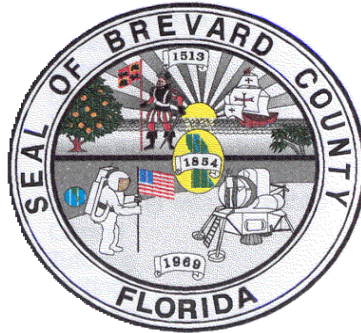


**BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
HOUSING & HUMAN SERVICES DEPARTMENT**



**REQUEST FOR PROPOSALS FOR
LOCAL GOVERNMENT CONTRIBUTION
FOR FLORIDA HOUSING FINANCE CORPORATION PROGRAMS**

DEADLINE FOR SUBMISSION OF PROPOSALS

Proposals will be accepted from an applicable Request for Applications (RFA) by the Florida Housing Finance Corporation and must be received no later than 11:00 a.m. on Thursday, May 16, 2024.

Brevard County Housing and Human Services Department
2725 Judge Fran Jamieson Way, Building B, Suite 106
Viera, FL 32940
(321) 633.2076 Phone
(321) 633.2170 Facsimile

Ian Golden, Director

INSTRUCTIONS

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PROGRAM DETAILS

The Brevard County Housing and Human Services Department has established an application for developers applying for Florida Housing Finance Corporation tax credits, State Apartment Incentive Loan (SAIL) funds, and/or revenue bonds for a proposed development located in Unincorporated Brevard County and the cities. This RFP and supporting documentation may be found at:

<https://www.brevardfl.gov/HousingAndHumanServices/Announcements>

Eligible Projects: Exclusively for use by developers who will apply for, and receive, Florida Housing Finance Corporation tax credits, State Apartment Incentive Loan (SAIL) funds, and/or revenue bonds for a proposed development.

Terms:

Rental Housing Activity	Minimum period of affordability in years
Rehabilitation or acquisition of existing housing per unit amount of HOME funds: Under \$15,000	5
\$15,000 to \$40,000	10
Over \$40,000 or rehabilitation involving refinancing	15
New Construction or acquisition of newly constructed housing	20

AVAILABILITY OF FUNDS

Funding is subject to availability. In every instance the minimum contribution required by Florida Housing Finance Corporation will be provided. Brevard County reserves the right to reduce, amend, and/or rescind this funding opportunity at any time prior to the final award and approval of any contract or agreement by the Board of County Commissioners.

GENERAL INSTRUCTIONS

- Submitted applications must be completed in a Microsoft Word format and follow the outline provided in the Housing Application.
- Number and answer each question on the application; indicate Not Applicable if appropriate.
- **Incomplete applications will not be considered.**
- Respondents must submit: one (1) original printed and signed application and eleven (11) application copies that are two sided. The original and copies must be three (3) holes punched on the left side, with labeled tab dividers.
- The original printed application should be placed on a thumb drive in a Word or PDF format.

- Mail or hand deliver applications to be received no later than 11:00 a.m. on Thursday, May 16, 2024, at the address below.
- Contact Linda Graham at linda.graham@brevardfl.gov and Natasha Jones at natasha.jones@brevardfl.gov or call (321) 633-2076 with questions about the application.

Brevard County Housing and Human Services Department
c/o Linda Graham or Natasha Jones
Building B, Suite 106
2725 Judge Fran Jamieson Way
Viera, FL 32940

SELECTION CRITERIA

Selection preference will be given to those respondents that clearly address the Priority Needs as defined in the Brevard County Consolidated Plan for Housing and Community Development which is located at: https://www.brevardfl.gov/docs/default-source/housing-human-services-documents/2022-2026-home-consortium-consolidated-plan.pdf?sfvrsn=b7e55394_0 see plan pages 136-138. And at: <https://www.brevardfl.gov/HousingAndHumanServices/PlansAndReports>

Selection criteria will include, but may not be limited to, the following considerations:

1. Project narrative.
2. Ability to proceed.
3. Supportive services offered.
4. Organizational capacity.
5. Financial strength of the Respondent.
6. Ability of the Respondent to complete the project by the deadlines established.
7. Evidence of site control.
8. Needs analysis.
9. Proximity to services and employment.

