



**SEMINOLE COUNTY  
COMMUNITY SERVICES DEPARTMENT**

**FISCAL YEAR 2019-2020**

**COMMUNITY SERVICES AFFORDABLE RENTAL HOUSING  
Property Management  
Single Family Scattered Site**

**REQUEST FOR APPLICATIONS**

**Community Services Department  
Seminole County  
534 West Lake Mary Blvd.  
Sanford FL 32773  
Attn: Carrie Longsworth & Kiauna Carbin**

# Affordable Rental Housing RFA Application for FY 2019-2020

## **INTRODUCTION:**

Seminole County is the recipient of funds from the U.S. Department of Housing and Urban Development. (HUD). In order to meet mandatory set asides established by HUD to assist low income households at or below 80% of the area median income, Seminole County Community Services Department has acquired single family homes for the purpose of developing a scattered site, affordable rental program.

This RFA is currently seeking applications from multiple qualified non-profit organizations interested in providing property management services for the leasing, oversight, and maintenance of scattered site affordable rental units. The successful applicant(s) will enter into a long term (15 year) master lease agreement with the County for operations of the properties in order to provide affordable rental housing to families with minor children experiencing homelessness in Seminole County. The County currently owns 4 properties, and has the potential to acquire others. The master lease will be a legal and binding contract between the County and the selected organization. The non-profit organization becomes responsible for all property management duties including entering into lease agreements, collection of rental payments not to exceed rent maximums (established by the County) and eligibility requirements. The non-profit organization is responsible for the continued occupancy and care of the unit in accordance with income eligibility and affordability requirements.

Applicants are invited to submit applications for consideration to be scored and ranked for staff recommendation of approval to the Board of County Commissioners.

## **SUBMISSION REQUIREMENTS:**

In order for an application to be considered responsive, it must include the completed Rental Housing Application Checklist, Title Page, Table of Contents, Project Summary, and Parts I-VII outlined in the Instructions to Applicants, including all required Attachments and Applicant Certification. Each applicant must submit one original application along with 4 paper copies and one electronic .pdf copy (scanned into one file). Applications must be submitted in a three ring binder.

**Applications must be submitted to the Community Services Department by 4:00 p.m. Thursday, March 26, 2020.** Applications must be date stamped by the official time clock located in our lobby or recorded as delivered by Fed Ex, UPS or similar courier agency.

## **APPLICANT WORKSHOP**

Seminole County Community Services will hold a mandatory information workshop for applicants. The purpose of the workshop is to outline the County's expectations, provide an overview of the funding sources used and field questions. A representative from each agency interested in applying must attend one of the following workshops: **Friday, March 6, 2020, at 2:30p.m. and Thursday, March 12, 2020, at 10:00 a.m.** at the Seminole County Community Services Large Conference Room. Seminole County Community Services is located at 534 W. Lake Mary Blvd. Sanford Florida, 32773.

**RENTAL HOUSING PROGRAM REQUIREMENTS:** Seminole County has acquired single family dwellings that are appropriate for occupancy for Seminole County families that have experienced

homelessness. The County will retain ownership of the properties. The successful applicant(s) will manage the properties as affordable rental housing, in accordance with Seminole County requirements through a master lease at a cost of \$1 per year. Prospective income eligible tenants will be referred by the Seminole County Community Services Department or by a County approved service provider. The rental housing must be permanent housing (with leases of no less than one year) and must not exceed the rent standards for low income households as described below under Rent Limits. The selected non-profit(s) will collect the monthly rent on the units and will be responsible for minor maintenance of the property.

The proposed projects shall provide long-term affordable rental housing to eligible low income households, as defined and updated annually by the U.S. Department of Housing and Urban Development (HUD). By submitting the attached application, the Applicant acknowledges their understanding of and agrees to adhere to all applicable Federal, State, and local requirements associated with these funds.

The rental units will remain affordable in perpetuity. The rental units will remain in a long-term master lease with the non-profits and must meet compliance with all specified regulations for the entire duration.

