FLORIDA HOUSING FINANCE CORPORATION

REQUEST FOR PROPOSALS #2008-01

for

THE DEVELOPMENT AND SUBSTANTIAL REHABILITATION OF

SPECIAL NEEDS HOUSING

April 11, 2008
Section One:  
INTRODUCTION

A. The mission of Florida Housing Finance Corporation (Florida Housing) is to help Floridians obtain safe, decent housing that might otherwise be unavailable to them. Florida Housing has determined that there is a need for housing for special needs populations (Homeless persons, Frail Elderly, Survivors of Domestic Violence, Youths Aging Out of Foster Care, and Persons with Disabilities) that is not easily met through its mainstream rental programs. In exploring ways to serve these populations, Florida Housing has determined that State Apartment Incentive Loan (SAIL) funds are an appropriate source for funding developments addressing special needs housing. Applicants seeking funding through this Request for Proposals (RFP) are encouraged to work with local governments and other entities to obtain necessary financing as well as other assistance such as help with land acquisition, to allow for the development of housing that is truly affordable for these populations.

B. Florida Housing is soliciting sealed proposals from qualified Applicants that commit to construct and/or rehabilitate housing in accordance with the terms and conditions of this RFP, applicable laws and regulations, and Florida Housing’s generally applicable construction and financial standards.

Section Two:  
DEFINITIONS

For purposes of this document:

“Affordability Period” Compliance with the provisions of 420.5087, Fla. Stat., for the term of the loan or such longer term committed to by the Applicant, whichever is longer.

“ALF” or “Assisted Living Facility” A Florida licensed living facility that complies with Sections 429.01 through 429.54, Fla. Stat., and Fla. Admin. Code Rule Chapter 58A-5.

“Applicant” Any person or entity or combination of people or entities, for profit or not-for-profit, seeking a loan from Florida Housing for the construction or Substantial Rehabilitation of housing; and who submits a Proposal in response to this RFP.

“Board” The Board of Directors of Florida Housing Finance Corporation.

“Catchment Area” A geographical area covered under a Local Homeless Assistance Continuum of Care Plan, as designated and revised as necessary by the State Office on Homelessness, in accordance with Section 420.624, Fla. Stat.

“Certified Domestic Violence Center” A Domestic Violence Center that is certified by the Florida Department of Children and Families Office of Domestic Violence Programs or its certification designee.
“Committee” The review committee composed only of employees of Florida Housing that is established pursuant to Fla. Admin. Code R. 67-49.007.

“Credit Underwriter” The independent contractor under contract with Florida Housing having the responsibility for providing stated credit underwriting services as stated in Fla. Admin. Code Rule Chapter 67-48, the SAIL Program Rule.

“Days” Calendar days, unless otherwise specified.

“Development” Improvements located or to be located in the state, including real property, buildings, and any other real and personal property, designed and intended for the primary purpose of providing decent, safe and sanitary housing in accordance with the provisions of this RFP.

“Development Cost” The total of all costs incurred in the completion of a Development excluding developer fee and total land cost as shown in the Development Cost line item on the development cost pro forma within this RFP.

“Domestic Violence” Any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

“Domestic Violence Survivor” An individual who has been a survivor of Domestic Violence during the past 24 months. For purposes of this RFP, the term `Domestic Violence Survivor` does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

"Elderly" Pursuant to Section 420.503(15), Fla. Stat., elderly means persons 62 years of age or older; however, this definition does not prohibit housing from being deemed housing for the elderly as defined in Section 420.503(19), Fla. Stat. if such housing otherwise meets the requirements of Section 420.503(15), Fla. Stat.

“ELI Household” or “Extremely Low Income Household” A household of one or more persons wherein the annual adjusted gross income for the household is equal to or below the percentage of area median income for ELI Persons.
| “ELI Persons” or “Extremely Low Income Persons” | Extremely low income persons as defined in Section 420.0004(8), Fla. Stat., will be as outlined in the ELI County Chart included in the Set-Aside Requirements section of this RFP. |
| “ELI Set-Aside” or “Extremely Low Income Set-Aside” | The number of units designated to serve ELI Households. |
| “Florida Housing” | Florida Housing Finance Corporation, a public corporation and public body corporate and politic created by Section 420.504, Fla. Stat. |
| “Frail Elderly” | An Elderly individual who is determined to be functionally impaired because the individual: (a) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. |
| “Homeless” | An individual or family who lacks a fixed, regular, and adequate nighttime residence or an individual or family who has a primary nighttime residence that is: (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing; (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. For purposes of this RFP, the term “homeless” does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law. |
| “Local Homeless Assistance Continuum of Care Plan” | A plan for developing and implementing a framework for a comprehensive and seamless array of housing and services to address the needs of homeless persons and persons at risk for homelessness, in accordance with Section 420.624, Fla. Stat. |
| “Interested Party” | A person or entity that requests a copy of this Request for Proposals from Florida Housing. |
| “Non-Profit” | A qualified non-profit entity as defined in Section 42(h)(5)(C), subsection 501(c)(3) or 501(c)(4) of the Internal Revenue Code (IRC) and organized under Chapter 617, F.S., if a Florida |
Corporation, or organized under similar state law if organized in a jurisdiction other than Florida, to provide housing and other services on a not-for-profit basis, which owns at least 51% of the ownership interest in the Development.


“Persons with a Disability” Pursuant to the Americans with Disabilities Act of 1990, Public Law 101-336, with respect to an individual:
(a) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
(b) A record of such an impairment; or
(c) Being regarded as having such impairment.


“Proposal” A written submission by an Applicant that responds to this Request for Proposals.

“RFP” This Request for Proposals, including all exhibits referenced in this document and all other documents incorporated by reference.

For purposes of this RFP the following SAIL Program provisions do not apply:

- 67-48.014 through .031
- 67-48.004(1)
- 67-48.004(3) through (8)
- 67-48.005
- 67-48.0075(1), (2) and (4)
- 67-48.009(3)
- 67-48.0095

“SRO” or “Single Room Occupancy” Housing, consisting of single room dwelling units, that is the primary residence of its occupant or occupants.

“Substantial Rehabilitation” To bring a Development back to its original state with added improvements, where the value of such repairs or improvements (excluding the costs of acquiring or moving a structure) exceeds 40% of the appraised as is value (excluding land) of such Development before repair. For purposes of this

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definition, the value of repairs or improvements means the Development Costs. To be considered “Substantial Rehabilitation” there must be at least the foundations remaining from the previous structures suitable to support the proposed construction.

“Threshold Item” A mandatory requirement of the RFP.

“Total Development Cost” The total of all costs incurred in the completion of a Development, all of which shall be subject to the review and approval by the Credit Underwriter and Florida Housing pursuant to Fla. Admin. Code R. 67-48.0075(3).

“Website” The Florida Housing Finance Corporation website, the home address of which is www.floridahousing.org.

“Youths Aging Out of Foster Care” A youth between the ages of eighteen and twenty four who previously lived in foster care housing and is no longer eligible for foster care placement.