PROTEST PROCESS

Any bidder who is allegedly aggrieved in connection with the solicitation pending award of a contract must file a formal written protest with the Assistant Director of Housing and Human Services within five business days of the posted award recommendation. Please contact Linda Graham Assistant Director of Housing and Human Services for more information on the protest process or any grievances.

TERMS AND CONDITIONS

1. Respondents acknowledge that all information contained within the response is public record to the extent required by State of Florida Public Records Laws. Sealed proposals are exempt from public record until the agency provides notice of decision or within ten (10) days after the proposal opening, whichever is earlier. Financial statements, if required, are exempt from disclosure under 119.071(1)(b)(c), Florida Statutes.
2. The County will not reimburse respondent for any costs associated with the preparation and submittal of any responses to this Request for Proposal (RFP).
3. The awards made pursuant to this RFP are subject to the provisions of Chapter 112, Part 111, Florida Statutes, "Code of Ethics for Public Officers and Employees". All respondents must disclose with their responses the name of any officer, director, or agent who is also an employee of the County. Further, all respondents must disclose the name of any County employee who owns, directly or indirectly, any interest of five percent (5%) or more in the respondent's firm or any of the respondent's branches/subsidiaries.
4. Respondents, their agents, and associates shall refrain from discussing or soliciting any County official or member of the Affordable Housing Council (AHC) regarding this RFP during the selection process. Failure to comply with this provision will result in disqualification of the respondent. Only the designated liaison listed in this response may be contacted.
5. Respondents shall not discriminate as to race, color, gender, religion, familial status, disability, or national origin in the operations conducted under this RFP.
6. Due care and diligence must be exercised in the preparation of this RFP. The responsibility for determining the full extent of the services required rests solely with those making responses. Neither the County nor its representatives shall be responsible for exercising the professional judgment required in determining the final scope of services which may be required.
7. Respondents are responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, State of Florida, and applicable local ordinances. Failure or inability on the part of the respondents to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any respondent from its obligation to honor its response and to perform completely in accordance with its response.
8. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification/information from respondents, reject any and all responses in whole or in part, with or without cause, and accept any response, which in the County's judgment, will be in the County's best interest.
9. Any interpretation, clarification, correction, or change to the RFP will be made by written addendum issued by the Brevard County Housing and Human Services Department. Any oral or other type of communication concerning the RFP shall not be binding.
10. For good and sufficient reason, the County may amend the RFP. Should an amendment occur, notice will be provided via online post to website and via facsimile to all parties who requested an RFP. Vendors are responsible for ensuring they have received all addenda.
- 11. Successful proposals must include a signed verification of approval for the proposed development from an authorized official in the jurisdiction where the development is located including a confirmed funding contribution source and amount.**
12. Successful proposals must comply with all applicable requirements and conditions.

13. Projects must benefit very low to moderate income persons as determined by the Florida Housing Finance Corporation.
14. Funds may not be used for operating expenses.
15. All projects must be made and remain affordable for the specified affordability period.
16. All new construction housing developments with 5 or more units must be design and construct 5 percent of the dwelling units, or at least one unit, whichever is greater, is to be accessible to persons with mobility disabilities. These units must be constructed in accordance with the Uniform Federal Accessibility Standards or standard that is equivalent or stricter. An additional 2 percent of the dwelling units, or at least one unit, whichever is greater, must be accessible to person with hearing or visual disabilities. Common areas must be constructed in accordance with the Florida Building Code.
17. Respondent must enter into a contract that will be provided by the County that incorporates the requirements of this RFP.
18. Respondent shall hold harmless, indemnify, and defend the County, its Commissioners, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost, and expense of whatsoever kind of nature arising out of or incidental to respondent's services under this Agreement.
19. Respondent, prior to the signing of a contract and before starting any work on this project, must submit all certificates of insurance as requested.
20. Respondents must attend an Affordable Housing Advisory Committee recommendation meeting at a date and time to be determined, to make a formal presentation.
21. If applicable, Respondents must also be present at the Board of County Commissioners meeting at a date and time to be determined, if the proposal is approved for funding by Florida Housing Finance Corporation.
22. At the time of award, Respondent must be in good standing with the federal, state, county, and municipal governments.