**RENT LIMITS**

Rental units must comply with rent limits established below. These require a maximum rent of 60% of the Fair Market Rent (FMR) for Seminole County for a household whose income is equal to 80% of AMI and not receiving a monthly rental subsidy. For those households receiving a short or long term rental subsidy, the maximum rental amount charged cannot exceed 75% of FMR to account for utility allowances. If a tenant’s subsidy ends during the lease period, the rental amount must be decreased to the 60% rates immediately. The rent limits shall not fall below the amount established at the time of this RFA, as shown below:

**CURRENT HUD FAIR MARKET RENT (FMR) LIMITS (effective 10/01/2019)**

<b>Orlando-Kissimmee-Sanford MSA</b>		<b>Efficiency</b>	<b>1-Bedroom</b>	<b>2- Bedroom</b>	<b>3-Bedroom</b>	<b>4-Bedroom</b>
	FMR	\$989	\$1,064	\$1,248	\$1,636	\$1,956
	75% of FMR* <b>Subsidized tenants</b>	\$742	\$798	\$936	\$1,227	\$1,467
	60% of FMR* <b>Non-subsidized tenants</b>	\$593	\$638	\$749	\$982	\$1,174

*\* Rounded to the lowest dollar amount*

**INCOME LIMITS**

Applicant is responsible to ensure all residents meet the income limits set for participants, individuals and families whose incomes do not exceed 80 percent of area median income, as established by HUD and updated on an annual basis.

**HOUSING QUALITY STANDARDS (HQS)**

Applicant is responsible for performing interior and exterior maintenance necessary to keep the property in compliance with HUD’s housing quality standards, as determined in annual

inspections conducted at time of lease up, or lease renewal. Annual HQS inspections will be coordinated or conducted by Seminole County Community Service Department staff prior to any new tenant moving into the property. Any substantial modifications to the property require pre-approval from the County.

### **AFFORDABILITY PERIOD**

Units must be leased to income eligible households within the prescribed rental limits, and in compliance with the established guidelines for the length of lease and may be impacted by a rental subsidy program held by resident. Grantee is expected to cooperate with rental subsidy program requirements if referred program participant is enrolled.

To ensure viability of the project, the selected applicants will be required to set aside a minimum percentage of revenue generated from unit rentals as a capital improvement reserve. Funds from this reserve must be utilized to perform necessary repairs and maintenance of the unit and ensure the property is maintained within the required HQS standards. Reporting on reserve fund deposits and expenditures will be required as a condition of the master lease agreement.

### **INSURANCE**

Applicant prior to lease being signed must provide a valid Certificate of Insurance for Workers Compensation, Employer's Liability and Commercial General Liability that meets County provisions. Company issuing policy must have authority to issue policies in the State of Florida and meet all state requirements. Tenants must provide grantee proof of renters insurance annually.

### **ESTIMATED TIMELINE**

Seminole County has 2 properties completed and ready for occupancy and the other 2 are under construction.

### **REGULATIONS**

Other federal regulations that may be applicable to the project are based upon the source of funding include, but are not limited to, minority and women's business enterprises, Section 3, ADA, labor, lead-based paint, and relocation regulations. The regulations specific to a project will be outlined in the funding agreement upon award. A brief overview of each regulation is provided below.

- **MINORITY AND WOMEN'S BUSINESS ENTERPRISES.** The requirements of Executive Orders 11625, 12432, 12138 and 24 CFR 85.36(e) apply to grants under this part. Consistent with HUD's responsibilities under these Orders, the Applicant must make efforts to encourage the use of minority and women's business enterprises in connection with funded activities.
- **SECTION 3.** The purpose of Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) is to ensure that employment and other economic opportunities generated by HUD financial assistance (greater than \$100,000) shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low and very low income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low and very low income persons.
- **ADA COMPLIANCE.** The Applicant shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213) and assist the County with

complying with the implementing regulations at 28 CFR part 35. All new construction housing developments receiving HOME subsidies with 5 or more units must design and construct 5 percent of the dwelling units, or at least one unit, whichever is greater, to be accessible for persons with mobility disabilities. These units must be constructed in accordance with the Uniform Federal Accessibility Standards (UFAS) or a standard that is equivalent or stricter. An additional 2% of the dwelling units, or at least one unit, whichever is greater, must be accessible for persons with hearing or visual disabilities.

For more information on the accessibility requirements for federally assisted new construction and substantial alterations of existing federally assisted housing, refer to Section 504: Disability Rights in HUD Programs.

