



FAIRFAX COUNTY, VIRGINIA

CONSOLIDATED COMMUNITY FUNDING POOL



WORKING TOGETHER

FY 2009 – FY 2010

Funding Application Package
for

July 1, 2008 – June 30, 2010

RFP #08-939123-31

REQUEST FOR PROPOSAL

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION

RFP 08-939123-31

FISCAL YEARS 2009-2010

INTRODUCTION

This Request for Proposal (RFP) is to solicit applications for the Fairfax County Consolidated Community Funding Pool (CCFP), a County of Fairfax competitive contract award process for eligible programs and services offered by community-based organizations.

Funding in the CCFP is available from a combination of local, state and federal sources:

- Federal and State Community Services Block Grant (CSBG) (*approximately 7% of total funds*)
- Federal Community Development Block Grant (CDBG) (*approximately 19% of total funds*)
- Fairfax County General Fund (*approximately 74% of total funds*)

Contracts will be awarded for a two-year period, beginning July 1, 2008 through June 30, 2010. An estimated \$10.7 million will be available for each of the two fiscal years. The final amount will be determined upon the Fairfax County Board of Supervisors' approval of the Fiscal Year 2009 and Fiscal Year 2010 budgets.

HOW TO APPLY

This Request for Proposal includes the instructions to apply for funds. Applications may be submitted by mail or delivered in person. All applications must be received by **Tuesday, December 4, 2007, 2:00 p.m. at the following location:**

**Fairfax County
Department of Purchasing
and Supply Management
12000 Government Center Parkway, Suite 427
Fairfax, Virginia 22035**

HOW PROJECTS ARE SELECTED FOR FUNDING

A Selection Advisory Committee (SAC), comprised totally of Fairfax County citizens, is appointed by the County Executive to recommend proposals for awards. Individuals on the SAC serve on a volunteer basis, must reside in Fairfax County, may not be a current officer, employee or board member of an offeror's agency, nor may they be a current county employee, member of the Consolidated Community Funding Advisory Committee (CCFAC), or a member of the Community Action Advisory Board. The SAC reviews and rates proposals according to the funding priorities and evaluation criteria established by the CCFAC. The evaluation criteria are listed on page 5 of this RFP.

Offerors will be notified of the committee's award recommendations in April 2008, following approval by the Board of Supervisors. Approved programs will be awarded funds through a contractual agreement with the County, subject to negotiations on final terms and conditions conducted in May and June of 2008. Contracts will begin July 1, 2008.

BACKGROUND

In 1997, Fairfax County, Virginia developed and implemented a new competitive grant process for funding human services developed by non-profit agencies. In 1998, the Board of Supervisors established the Consolidated Community Funding Advisory Committee to oversee the County's Consolidated Plan and Consolidated Community Funding Pool (CCFP) policy, planning and development of priorities and proposal evaluation criteria. The committee is comprised of representatives from 9 Fairfax County Human Services Boards and Commissions and several community sectors. The committee works in partnership with the Community Action Advisory Board to determine the program areas for CCFP awards funded through the Community Services Block Grant (CSBG) allocation to Fairfax County, and collaborates with the Fairfax County Redevelopment and Housing Authority (FCRHA) to allocate non-CCFP funding in the county's Consolidated Plan.

To determine how funds in the CCFP should be used, the CCFAC:

- Reviewed human services needs and program utilization data from county agencies and other sources, including existing CCFP programs.
- Conducted public input meetings and focus groups, received briefings on several cross-cutting initiatives, and invited all interested parties to present their comments on the proposed priority areas.

For the FY 2009-2010 funding cycle, the CCFAC organized the Funding Priorities according to four Priority Areas listed on page 3 under Proposal Guidelines of this RFP. The Fairfax County Board of Supervisors approved the Funding Priorities on

July 9, 2007. Funding Pool priorities and requirements reflect the County's emphasis on outcome accountability that is based less on what is done for clients and more on how the lives and conditions of clients are improved as a result of that help.

The Board Action Item to approve the Priorities and a description of them is found in the Fiscal Years 2009 and 2010 Consolidated Community Funding Pool RFP Funding Application Resource Manual (hereafter called the Resource Manual), a supplemental guide to assist offerors in applying for funds.

This Request for Proposals is the eighth since the creation of the CCFP. For information on previously funded programs, please visit www.fairfaxcounty.gov/ccfp

PROPOSAL GUIDELINES

All proposed programs should address no more than two of the funding priorities listed below. In the case of programs for which multiple organizations are collaborating on a joint program proposal, the proposal may target up to a maximum of three priority areas for funding consideration. A detailed description of the funding priorities is found in the Resource Manual, page 62.

PRIORITY	OUTCOME STATEMENT	TARGET FUNDING PERCENTAGES
I. PREVENTION	Families and individuals remain independent and have the tools and resources to prevent dependence	15% – 25%
II. CRISIS INTERVENTION	Individuals and families in crisis receive sufficient help to move quickly back to self-sufficiency.	5% – 15%
III. SELF-SUFFICIENCY	Individuals and families attain self-sufficiency.	55% – 65%
IV. ONGOING ASSISTANCE FOR INDEPENDENT LIVING	People who have continuing and long-term needs achieve or maintain healthy, safe, and independent lives to the maximum extent feasible.	5% – 15%

1. ELIGIBLE OFFERORS:

- a. Organizations with non-profit 501(c)3 tax exempt status, or organizations who have established their 501(c)3 tax-exempt status by July 1, 2008.
- b. Faith-based or religious organizations.
- c. The City of Fairfax and Towns of Clifton, Herndon and Vienna are eligible offerors for Consolidated Community Funding Pool funds allocated from the Federal CDBG funds.
- d. Offerors for new housing construction must be Community Based Development Organizations (CBDO's) as defined in the Resource Manual.
- e. Offerors may be based in other jurisdictions, provided that the proposed program benefits eligible Fairfax County residents as defined in Section 3 (page 4).
- f. Organizations that are in receivership status or debarred by the U.S. Government and/or Fairfax County are not eligible.
- g. Organizations whose county contract award has been terminated for cause within the last 2 years are not eligible.