APPLICATION

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APPLICATION CHECKLIST

Agency Name: _____

All the items below must be included (per category) in the order listed or the submitted application is considered incomplete. Please do not include sample documentation with submission.

- Application Checklist
- Project Summary Narrative
- General Information (questions 1 through 10)
- Project Specific Information (questions 11 through 17)
- Organizational Capacity (questions 18 through 20)
- Attachment A – Operating Budget
- Attachment B – Proforma
- Attachment C – Agency Overall Budget
- Attachment D – Project Timeline
- Attachment E - Uses of Local Government Contribution
- Attachment F – Sworn Statement of Public Entity Crimes
- Attachment G – Respondent Certification and Acknowledgement
- Attachment H – Certifications
- Attachment I – Energy, Hardening and Preventive Maintenance Standards
- Attachment J – Location Matrix
- Attachment K – Verification of Approval from Local Jurisdiction

APPENDICES TO APPLICATION

- APPENDIX 1 – Ability to Proceed
- APPENDIX 2 - Site Control
- APPENDIX 3 - Needs Analysis
- APPENDIX 4 - List of current Board Members*
- APPENDIX 5 - 501 (c) (3) certification or other IRS exemption letter*
- APPENDIX 6 - Articles of Incorporation/Bylaws*
- APPENDIX 7- Most recent Audit (must include management letter) or Financial Statement*
- APPENDIX 8 - Most recent 990 tax return*

NOTE: An application will not be considered if any section of the application is incomplete or if a required item is missing. Applications submitted after a published due date will not be considered.

I acknowledge that all the required items listed above are included in this application and if any are found to be missing, the application will not be accepted for consideration.

Signature/Title/Date

***Note: you only need to include these items in your original copy and not in your 11 copies.**

HOUSING APPLICATION

I. PROJECT SUMMARY NARRATIVE

Provide written summary of project, including amount requested, project site location, number of units and targeted population/community (1 page maximum).

II. GENERAL INFORMATION

1. Organization Name: _____
2. Organization Address: _____
3. Federal Employer Identification Number: _____
4. Contact Person/Title: _____
5. Phone Number: _____ Fax Number: _____
6. Email Address: _____
7. Additional Contact Person/and Phone Number: _____

8. Project Name: _____
9. Project Address(es): _____

10. Name of Local Jurisdiction in which development(s) is/are located: _____

III. PROJECT SPECIFIC INFORMATION - RENTAL

11. Request Category (please check all that apply):
 Acquisition New Construction
 Single Family Structure Multi-Family Structure
12. TOTAL funding requested from Brevard County for this project: \$ _____
13. Ability to proceed. Show proof of appropriate zoning and availability of utilities.
(Appendix 1)

14. Project breakdown by unit, unit size and income level to be served. Show actual number of units for each category. Please list address(s) of all units requesting funding.

Income Level	Extremely Low 0-30% AMI		Very Low >31% - 50% AMI		Low >51% to 60% AMI		Low >61% to 80% AMI	
Studio								
1-Bedroom								
2-Bedroom								
3-Bedroom								
4-Bedroom								
TOTAL:								

Total Units: _____

15. Description of supportive services/resident programs, if applicable.

16. Provide proof of site control (i.e., effective sales contract/proof of ownership etc.) (**Appendix 2**)

17. Must provide a Needs Analysis to (**Appendix 3**) to include the following:

- a. Type and number of housing units planned.
- b. Ability to rent the planned development in a timely manner.
- c. Adverse impact to other existing affordable housing developments.
- d. Any special advantages to the development for attracting renters (**i.e., energy efficient enhancements, proximity to services etc.**)

IV. ORGANIZATIONAL CAPACITY

18. Please provide information on your organization’s housing accomplishments over the past five (5) years. Include experience with affordable housing projects. Include experience with affordable housing projects. Include summary of affected staff experience, including organization chart with names/titles and designation of (full time/part time) paid status.