Section Three:
PROCEDURES AND PROVISIONS

A. An Applicant must submit an original and six (6) copies of the Proposal, accompanied by the correct RFP fee of $250, in a sealed envelope(s) marked “RFP 2008-01”. Each envelope containing a Proposal(s) must clearly state the name of the Applicant. The Proposal that is the original must be clearly indicated on that Proposal. Threshold

B. Florida Housing will not accept a faxed or e-mailed Proposal. Florida Housing must receive any Proposals on or before 2:00 p.m., Eastern Time, on Tuesday, May 27, 2008. Proposals shall be opened at that time. Proposals must be addressed to:

Robin L. Grantham
Contracts Administrator
Florida Housing Finance Corporation
227 North Bronough Street, Suite 5000
Tallahassee, FL 32301-1329
(850) 488-4197; Fax (850) 414-6548
Email: robin.grantham@floridahousing.org

C. This RFP does not commit Florida Housing to award funding to an Applicant or to pay any costs incurred in the preparation or mailing of a Proposal.

D. Florida Housing reserves the right to the following:

1. To obtain information concerning any or all Applicants from any source;
E. Any Interested Party may submit any inquiry regarding this RFP in writing via mail, fax or e-mail to Robin Grantham at the address given in Section Three, paragraph A. All inquiries are due by 5:00 p.m., Eastern Time, on Friday, May 2, 2008. Phone calls will not be accepted. Florida Housing expects to respond to all inquiries by 5:00 p.m., Eastern Time, on Friday, May 9, 2008. Florida Housing will post a copy of all inquiries received, and their answers, on Florida Housing’s Website at: http://www.floridahousing.org/Home/BusinessLegal/Solicitations/RequestForProposals.htm.

Florida Housing will also send a copy of those inquiries and answers in writing to any Interested Party that requests a copy. Florida Housing will determine the method of sending its answers, which may include regular U.S. mail, overnight delivery, fax, e-mail or any combination of the above. Only written responses from Robin Grantham, or her designee, to inquiries raised by Interested Parties that are posted on Florida Housing’s Website or sent to Interested Parties shall bind Florida Housing. No other means of communication, whether oral or written, shall be construed as an official response or statement from Florida Housing.

F. Any person who wishes to protest the specifications contained in this RFP shall file a protest in compliance with Section 120.57(3), Fla. Stat., and Fla. Admin. Code R. 28-110. Failure to file a protest within the time prescribed in Section 120.57(3), Fla. Stat., shall constitute a waiver of proceedings under Chapter 120, Fla. Stat.

G. Florida Housing expects to make approximately $13 million available as loans to selected Applicants to develop and/or Substantially Rehabilitate Special Needs Housing.

H. Florida Housing expects to select one or more Applicants to award the loans contemplated by this RFP. Any such Applicants will be selected through Florida Housing’s review and scoring of each Proposal, considering the factors identified in this RFP. Florida Housing reserves the right to award an Applicant a different amount than the amount requested in the Applicant’s Proposal. The SAIL request amount cannot exceed the lesser of $3,000,000 or 75% of the Total Development Cost.

I. LOAN TERMS: Funds awarded pursuant to this RFP will be loaned in accordance with Fla. Admin. Code R. 67-48, the SAIL Program rule as follows:

- Non-amortizing 0% interest rate for Applicants that maintain 80% occupancy for Homeless, and non-amortizing 1% interest rate for all other Developments.

- Interest may be deferred based on Development cash flow. The loan term may not exceed 15 years unless First Mortgage Lender requirements dictate longer terms.

J. This funding may only be combined with a Florida Housing loan from the Predevelopment Loan program which would be repaid at the time of closing of a loan made under this RFP. Applicants may pursue other forms of funding not related to a Florida Housing program. Such funding must be reflected in the cost pro forma and evidence provided in accordance with the terms of this RFP.
K. Notwithstanding 67-48.0072 (4) (c), for purposes of this RFP, Applicants must close the loan awarded under this RFP within 24 months of the issuance of the written preliminary commitment issued by Florida Housing. Applicants may request one (1) extension of up to 12 months. All extension requests must be submitted in writing to the program administrator and contain the specific reasons for requesting an extension and shall detail the time frame to close the loan. The written request will then be submitted to the Board for consideration. The Board shall consider the facts and circumstances of each Applicant’s request and any credit underwriting report, if available, prior to determining whether to grant the requested extension. Florida Housing shall charge a non-refundable extension fee of 1% of each loan amount if the Board approves the request to extend the commitment beyond the initial 24 month period. In the even the loan does not close within 36 months of the issuance of the preliminary commitment, the preliminary commitment or firm commitment, as applicable, will be deemed void and the funds will be deobligated.

L. Notwithstanding 67-48.0072 (11), for purposes of this RFP, the proposed Development must demonstrate, based on current rates, that it can meet minimum 1.00 debt service coverage (DSC) requirements with all first and second mortgages including all superior mortgages. However, if the Applicant defers at least 35% of its developer fee for at least six (6) months following construction completion, the minimum debt service coverage shall be 1.00 for the loan, including all superior mortgages. The maximum debt service coverage shall be 1.50, including all superior mortgages. In extenuating circumstances, such as when the Development has deep or short term subsidy, the debt service coverage may exceed 1.50 if the Credit Underwriter’s favorable recommendation is supported by the projected cash flow analysis.

M. Notwithstanding 67-48.0072 (22), for purposes of this RFP, if the Credit Underwriter requires additional clarifying materials in the course of the underwriting process, the Credit Underwriter shall request same from the Applicant and shall specify deadlines for the submission of same. Failure to submit required information by the specified deadline, unless a written extension of time has been approved by Florida Housing, shall result in rejection of the Proposal. In this event, no further Proposals will be selected for funding.

N. Notwithstanding 67-48.0072 (26), for purposes of this RFP, loans awarded under this RFP and any other mortgage loans related to the construction or Substantial Rehabilitation of the Development must close within 60 Days of issuance of the written firm loan commitment(s) by Florida Housing unless an extension is approved by the Board. All extension requests must be submitted in writing to the program administrator and contain the specific reasons for requesting an extension and shall detail the time frame to close the loan. The Board shall consider the facts and circumstances of each Applicant’s request and any credit underwriting report, if available, prior to determining whether to grant the requested extension. Florida Housing shall charge an extension fee of one-half of one percent of the loan amount if the Board approves the request to extend the commitment beyond the period outlined in Fla. Admin. Code R. 67-48.

Section Four:

REQUIREMENTS OF PROPOSAL

In providing the following information, restate each request and sub-request for information (with its letter and number), limit the Proposal to one bound volume, and do not include material outside of such volume. Responses to the requests should be included immediately after the restated request, to the extent practicable.

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A. General Information - Provide a detailed plan and description of the development team and the proposed housing. The plan must include at least the following, but the Applicant should provide any additional information that would cause Florida Housing to more fully understand the Proposal:

1. Applicant Experience - Describe the experience of the Applicant in providing affordable housing. Each Applicant or principal of the Applicant must demonstrate experience in the completion (meaning that the certificate of occupancy has been issued for at least one building) of at least one affordable rental housing development consisting of a total number of units no less than 50% of the total number of units in the proposed Development. This experience may be demonstrated in the form of a chart. In doing so, list the total number of units, percentage of units set aside for the demographic group(s) and financing source(s). **Threshold**

   Notwithstanding the foregoing, if the Applicant has closed a PLP loan for this Development prior to December 31, 2007, the Applicant shall have been deemed to meet the Applicant Experience and therefore pass Threshold for this RFP item (Section Four A.1). Provide the amount of the loan; the total number of units; when the closing occurred on the loan; set aside percentages and demographic group(s).

