligible under this program MUST already be foreclosed or abandoned and vacant for 90 days.

**8. *Will applicants hear from the City even if our application is not approved?***

Yes. All agencies will be notified in writing whether or not their proposals will be approved, or agencies qualified as Housing Partners.

**9. *Is it okay if my original application is late as long as it is faxed or postmarked by the submission deadline?***

No. The Purchasing Office must receive the original, signed application, in their offices, no later than the submission deadline.

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**V. GENERAL REQUIREMENTS**

**Once an award is made, the City of Tampa requires the following from each subrecipient:**

Operating Agreement: Non-profit agencies and organizations approved for funding will be required to sign an agreement with the City in order to insure compliance with the appropriate program regulations. Funds shall not be obligated until the agreement is accepted and signed by all parties and approved by City Council.

Competitive Bids: Any Housing Partner applying for 8 or more units must competitively bid for all construction work over \$2,000 and follow Davis Bacon and Labor standards as required by HUD.

Leveraged Funds: The applicant should demonstrate that NSP funds will be leveraged with other federal, state, local, or private sources (please identify leveraged funds in budget). Leveraged resources identified must be available during the project period.

Readiness: Projects must display evidence of readiness to proceed (i.e. property identified, and financial commitments in place). Matching funding, if applicable, should be in place and all other requirements met prior to submission of this application. Applicants should identify specific items needed to carry out each project. NSP funds must be spent within the specified amount of time determined for each project and in accordance with the NSP requirements.

Indemnification: Non-profit organizations approved for funding must agree to defend, indemnify and hold harmless the City, its officers, agents and employees from and against all liability, claims, demands, damages, losses and expenses, including attorneys' fees, original and on appeal, arising out of, or related in any way to the performance of the agreement.

Insurance: Non-profit organizations (and all partners/team members) approved for funding will be required to obtain the following insurance coverage (if applicable), each of which shall contain a provision which forbids any cancellation, changes or material alterations without prior notice to the City at least thirty (30) days in advance. The insurance coverage shall be evidenced by an original Certificate of Insurance provided to the City prior to the execution of the agreement. The required insurance is as follows:

- a. Commercial General Liability Insurance - shall be written on Insurance Services Office (ISO) form or its equivalent form to cover liability arising from premises and operations, independent contractors, products and completed operations, personal and advertising injury, and contractual liability. The minimum bodily injury and property damage liability limit shall be \$1,000,000 each occurrence and a \$2,000,000 general aggregate. This insurance shall not exclude coverage for sexual molestation.
- b. Automobile Liability Insurance - shall be maintained in accordance with the laws of the State of Florida as to the ownership, maintenance, and use of all owned, non-owned, leased, or hired vehicles used. For Agreements with less than \$100,000 in total grant funds, the minimum limit shall be \$500,000 combined single limit for bodily injury and property. The minimum limit for Agreements with \$100,000 or more of a NSP award allocated shall be \$1,000,000 combined single limit for bodily injury and property.
- c. Workers' Compensation/Liability Insurance - shall cover all employees engaged in work for the agency in accordance with the laws of the State of Florida. The minimum employer's liability limit shall be \$1,000,000 disease each employee, \$1,000,000 disease aggregate, and \$1,000,000 each accident.

- d. Professional Liability Insurance - shall cover any act or omission in rendering of professional services pursuant to the contract and the insurance coverage shall be in the amount of no less than \$1,000,000 per claim/incident.

Program Monitoring: Applicants approved for funding will be required to maintain and submit adequate information necessary to monitor program accountability and progress in accordance with the terms and conditions of the agreement.

Audited Statement and IRS Form: Applicants must submit the most current audited financial statements provided by an independent auditor and the most recent IRS Tax Form 990 with this application.

Notification: All applicants will be notified in June 2009 of recommendations. Receipt of a letter of understanding is not a guarantee of funding and will specify the requirements of the award.

**RFQ/RFP Due Date.** Sealed RFQ/RFP's (one original, three complete copies) will be received no later than the date and time indicated on page one of this document. Submittals will not be accepted after this time. The City reserves the right to seek new RFQ/RFP's when such is reasonably in the best interest of the City.

**RFQ/RFP Workshop.** Attendance at the workshop is highly recommended for Social Service Entities and other partnering entities interested in applying for NSP funding through this process.

**Addenda and Amendment to RFQ/RFP.** If it becomes necessary to revise or amend any part of this RFQ/RFP, the City will furnish a revision by written Addendum and will post the information on the City's website.

**Florida Public Records Law.** In accordance with Chapter 119 of the Florida Statutes, and, except as may be provided by other applicable State and Federal Laws, all entities should be aware that the RFQ/RFP and the responses thereto are in the public domain and are available for public inspection. The entities are requested, however, to identify specifically any information contained in their submittals which they consider confidential or proprietary and which they believe to be exempt from disclosure, citing specifically the applicable exempting law. All submittals received in response to this RFQ/RFP will become the property of the City of Tampa and will not be returned. In the event of an award, all documentation produced as part of the award will become the exclusive property of the City.

**City Of Tampa Ethics Code. The entity shall comply with all applicable governmental and City rules and regulations including the City's Ethics Code, which is available on the City's Website. (City of Tampa Code, Chapter 2, Article VIII. - Section 2-522)**

Moreover, each entity responding to this RFQ/RFP acknowledges and understands that the City's Charter and Ethics Code prohibit any City employee from receiving any substantial benefit or profit out of any contract or obligation entered into with the City, or from having any direct or indirect financial interest in effecting any such contract or obligation. The Contractor shall ensure that no City employee receives any such benefit or interest as a result of the award of this RFQ/RFP. (City of Tampa Code, Chapter 2, Article VIII. - Section 2-514(d))

Please note that the City's Ethics Code may be accessed on the Internet by utilizing the web link [http://www.tampagov.net/appl\\_Message\\_Center/external.asp?strServiceID=246](http://www.tampagov.net/appl_Message_Center/external.asp?strServiceID=246)

**Conflict of Interest Statement/Procurement Policy:** Applicants must submit the attached conflict of interest statement along with a current Procurement Policy approved by each partnering organization and must sign the attached certification.

