

RFA 2016-107 Scoring Sheets

Scoring Items		2016-406G	2016-407G	2016-408G	2016-409G	
Development Name	Contributor/ Reporter	Home at Tamarind	75th Terrace Group Home	Acquisition and Rehabilitation of a Residential Property in Orange County	The Freedom Home	
Point Items						
D. Operating/Managing Permanent Supportive Housing Experience (maximum of 40 points)	Bill A.	31	37	30	39	
I.1.a. Private Transportation - in Community Residential Homes only (maximum of 24 points)	John		21	22	22	
I.1.b. Access to groceries, education, household shopping, employment - in Community Residential Homes only (maximum of 12 points)			9	11	11	
I.1.c. Access to specific healthcare/supportive services needs of intended residents - in Community Residential Homes only (maximum of 24)	Elaine		21	21	22	
I.2.a. Access to groceries, education, household shopping, employment - in Supported Living Units only (maximum of 24 points)	John	18				
I.2.b. Access to specific healthcare/supportive services needs of intended residents - in Supported Living Units only (maximum of 24 points)	Elaine	22				
I.2.c. Other Best Practices that will be implemented - in Supported Living Units only (Maximum of 12 points)		11				
Total Points	Max of 100	82	88	84	94	
Mandatory Items						
Submission Requirements Met (Section Three, A)	Bill C.	Y	Y	Y	Y	
B. Demographic Commitment description provided		Y	Y	Y	Y	
C.1. Contact information provided		Y	Y	Y	Y	
C.2. Name of Applicant provided		Y	Y	Y	Y	
C.2.a. Evidence that since August 1, 2015, or earlier, the Applicant is a private Non-Profit organization provided		Y	Y	Y	Y	
C.2.b. Evidence that since August 1, 2015, or earlier, for a CRH or as of Application Deadline for a SLU, the Applicant entity's primary mission includes serving Persons with Developmental Disabilities provided		Y	Y	Y	Y	
C.2.c. Evidence Applicant is a legally formed entity qualified to do business in Florida provided		Y	Y	Y	Y	
C.3.a. Non-Profit Applicant entity owns at least 51% of ownership interest in Development confirmation		Y	Y	Y	Y	
C.3.b. Non-Profit Applicant entity is receiving at least 50% of the Developer overhead confirmation		Y	Y	Y	Y	
E.1. Name of Proposed Development provided		Y	Y	Y	Y	
E.2. County where the proposed Development is or will be located provided		Y	Y	Y	Y	
E.3. Development Category provided		Y	Y	Y	Y	
E.3.c.(2) If demolition of an existing Community Residential Home or Supported Living Unit is involved, Tenant Relocation Plan provided.		Y	Y	Y	Y	
E.4. If Renovating Units, Development Location of the Development site provided		Y	Y	Y	Y	
E.5. Whether the proposed Development is a Community Residential Home or Supported Living Units answered		Y	Y	Y	Y	
E.6. If Supported Living Units, Development Type provided		Y	Y	Y	Y	
E.7. If Supported Living Units, question regarding whether the Development is Shared Housing answered		Y	Y	Y	Y	
E.8. If Shared Housing, total number of Residents that will be living in the proposed Development after all work completed was provided		Y	Y	Y	Y	
E.9. If Supported Living Units, total number of Units provided		Y	Y	Y	Y	
K. Description of Intended Construction, Rehabilitation, and Renovation provided		Y	Y	Y	Y	
Minimum of 60 points achieved?		Yes or No	Y	Y	Y	Y
All Mandatory Requirements Met?		Yes or No	Y	Y	Y	Y
Tie-Breakers						
Qualifies for the Qualifying Financial Assistance Preference (Yes/No)	Kevin T.	Y	N	N	N	
Qualifies for the Florida Job Creation Preference (Yes/No)		Y	Y	Y	Y	
Lottery Number	Inspector General's Office	11	10	2	12	