2. The Applicant must demonstrate that it is a legally formed entity eligible to do business in the state of Florida by the RFP deadline. This shall be evidenced by providing certification from the Florida Department of State. **Threshold**

3. Development Description - Provide the location, total number of units (not to exceed 50) and/or beds (not to exceed 80), unit mix, target group(s), set aside percentages (for example: X number of units @ 30% area median income) and whether the Development is new construction or Substantial Rehabilitation of an existing development. If the demographic group that will be served is Survivors of Domestic Violence, then the location provided in this section may remain general. For all other demographic groups, state the specific location. **Threshold**

4. Construction Features and Amenities - Describe any common areas and community facilities that will be included in the Development. Describe how the purpose, function and/or design of these common areas and community facilities will benefit the specific demographic group, and if applicable, the community addressed in this RFP response. Provide a description of the design and/or function of the units’ features and amenities that will be beneficial and relevant to the demographic group selected. Examples include, but are not limited to, amenities and features related to accessibility and universal design, safety, security, and technology. If applicable, describe any innovative amenities and features that will be included in the Development. In addition, describe any green building practices that the Development will utilize such as providing Energy Star appliances, low flow showerheads, faucets, and toilets, outdoor lighting with timers or sensors, and programmable thermostats.
The following construction features and amenities are required for all units for all Developments:

- Air conditioning in all units (window units are not allowed; however through-wall units are permissible for Substantial Rehabilitation) and in common areas and community facilities, if any;
- Window treatments for each window inside each unit;
- Termite prevention and pest control throughout the entire affordability period;
- Peephole on the main entrance door to each unit;
- Exterior lighting in open and common areas;
- Full size range, oven and refrigerator in all non-SRO units; and
- At least two full bathrooms in all 3 bedroom or larger new construction units.

**Up to 20 points**

5. Resident Services - Describe the resident services and programs provided that adequately and effectively address the needs of the residents for the chosen demographic group. Such services might include, but are not limited to, service and benefits coordination, case management, education and/or skills training, transportation, health care services, emergency assistance funds, employment or homeownership counseling, meals program, after school care. Resident services plans must detail how the services are to be administered, who will administer them, and where they will be administered. Use the Resident Services Plan in Exhibit 1 to complete this section. All resident services plans must include a letter of support/agreement from each external provider of services listed above regarding the services and programs they will provide.

Applicants choosing the Domestic Violence Survivors demographic group must also include a properly completed and executed Verification of the Resident Services Plan form (Exhibit 2). **Up to 20 points.**

6. Community Services - Describe how transportation and access to community based resources such as public transportation (bus stops or metro-rail stations), grocery stores, pharmacies, public schools, higher education and skills training programs, employment opportunities, as well as relevant professional services like medical facilities and mental health centers will be addressed. State whether transportation will be provided at no cost to the resident. **Up to 10 points**

B. Demographic Group – Choose the demographic group(s) that the proposed Development will serve. Demographic groups reflected in the Applicant’s Proposal shall be included in the LURA and may not be changed:

1. State which special needs population will be targeted:
a. Frail Elderly - 80% of the units/beds set aside for the Elderly of which a minimum of 50% shall be set aside for Frail Elders.

In order for a proposed Development to be classified as Frail Elderly (ALF or non-ALF), the Development must meet the following requirements:

i. Applicant understands, acknowledges and agrees that it will comply with the Federal Fair Housing Act requirements and rent at least 80% of the total units to residents that qualify as Elderly pursuant to that Act. Further, Applicant understands, acknowledges and agrees that all such units are subject to the income restrictions committed to in the Set-Aside Commitment section of this RFP; and

ii. For a non-ALF Development, at least 50% of the total units must be comprised of one-bedroom or efficiency units and no more than 15% of the total units can be larger than 2 bedroom units. For an ALF Development, at least 90% of the total units must be comprised of units no larger than one bedroom and the sharing of a unit by two or more unaffiliated residents cannot be a condition of occupancy; and

iii. A minimum of one elevator per residential building must be provided for all new construction Developments that consist of more than one story; and

iv. The Applicant must provide the following features in the specified percentages of all units in new construction and Substantial Rehabilitation Developments.

The requirement to provide the following features is in addition to the features committed to by the Applicant in the Construction Features and Amenities section of this RFP.

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>New Construction</th>
<th>Substantial Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll-In Showers *</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>5% of the overall requirement for roll-in showers may be met with walk-in type shower stalls with permanently affixed seat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* NOTE: This requirement may be waived in Substantial Rehabilitation Developments if installation is determined to be not feasible as documented by a registered architect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermostat placed at 48” maximum height</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Tight-napped Berber-type carpet and/or non-skid/non-glossy tile in all living areas</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>36” entrances on all exterior doors</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>All wall electrical outlets placed between 18” and 48” above the floor</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Scald control valves on all bathtub and shower faucets | 100% | 100%
Peephole at 4' 10" on all exterior doors | 100% | 100%
Toggle type switches for each light and each fan throughout the unit | 100% | 100%
Adjustable shelving in master bedroom closets | 100% | 100%
Lever-action handles on all doors in units and public areas | 100% | 100%
Horizontal grab bars around shower | 100% | 100%
Horizontal grab bars around toilet | 100% | 100%
Roll-out shelving or drawers in all bottom bathroom vanity | 100% | 100%
Roll-out shelving or drawers in at least one bottom kitchen cabinet | 100% | 100%

**b. Homeless**

To qualify to make this selection, the documentation described below must be provided and the Applicant must commit to rent not less than 80% of the total units for Homeless households:

In order for a proposed Development to be classified as Homeless, Applicant must provide the properly completed and executed Verification of Inclusion in Local Homeless Assistance Continuum of Care Plan by Lead Agency Form (Exhibit 3).

If no Local Homeless Assistance Continuum of Care Plan exists for the Catchment Area in which the proposed Development is located, a needs analysis demonstrating the local need for such housing must also be provided.

Note: For more information, the telephone number for the State Office on Homelessness is (850) 922-4691.

**c. Persons with a Disability**

Applicants choosing the Persons with a Disability demographic group must commit to rent not less than 80% of the total units for Persons with a Disability.

d. Youths Aging Out of Foster Care

Applicants choosing the Youths Aging Out of Foster Care demographic group must commit to rent not less than 50% of the total units for Youths Aging Out of Foster Care.

e. Domestic Violence Survivors

Applicants choosing the Domestic Violence Survivors demographic group must commit to rent not less than 50% of the total units for Domestic Violence Survivors.