**Hold Harmless.** The Successful entity(s) shall agree to release, indemnify and hold harmless the City of Tampa from and against any and all liabilities, claims, suits, damages, charges or expenses (including attorneys' fees, whether at trial or appeal) which the City may suffer, sustain, incur or in any way be subjected to by reason of or as a result of any act, negligence or omission on the part of the Successful Proposal(s), its agent or employees, in the execution or performance of the obligations assumed under, or incidental to, the contract into which the Successful entity(s) and the City will enter, except when caused solely by the fault, failure or negligence of the City, its agents or employees.

**Incurred Expenses.** The City is not responsible for any expenses which entities may incur in the preparation of submittals requested by this RFQ/RFP, including but not limited to, costs associated with travel, accommodations, interviews or presentations.

**Compliance with Applicable Laws, Rules, and Regulations for HUD Programs.** Applicants who are awarded funding must act in accordance with all relative laws, rules, and regulations. This includes, but is not limited to, the following.

- **24 CFR Part 570, as amended** – The regulations governing the Community Development Block Grant Program
- **24 CFR Part 1 and 6, Public Law 90-284, Fair Housing Act** - The regulations issued following Title VI of the 1964 Civil Rights Act and **Section 109** of the 1975 Housing and Community Development Act that prohibits discrimination in HUD programs based on sex, race, color, national origin, and religion and administer all programs and activities in a manner to affirmatively further the policies of the Fair Housing Act.
- **24 CFR Part 107 and 108** - The regulations issued following Executive Order 11063 and Executive Order 12892 which prohibits discrimination and promotes equal opportunity in housing.
- **Section 504 of the Rehabilitation Act of 1973, 24 CFR Part 40 and 41** - The regulations that sets forth policies and procedures for the enforcement of standards and requirements for handicap accessibility. The Architectural Barriers Act of 1968 and the American with Disabilities Act provide additional laws on accessibility and civil rights to individuals with disabilities.
- **Age Discrimination Act of 1975 (42 U.S.C. 6101)** - The regulations that prohibits discrimination on the basis of age.
- **29 CFR Parts 3 and 5** – The regulations on labor standard provisions that include the payment of prevailing wages on federally assisted projects as mandated by the Davis-Bacon Act and Contract Work Hours and Safety Standards Act. **24 CFR Part 70** provides information on the use of volunteers.
- **Copeland "Anti-Kickback" Act** (18 U.S.C. 874 and 40 U.S.C. 276c) – The regulations on contracts for construction or repair awarded by subrecipients shall include a provision for compliance with the Copeland "Anti-Kickback" Act.
- **24 CFR Part 58** - The regulations prescribing the Environmental Review procedure under the National Environmental Policy Act of 1969.
- **National Flood Insurance Act of 1968, 24 CFR Part 55 under Executive Order 11988** – The regulations for proposed projects and properties located in a floodplain.
- **36 CFR Part 800** - The regulations outlining the procedures for the protection of historic and cultural properties.
- **Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970** - These policies provide for displacement, relocation assistance, and real property acquisition as defined by 42 U.S.C. 4601 (URA) (42 U.S.C. 4601), and implementing regulations issued by the Department of

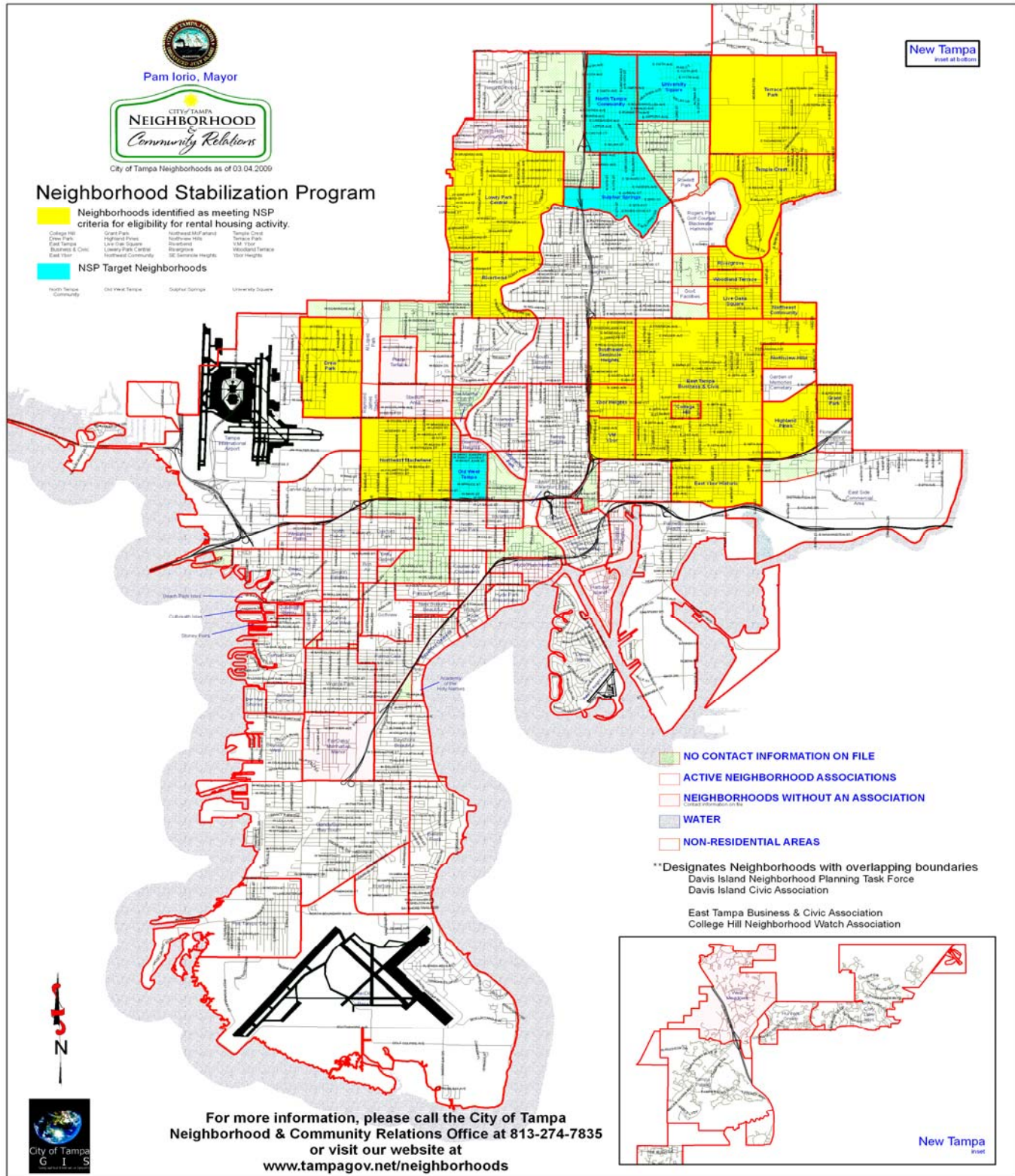
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Transportation at 49 CFR part 24 and section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)).