19. Provide a list of current board members (**Appendix 4**), a copy of your 501 (c) (3) or other IRS tax-exemption determination letter from the IRS (**Appendix 5**); a copy of your Articles of Incorporation/copy of your most current by-laws (**Appendix 6**). **Note: you only need to include these items in your original copy and not in your 11 copies.**

20. Provide a copy of the most recent audit (must include management letter) (**Appendix 7**). The most recent fiscal year-end financial statement is acceptable if agency audit is not required (**Appendix 7**). Most recent 990 IRS tax return must be included (**Appendix 8**). **Note: you only need to include these items in your original copy and not in your 11 copies.**

IV. ATTACHMENTS AND APPENDICES

21. Must include: **Attachments A-K and Appendices 1-8**

ATTACHMENT A

OPERATING BUDGET

<u>OPERATING INCOME</u>	<u>Annual Amount</u>
1. Gross rent potential	_____
2. Vacancy allowance (__% of Line 1)	_____
3. Effective gross rent (Line 1 minus Line 2)	_____
4. Other income (specify)	_____
5. Reserve for Bad Debt	_____
6. Effective Gross Income (Lines 3 plus Line 4 minus Line 5)	_____

OPERATING EXPENSES

<u>Management</u>	<u>Annual Amount</u>
7. Management fee	_____
8. Management staff costs	_____
9. Legal fees	_____
10. Accounting/audit fees	_____
11. Advertising/marketing	_____
12. Telephone	_____
13. Office supplies	_____
14. Other administrative expenses	_____
Subtotal	_____

Maintenance

15. Maintenance staff costs	_____
16. Elevator (if any)	_____
17. Other mechanical equipment (specify)	_____
18. Decorating (specify)	_____
19. Routine repairs and supplies	_____
20. Exterminating	_____
21. Lawn and Landscaping	_____

OPERATING BUDGET CONTINUED

22. Garbage/trash removal	_____
23. Other (specify)	_____
Subtotal	_____

<u>Utilities</u>	<u>Annual Amount</u>
------------------	----------------------

24. Electricity	
a. Residential	_____
b. Commercial areas	_____
c. Common areas	_____
25. Heat and hot water (specify fuel)	
a. Residential	_____
b. Commercial areas	_____
c. Common areas	_____
26. Sewer and water	_____
Subtotal	_____

Taxes/Insurance/Reserve

27. Property insurance	_____
28. Real estate taxes (estimated value of \$_____	
Times projected tax rate of \$_____/(\$1,000)	_____
29. Reserve for replacement	_____
30. Operating deficit reserve	_____
Subtotal	_____
31. Total Operating Expenses (Lines 7 through 31)	_____

INCOME AVAILABLE FOR DEBT SERVICE

Effective Gross Income (Line 6)	_____
Minus Total Operating Expenses (Line 32)	_____
32. Net Operating Income	_____
33. Debt Service Coverage Ratio Required by Lender	_____

ATTACHMENT B

PROFORMA

Use the proforma to predict the long-term cash flow from the project. The proforma is based on assumptions of occupancy, rents, and expenses during the affordability period. It is easiest to estimate a steady growth rate for rents, vacancies, and expenses, and set fees as a consistent percentage of gross effective income.