In order for a proposed Development to be classified as housing for Domestic Violence Survivors, the Applicant must provide the properly
C. Income Set-Aside Requirements –

1. At least 25% of the total units or beds must be set aside for ELI Households based on the following ELI County Chart in order for the Proposal to be considered for participation in the RFP. By committing to maintain at least 25% of the total units for ELI Households, the Applicant will qualify to have 25% of the loan amount forgiven. **Threshold**

**ELI County Chart**
*(At least 25% of the units must be set aside at this AMI level)*

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>At least 25% of the units must be set aside at this AMI level</th>
<th>COUNTY</th>
<th>At least 25% of the units must be set aside at this AMI level</th>
<th>COUNTY</th>
<th>At least 25% of the units must be set aside at this AMI level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alachua</td>
<td>33%</td>
<td>Hardee</td>
<td>40%</td>
<td>Orange</td>
<td>33%</td>
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<tr>
<td>Baker</td>
<td>35%</td>
<td>Hendry</td>
<td>40%</td>
<td>Okeechobee</td>
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<tr>
<td>Bay</td>
<td>35%</td>
<td>Hernando</td>
<td>33%</td>
<td>Osceola</td>
<td>33%</td>
</tr>
<tr>
<td>Bradford</td>
<td>40%</td>
<td>Highlands</td>
<td>40%</td>
<td>Palm Beach</td>
<td>28%</td>
</tr>
<tr>
<td>Brevard</td>
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<td>Hillsborough</td>
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<td>40%</td>
<td>Pinellas</td>
<td>33%</td>
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<td>Calhoun</td>
<td>40%</td>
<td>Indian River</td>
<td>33%</td>
<td>Polk</td>
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<tr>
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<td>St. Johns</td>
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<td>Clay</td>
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<td>Seminole</td>
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<td>Dixie</td>
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<td>Duval</td>
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<tr>
<td>Escambia</td>
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<td>Madison</td>
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<td>Flagler</td>
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<td>30%</td>
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<tr>
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<td>Miami-Dade</td>
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<td>Hamilton</td>
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<td>Okaloosa</td>
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</tbody>
</table>
2. The remaining 75% of the units must be set aside for residents with annual household incomes at or below 60% of the area, metropolitan statistical area (“MSA”) or state or county median income, whichever is higher, adjusted for family size, or, in the event that the property is located in the Florida Keys Area, the remaining 75% of the Development’s units can be set aside for residents with annual household incomes below 120% of the state or local median income, whichever is higher, adjusted for family size. Applicants shall have the option of selecting this minimum set aside only if the Development is located in the Florida Keys Area. Note – the 75% below 120% AMI option is subject to sunset on July 1, 2008.

3. Applicants may commit to set aside units beyond the minimum requirement. If the Applicant commits to set aside at least 30% of the total units as ELI units, the Applicant will receive an additional 5 points. 5 points

D. Affordability Period for Proposals – The Applicant is required to maintain the set aside units at the AMI levels committed to in this RFP for a minimum of 30 years. Threshold

If the Applicant irrevocably commits to set aside units in the proposed Development for a total of more than 30 years, 1 point will be awarded for each additional year up to a total of 50 years (Up to 20 points).

The Affordability Period must be stated as a whole number in the Proposal.

E. Financing and Other Funding Resources – Provide evidence of other financing resources including any local government contributions that will be used to help finance the Development and operation of the Development, including any tenant services. As evidence of local government contributions, provide a properly executed “Local Government Verification of Contribution” form (Exhibit 4). Evidence of other financing sources must be demonstrated by providing a firm commitment. A firm commitment shall contain the exact loan amount, the terms, specific interest rate of the construction loan and/or the permanent loan (a published variable index will be acceptable); signature of all parties including acceptance by the Applicant, and a statement the commitment does not expire before December 31, 2008. Total sources must equal or exceed uses. Threshold

F. Request Amount – State the Request Amount. The limit for the Loan Request Amount is the lesser of $3 million or 75% of the Total Development Cost. In the event the loan request amount exceeds the loan request limit allowed, Florida Housing shall adjust the loan request amount down to meet this requirement. If the Applicant’s request amount is not stated in whole dollars, the amount will be rounded down to the nearest dollar by Florida Housing during scoring and the adjusted amount will be considered the Applicant’s request amount.
G. Development Cost Pro Forma – Complete the attached detailed development cost pro forma (Exhibit 5) describing the cost of the Development, including detailed sources and uses of funds. Total Development Cost must be clearly indicated. If the Development will consist of Substantial Rehabilitation, provide a complete description of any proposed renovations and the cost projections of such rehabilitation. **Threshold**

H. Need and Demand

Provide needs assessment that demonstrates the need for the proposed type of housing in the specific market area and for the demographic group the Applicant proposes to serve. The intent of this section is to ensure that the Applicant will employ a comprehensive and adequate process to research, identify and assess anticipated supportive services and housing needs of the selected demographic group. Evidence of contact with local, public and private community based resources and organizations, as well as churches, businesses, local government housing offices, public housing agencies and other affordable housing developments may be necessary in order to determine the needs specific to potential residents. The Applicant is encouraged to research additional sources to complete the needs assessment section such as census information, state agency annual reports, and local government comprehensive or related plans. Input based on the Applicant’s prior experience in designing services for the selected population is also valuable.

Need and demand will be verified by a certified third party market study during credit underwriting. **Threshold**

I. Evidence of Site Control

Provide evidence of site control such as a recorded deed, an option contract, a land lease with a term of 30 years or the Affordability Period committed to in Section Four D. of this RFP, whichever is greater, or a sales contract which does not expire before December 31, 2008. **Tie-Breaker.**

J. Threshold Items and Exhibits

All threshold items identified in Section Four and Six and the attached exhibits of this RFP must be provided to be considered for funding. Please refer to Section Six of this RFP for details regarding the cure period.
K. Certification Statement (Threshold)

THE FOLLOWING SHALL BE REPEATED IN THE APPLICANT’S RESPONSE AND SIGNED BY AN INDIVIDUAL AUTHORIZED TO BIND THE APPLICANT. FAILURE TO INCLUDE THE CERTIFICATION STATEMENT BEARING AN ORIGINAL SIGNATURE SHALL RESULT IN REJECTION OF THE RESPONSE.

“I agree to abide by all conditions of RFP 2008-01 and certify that all information provided in this Response is true and correct, that I am authorized to sign this Response as the Applicant and that I am in compliance with all requirements of the RFP, including but not limited to, the certification requirements stated in Section Five of this RFP.”

________________________________________
Authorized Signature (Original)

________________________________________
Print Name and Title

Section Five: CERTIFICATION

(Do not reproduce the language of this section in the Proposal). By inclusion and execution of the statement provided in Section Four, paragraph K., of this RFP, each Applicant acknowledges and certifies that:

A. The Applicant submits this Proposal without prior understanding, agreement, or connection with any person or entity submitting a separate Proposal for the same services. However, any agreement with a person or entity with whom the Proposal is jointly filed and such joint filing is made clear on the face of the Response shall be an exception so long as the Proposal is in all respects fair and without collusion or fraud.

B. Any material submitted in response to this RFP is a public record pursuant to Chapter 119, Fla. Stat., and subject to examination upon request, after Florida Housing provides a notice of decision pursuant to Section 120.57(3), Fla. Stat., or within 10 Days after the Response is opened, whichever is earlier.

C. For the purpose of Section 420.512(5), Fla. Stat., “Prohibited Business Solicitation Communications” is defined by Section 420.503(31), Fla. Stat., which provides:

“‘Prohibited business solicitation communication’ means a private written or verbal communication between a member, officer, or covered employee of the corporation and a service provider regarding the merits of the service provider and whether the corporation should retain the services of the service provider. The term does not include:
(a) A verbal communication made on the record during a public meeting;
(b) A written communication provided to each member and officer of the corporation and made part of the record at a public meeting;

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(c) A written proposal or statement of qualifications submitted to the corporation in response to a corporation advertisement seeking proposals or statements of qualifications as part of a competitive selection process.
(d) A verbal or written communication related to the contractual responsibilities of a service provider who was selected to provide services or who was included in a pool of service providers eligible to provide services as a result of a competitive selection process, so long as the communication does not relate to solicitation of business.
(e) A verbal or written communication related to a proposed method of financing or proposed projects, so long as the communication does not relate to solicitation of business.”