- **24 CFR Part 7 and 41 CFR Part 60** equal employment opportunity without regard to race sex, color, religion, age, national origin, and disability in federally assisted construction contracts.
- **24 CFR 135** - Regulations outlining requirements of Section 3 of the Housing and Urban Development Act of 1968 providing for economic opportunities for low and very low local residents. All projects funded with NSP funds must comply with Section 3 of the Housing and Urban Development Act of 1968, revised, requiring that to the greatest extent feasible opportunities for training and employment be given to low and moderate-income persons residing within the City of Tampa, and that contracts or work in connection with the project be awarded to eligible business concerns which are located in or owned in substantial part by persons residing in the City of Tampa. Special documentation is required for funding over \$100,000.
- **Residential Lead Based Paint Hazard Reduction Act of 1992** – The regulations implemented by 24 CFR Part 35, Subpart B imposes certain requirements on disclosure of lead based paint hazards.
- **24 CFR Part 24-** The regulations that prohibit use of debarred or suspended contractors on federally assisted projects and Drug Free Workplace requirements; issued according to Executive Order 12459.
- **24 CFR Part 84 and OMB Circular A-110** - Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Non-Profit Organizations. These regulations include the Conflict of Interest provision under 24 CFR 84.42 and 570 as it applies to procurement.
- **OMB Circular A-122** –The regulations that identify cost principals for nonprofits.
- **OMB Circular A-133** – The regulations concerning annual audits.
- **24 CFR Part 49** – The regulations on eligibility restrictions for certain resident aliens.
- **24 CFR Part 87 and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)** - The regulations for restrictions on lobbying and required certifications.
- **Executive Order 13170** - The regulations on increasing opportunities and access for Disadvantaged Businesses.
- **HUD requirements** – All other required reports, circulars, and procedures when applicable.
- **Administrative Procedures** – The rules issued by the City of Tampa in relation to process and procedures.
- **Clean Air Act (42 U.S.C. 7401) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.)** - The regulations and provision that requires compliance with all applicable standards, orders, or regulations issued following the rule.
- **ADA Compliance.** The Subrecipient shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213) and implementing regulations at 28 CFR part 35 (All local, state and federal codes shall apply). These regulations govern the availability of housing with accommodations for handicapped individuals.
- **Minority and Women's Business Enterprises.** The requirements of Executive Orders 11625, 12432, 12138 and 24 CFR 85.36(e) applies to grants under this part. Consistent with HUD's responsibilities under these Orders and with the City's Ordinance No. 26.5 Part 2, the Subrecipient must make efforts to encourage the use of minority and women's business enterprises in connection with funded activities.

**VI. NSP ELIGIBLE NEIGHBORHOODS**

The map below illustrates the City of Tampa's NSP Eligible Neighborhoods for rental programs (identified in Yellow). Note: Other sites identified in NON NSP eligible areas will require a waiver from HUD. No rental activity will take place in Sulphur Springs, Old West Tampa, University Square and North Tampa neighborhoods (identified in Blue).



## General Program and Guidance

### I. PURPOSE OF NSP FUNDS

Foreclosed or abandoned properties will be acquired, rehabilitated, and made available as rental units for households earning at or below 50% AMI. All housing acquired and rehabilitated through this program must meet all local building codes (including the Standard Southern Building Code, (SBCCI) and ordinances pertaining to providing housing that is decent, safe, sanitary and fit for habitation. Units will be monitored for housing quality standards as well. New Construction of single family (for rent) or multi-family rental units must be approved for applicable design standards and construction policies and procedures.

The City will allow and pay for fees that are normal and customary as part of the rehabilitation and new construction process. Construction management fees and other soft and project-related costs associated with the rehabilitation, new construction, property management and affirmative marketing shall be considered "Program Delivery" costs and will be charged to the individual projects assisted. Such costs/fees will be included in all written agreements for NSP funding. Construction Management fees shall not exceed 8% of Total Project costs, and will be negotiated on a case by case basis

The funds must be used to benefit persons earning at or below 50% AMI. The City of Tampa will not reimburse costs incurred in applying for NSP funding. Pre-Award costs will not be reimbursed by the City of Tampa.

### Acquisition Process

Once the selected Housing Partners have identified foreclosed or abandoned properties in the NSP Eligible neighborhoods, the City's Real Estate Division staff will evaluate each property to determine if the acquisition is feasible. City Real Estate Development Division staff will work with local lenders and mortgage holders to acquire properties identified by approved Housing Partners. City Staff will obtain all appraisals, surveys and title searches and assist in negotiations, in cooperation with the Housing Partners, with the property owners to obtain the maximum reasonable discount for each as required by NSP.

Except as set forth below, the average minimum purchase discount for all properties purchased with NSP funds during the 18-month grant commitment period shall be 15 percent. The average minimum purchase discount shall be at least 10 percent if the City determines the maximum reasonable discount for each purchase transaction results in a discount equivalent to the total carrying costs that would be incurred by the seller if the property were not purchased with NSP funds (provided the discount is at least 5 percent). This methodology shall provide for an analysis of the estimated holding period for the property and the nature and amount of the carrying costs of holding the property for this period. Such carrying costs shall include, but not be limited to: taxes, insurance, maintenance, marketing, and appropriate overhead. City staff will document this analysis for each purchase transaction. The City will approve all acquisition transactions.