- **LEAD-BASED PAINT.** The Applicant agrees that any construction or rehabilitation of residential structures with assistance provided under this Agreement shall be subject to HUD Lead-Based Paint Regulations at 24 CFR 570.608, and 24 CFR Part 35, Subpart B. Such regulations pertain to all CDBG assisted housing and require that all owners, prospective owners, and tenants of structures constructed prior to 1978 be properly notified that such properties may include lead-based paint. Such notification shall point out the hazards of lead-based paint and explain the symptoms, treatment and precautions that should be taken when dealing with lead-based paint poisoning and the advisability and availability of blood lead level screening for children under seven. The notice should also point out that if lead-based paint is found on the property, abatement measures may be undertaken. The regulations further require that, depending on the amount of Federal funds applied to a property, paint testing, risk assessment, treatment and/or abatement may be conducted.
- **FAIR HOUSING ACT.** The Applicant agrees that tenant selection and operation of the affordable housing units will be conducted in compliance with all applicable fair housing laws.

### **EVALUATION OF APPLICATIONS:**

An Application Evaluation Committee will review and evaluate all applications submitted in response to this Request For Applications (RFA). The Committee will conduct a preliminary evaluation of all applications to ensure they are complete and meet the minimum qualifications and mandatory requirements of the RFA. Failure to comply with any mandatory requirements may disqualify an applicant.

Upon successful completion of the preliminary evaluation, the Application Evaluation Committee will review and rank each proposal based upon the evaluation criteria as set forth below:

1. **Demographic Commitment (20 points).** Applicant(s) will receive 20 points for projects that commit to exclusively serve families with minor children that are experiencing homelessness as defined under the McKinney Vento Homeless Assistance Act and are referred by Seminole County.
2. **Resident Programs and Services (10 points).** Applicant(s) will receive scores ranging from 0 to 10 points based upon the number of resident programs and linkage to support services that will be made available to tenants. Recommended services include life skills, literacy training, self-sufficiency programs, transportation, etc.
3. **Team Capacity and Relevant Experience (30 points).** Applicant(s) will receive scores ranging from 0 to 30 points based upon the relative experience of the applicant (including

property management experience, previous work with extremely low income households with barriers to housing stability) with similar projects.

4. **Past Performance (20 points).** Applicant(s) will receive scores ranging from 0 to 10 points for the quality of past performance with regards to multi-family housing with local, state or Federal affordable housing funds. Applicants with low occupancy rates and outcomes that demonstrate housing stability will maximize this rating.
5. **Project Financial Viability (10 points).** Applicant(s) will receive scores ranging from 0 to 10 based upon evidence of long-term financial viability demonstrated through providing a projected 20-year cash flow by unit size.
6. **Adherence to a low barrier, Housing First approach (10 points).** Applicant must commit to not rejecting tenants for criminal background, credit issues or history of evictions. All applicable laws to evictions and due process of termination of tenancy must be followed. Evictions are to be avoided when working with hard-to-house populations, grantees must exercise judgment and examine all extenuating circumstances in determining when rental agreement violations are serious enough to warrant eviction. A participant's residency is terminated only in the most severe cases. Points will be awarded based on demonstration of commitment to housing stability and low barrier screening requirements described.

### **RECOMMENATION PROCESS**

The Application Evaluation Committee will make recommendations based upon the final scores to the Board of County Commissioners for approval. Subsequent to that recommendation approval, Seminole County will enter into an agreement for property management services of the affordable rental properties and master leases will be executed as properties become ready for tenancy.

### **DISCLAIMER**

The County reserves the right to: 1) accept or reject any or all Applications received; 2) waive any non-substantive deficiency or irregularity; 3) negotiate with any qualified Applicant; 4) award a contract in what it believes to be the best interest of the County; 5) cancel this request, in part or its entirety, if it is deemed to be in the best interest of the County; 6) reject the Proposal of any Applicant who has previously failed to perform properly; 7) reject the Proposal of any Applicant who has failed to complete a contract within the specified timeframe; 8) reject the Proposal of any Applicant that is not in a position to fulfill a resulting contractual obligation. This NOFA does not commit the County to award any contract, pay any pre-award expenses, or pay any costs incurred in the preparation of a Proposal.

### **APPEAL PROCESS**

In the event an Applicant (1) did not submit a complete proposal and will not be considered for a recommendation of selection, (2) is ineligible to receive funding for their proposal, or (3) was not recommended for selection by the Review Committee, the Community Services Department will notify the Applicant in writing. This notice will be sent via certified mail with the return receipt requested.