D. In addition to the conflict of interest rules imposed by the Florida Statutes, the Applicant(s) that is (are) selected may not engage in any actual, apparent, or potential conflict of interest. Should any such actual apparent, or potential conflict of interest come into being subsequent to the award date and prior to the conclusion of credit underwriting, the Applicant shall provide notification (Notice of Conflict of Interest) to Florida Housing, through first class certified mail, return receipt requested, within 10 working days, seeking written consent from Florida Housing’s Executive Director. If the Applicant is found to be in non-compliance with this provision, without written consent from Florida Housing’s Executive Director, any compensation received shall be subject to forfeiture to Florida Housing.

Section Six:
EVALUATION PROCESS

The Committee will score and evaluate the Proposals based on the criteria described below. The Committee expects to conduct one or more public, noticed meetings during which it will discuss the Proposals. The Committee will recommend none or one or more of the Proposals to the Board for full or partial funding on such schedules and terms as Florida Housing deems appropriate based on its own review and the review of its Credit Underwriters and any others contractors.

An Applicant’s past and current performance in Florida Housing’s programs may be considered in reviewing its Proposal. Florida Housing reserves the right not to issue, or to rescind if already issued, an award to any Applicant if it has been determined that the Applicant, any member of an Applicant that consists of multiple people or entities, or an officer, director, manager, or principal of an Applicant or member of an Applicant is not in compliance or is in financial arrears as to any Florida Housing program and has not taken satisfactory steps to remedy such non-compliance and/or financial arrearages as determined by Florida Housing.

Notwithstanding an award by the Board pursuant to this RFP, funding will be subject to a positive recommendation from the Credit Underwriter based on criteria in Fla. Admin. Code Rule Chapter 67-48.

The following threshold items must be provided to be considered for funding:

Threshold Items

- The Proposal must be submitted by the deadline and be accompanied by the correct RFP fee of $250.
- Applicant must demonstrate that it is a legally formed entity eligible to do business in the state of Florida by the RFP deadline.
- Experience of the Applicant must be demonstrated.
- Development description as outlined in Section Four A.3 of this RFP must be provided.
- Applicant must commit to at least 25% of the total units or beds for ELI households.
- Applicant must commit to all applicable minimum set-asides as outlined in Section Four, paragraph C.2.
- Applicant must maintain the set aside units at the AMI levels committed to in this RFP for a minimum of 30 years.
- All financing commitments must be considered firm. Total sources must equal or exceed uses.
- Applicant must complete the development cost pro forma (Exhibit 5) as outlined in Section Four, paragraph G.
- Evidence of need and demand as outlined in Section Four, paragraph H, must be demonstrated.
- Applicant must include the Certification Statement bearing an original signature.

Eligible Proposals that meet Threshold will be scored on the following items:

**Scoring Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Features &amp; Amenities</td>
<td>Up to 20</td>
</tr>
<tr>
<td>Resident Services</td>
<td>Up to 20</td>
</tr>
<tr>
<td>Community Services</td>
<td>Up to 10</td>
</tr>
<tr>
<td>Additional ELI set-aside units</td>
<td>5</td>
</tr>
<tr>
<td>Affordability Period for Developments</td>
<td>Up to 20</td>
</tr>
</tbody>
</table>

Tie-breakers will be applied to Proposals with tied scores in the following order, as necessary for making tentative funding selections:

**Tie Breaker Items**

1) Preference will be given to Applicants that can demonstrate site control in Section Four, I. of this RFP.
2) Preference will be given to the Proposal requesting the lower amount of SAIL funds as a percentage of Total Development Cost as shown on the development cost pro forma.
3) Preference will be given to the Applicant with the lowest lottery number. Each Development will receive a lottery number at or prior to the issuance of final scores. Lottery numbers will be assigned by Florida Housing’s internal auditors using a random number generator program. The seed number to be used in generating the random numbers will be selected prior to the submission deadline for this RFP.

Applicants will compete for $13 million in funds. In order for a Proposal to be considered for tentative funding, there must be sufficient funds available to fund at least 75% of the Applicant’s request amount (the Request Limit Test). If a Proposal does not pass the Request Limit Test, the Proposal will not be selected for funding. In this event, the next highest ranked Proposal that can pass the Request Limit Test will be selected for tentative funding. In the event there are no eligible Proposals that can pass the Request Limit Test, the funds will be distributed as the Board deems appropriate.

**Preliminary Scores**

Preliminary scores issued by the Review Committee will be posted on the Website by no later than 5:00 p.m. Eastern Time, Wednesday, June 18, 2008.
Cures

Within 14 Days of issuance of preliminary scores, each Applicant shall be allowed to cure its Proposal by submitting additional documentation, revised pages and such other information as the Applicant deems appropriate to address the issues raised during preliminary scoring that could result in failure to meet threshold or a score less than the maximum available. All cures are due by 5:00 p.m., Eastern Time, Wednesday, July 2, 2008. A new form, page or exhibit provided to Florida Housing during this period shall be considered a replacement of that form, page or exhibit if such form, page or exhibit was previously submitted in the Applicant’s Proposal. Pages of the Proposal that are not revised or otherwise changed may not be resubmitted, except that documents executed by third parties must be submitted in their entirety, including all attachments and exhibits referenced therein, even if only a portion of the original document was revised. Where revised or additional information submitted by the Applicant creates an inconsistency with another item in that Proposal, the Applicant shall also be required in its submittal to make such other changes as necessary to keep the Proposal consistent as revised. To be considered by Florida Housing, the Applicant must submit an original and six (6) copies of all additional documentation and revisions, and such revisions, changes and other information must be received by the deadline set forth herein.

Attempts at improving the Applicant’s score during the cure period by providing additional construction features and amenities, resident services, information about convenience to community services, ELI units or affordability period in Section Four of this RFP will not be considered. Documents that illustrate or explain, but do not modify or add to the information provided at the RFP due date may be cured during the cure period.

Rejection of Proposal Items

There are certain items that must be included in the Proposal and cannot be revised, cured, corrected or supplemented after the Proposal due date. Failure to submit these items in the Proposal at the time of the Proposal due date (this includes items that are left blank) shall result in rejection of the Proposal without opportunity to submit additional information. Any attempted changes to these items will not be accepted. This includes items left blank. Those items are as follows:

(a) Name of Applicant;
(b) Identity of each Developer, including all co-Developers;
(c) Site for the Development; (Can be stated in general terms for Developments serving the Survivors of Domestic Violence Demographic Group, but cannot move locations.)
(d) Development Category (New Construction or Substantial Rehabilitation);
(e) Total number of units;
(f) Loan Request Amount;
(g) Submission of an original Proposal and six (6) copies of the Proposal accompanied by the correct RFP fee of $250.
(h) Certification Statement bearing an original signature.