No rental properties shall be acquired in the Sulphur Springs, North Tampa, University Square, and Old West Tampa neighborhoods. Those neighborhoods are targeted for homeownership opportunities or land banked property for redevelopment at a later date.

The City will provide NSP funding at 0% interest for approved Housing Partners to acquire, rehabilitate and/or construct new residential facilities. Simultaneously with closing, the City will require that each Social Service Entity execute mortgage documents with the City for NSP funded amounts. Single family and multi-family housing units funded under this activity will be secured with a deferred payment loan mortgage and note recorded on each property at the time of closing. The City will limit the number of properties that any Social Service Entity can obtain based on its organizational and financial capacity. Subsequent operating agreements will be executed for operating reserve funding, if necessary, with each Social Service Entity.

All properties shall remain under ownership of the original Social Service Entity for the maximum affordability period, secured with a 0% deferred payment mortgage and note. The City will monitor properties for the entire affordability period. No change in ownership of NSP assisted units will be permitted without prior written approval by the City. All income received from the sale of assisted units will be recaptured by the City as Program Income and recycled for eligible NSP activities.

**II. NSP ELIGIBILITY- NATIONAL OBJECTIVES**

In order to be eligible for assistance, activities must meet the following national objective:

1. To primarily benefit low to middle-income persons. For an area benefit activity, the project must have a direct impact on selected census tracts with not less than 51% concentrations of low and moderate-income residents at or below 120% Area Median Income. (As defined by HERA 2008)

**ELIGIBLE NSP ACTIVITIES for Rental Programs**

- **Acquisition** of real property that has been abandoned or foreclosed;
- **Disposition** of real property acquired with NSP funds;
- **Clearance, demolition, and removal** of building and improvements;
- **Rehabilitation and Preservation** activities for NSP eligible properties including code enforcement, and historic preservation.

**INELIGIBLE ACTIVITIES**

- Funds spent on buildings for the general conduct of government,
- Purchase of equipment is generally ineligible.
- Furnishings and personal property are generally ineligible.
- Maintenance and operating expenses without providing a service is ineligible.
- Acquisition of property not Foreclosed or Abandoned (vacant for 90 days)

**III. CRITERIA FOR EVALUATION**

Proposals for the NSP Rental Program will be evaluated and selected based on the following criteria and point system. An Evaluation Committee will be established to review and evaluate all qualification packages submitted in response to this RFQ/RFP. The Committee shall conduct a preliminary evaluation of all submittals on the basis of the information provided and other evaluation criteria as set forth in this RFQ/RFP. The Social Service Entities and partners must demonstrate their ability to finance construction and construct or rehabilitate affordable rental housing. All submittals will be evaluated by the Committee and will be ranked by the criteria provided in this RFQ/RFP, including the following:

CRITERIA	MAXIMUM POINTS
Demonstrated Experience and Capacity	30
Project Description	20
Ability to Meet Consolidated Plan Priorities*	5
Financial Feasibility	10
Readiness to Implement	15
Budget	10
Leveraging	10
<b>TOTAL POINTS</b>	<b>100</b>

\*Consolidated Plan Priorities can be found at [www.tampagov.net/dept\\_housing\\_and\\_community\\_development](http://www.tampagov.net/dept_housing_and_community_development).

To ensure fair consideration for all entities, the City prohibits prospective entities communication with any department or employee during the submission process. Questions relative to the interpretation of specifications or the process shall be addressed as detailed on page one of this RFQ/RFP.

Additionally, the City prohibits communications initiated by an entity with any City official or employee evaluating or considering the submittals prior to the time an award decision has been made, except as initiated by the appropriate City official or employee in order to obtain information or clarification needed to develop a proper, accurate evaluation of the submittal. Communications so initiated by an entity may be grounds for disqualifying the offending entity from consideration for qualification.

The evaluation committee will review each submittal for compliance with the minimum qualifications and mandatory requirements of the RFQ/RFP. Failure to comply with any mandatory requirements may disqualify a submittal. The City reserves the following rights to:

- Conduct pre-award discussion or pre-award negotiations with any or all responsive and responsible entities who submit qualifications determined to be reasonably acceptable of being selected for award; conduct personal interviews or require presentations of any or all entities prior to selection; and make investigations of the qualifications as it deems appropriate, including, but not limited to, a background investigation conducted by the Tampa Police Department or any other law enforcement agency.
- Request that the entity(s) modify their submittal to more fully meet the needs of the City or to furnish additional information as the City may reasonably require.
- Accord fair and equal treatment with respect to any opportunity for discussions and revisions of submittals. Such revisions may be permitted after submission and prior to award.
- Negotiate any modifications that it deems acceptable, waive minor irregularities in the procedures, and reject any and all submittals.
- Process the selection of the successful entity(s) without further discussion.
- Waive any irregularity in any submittal, or reject any and all submittals, should it be deemed in its best interest to do so. The City shall be the sole judge of the entity's qualifications and reserves the right to verify all information submitted.
- Perform site visits to existing facilities or potential sites for acquisition.

**Basis of Qualification.** The City of Tampa reserves the right to select as many agencies as it deems fit, which qualify, based on experience, qualifications and ability to perform.

**Qualification Term.** The period of each contract shall be determined once sites are identified and scope of work is determined for each property and qualifying agency. Sites must be identified and acquired within 12 months of acceptance as a Housing Partner, and all NSP funds must be disbursed within 42 months of contract execution. All projects will be monitored throughout the acquisition/construction process to ensure compliance with federal regulations. Projects will then be monitored for the entire affordability period for compliance.

**Assignment.** No entity shall assign his submittal or any rights or obligations there under without the written consent of the City. In the event of such approved assignment, the entity agrees to provide the City with written documentation relative to the assignees ability to fulfill the contract, per the original agreement.

## NSP Application and Instructions

### A. General Instructions

Sealed RFQ/RFP's for, **NEIGHBORHOOD STABILIZATION RENTAL PROGRAM** will be received by the Purchasing Division, City of Tampa, until **April 24 , 2009 at 4:30 PM.**

A **pre-qualification conference workshop** will be held on **March 24, 2009 at 2:00 pm** at Cyrus Greene Park Community Center, 2101 E. Dr. Martin Luther King Jr. Boulevard , Tampa, FL 33605. The purpose of this conference is to answer questions that may arise from these submittal documents. If you are unable to attend the pre-qualification conference, questions must be submitted to Sharon West via fax within 24 hours of the conference.