	2024	2025	2025	2026	2026	2027	2027	2028	2028	2029	2029	2030	2030	2031
Gross Rental Inc. @ 3%														
Less Vacancy/Collection Loss @ 7%														
Plus Other Income														
Effective Gross Income.														
Less Management Fee @ 7%														
Less Op. Exp. @ 5%														
Less Partnership Mgmt. Fee														
Less Reserve for Replacements														
NOI (Net Operating Income)														
Less Debt Service														
Net Cash Flow														

ATTACHMENT C
AGENCY OVERALL BUDGET*

Revenue	Agency Budget Last Fiscal Year	Agency Budget Current Fiscal Year
(1) State Grants		
(2) Federal Grants		
(3) Allocations Requested or Received from United Way		
(4) Foundation/Trust Grants		
(5) Client Fees/Shared Costs		
(6) Cash Contributions or Donations		
(7) In-kind		
(8) Operating Reserve Funds		
(9) Capital Reserve Funds		
(10) Misc./Other Funds		
TOTALS:		
Expense Categories	Agency Budget Last Fiscal Year	Agency Budget Current Fiscal Year
a. Personnel		
b. Fringe Benefits		
c. Travel		
d. Equipment		
e. Supplies		
f. Contractual		
g. Insurance		
h. Maintenance		
i. Training & Conferences		
j. Direct Assistance to Clients		
k. Fees & Dues		
l. Miscellaneous & Other**		
TOTAL:		

*Budget is based on Agency's approval fiscal year.

**Please explain any "miscellaneous" or "other" sources or expenses on separate sheet.

ATTACHMENT D
PROJECT TIMELINE

Develop timeframe based on number of days from the time of contract signing.

<u>Milestone</u>	<u>Working Days from Agreement Execution</u>
<u>Conditional Notice to Proceed issued.</u>	<u>15 Days</u>
<u>Building/Site plan.</u>	<u>60 Days</u>
<u>Permits Issued.</u>	<u>120 Days</u>
<u>Construction Notice to Proceed issued.</u>	<u>125 Days</u>
<u>Substantial Completion</u>	<u>335 Days</u>
<u>Final Completion</u>	<u>345 Days</u>
<u>Lease up</u>	<u>365 Days</u>

ATTACHMENT E

USES OF LOCAL GOVERNMENT CONTRIBUTION

Amount of Local Government Requests	Source
	Brevard County Board of County Commissioners
	Local Municipality

	Itemized Cost	Actual Costs
A.	Acquisition Costs	
1	Land	
2	Existing Structures	
B.	Site Work	
1	Site work (not included in construction contract)	
C.	Construction/Rehabilitation (construction contract costs)	
1	Site work	
2	New Building	
3	Rehabilitation	
D.	Architectural & Engineering Fees	
1	Architectural Fee - Design	
2	Architectural Fee - Supervision	
3	Consultant or Processing Agent	
4	Engineering Fees	
E.	Other Owner Costs	
1	Appraisal	
4	Soil Borings/ Environ. Survey	
5	Real Estate Attorney	
6	Construction Loan Legal	
7	Title and Recording	
F.	Interim Costs	
1	Construction Insurance	
2	Construction Interest	
3	Construction Loan Origination Fee	
G.	Permanent Financing Fees & Expenses	
1	Credit Report	
2	Permanent Loan Origination Fee	
3	Title and Recording	
4	Counsel's Fee	
H.	Developer's Fee	
I.	Project Reserves	
1	Rent-Up Reserves	
2	Operating Reserves	
J.	Tenant Relocation	
K.	Project Administration/Management	
1	Marketing/Management	
2	Operating Expenses	
3	Taxes	
4	Insurance	
L.	Total Uses (Development)	
M.	Total Sources (Development)	
N.	Difference	
O.	Additional Sources of Permanent Financing:	
	Owner's Equity	
	Loan:	
	Loan:	
	Total (compare to line L):	

Please indicate source or use of "other" funds or fees.