All information contained in a Proposal is subject to independent review, analysis and verification by Florida Housing or its agents.
Section Seven: FEES

Proposal Fee.................................................................$250

The following fees are not the fees that will be charged, but are listed below for estimation purposes of completing your Development Cost Pro Forma (Exhibit 5). The actual fees will be determined based on the current contract and any addendum for services.

Credit Underwriting Fees:

Initial fee.................................................................$11,561

Re-underwriting fee:
$150 per hour, not to exceed $6,705

Commitment Fee: (Actual amount, not an estimate)

1% of the loan amount upon acceptance of the firm commitment.

Compliance Monitoring Fees:

Annual fee of $1,706 + $9.00 per set-aside unit, billed annually following loan closing.

Construction Loan Servicing Fees:

In-house review - $150 per hour, not to exceed $1,850 per draw request.
Extraordinary services - $146 per hour.

Permanent Loan Servicing Fees:

An annual servicing fee equivalent to 25 basis points on the unpaid principal balance of the loan, which fee shall never be less than $2,162, and shall never exceed $8,649.

Financial Monitoring Fees:

An annual financial monitoring fee of 1.5 basis points on the unpaid principal balance of the loan, which fee shall never be less than $1,735, and shall never exceed $2,162.

Construction Inspection Fees:

On-site construction inspection - $150 per hour, not to exceed $1,504 per inspection.

Florida Housing Legal Counsel Fees: $10,000
Section Eight:
AWARD PROCESS

Florida Housing shall provide notice of its decision, or intended decision, for this RFP on Florida Housing’s Website the next business day after the applicable Board vote. After posting, an unsuccessful applicant may file a notice of protest and a formal written protest in accordance with Section 120.57(3), Fla. Stat., et. al. Failure to file a protest within the time prescribed in Section 120.57(3), Fla. Stat., et. al. or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Fla. Stat.
EXHIBIT 1
RESIDENT SERVICES PLAN

The intent of the following questions is to evaluate the Applicant’s plan to provide or facilitate access to supportive programs and services that meet the on-going and situational needs of the selected demographic group. Provide responses pertaining to each numbered question on a separate page(s).

1. Describe the purpose and goals of the Resident Services Plan in serving the selected population.

2. List each service and program that is part of the Resident Services Plan. For each, provide information about:

   - The services/activities and expected outcomes;
   - The provider(s) (name, type of organization, experience, etc.);
   - Whether the service is provided on-site or off-site;
     - If the service is off-site, describe how a resident will adequately and safely get to and from the service provision location;
   - Frequency (i.e., as needed, daily, weekly); and
   - Eligibility requirements and/or fees that may restrict a resident from participating.

Note: Include a letter of support/agreement from each external provider of services listed above regarding the services and programs they will provide.

3. Describe the approach to develop and/or maintain consistent coordination and collaboration with community based programs and services such as referral sources, service providers and other resources relevant to the needs of the residents. Describe the role of the property manager in the Applicant’s Resident Services Plan. Specifically, explain how the property manager will work with resident services staff and/or service providers to coordinate and maintain programs and support services for the residents.

4. Describe the Development’s approach to assist each household in identifying its needs, as well as access to programs and services initially, on a regular basis and during times of crisis.

5. Describe the staffing required to implement the Resident Services Plan including an organizational chart, administrative relationship to property management staff, resident to staff position ratio, 24 hour resident supervision, and staff qualifications.

6. List the sources and amounts of resources that will be used/needed to implement the Resident Services Plan. Include a statement describing how services will be funded on an ongoing basis. Indicate whether a collaborative agreement, a memorandum of understanding, or a contract has been negotiated in order to provide appropriate services to the target population.
EXHIBIT 2
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES CERTIFIED DOMESTIC VIOLENCE CENTER VERIFICATION OF THE RESIDENT SERVICES PLAN

Name of Development: ____________________________________________________

Development Location (County): ________________________________

County/Counties Served: ________________________________________________

Name of Certified Domestic Violence Center: _____________________________________

The Certified Domestic Violence Center verifies that the Development identified above meets the following criteria:

1. The proposed Development is located within the County/Counties identified above;

2. The nature and scope of the proposed development is within the mission of the Certified Domestic Violence Center.

3. The Resident Services Plan, as outlined by the Applicant in Exhibit 1, is compatible with the goals or objectives of the Certified Domestic Violence Center’s mission to meet the on-going and situational needs of Domestic Violence Survivors.

Note: If Applicant is a Certified Domestic Violence Center, this verification form must be signed by the Executive Director, or his/her designee.

I certify that the above information is true and correct.

___________________________________ ____________________________
Signature Date (mm/dd/yyyy) Print or Type Name

___________________________________
Print or Type Agency Name

___________________________________
Print or Type Title

This verification form must be signed by the authorized signatory from the Certified Domestic Violence Center. If the verification form is inappropriately signed, the Application will not qualify for the Domestic Violence Survivors Demographic Commitment. If the verification form contains corrections or ‘white-out’ or if it is scanned, imaged, altered, or retyped, the Application will fail to qualify for the Domestic Violence Survivors Demographic Commitment and will fail threshold. The verification form may be photocopied.
EXHIBIT 3
VERIFICATION OF INCLUSION IN LOCAL HOMELESS ASSISTANCE CONTINUUM OF CARE PLAN BY LEAD AGENCY

Name of Development: _________________________________________________________________

Development Location: ________________________________________________________________
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Catchment Area: ___________________________________________________________________

Lead Agency (if it has been designated): ________________________________________________

The Lead Agency for the Catchment Area identified above confirms that the Development identified above meets the following criteria:
1. The proposed Development is located within the Catchment Area identified above;
2. The nature and scope of the proposed Development is in conformance with the Local Homeless Assistance Continuum of Care Plan that is on file, at the time of the Proposal due date, with the State Office on Homelessness; and
3. The proposed Development is specifically included in the list of activities to be undertaken as part of the implementation of the Local Homeless Assistance Continuum of Care Plan that is on file, at the time of the Proposal due date, with the State Office on Homelessness.

CERTIFICATION BY THE LEAD AGENCY OF INCLUSION IN LOCAL HOMELESS CONTINUUM OF CARE PLAN:
I certify that the above information is true and correct.

______________________________  __________________________________________
Signature                         Date (mm/dd/yyyy)     Print or Type Name

Print or Type Agency Name  ________________________________  Print or Type Title

-OR-

The State Office on Homelessness confirms that the Development identified above meets the following criteria:
1. The proposed Development is located within the Catchment Area identified above, and
2. The proposed Development is in a Catchment Area for which no Local Homeless Assistance Continuum of Care Plan has been recognized by the State Office on Homelessness at the time of Application Deadline.

CERTIFICATION BY THE STATE OFFICE ON HOMELESSNESS THAT NO LOCAL HOMELESS CONTINUUM OF CARE PLAN EXISTS:
I certify that the above information is true and correct.

______________________________  ________________________________
Signature                         Date (mm/dd/yyyy)

Print or Type Name  ________________________________  Print or Type Title

This certification must be signed by the authorized signatory from the Lead Agency or from the State Office on Homelessness. Other signatories are not acceptable. If the certification is inappropriately signed, the Proposal will not qualify for the Homeless Demographic Commitment. If the certification contains corrections or ‘white-out’ or if it is scanned, imaged, altered, or retyped, the Proposal will fail to qualify for the Homeless Demographic Commitment and will fail Threshold. The certification may be photocopied.