**Attached are important instructions and specifications regarding responses to this Request for Qualifications. Failure to follow these instructions could result in the Entity's disqualification.**

Questions regarding this RFQ/RFP should be referred to: **Sharon M. West, Housing and Community Development Manager.** Questions shall be submitted by email to [sharon.west@tampagov.net](mailto:sharon.west@tampagov.net).

Submission of qualification responses by mail, hand delivery or express mail must be in a sealed envelope with the Entity's name and return address indicated. Type or print the RFQ/RFP Title on the carrier envelope. **Submittals may be mailed, express mailed or hand delivered by April 24, 2009 by 4:30 PM to:**

**Purchasing Division  
306 E. Jackson St.  
Tampa, Florida 33602**

**APPLICATIONS MUST BE RECEIVED BY 4:30 P.M. on April 24, 2009.** The application must be **typed**. The original shall have signatures in **blue ink**. Incomplete applications or applications submitted after the published deadline will not be considered. Applicants requiring additional proposal forms or information regarding the regulations governing the Neighborhood Stabilization Program should contact Israel Segarra at [Israel.Segarra@tampagov.net](mailto:Israel.Segarra@tampagov.net) or Philip Schultz at [Philip.Schultz@tampagov.net](mailto:Philip.Schultz@tampagov.net).

Once submitted, no proposal may be amended, unless the amendment has been requested by the City. The City, at its sole and absolute discretion, with or without cause, and without liability of any kind to any applicant, reserves the right to accept or reject any or all proposals either in whole or in part, waive any informalities or irregularities of any proposals, cancel this RFQ/RFP at any time or take any action in the best interest of the City. The City's decision in all matters shall be final. The City reserves the right to contact an applicant if additional information is required.

### B. Proposal Content

- Please keep responses to questions brief and concise.
- All forms need to be submitted in a typed format. Paperclip all documents (no binding).
- Each proposal should be submitted with one original and three copies of the application only.
- Proposals should follow the established outline, instructions and be submitted in the order provided on the checklist.
- If your organization is submitting more than one application, please prioritize each project by numbering each application.
- Please verify that all dates, figures, and budgets are for the appropriate year and are accurate.
- Please identify the total number or properties to be acquired by each Social Service Entity on your proposed Housing Partner Team.
- List each property address already identified for acquisition.

**C. NSP RENTAL PROGRAM APPLICATION COVER CHECKLIST**

**NSP Rental Program – RFQ/RFP Responses must contain the following information. All questions must be answered completely or the application will be considered non-responsive.**

<b>Organization:</b>
<b>Project Title:</b>

*Applicant **MUST** place this checklist on top of your application and submit in the order below. (INCLUDE Three (3) SETS OF APPLICATION CONTENT)*

**NSP APPLICATION CHECKLIST (APPLICATION CONTENT)**

- DEMONSTRATED EXPERIENCE AND CAPACITY – Page \_\_\_\_
- PROJECT DESCRIPTION/DEMONSTRATED NEED – Page \_\_\_\_
- ABILITY TO MEET CONSOLIDATED PLAN PRIORITIES – Page \_\_\_\_
- READINESS TO IMPLEMENT/ FINANCIAL FEASIBILITY – Page \_\_\_\_
- BUDGET/FUNDING SOURCES– Page \_\_\_\_
- LEVERAGING – Page \_\_\_\_

**Each Non-Profit Partnering Agency MUST include all attachments at the end of this application.**

**ATTACHMENTS**

- Proof of Non-Profit Status from State of Florida – Page \_\_\_\_
- Resumes, Pay Scales and Job Descriptions – Page \_\_\_\_
- Articles of Incorporation – Page \_\_\_\_
- By-Laws – Page \_\_\_\_
- Organizational Chart – Page \_\_\_\_
- 501 (c) IRS Tax Exemption Letter – Page \_\_\_\_
- 990 IRS Tax Form – Page \_\_\_\_
- List of Board of Directors – Page \_\_\_\_
- Most Recent Audit or Financial Statement – Page \_\_\_\_
- Copy of the organization's Board Approved Conflict of Interest Policy- Page \_\_\_\_
- Provide a copy of the organization's financial and procurement policies- Page \_\_\_\_
- Provide a copy of the organization's detail of supportive services available to clients – Page \_\_\_\_
- List the properties and addresses if applicable, and how long the organization has owned/managed them. – Page \_\_\_\_
- Procurement Policy for each partnering Agency – Page \_\_\_\_
- Resolution from Board of Directors authorizing submittal of application to RFQ/RFP – Page \_\_\_\_

**CITY OF TAMPA  
NEIGHBORHOOD STABILIZATION RENTAL PROGRAM  
SOCIAL SERVICE ENTITY APPLICATION**

LEAD AGENCY Yes or No?

**AGENCY INFORMATION (Fill out for EACH Non-Profit Agency)**

Name of Organization: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you: a Public Organization or Non-Profit Organization? (Circle one)

Tax Identification Number: \_\_\_\_\_

The organization been incorporated and held an approved 501 © designation prior to October 1, 2007?

Year organization was incorporated: \_\_\_\_\_

**PROJECT INFORMATION**

Proposed project title: \_\_\_\_\_

Amount of funding requested: \$ \_\_\_\_\_

Total project cost: \$ \_\_\_\_\_

Location: \_\_\_\_\_

Previously funded by City? \_\_\_\_\_ Dollar amount funded in prior budget year? \$ \_\_\_\_\_

If this is existing program with the City, has the program spent all funds awarded in a timely manner and consistently met or exceeded accomplishment goals?