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Scoring Items		2016-410G	2016-411G	2016-412G	2016-413G	
Development Name	Contributor/ Reporter	Binkley Woods	Crestview Group Home 1	Marlberry CRH Renovations	Royal Cottage	
Point Items						
D. Operating/Managing Permanent Supportive Housing Experience (maximum of 40 points)	Bill A.	26	28	32	39	
I.1.a. Private Transportation - in Community Residential Homes only (maximum of 24 points)	John		19	21	23	
I.1.b. Access to groceries, education, household shopping, employment - in Community Residential Homes only (maximum of 12 points)			8	11	11	
I.1.c. Access to specific healthcare/supportive services needs of intended residents - in Community Residential Homes only (maximum of 24)	Elaine		20	21	23	
I.2.a. Access to groceries, education, household shopping, employment - in Supported Living Units only (maximum of 24 points)	John	22				
I.2.b Access to specific healthcare/supportive services needs of intended residents - in Supported Living Units only (maximum of 24 points)	Elaine	17				
I.2.c. Other Best Practices that will be implemented - in Supported Living Units only (Maximum of 12 points)		8				
Total Points	Max of 100	73	75	85	96	
Mandatory Items						
Submission Requirements Met (Section Three, A)	Bill C.	Y	Y	Y	Y	
B. Demographic Commitment description provided		Y	Y	Y	Y	
C.1. Contact information provided		Y	Y	Y	Y	
C.2. Name of Applicant provided		Y	Y	Y	Y	
C.2.a. Evidence that since August 1, 2015, or earlier, the Applicant is a private Non-Profit organization provided		Y	Y	Y	Y	
C.2.b. Evidence that since August 1, 2015, or earlier, for a CRH or as of Application Deadline for a SLU, the Applicant entity's primary mission includes serving Persons with Developmental Disabilities provided		N	Y	Y	Y	
C.2.c. Evidence Applicant is a legally formed entity qualified to do business in Florida provided		Y	Y	Y	Y	
C.3.a. Non-Profit Applicant entity owns at least 51% of ownership interest in Development confirmation		Y	Y	Y	Y	
C.3.b Non-Profit Applicant entity is receiving at least 50% of the Developer overhead confirmation		Y	Y	Y	Y	
E.1. Name of Proposed Development provided		Y	Y	Y	Y	
E.2. County where the proposed Development is or will be located provided		Y	Y	Y	Y	
E.3. Development Category provided		Y	Y	Y	Y	
E.3.c.(2) If demolition of an existing Community Residential Home or Supported Living Unit is involved, Tenant Relocation Plan provided.		Y	Y	Y	Y	
E.4. If Renovating Units, Development Location of the Development site provided		Y	Y	Y	Y	
E.5. Whether the proposed Development is a Community Residential Home or Supported Living Units answered		Y	Y	Y	Y	
E.6. If Supported Living Units, Development Type provided		Y	Y	Y	Y	
E.7. If Supported Living Units, question regarding whether the Development is Shared Housing answered		Y	Y	Y	Y	
E.8. If Shared Housing, total number of Residents that will be living in the proposed Development after all work completed was provided		Y	Y	Y	Y	
E.9. If Supported Living Units, total number of Units provided		Y	Y	Y	Y	
K. Description of Intended Construction, Rehabilitation, and Renovation provided		Y	Y	Y	Y	
Minimum of 60 points achieved?		Yes or No	Y	Y	Y	Y
All Mandatory Requirements Met?		Yes or No	N	Y	Y	Y
Tie-Breakers						
Qualifies for the Qualifying Financial Assistance Preference (Yes/No)	Kevin T.	Y	N	N	Y	
Qualifies for the Florida Job Creation Preference (Yes/No)		Y	Y	Y	Y	
Lottery Number	Inspector General's Office	6	3	4	13	

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Scoring Items		2016-414G	2016-415G	2016-416G	2016-417G
Development Name	Contributor/ Reporter	Creative Ministries Cottage Group Home Remodel	Key Pine	Melrose Group Home	Honey Hill CRH Renovations
Point Items					
D. Operating/Managing Permanent Supportive Housing Experience (maximum of 40 points)	Bill A.	28	39	37	36
I.1.a. Private Transportation - in Community Residential Homes only (maximum of 24 points)	John	16	23	21	21
I.1.b. Access to groceries, education, household shopping, employment - in Community Residential Homes only (maximum of 12 points)		4	11	9	11
I.1.c. Access to specific healthcare/supportive services needs of intended residents - in Community Residential Homes only (maximum of 24)	Elaine	16	23	21	21
I.2.a. Access to groceries, education, household shopping, employment - in Supported Living Units only (maximum of 24 points)	John				
I.2.b. Access to specific healthcare/supportive services needs of intended residents - in Supported Living Units only (maximum of 24 points)	Elaine				
I.2.c. Other Best Practices that will be implemented - in Supported Living Units only (Maximum of 12 points)					
Total Points	Max of 100	64	96	88	89
Mandatory Items					
Submission Requirements Met (Section Three, A)	Bill C.	Y	Y	Y	Y
B. Demographic Commitment description provided		Y	Y	Y	Y
C.1. Contact information provided		Y	Y	Y	Y
C.2. Name of Applicant provided		Y	Y	Y	Y
C.2.a. Evidence that since August 1, 2015, or earlier, the Applicant is a private Non-Profit organization provided		Y	Y	Y	Y
C.2.b. Evidence that since August 1, 2015, or earlier, for a CRH or as of Application Deadline for a SLU, the Applicant entity's primary mission includes serving Persons with Developmental Disabilities provided		Y	Y	Y	Y
C.2.c. Evidence Applicant is a legally formed entity qualified to do business in Florida provided		Y	Y	Y	Y
C.3.a. Non-Profit Applicant entity owns at least 51% of ownership interest in Development confirmation		Y	Y	Y	Y
C.3.b. Non-Profit Applicant entity is receiving at least 50% of the Developer overhead confirmation		Y	Y	Y	Y
E.1. Name of Proposed Development provided		Y	Y	Y	Y
E.2. County where the proposed Development is or will be located provided		Y	Y	Y	Y
E.3. Development Category provided		Y	Y	Y	Y
E.3.c.(2) If demolition of an existing Community Residential Home or Supported Living Unit is involved, Tenant Relocation Plan provided.		Y	Y	Y	Y
E.4. If Renovating Units, Development Location of the Development site provided		Y	Y	Y	Y
E.5. Whether the proposed Development is a Community Residential Home or Supported Living Units answered		Y	Y	Y	Y
E.6. If Supported Living Units, Development Type provided		Y	Y	Y	Y
E.7. If Supported Living Units, question regarding whether the Development is Shared Housing answered		Y	Y	Y	Y
E.8. If Shared Housing, total number of Residents that will be living in the proposed Development after all work completed was provided		Y	Y	Y	Y
E.9. If Supported Living Units, total number of Units provided		Y	Y	Y	Y
K. Description of Intended Construction, Rehabilitation, and Renovation provided		Y	Y	Y	Y
Minimum of 60 points achieved?	Yes or No	Y	Y	Y	Y
All Mandatory Requirements Met?	Yes or No	Y	Y	Y	Y
Tie-Breakers					
Qualifies for the Qualifying Financial Assistance Preference (Yes/No)	Kevin T.	Y	N	N	N
Qualifies for the Florida Job Creation Preference (Yes/No)		Y	Y	Y	Y
Lottery Number	Inspector General's Office	14	5	8	1