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EXHIBIT 4
LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION
GRANT

Name of Development: ____________________________________________________________

Development Location:
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address
has not yet been assigned, provide the street name, closest designated intersection and city)

On of before __________ the City/County of _______________________ committed
Date (mm/dd/yyyy) (Name of City or County)

$__________________ as a grant to the Applicant for its use solely for assisting the proposed Development referenced
above. The City/County does not expect to be repaid or reimbursed by the Applicant, or any other entity, provided the
funds are expended solely for the Development referenced above. No consideration or promise of consideration has
been given with respect to the grant. For purposes of the foregoing, the promise of providing affordable housing does
not constitute consideration. This grant is provided specifically with respect to the proposed Development.
The source of the grant is:
________________________________________________________________________
(e.g., SHIP, HOME, CDBG)

The following government point of contact can verify the above stated contribution:

Name of Government Contact: ___________________________________________________
Address: ________________________________________________________________________
____________________________________________________________________________
Telephone Number: ____________________________________________________________

CERTIFICATION

I certify that the foregoing information is true and correct and that this commitment is effective through
Date (mm/dd/yyyy)

____________________________________ __________________________
Signature Date (mm/dd/yyyy) Print or Type Name

____________________________________ __________________________
Telephone Number Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, Mayor, City Manager, County
Manager/Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County
Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this
certification must be signed by the Chair of the Land Authority. One of the authorized persons named above may sign this form for
certification of state, federal or Local Government funds initially obtained by or derived from a Local Government that is directly
administered by an intermediary such as a housing finance authority, a community reinvestment corporation, or a state-certified
Community Housing Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit
for this contribution if the certification is improperly signed. To be considered for points, the amount of the contribution stated on this
form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

This contribution will not be considered and the Proposal will fail Threshold if the certification contains corrections or ‘white-out’ or
if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.
EXHIBIT 4
LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION
FEE WAIVER

No credit will be given for fee waivers unless the computations by which the total amount of each fee waiver is determined accompanies this verification form. Computations should include, where applicable, waived fee amount per set-aside unit.

Name of Development: ___________________________________________________________

Development Location:
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Amount of Fee Waiver: $______________. Is this amount based upon a per set-aside (affordable) unit computation?
☐ yes  ☐ no (check one)

On or before _________________ the City/County of ___________________________, pursuant to
   Date (mm/dd/yyyy)
   (Name of City/County)
   ____________________________________________________, waived the following fees:
   (Reference Official Action, cite Ordinance or Resolution Number and Date)
   ____________________________________________________.

No consideration or promise of consideration has been given with respect to the fee waiver. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This fee waiver is provided specifically with respect to the proposed Development.

The following government point of contact can verify the above stated contribution:
Name of Government Contact: ________________
Address: ______________________________________________________________________
________________________________________________________________________
Telephone Number: ___________________________________________

CERTIFICATION

I certify that the foregoing information and the computations stated on the sheet attached to this form are true and correct and that this commitment is effective through ________________.
   Date (mm/dd/yyyy)

Signature ______________________________ Date (mm/dd/yyyy) ______________________________
Print or Type Name ______________________________

Telephone Number ______________________________ Date (mm/dd/yyyy) ______________________________
Print or Type Title ______________________________

NOTE TO LOCAL GOVERNMENT OFFICIAL: Waivers that are not specifically made for the benefit of this Development but are instead of general benefit to the area in which the Development is located will NOT qualify as a contribution to the Development. Further, the fact that no impact fees or other fees are levied by a local jurisdiction for ANY type of development DOES NOT constitute a "Local Government Contribution" to the proposed Development. Similarly, if such fees ARE levied by the local jurisdiction but the nature of the proposed Development exempts it (e.g., typically, a Rehabilitation Development is not subject to impact fees), for purposes of this form, no "Local Government Contribution" exists and no points will be awarded.

This certification must be signed by the chief appointed official (staff) responsible for such approvals, Mayor, City Manager, County Manager /Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

This contribution will not be considered and the Proposal will fail Threshold if the certification contains corrections or ‘white-out’ or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.
EXHIBIT 4
LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION
LOAN

Failure to attach a sheet showing the payment stream for which the net present value of the loan was calculated will result in the contribution not being considered.

Name of Development: ____________________________________________________________

Development Location: ____________________________________________________________
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

On or before ________________ the City/County of ___________________________ committed
$ ___________________ in the form of a reduced interest rate loan to the Applicant for its use solely for
assisting the proposed Development referenced above. The loan will bear interest at a rate of ______% per annum over
a period of _____ years. The loan’s repayment period, amortization period, payment frequency and other applicable
terms are:

________________________________________________________________________________

No consideration or promise of consideration has been given with respect to the loan. For purposes of the foregoing, the
promise of providing affordable housing does not constitute consideration. This loan is provided specifically with
respect to the proposed Development.

The following government point of contact can verify the above stated contribution:

Name of Government Contact: _____________________________________________________
Address: _________________________________________________________________________
Telephone Number: __________________________________________________________________

CERTIFICATION

I certify that the foregoing information and the payment stream stated on the sheet attached to this form are true
and correct and that this commitment is effective through ________________.

Signature __________________________ Date (mm/dd/yyyy) ________________ Print or Type Name ________________

Telephone Number __________________________ Date (mm/dd/yyyy) ________________ Print or Type Title ________________

This certification must be signed by the chief appointed official (staff) responsible for such approvals, Mayor, City Manager, County
Manager/Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County
Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this
certification must be signed by the Chair of the Land Authority. One of the authorized persons named above may sign this form for
certification of state, federal or Local Government funds initially obtained by or derived from a Local Government that is directly
administered by an intermediary such as a housing finance authority, a community reinvestment corporation, or a state-certified
Community Housing Development Organization (CHDO). Other signatories are not acceptable. The Applicant will not receive credit
for this contribution if the certification is improperly signed. To be considered for points, the amount of the contribution stated on this
form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

This contribution will not be considered and the Proposal will fail Threshold if the certification contains corrections or ‘white-out’ or
if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.

Florida Housing’s RFP 2008-01 Published April 11, 2008
EXHIBIT 4
LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION
FEE DEFERRAL

Failure to attach a sheet showing the payment stream for which the net present value of the deferral was calculated will result in the contribution not being considered.

Name of Development: __________________________________________________________

Development Location: _________________________________________________________

(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city)

Complete the following:

On or before _______________________ the City/County of ______________________ committed to defer

Date (mm/dd/yyyy) (Name of City or County)

$__________________ in fees for the proposed Development referenced above. The fee deferral will bear interest at a rate of ________% per annum over a period of _______ years. The fee deferral repayment period, amortization period, payment frequency and other applicable terms are:

________________________________________________________________________________________

No consideration or promise of consideration has been given with respect to the fee deferral. For purposes of the foregoing, the promise of providing affordable housing does not constitute consideration. This fee deferral is provided specifically with respect to the proposed Development.

The following government point of contact can verify the above stated contribution:

Name of Government Contact: _______________________________________________________

Address: ___________________________________________________________________________

___________________________________________________________________________________

Telephone Number: ________________________________________________________________

CERTIFICATION

I certify that the foregoing information and the payment stream stated on the sheet attached to this form are true and correct and that this commitment is effective through ___________________.