Type of Service Provided by Social Service Entity

- |  |  |
|--|--|
| <input type="checkbox"/> CHILD CARE SERVICES         | <input type="checkbox"/> SENIOR SERVICES             |
| <input type="checkbox"/> DRUG ABUSE SERVICES         | <input type="checkbox"/> SPECIAL NEEDS SERVICES      |
| <input type="checkbox"/> EDUCATION/TRAINING SERVICES | <input type="checkbox"/> EMERGENCY SHELTER           |
| <input type="checkbox"/> HEALTH CARE SERVICES        | <input type="checkbox"/> HOUSING COUNSELING SERVICES |
| <input type="checkbox"/> HOMELESS CITIZENS SERVICES  | <input type="checkbox"/> HOUSING DEVELOPMENT         |
|  | <input type="checkbox"/> OTHER _____                 |

**CERTIFYING REPRESENTATIVE**

*(Person authorized to sign HUD contract, if approved) Please Sign in Blue Ink.*

To the best of my knowledge and belief, data in this proposal are true and correct and the governing body of the applicant has duly authorized the document.

NAME: \_\_\_\_\_

*(Please Print)*

*(Signature)*

TITLE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

\*\*\* Board Authorization required prior to submission.

Original	Copy

<b>I. Demonstrated Experience and Capacity</b>	<b>30 Points</b>
<p>Describe the nature, purpose and qualifications of Lead Agency. Include the following for <u>EACH partnering organization</u>:</p> <p>a. Organizational background and experience of the lead agency and each partnering organization. Please identify the Lead Agency and the composition of the partnership in relationship to the lead agency.</p> <p>b. Provide evidence of demonstrated ability to perform the requirements of Federal Regulations, i.e., federally funded program experience.</p> <p>c. Does the organization have fidelity bond/employee dishonesty coverage for principles on staff who manages the organization's accounts? If so, in what amount and with which insurance agency?</p> <p>d. If matching funds are identified, provide letter for funding commitment and date of funding availability. (Attach at the end of application.)</p> <p>e. Include qualifications and resume of the project manager and key staff. (Attach at the end of application.)</p> <p>f. Articles of Incorporation, By-laws, and Organizational Chart for each partnering agency (Attach at the end of application.)</p> <p>g. Verification of non-profit status – Section 501 (c) IRS Tax Exemption letter. (Attach at the end of application.)</p> <p>h. Include the IRS Tax Form 990. (Attach at the end of application.)</p> <p>i. List of Board of Directors. (Attach at the end of application.)</p> <p>j. Demonstrate at least two (2) years of experience in property management, rehabilitation or construction.</p> <p>k. References – Provide three references from governmental agencies, funders or individuals with rental or construction projects completed by members of the team. List property that has been managed by the team members. (Attach at the end of application.)</p> <p>l. Provide a copy of the Resolution from the Board of Directors authorizing the submission of this RFQ/RFP</p>	

<b>II. Project Description</b>	<b>20 Points</b>
<p>a. Describe the overall goal of the project, specific objectives to be accomplished, activities implemented to achieve the project and outcomes of the project. The goal needs to be specific, measurable, attainable, relative and time-bound.</p> <p>b. Who does the project serve? Identify the number of persons expected to be served by the project. Describe how you will reach the target population.</p> <p>c. Explain how the project will improve your level of service (quantify your response).</p>	

- d. If possible, identify the location or service area of the project. Please provide a map (if possible).
- e. Does the project demonstrate cooperation and collaboration among agencies?
- f. Is the project a phased project? If so, please indicate the phase work and number of phases required.
- g. Indicate if this project is new construction or rehab of an existing foreclosed property.
- h. Indicate the anticipated start/end dates.
- i. Indicate the total estimated budget amount for the project. (if possible)
- j. Indicate the total NSP funds requested.

<b>III.</b>	<b>Ability to Meet Consolidated Plan Priorities</b>	<b>5 Points</b>
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- a. Consistency with Consolidated Plan: explain how the proposed project is consistent with the priorities established in the City of Tampa Consolidated Plan. See page 11-12 or via site at [http://www.tampagov.net/dept\\_Budget/information\\_resources/2008\\_five\\_year\\_Consolidated\\_Plan](http://www.tampagov.net/dept_Budget/information_resources/2008_five_year_Consolidated_Plan)
- b. National Objective: describe, in detail, how the project meets the program objective to benefit people who earn less than 50% AMI.

<b>IV.</b>	<b>Financial Feasibility</b>	<b>10 Points</b>
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- a. Include status of funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources. Explain how the project would continue if NSP provided only one year of operating reserves.
- b. Describe how the program/project will continue in the long-term, with or without State, Local or Federal funding.
- c. Demonstrate that your organization has the financial capacity to undertake rehabilitation and construction activity and demonstrated capability to pay subcontractors and suppliers. Please provide supporting documentation (financial statements and Letter of credit/ line of credit)

<b>V.</b>	<b>Readiness to Implement</b>	<b>15 Points</b>
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- a. Describe specific steps to be taken to implement the project.
- b. Attach a proposed project timeline or construction schedule, which identifies target dates for each component of implementation.
- c. Identify any barriers to implementing the project and explain how these barriers will be overcome or eliminated.
- d. Identify temporary and permanent jobs to be created by the project. Will residents of the project area be considered?
- e. If a site has been identified, indicate if the project will result in a change in size or use of a facility and if special review and permitting by the City is required. Does the agency have project site control (if applicable)? Is correct zoning in place? What is the age of the building(s) if acquisition or facility renovations are requested?

<b>VI. Budget – Operating and Capital (Attached Form 4 and 5)</b>	<b>10 Points</b>
<p>Provide an Operating budget breakdown consisting of revenues, and operating costs associated with this proposed project. Provide a 5 year pro-forma with cash flow projections.</p> <p>For capital projects to be funded with multiple sources, please provide all information for the portion to be funded with NSP funds, and a total budget for the complete proposed project inclusive of all funding sources. Use forms attached.</p>	

<b>VII. Leveraging and Matching Funds</b>	<b>10 Points</b>
<p>The applicant should demonstrate that a portion of the total project budget is from other federal, state, local or private sources. The ability to operate the new properties independently of NSP funds will be looked upon favorably in proposals.</p>	

**HOUSING PARTNER AGREEMENT INFORMATION**

**A contract approved by City Council will be issued to each selected Housing Partner identifying the general scope and intent of each award.**