ATTACHMENT F

SWORN STATEMENT OF PUBLIC ENTITY CRIMES

RFP NO. _____

**SWORN STATEMENT UNDER SECTION 287.133(3) (a) FLORIDA STATUTES
ON PUBLIC ENTITY CRIMES**

(To be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

State of _____

County of _____

Before me, the undersigned authority, appeared _____ who, being by me first duly sworn, made the following statement:

1. The business address of _____ (name of respondent or contractor) is _____.
2. My relationship to _____ (name of respondent or contractor) is _____ (relationship such as sole proprietor, partner, president, vice president, etc.).
3. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any State or Federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other State or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that “convicted” or “conviction” is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or State trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that “affiliate” is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

(Draw a line through number 6 if number 7 applies)

6. Neither the respondent or contractor nor any officer, director, executive, partner, shareholder, employee, member of agent who is active in the management of the respondent or contractor nor any affiliate of the respondent or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

7. There has been a conviction of a public entity crime by the respondent or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the respondent or contractor who is active in the management of the respondent or contractor or an affiliate of the respondent or contractor. A determination has been made pursuant to Section 287.133(3) by order of Division of Administrative Hearings that is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____.

A copy of the order of the Division of Administrative Hearings is attached to this Statement (with a line through paragraph number 6 if paragraph number 7 applies).

Sworn to and subscribed before me in the State and County first mentioned above on the _____ day of _____ 2024.

Affix Seal

Notary Public: _____

My commission expires _____

ATTACHMENT G

RESPONDENT CERTIFICATION AND ACKNOWLEDGEMENT

1. The Respondent certifies that the information in this Application is true, correct, and authentic.
2. The Respondent acknowledges that Brevard County may conduct its own independent review, analysis and verification of all information contained in this Application.
3. The Respondent and all Financial Beneficiaries have read and will abide by the applicable Florida Statutes 420.907 and Section 67-37 Florida Administrative Code.
4. The undersigned is authorized to bind all Financial Beneficiaries to this certification and warranty of truthfulness and completeness of the Applications.
5. The Respondent certifies that governmental assistance has/has not been provided to the proposed project and will notify the County if assistance is requested or received in the future.
6. If non-profit, this application has been duly authorized by a resolution or other board action and also gives signature authority as reflected in board minutes.

Authorized Official (signature)

Witness (signature)

Name and Title (typed or printed)

Name and Title (typed or printed)

Date

Date

ATTACHMENT H CERTIFICATIONS

(Suspension/Debarment, Drug-Free Workplace, and Environmental Tobacco Smoke Form)

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the respondent organization) certifies to the best of his or her knowledge and belief, that the respondent, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; and
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the respondent not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The respondent agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the respondent organization) certifies that the respondent will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition; and
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above; and
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement;
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction; and
- (e) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).

3. Certification Regarding Environmental Tobacco Smoke

F.S. 386.201–212, the Florida Clean Indoor Air Act, has as its purpose to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. This part shall not be interpreted to require the designation of smoking areas.

- (1) "Public place" means the following enclosed, indoor areas used by the general public:
 - (a) Government buildings; (b) Public means of mass transportation and their associated terminals not subject to federal smoking regulation; (c) Elevators; (d) Hospitals; (e) Nursing homes; (f) Educational facilities; (g) Public school buses; (h) Libraries; (i) Courtrooms; (j) Jury waiting and deliberation rooms; (k) Museums; (l) Theaters; (m) Auditoriums; (n) Arenas; (o) Recreational facilities; (p) Restaurants which seat more than 50 persons; (q) Retail stores, except a retail store the primary business of which is the sale of tobacco or tobacco related products; (r) Grocery stores; (s) Places of employment; (t) Health care facilities; (u) Day care centers; and (v) Common areas of retirement homes and condominiums.
- (2) "Public meeting" means all meetings open to the public, including meetings of homeowner, condominium, or renter or tenant associations unless such meetings are held in a private residence.
- (3) "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.

By signing the certification, the undersigned certifies that the respondent organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services as defined by the Act.

The respondent organization agrees that it will require that the language of this certification be included in any sub-awards, which contain provisions for services and that all sub-recipients shall certify accordingly.