Date (mm/dd/yyyy)

_________________________________ ____________________________
Signature Date (mm/dd/yyyy) Print or Type Name

__________________________________________ ____________________________
Telephone Number Print or Type Title

This certification must be signed by the chief appointed official (staff) responsible for such approvals, Mayor, City Manager, County Manager/Administrator/Coordinator, Chairperson of the City Council/Commission or Chairperson of the Board of County Commissioners. If the contribution is from a Land Authority organized pursuant to Chapter 380.0663, Florida Statutes, this certification must be signed by the Chair of the Land Authority. Other signatories are not acceptable. The Applicant will not receive credit for this contribution if the certification is improperly signed. To be considered for points, the amount of the contribution stated on this form must be a precise dollar amount and cannot include words such as estimated, up to, maximum of, not to exceed, etc.

This contribution will not be considered and the Proposal will fail Threshold if the certification contains corrections or ‘white-out’ or if the certification is scanned, imaged, altered, or retyped. The certification may be photocopied.
DEVELOPMENT COST PRO FORMA

(1) Developer fee may not exceed the limits established in Rule Chapter 67-48, F.A.C. Any portion of the fee that has been deferred must be included in Total Development Cost.

(2) Developer fee on Existing Buildings to be Acquired/Owned may not exceed 4% of the cost of the building ONLY (exclusive of land).

(3) General Contractor's fee is limited to 14% of actual construction cost. General Contractor's fee must be disclosed.

(4) For purposes of the Development Cost calculation; the only reserves allowed are contingency reserves for rehabilitation and construction, which amounts cannot exceed 5% for new construction and 15% for rehabilitation/Substantial Rehabilitation, as stated in Fla. Admin. Code Rule Chapters 67-21 and 67-48.

USE THE DETAIL/EXPLANATION SHEET FOR EXPLANATION OF * ITEMS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

<table>
<thead>
<tr>
<th>ELIGIBLE (HOME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT COST</td>
</tr>
<tr>
<td>Actual Construction Cost</td>
</tr>
<tr>
<td>Demolition</td>
</tr>
<tr>
<td>*Off-site (explain in detail)</td>
</tr>
<tr>
<td>New Rental Units</td>
</tr>
<tr>
<td>Rehab of Existing Rental Units</td>
</tr>
<tr>
<td>Accessory Buildings</td>
</tr>
<tr>
<td>Recreational Amenities</td>
</tr>
<tr>
<td>Rehab of Existing Common Areas</td>
</tr>
<tr>
<td>*Other (explain in detail)</td>
</tr>
<tr>
<td>A1. Actual Construction Cost $</td>
</tr>
<tr>
<td>*Contingency (explain in detail)</td>
</tr>
<tr>
<td>A1.1 Sub-Total $</td>
</tr>
<tr>
<td>A1.2 General Contractor Fee (5) (Max. 14% of A1., column 3) $</td>
</tr>
<tr>
<td>A1.3 Total Actual Construction Cost $</td>
</tr>
</tbody>
</table>

Financial Cost
Construction Loan
Credit Enhancement
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction Loan Interest</td>
<td></td>
</tr>
<tr>
<td>Construction Loan Orig. Fee</td>
<td></td>
</tr>
<tr>
<td>Bridge Loan Interest</td>
<td></td>
</tr>
<tr>
<td>Bridge Loan Orig. Fee</td>
<td></td>
</tr>
<tr>
<td>Permanent Loan Credit Enhancement</td>
<td></td>
</tr>
<tr>
<td>Permanent Loan Origination Fee</td>
<td></td>
</tr>
<tr>
<td>Reserves Required by Lender</td>
<td></td>
</tr>
</tbody>
</table>

**A2. Total Financial Cost**

$[Blank]

- **General Development Costs**
- **Accounting Fees**
- **Appraisal**
- **Architect's Fee - Design**
- **Architect's Fee - Supervision**
- **Builder's Risk Insurance**
- **Building Permit**
- **Brokerage Fees - Land**
- **Brokerage Fees - Buildings**
- **Closing Costs - Construction Loan**
- **Closing Costs - Permanent Loan**
- **Engineering Fee**
**Impact Fees (list in detail)**

Inspection Fees

Insurance

Legal Fees

Market Study

Marketing/Advertising

Property Taxes

Soil Test Report

Survey

Title Insurance

Utility Connection Fee

*Other (explain in detail)*

*Contingency (7) (explain in detail)*

A3. TOTAL GENERAL DEVELOPMENT COST $__________

B. DEVELOPMENT COST $__________
   \( (A1.3+A2+A3) \)

C. DEVELOPER'S FEE (2) $__________

ACQUISITION COST OF EXISTING DEVELOPMENTS (EXCLUDING LAND)
Existing Buildings

Developer fee on Existing Buildings (3)

*Other (explain in detail)*

D. TOTAL ACQUISITION COST $__________

LAND COST

Land

E. TOTAL LAND COST $__________

F. TOTAL DEVELOPMENT COST (B+C+D+E) $__________
**Detail/Explanation Sheet**

Totals must agree with Pro Forma. Provide description and amount for each item that has been completed on the Pro Forma.

**Development Cost**

*Acquisition Cost of Existing Developments*

Other: 

Other: 

*Actual Construction Cost*

Off-site: 

Other: 

Other: 

Contingency: 

*General Development Costs*

Impact Fees: 

Other: 

Other: 

Contingency: 

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<table>
<thead>
<tr>
<th>CONSTRUCTION or REHAB ANALYSIS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Total Development Cost:</td>
<td>$</td>
</tr>
<tr>
<td>B. Sources:</td>
<td></td>
</tr>
<tr>
<td>1. HOME Loan Requested</td>
<td>$</td>
</tr>
<tr>
<td>2. First Mortgage Financing</td>
<td>$</td>
</tr>
<tr>
<td>3. Second Mortgage Financing</td>
<td>$</td>
</tr>
<tr>
<td>4. Third Mortgage Financing</td>
<td>$</td>
</tr>
<tr>
<td>5. Deferred Developer Fee</td>
<td>$</td>
</tr>
<tr>
<td>6. Grants</td>
<td>$</td>
</tr>
<tr>
<td>7. Equity - Partner's Contribution</td>
<td>$</td>
</tr>
<tr>
<td>8. Other:</td>
<td>$</td>
</tr>
<tr>
<td>9. Other:</td>
<td>$</td>
</tr>
<tr>
<td>10. Total Sources</td>
<td>$</td>
</tr>
<tr>
<td>C. Financing Shortfall</td>
<td>$</td>
</tr>
<tr>
<td>(A. - B.13.):</td>
<td></td>
</tr>
</tbody>
</table>

Each Exhibit must be listed behind its own Tab. DO NOT include all exhibits behind one tab.
<table>
<thead>
<tr>
<th>PERMANENT ANALYSIS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Total Development Cost:</td>
<td>$</td>
</tr>
<tr>
<td>B. Sources:</td>
<td></td>
</tr>
<tr>
<td>1. HOME Loan Requested:</td>
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</tr>
<tr>
<td>10. Total Sources</td>
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</tr>
<tr>
<td>C. Financing Shortfall (A. - B.13.):</td>
<td>$</td>
</tr>
</tbody>
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