City Staff will work with Housing Partners to develop the land use restrictions, mortgage and notes, and funding award agreements that will include a scope of services, supporting budget, and monitoring requirements. The scope of services shall specify eligible activities to be conducted by the organization, identifying goals, performance measures and outcomes. The Agreement outlines the City’s expectations for the Housing Partner’s reporting of their goals and outcomes on a quarterly and annual basis. The Housing Partner must submit various documents including but not limited to the following:

- Tenant Selection Policy
- Lease Agreements with Tenants
- Agreements with Property Management Firm

**FORMS**

**A.** Complete the attached **Form 1** and include **each** member organization and the Lead Agency. The Construction Contractor must complete **Form 2** in its entirety and must be signed by an authorized representative of the firm as defined below. **If all forms are not submitted, the RFQ/RFP will be deemed non-responsive**

**B.** Complete the RFQ/RFP Signature form provided in the RFQ/RFP Package (**Form 3**) for **each** member organization and the Lead Agency. This form must be signed by an authorized representative of the firm as defined below. **If all forms are not submitted, the RFQ/RFP will be deemed non-responsive:**

- When the entity is a corporation, including a non-profit organization, the president or vice president signing shall set out the corporate name in full beneath which he/she shall sign his/her name and give the title of his/her office. It shall also bear the seal of the corporation attested by its corporate secretary.
- When the entity is a partnership, the submittal shall be signed in the name of the partnership by a general partner or other person duly authorized to bind the partnership. The capacity and authority of the person signing shall also be given.

- When the entity is an individual or sole proprietorship, the individual owner, stating name and style under which the entity is doing business, shall sign the submittal.
  - If the entity is doing business under a fictitious name, they must submit a copy of Certificate of Registration with the Florida Secretary of State.
  - When the entity is a joint venture (or consortium), each member must sign the submittal as indicated above.
- C.** Complete the Capital Budget Form Provided Below (**Form 4**) for **each** project/property as well as the Operating Budget (**Form 5**) and include a 5 Year Pro-Forma.

**If all forms are not submitted, the RFQ/RFP will be deemed non-responsive.**

- D.** Complete and sign the Conflict of Interest form (**Form 6**) attached.

**ALL HOUSING PARTNER MEMBERS, DEVELOPERS AND CONSTRUCTION CONTRACTORS,  
 PELASE FILL OUT THE APPROPRIATE FORMS BELOW AND INCLUDE WITH YOUR PROPOSAL.**

**FORM 1  
 HOUSING PARTNER INFORMATION**

*LEAD AGENCY (SOCIAL SERVICE ENTITY)*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Tax ID No.	E-mail	
License No.		

*GENERAL CONTRACTOR (Also Complete Form 2)*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Tax ID No.	E-mail	
License No.		

*DESIGN ARCHITECT AND FIRM (IF APPLICABLE)*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Tax ID No.	E-mail	
License No.		

*SUPERVISORY ARCHITECT AND FIRM*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Tax ID No.	E-mail	
License No.		

*PROPERTY MANAGEMENT ENTITY (if applicable)*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Years of rental management experience:	License NO.	
Total number of projects currently under management:		Total Units:
Tax ID No.		E-mail
<b>List Names and Addresses of Properties currently managing. List any government subsidized properties and how long you have managed each one.</b>		

*ATTORNEY AND FIRM*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Tax ID No.	E-mail	
License No.		

*OTHER*

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Tax ID No.	E-mail	
License No.		

**FORM 2**

**BUILDING CONSTRUCTION COMPANY INFORMATION**

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

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

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

Name of Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Alternate #: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

- |                           |     |                                  |                  |       |
|---------------------------|-----|----------------------------------|------------------|-------|
| Organization Type:        | { } | Individual / Sole Proprietorship | Date Established | _____ |
| <b>(please check one)</b> | { } | General Partnership              | Date Established | _____ |
|                           | { } | Limited Partnership              | Date Established | _____ |
|                           | { } | Corporation                      | Date Established | _____ |
|                           | { } | Subchapter S Corporation         | Date Established | _____ |
|                           | { } | Limited Liability Company        | Date Established | _____ |
|                           | { } | Non-/Not-for-Profit              | Date Established | _____ |
|                           | { } | Joint Venture                    | Date Established | _____ |

Licensed by:	{ }	City: _____	License/Permit #:	_____
(check all that apply)	{ }	County: _____	License/Permit #:	_____
	{ }	State: _____	License/Permit #:	_____

Federal I.D. #: \_\_\_\_\_

**If you are non-/not-for-profit, please provide your contractor information:**

Contractor Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Licensed by:	{ }	City: _____	License/Permit #:	_____
(check all that apply)	{ }	County: _____	License/Permit #:	_____
	{ }	State: _____	License/Permit #:	_____

Is your business certified as a Minority Business with a government agency? { } Yes { } No

(If yes, please provide the information below)

Government Agency	Certification Number	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minority Business Status:    { } Black  
   { } Hispanic  
   { } Woman

**COMPANY OWNERSHIP INFORMATION**

Name of Owner: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %  
 Name of Owner: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %  
 Name of Owner: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %  
 Name of Owner: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Per Federal and City of Tampa EEO requirements, please tell us if 51% or more of the firm is owned by any of the following:

{ } Female  
 { } Black  
 { } Hispanic  
 { } American Indian  
 { } Asian  
 { } Other: \_\_\_\_\_

When was organization established?: \_\_\_\_\_

Previous organization names in the past five years?: **(if applicable)**

_____	Date Established	_____
_____	Date Established	_____
_____	Date Established	_____

Has the organization or any affiliates ever filed for bankruptcy? { } Yes        { } No  
 Do you have any judgements, liens or pending suits? { } Yes        { } No  
 Has the organization or any affiliates discontinued business operations with outstanding debts? { } Yes        { } No  
 Have you been a principal in any other entities over the last five years? { } Yes        { } No

**INSURANCE INFORMATION**

During the terms of this agreement, the contractor shall provide, pay for and maintain with companies satisfactory to the City certificate of insurance. Please answer the following questions:

**Workers' Compensation & Employers' Liability Insurance**

Name of Company: _____	Policy # _____
_____	Limits of Liability (per accident) \$ _____
Disease Aggregate _____	Limits of Liability \$ _____
Disease for each employee _____	Limits of Liability \$ _____