RFA 2016-107 Scoring Sheets

Scoring Items	Contributor/ Reporter	2016-418G	2016-419G	Applications that didn't meet requirements
Development Name		The Commons at Speer Village Phase I	CASL Fruitville Residences	
Point Items				
D. Operating/Managing Permanent Supportive Housing Experience (maximum of 40 points)	Bill A.	32	36	
I.1.a. Private Transportation - in Community Residential Homes only (maximum of 24 points)	John			
I.1.b. Access to groceries, education, household shopping, employment - in Community Residential Homes only (maximum of 12 points)				
I.1.c. Access to specific healthcare/supportive services needs of intended residents - in Community Residential Homes only (maximum of 24)	Elaine			
I.2.a. Access to groceries, education, household shopping, employment - in Supported Living Units only (maximum of 24 points)	John	22	23	
I.2.b Access to specific healthcare/supportive services needs of intended residents - in Supported Living Units only (maximum of 24 points)	Elaine	20	18	
I.2.c. Other Best Practices that will be implemented - in Supported Living Units only (Maximum of 12 points)		10	10	
Total Points	Max of 100	84	87	
Mandatory Items				
Submission Requirements Met (Section Three, A)	Bill C.	Y	Y	0
B. Demographic Commitment description provided		Y	Y	0
C.1. Contact information provided		Y	Y	0
C.2. Name of Applicant provided		Y	Y	0
C.2.a. Evidence that since August 1, 2015, or earlier, the Applicant is a private Non-Profit organization provided		N	Y	1
C.2.b. Evidence that since August 1, 2015, or earlier, for a CRH or as of Application Deadline for a SLU, the Applicant entity's primary mission includes serving Persons with Developmental Disabilities provided		N	Y	2
C.2.c. Evidence Applicant is a legally formed entity qualified to do business in Florida provided		Y	Y	0
C.3.a. Non-Profit Applicant entity owns at least 51% of ownership interest in Development confirmation		Y	Y	0
C.3.b Non-Profit Applicant entity is receiving at least 50% of the Developer overhead confirmation		Y	Y	0
E.1. Name of Proposed Development provided		Y	Y	0
E.2. County where the proposed Development is or will be located provided		Y	Y	0
E.3. Development Category provided		Y	Y	0
E.3.c.(2) If demolition of an existing Community Residential Home or Supported Living Unit is involved, Tenant Relocation Plan provided.		Y	Y	0
E.4. If Renovating Units, Development Location of the Development site provided		Y	Y	0
E.5. Whether the proposed Development is a Community Residential Home or Supported Living Units answered		Y	Y	0
E.6. If Supported Living Units, Development Type provided		Y	Y	0
E.7. If Supported Living Units, question regarding whether the Development is Shared Housing answered		Y	Y	0
E.8. If Shared Housing, total number of Residents that will be living in the proposed Development after all work completed was provided		Y	Y	0
E.9. If Supported Living Units, total number of Units provided		Y	Y	0
K. Description of Intended Construction, Rehabilitation, and Renovation provided		Y	Y	0
Minimum of 60 points achieved?	Yes or No	Y	Y	0
All Mandatory Requirements Met?	Yes or No	N	Y	2
Tie-Breakers				
Qualifies for the Qualifying Financial Assistance Preference (Yes/No)	Kevin T.	Y	Y	8
Qualifies for the Florida Job Creation Preference (Yes/No)		Y	Y	0
Lottery Number	Inspector General's Office	7	9	