If the Applicant wishes to appeal, it must do so no later than five working days from the date the letter was sent by sending a letter to the Director of the Community Services Department that includes all pertinent documents and information necessary to support the Applicant's position.

If the Community Services Department receives an appeal within the five (5) working day period, the appropriate staff will review the appeal and provide a recommendation to the Community Services Director. If the Community Services Director concurs with the Applicant, the Applicant will be notified, and the process will be concluded. If the Director of the Community Services Department does not concur with the Applicant, the Applicant will be notified in writing of the decision and that it may make an appeal to the Board of County Commissioners on the date and time specified for RFA applicant selection. This notice will be sent via certified mail with the return receipt requested.

If an Applicant fails to object or respond at any point in the process, that Applicant waives its rights to appeal. Objections or responses received after the five (5) day time period will not be considered. The Director of the Community Services Department has the authority to determine whether or not a recommendation will be deferred pending the outcome of a protest.



## Instructions to Applicants

Applications must be submitted in a three ring binder with tabs to separate Parts I through VII. Failure to follow these instructions may result in application disqualification.

- **Application Checklist.** Form is provided.
- **Cover Letter.** The cover letter shall include: 1) a statement of intent to perform the services as outlined, 2) express the agencies willingness to enter into an agreement and master lease under the terms and conditions outlined by this RFA, 3) include a brief summary of the applicant's qualifications, and 4) identify a single point of contact for the duration of the RFA review process.
- **Applicant Information.** Applicant(s) must complete the Applicant Form included in this application, describe experience relevant to project. **Attachment 1.** Provide proof of 501 (c) 3 status, Florida Tax Exemption Certificate, and Board of Directors Information **Attachment 2.**
- **PART I Demographic Commitment.** Applicant(s) must detail commitment to service families with minor children experiencing homelessness and how applicant(s) will ensure those families are served exclusively.
- **PART II Programs and Services - Partnership Agreements.** Applicant(s) must describe programs and services that would be available to residents. **Attachment 3** Provide copies of MOUs or Agreements with any providers that may be assisting with resident programs or services.
- **PART III Team Capacity and Relevant Experience.** Applicant(s) must describe experience relevant to project. Provide resumes **Attachment 4** of key staff experience in property management, HQS inspections and previous work with homeless population in a housing capacity.
- **PART IV Past Performance.** Applicant(s) must describe in detail past performance with regards to affordable rental housing, multi-family or scattered site, with local, state or Federal affordable housing funds including occupancy rates and outcomes that demonstrate income increases and housing stability.
- **PART V Financial Viability.** Applicant(s) must demonstrate financial viability. Provide an agency budget and agency financials including most recent audited financials. If currently renting units, please provide occupancy rates and average length of tenancy. **Attachment 5.**
- **PART VI Adherence to Housing First, Low Barrier Approach.** Applicant(s) must describe how applicant(s) will not add restrictions for eligibility and avoid evicting residents.
- **PART VII Applicant Certification.** Provide signed acknowledgement that all statements in this application are truthful and accurate and applicant(s) agrees to follow all local, State and Federal reporting, rules and/or regulations that may apply based on funding sources. Applicant must execute the notarized Applicant Certification form- **Attachment 6.**



## APPLICATION CHECKLIST

Please return this checklist with the following documents attached: one (1) original, four (4) hard copies and one (1) electronic pdf copy of the application prior to the deadline of Thursday, March 26, 2020 at 4:00pm. Please include all information as instructed in the RFA. **Applications submitted without the required attachments will not be reviewed.**

**Organization Name:** \_\_\_\_\_

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

A complete Application will include the following items and must be presented in the following sequence:

\_\_\_\_\_ Application Checklist (signed at the bottom, with initials beside each item)

\_\_\_\_\_ Cover Letter

\_\_\_\_\_ Applicant Information (Attachment 1)

\_\_\_\_\_ Copy of Internal Revenue Service – 501 (c) 3

\_\_\_\_\_ Board of Directors (Attachment 2)

\_\_\_\_\_ Part I – Demographic Commitment

\_\_\_\_\_ Part II – Programs and Services (MOUs & Agreements – Attachment(s) 3)

\_\_\_\_\_ Part III – Team Capacity and Relevant Experience

\_\_\_\_\_ Resumes of Program Director and Key Staff (Attachment(s) 4)