The Housing and Human Services Department strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
RESPONDENT ORGANIZATION	DATE SUBMITTED

ATTACHMENT I

ENERGY, HARDENING AND PREVENTIVE MAINTENANCE PERFORMANCE STANDARDS FOR AFFORDABLE HOUSING

The contractor will be responsible to maintain or improve indoor air quality, durability, life safety, hazard mitigation and cost effectiveness. Activities shall be consistent with efficiency levels in the Building America Program, created by the US Department of Energy in cooperation with the Florida Solar Energy Center, and established state and local building codes and shall include some or all of the features as follows. Please note which energy efficient or mitigation features will be utilized in the proposed project.

Typical Energy Efficient Activities:

Typical Low-Cost Features:	Typical Moderate to High-Cost Features:
Manage air flow in structure	Upgrade HVAC system
Seal the building envelope	Install Energy Star Appliances
Segregate and maintain combustion equipment	Consider placement of return & delivery registers and ducts
Provide adequate ventilation. • Exhaust venting • Whole house ventilation	Replace windows
	Hazard Mitigation Features:
Seal and insulate ducts	Truss strapping
Increase insulation	High impact windows
Radiant barriers	Storm shutters
Install programmable thermostats	Metal or composite roofing
Light colored/reflective roofing materials	Roof decking
Light colored/reflective exterior wall paint	Gable bracing
Low-flow showerheads	Garage door bracing
High efficiency indoor and outdoor lighting	Exterior doors
Ceiling fans	
Tile flooring	
Window films	

Suggested mitigation activities:

Area	Mitigation Activity
<u>Roof</u> Depending on the condition of existing roof, if work needs to be done, look to do maximum for energy efficiency, hardening and preventive maintenance.	1. Radiant Barrier 2. Strapping Trusses/to code 3. Gable Bracing/to code 4. White/Light Color Shingles/30 yr. Dimensional/Peel and Stick 5. Metal Roof/light color/50 yr.
<u>Ceiling</u> When insulation is less than R-38	1. R-38 ceiling insulation
<u>Walls</u> When exterior walls need to be sealed and painted.	1. White/Light exterior walls, using high quality mastic material.
<u>Windows</u> When windows are bad, replace all.	1. High performance Impact Rated Double Pane Low – E Vinyl Windows 2. When applicable replace west windows with Impact rated double pane low- E Vinyl.

Area	Mitigation Activity
<p>If windows are good, apply reflective tinting or solar screens on South and West windows.</p> <p>If possible, replace South and West windows Repair East and North windows if possible. Hardening, Install Hurricane Shutters.</p>	<p>If replacing windows, minimize window size on south and west side of building to reduce heat intrusion.</p> <p>3. Install Hurricane Shutter System. Accordion.</p>
<u>Floor</u>	1. 100% Tile or Stained Concrete
<u>Infiltration</u> Perform Blower Door Test	<p>1. Seal all air leaks</p> <p>2. Retest with Blower Door Test</p>
<u>Whole House Ventilation</u>	1. Passive Outside Air Ventilation
<u>Cooling and Heating</u>	1. Heat Pump, 15 Seer, Programmable Thermostat
<u>Duct System</u> Perform Test. Replace duct system when possible and necessary	<p>1. Replace duct with maximum 5% leakage, goal is zero leakage</p> <p>2. R-8 duct</p>
<u>Water Heating</u>	<p>1. Tank-less System.</p> <p>2. Solar Water Heater, Passive ICS type, if existing tank is suitable and system appropriate for home. Insulate tank and all pipes.</p> <p>3. Or with tank, install hot water conversion from A/C or Heat Pump. Insulate tank and all pipes.</p> <p>4. Electric Heat Pump Water Heater</p>
<u>Appliances</u>	1. All appliances Energy Star-rated or higher.
<u>Lighting</u>	1. 100% Light Emitting Diode (LED) interior and exterior.
<u>Water Use</u>	<p>1. Low Flush Toilets</p> <p>2. Dual Flush Toilets</p> <p>3. Florida Friendly Landscaping (low-maintenance landscapes)</p>

ATTACHMENT J
LOCATION MATRIX

ATTACHMENT K

VERIFICATION OF APPROVAL FROM LOCAL JURISDICTION

ATTACHMENT L

LOCAL GOVERNMENT VERIFICATION OF CONTRIBUTION FORM

ATTACHMENT M

ADVERTISEMENT, REVIEW & APPROVAL PROCESS

A. Public Notification

1. The request for proposal will be advertised on the Brevard County Housing and Human Services Department Webpage.
2. Applications will be accepted from an applicable RFA by the Florida Housing Finance Corporation and must be received no later the RFP due date.