**Commercial General Liability Insurance**

Name of Company: _____	Policy # _____
_____	Limits of Liability (each occurrence) \$ _____
General Aggregate _____	Limits of Liability \$ _____

**Automobile Liability Insurance**

Name of Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Limits of Liability \_\_\_\_\_  
(per accident) \$ \_\_\_\_\_

**EMPLOYEE INFORMATION**

Number of Full-time employees: \_\_\_\_\_  
Number of Part-time employees: \_\_\_\_\_

Name of Labor Service used? \_\_\_\_\_  
Percentage of workforce employed via this method (if applicable). \_\_\_\_\_ %

**\*\*Include a copy of the Labor Services's Certificate of Insurance for Worker's Compensation\*\***

**REFERENCES**

**SINGLE-FAMILY OR MULTI-FAMILY REHABILITATION OR NEW CONSTRUCTION PROJECTS**

Location (City/State): \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Amount Sublet: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Start Date / Completion Date \_\_\_\_\_ - \_\_\_\_\_  
Consulting Engineers / Architects: (if \_\_\_\_\_  
applicable) \_\_\_\_\_  
\_\_\_\_\_

Location (City/State): \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Amount Sublet: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Start Date / Completion Date \_\_\_\_\_ - \_\_\_\_\_  
Consulting Engineers / Architects: (if \_\_\_\_\_  
applicable) \_\_\_\_\_  
\_\_\_\_\_

Location (City/State): \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Amount Sublet: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Start Date / Completion Date \_\_\_\_\_ - \_\_\_\_\_  
Consulting Engineers / Architects: (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Location (City/State): \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Amount Sublet: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Start Date / Completion Date \_\_\_\_\_ - \_\_\_\_\_  
Consulting Engineers / Architects: (if applicable) \_\_\_\_\_  
\_\_\_\_\_

**SUBCONTRACTORS (for this project)**

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - Fax #: ( ) -

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - Fax #: ( ) -

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - Fax #: ( ) -

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - Fax #: ( ) -

---

**PRINCIPAL MERCHANDISE / RAW MATERIAL SUPPLIERS**

Contact Person: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_

**GOVERNMENTAL AGENCIES**

**(Please list those that you are presently qualified as a building contractor or have done business with in the past five years)**

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

**(Please list those with which any former business entity in which you were a principal qualified as a building contractor and/or did business with over the past five years)**

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Agency Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

**ADDITIONAL INFORMATION**

Is your Company on the Federal Government's list of "Excluded Parties" or on the City's list of barred companies?       Yes       No

Does your company have any outstanding complaints on workmanship issues? (If yes, please explain in detail)       Yes       No

Has your company ever performed any repair or construction work for employees of the HCD Division during the time your company was an approved HCD contractor and the employee is/was assigned to the HCD Division? (If yes, please provide documentation)       Yes       No

Has your company or any of its employees or subcontractors ever been convicted of a felony or are now under charges for any offense ? (If yes, please explain)       Yes       No

---

Signature

---

Date

**FORM 3**

**SIGNATURE FORM**

**NEIGHBORHOOD STABILIZATION RENTAL PROGRAM**

In compliance with this RFQ/RFP and to all the conditions imposed herein, the undersigned offers and agrees to provide RFQ/RFP for the NEIGHBORHOOD STABILIZATION RENTAL PROGRAM, in accordance with the attached signed submittal, or as mutually agreed upon by subsequent negotiation. This completed signature form must be submitted with the entity's written RFQ/RFP and will become a part of any agreement that may be awarded. This signature Form must be signed by an authorized representative as defined in the RFQ/RFP. If the Signature Form is not filled out and signed by an authorized representative of each partner organization and submitted, the qualification package is considered non-responsive.

**Please type or print:**

Name of Firm: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Type Organization:     Individual                       Small Business             Non-Profit  
                                  Partnership                       Corporation                 Joint Venture

**Attach copies of all such licenses, permits or certificates issued to the business entity.**

Business is licensed, (unless exempt by applicable law) permitted or certified to do business in the State of Florida:

Yes    No. License # \_\_\_\_\_

State of FL Corporation ID# (from Sec'y of State): \_\_\_\_\_

State of FL Fictitious Name Reg.# (from Sec'y of State): \_\_\_\_\_

Federal I.D. #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Project Operating Budget Form

Form 5

Project Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

Budget Categories	Project Cost Estimate	Sources of Funds									
		NSP Funds		Applicant's Funds		1.		2.		3.	
		Amount	Status *	Amount	Status*	Amount	Status *	Amount	Status *	Amount	Status*
Administration											
Communication											
Employee Benefit Costs											
Furnishings											
Insurance											
Maintenance and supplies											
Professional services											
Rent											
Security											
Staff Costs											
Tools and equipment											
Travel and Transportation											
Utilities and fuels											
Other _____											
Other _____											
Other _____											
<b>SOURCE TOTAL</b>											

TOTAL PROJECT COST

\*C=Committed Funds; P=Funds that have been applied for & decision is pending; N=Funds that have not yet been requested.

**FORM 6**  
**§ 570.611 Conflict of Interest**

**Please read and sign at the bottom of the next page, signifying that you have read and agree to adhere to the following policy. Also, please disclose any potential conflicts including any boards or committees currently serving on, any private companies owned by you or members of your Board of Directors, and any other potential conflicts.**

**(a) Applicability.** (1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, shall apply.

(2) In all cases not governed by 24 CFR 85.36 and 84.42, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to §570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §570.203, 570.204, 570.455, or 570.703(i)).

**(b) Conflicts prohibited.** The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to NSP activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a NSP-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a NSP-assisted activity, or with respect to the proceeds of the NSP-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

**(c) Persons covered.** The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

**(d) Exceptions.** Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) *Threshold requirements.* HUD will consider an exception only after the recipient has provided the following documentation:

- (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
- (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) *Factors to be considered for exceptions.* In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

- (ii) Whether an opportunity was provided for open competitive bidding or negotiation;
- (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision-making process with respect to the specific assisted activity in question;
- (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;
- (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (vii) Any other relevant considerations.

**Name** \_\_\_\_\_

**Conflicts/Potential** \_\_\_\_\_

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Name (Printed)

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Signature

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Signature