\_\_\_\_\_ Part IV – Past Performance

\_\_\_\_\_ Part V – Financial Viability (Attachment(s) 5)

\_\_\_\_\_ Part VI – Adherence to Housing First, Low Barrier Approach

\_\_\_\_\_ Part VII – Applicant Certification (Attachment 6)

\_\_\_\_\_ Copies of Certifications and Licenses (if applicable)

\_\_\_\_\_ State of Florida Tax Exemption Certificate

\_\_\_\_\_ Copies of Insurance:

\_\_\_\_\_

- General Liability
- Worker's Compensation
- Auto Liability
- Directors & Officers
- Professional
- Other:

\_\_\_\_\_

Signed By \_\_\_\_\_

Submitting Official Title \_\_\_\_\_

## ATTACHMENT 1- APPLICANT INFORMATION

### APPLICANT NAME AND ADDRESS

Name:		
Address:		
City:	State:	Zip:
Federal Employer Identification Number*:		

### CONTACT INFORMATION

Name:	Title:
Phone:	Fax:
E-Mail:	
Relationship to Applicant:	

### RENTAL MANAGEMENT ENTITY (if applicable)

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Years of rental management experience:		
Total number of projects currently under management:	Total Units:	

### ATTORNEY AND FIRM (if applicable)

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the Attorney, including a chart of prior developments:		

**ACCOUNTANT AND FIRM**

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the Accountant, including a chart of prior developments:		

**SERVICE PROVIDER (if applicable)**

Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone #:	Fax #:
Provide a summary of experience for the Service Provider, including a chart of prior developments:		

**ATTACHMENT 2**

**Please answer the following questions related to your Board of Directors and attach a copy of the 2019-2020 Board of Directors Meeting Schedule to this application. SECTION A: BOARD OF DIRECTORS**

Number of meetings held during the past year: \_\_\_\_\_ Average attendance % \_\_\_\_\_

Name	Board Position	Business/Government & member(s) representing client population (list Affiliation)	Telephone Number	Email Address	Continuous Years on Board	Current Term Expiration

## Part I

**Demographic Commitment (20 points).** Is your organization committed to exclusively serve families with minor children that are experiencing homelessness as defined under the McKinney Vento Homeless Assistance Act and are referred by Seminole County?

Yes  No

Please describe how will you ensure only those families are served?

## Part II

**Resident Programs and Services (10 points).** Describe agency programs and services that would be available to residents. Provide copies of MOUs or Agreements with any providers that may be assisting with resident programs or services.



**ATTACHMENT 3- PARTNERSHIP AGREEMENTS/ MEMORANDUM  
OF UNDERSTANDINGS**

### Part III

**Team Capacity and Relevant Experience (30 points).** Please describe your agency's staff relative experience related to property management, HQS inspections, income qualification, and assisting homeless families with barriers to housing stability? Include staff responsible for project oversight and day-to-day operations. Attach resumes. **(ATTACHMENT 4)**

## Part IV

**Past Performance (20 points).** Describe in detail past performance with regards to affordable rental housing, multi-family or scattered site, with local, state or Federal affordable housing funds.

## Part V

**Financial Viability (10 points).** Please provide an agency budget and agency financials including most recent audited financials. If, currently renting units, provide occupancy rates and average length of tenancy.

**ATTACHMENT 5- AGENCY BUDGET/FINANCIALS**

## Part VI

### **Adherence to Housing First, Low Barrier Approach (10 points).**

Describe how the applicant will adhere and commit to not adding restrictions for eligibility and avoid evicting residents?

**Part VII**

**ATTACHMENT 6- APPLICANT CERTIFICATION**

I have carefully examined the Request For Applications and any other documents accompanying or made a part of this Application for Funding.

I agree to abide by all conditions of this Request For Applications.

I agree to submit all additional information and updates to the application if the proposed project is considered for award of funding by Seminole County.

I certify that all information contained in this application is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this application on behalf of the \_\_\_\_\_ as its act and deed and that \_\_\_\_\_ is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this application is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting an application for the same product or service; that no officer, employee or agent of Seminole County or of any other applicant is interested in said application; and that the undersigned executed this Applicant Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (Printed)

\_\_\_\_\_  
Mailing Address  
City  
State, Zip Code  
Telephone Number

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_ who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ who have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
Print Name \_\_\_\_\_  
Notary Public in and for the County and  
State Aforementioned  
My commission expires: \_\_\_\_\_