B. Review and approval

1. All applications submitted will be reviewed by staff against disqualifying criteria and for consistency with the Board approved Brevard County HOME Consolidated Plan and the State Housing Initiative Partnership (SHIP) Local Housing Assistance Plan.
2. All compliant applications will be forwarded to the Affordable Housing Advisory Committee for review, scoring and selection.
3. Local Government Verification of Contribution Forms will be completed by staff for selected applicants and forwarded for review and approval by the County Manager's Office.
4. **In all cases final funding approval is contingent on approval of funding from Florida Housing Finance Corporation and the Brevard County Board of County Commissioners.**

B. Scoring Criteria

Each organization will be scored utilizing the following criteria and score sheet:

1. Project narrative.
2. Ability to proceed.
3. Supportive services offered.
4. Organizational capacity.
5. Financial strength of the Respondent.
6. Ability of the Respondent to complete the project by the deadlines established.
7. Evidence of site control.
8. Needs analysis.
9. Proximity to services and employment.

**ATTACHMENT N
SCORE SHEET**

AGENCY: _____

PROGRAM: _____

Description	Points Available	Points Awarded
Project Narrative	1-10	
<ul style="list-style-type: none"> • Does the Project Narrative clearly describe the scope of work. • Does the Project Narrative identify the site location, number of units and targeted population. 		
Ability to Proceed	1-10	
<ul style="list-style-type: none"> • Did the application provide the status of Site Plan and Plat approval. • Is the proposed development site appropriately zoned and consistent with local land use regulations regarding density and intended use? • Is the applicant able to obtain water and electrical services for the proposed site. 		
Supportive Services offered	1-5	
<ul style="list-style-type: none"> • What type of supportive services are planned for the proposed development? • Does the supportive services offered assist tenants with stabilizing their housing situation and underlying problems? 		
Description	Points Available	Points Awarded
Organizational Capacity	1-15	
<ul style="list-style-type: none"> • Do the agency personnel possess the needed Licenses and/ certifications to complete the project? • Does the agency have prior experience with this type of project? 		
Financial Strength of Respondent	1-15	

<ul style="list-style-type: none"> • Has the agency identified the funding necessary to complete this project? • Does the agency have any areas of noncompliance with funding, regulatory or licensing bodies? 		
Ability to Complete Project by Deadline	1-10	
<ul style="list-style-type: none"> • Does the agency have sufficient staff on hand or the ability to hire the staff necessary to complete the project? • Does the agency have on hand or have identified the needed financial resources to complete the project in the timeframe allotted? 		
Evidence of Site Control	1-15	
<ul style="list-style-type: none"> • Has the agency/developer secured a signed contract for the proposed site? • Has the agency/developer acquired a deed or certificate of title for the proposed site? • Does the agency/developer have a lease with unexpired terms for the proposed site? 		
Needs Analysis	1-10	
<ul style="list-style-type: none"> • Are the types and number of housing units defined? • Is there a plan for attracting renters and ensuring that the proposed housing units will be rented in a timely manner? • Will this development propose any adverse impacts to existing affordable housing developments? 		
Proximity to Services & Employment	1-10	
<ul style="list-style-type: none"> • Did the applicant accurately complete the location matrix? • Is the proposed development in close proximity to services and employment? • Is there transportation available to allow for access to services and employment? • 		
TOTAL AVAILABLE POINTS - 100		

AREAS NEEDED FOR IMPROVEMENT: For a total score less than 60, please provide the agency with detailed suggestions for improvement.

Board Member Signature & Date: _____