PROPOSAL GUIDELINES

2. ELIGIBLE AFFORDABLE HOUSING PROJECTS:

- a. Awards for Capital Projects or Administration of Capital Projects will only be made for projects that result in the production or preservation of affordable housing located in Fairfax County or the Cooperating Jurisdictions of Fairfax City and the Towns of Clifton, Herndon and Vienna.
- b. Affordable Housing Capital Projects and Administration for the Development of Affordable Housing Capital Projects awards must comply with CDBG regulations and guidelines.
- c. Administration for the Development of Affordable Housing Capital Projects must be related to the support of acquisition, construction and/or rehabilitation of affordable housing. Such projects may include but are not limited to salaries, wages and related staff costs, rental of office space, office supplies and equipment, insurance, utilities and accounting, audit and legal services. Funds may not be used for the on-going operational costs for completed capital projects.

3. ELIGIBLE CLIENTS:

- a. Awards funded through the CSBG must benefit residents at CSBG income levels referenced in the Resource Manual, page 60. Consolidated Community Funding Pool awards made with CSBG funds will be designated for housing, education, employment and emergency programs.
- b. Programs funded through the Fairfax County General Fund must serve clients who reside in Fairfax County or the Towns of Clifton, Herndon or Vienna. Community Services Block Grant funded programs may also serve clients who reside in the Cities of Fairfax and Falls Church.

4. PROJECT AWARD PROVISIONS:

- a. All awards are subject to the County of Fairfax General Conditions and Instructions to Bidders and Special Provisions found in the Resource Manual, page 4.
- b. All awards receiving funds from the Community Services Block Grant and Community Development Block Grant will be subject to all Federal and State laws, regulations and guidelines governing those grants.
- c. Each organization awarded a contract for FY 2009-2010 will be required to submit an outcomes planning and evaluation plan to County staff in the spring of 2009. Upon plan approval, organizations must implement the plan during the following year.

EVALUATION CRITERIA

The Selection Advisory Committee will use evaluation criteria established by the CCFAC to rank each proposal submitted. Each criterion element is rated separately. Proposals may receive up to the maximum points allowed based on the ability to respond to each criterion element. A detailed description of each criterion is included in this RFP. Funding allocations are based on the offeror's ability to adequately address the following:

ALL APPLICATIONS

will be considered on the following criteria:

		Maximum Points
Criterion I	Demonstration of Need	15 points
Criterion II	Outcomes	25 points
Criterion III	Approach	20 points
Criterion IV	Organizational Capacity	20 points
Criterion V	Budget and Budget Justification	20 points
TOTAL		100 points

APPLICATIONS FOR AFFORDABLE HOUSING

will also be considered on the following additional criteria:

		Maximum Points
Criterion VI	Consolidated Plan Priorities	15 points
Criterion VII	Impact on Affordable Housing Stock	15 points
Criterion VIII	Project Readiness	10 points
Criterion IX	Project Financing	10 points
Subtotal		50 points
TOTAL		150 points

PROPOSAL INSTRUCTIONS

1. PROPOSAL PREPARATION

Offerors are requested to include the following in the order listed below, in their proposal submission:

- Form 1: Proposal Cover Sheet (DPSM 32)
- Table of Contents
- Form 2: Proposal Summary Sheet
- Demonstration of Need
- Outcomes
- Approach
- Organizational Capacity
- Budget and Budget Justification
- Form Section (Forms 3-5 and applicable Affordable Housing Project Forms)
- Attachments

Offerors submitting Affordable Housing Capital Projects should also respond to four (4) additional components and complete the appropriate forms:

- Consolidated Plan Priorities
- Impact on Affordable Housing Stock
- Project Readiness
- Project Financing

A detailed description of each component is found on pages 8-12.

2. PROPOSAL SUBMISSION:

- a. All pages are to be numbered, including attachments. **(Do not include promotional DVD's or videos)**
- b. There is no limit to the number of program requests an organization may submit. Each proposal must be submitted and packaged separately with all requested forms and attachments. Offerors are requested to submit two (2) CD's/Discs and two (3) hard copies of the proposal, requested forms, and attachments for **each** proposed program.

Proposal files should be labeled and saved on the CD/Disc as follows: Proposal Content, Form Section and Attachments. CD's/Discs should be labeled with the RFP Number, the program and organization name. Proposals and CD's/Discs should be submitted *in sealed envelopes or boxes*. The RFP number, offerors' name and address should be indicated on the outside of each envelope or box.

- c. Proposals should be prepared in a Microsoft Word document or equivalent program or typed. The proposal narrative (exclusive of requested forms and attachments) should not exceed ten (10), single sided, 8¹/₂ by 11 inch pages and should be in a readable type of 12 point or larger. Proposal forms, attachments and Table of Contents are exempt from the page limitation count.
- d. Offeror should not use colored, textured, heavy weight or tabbed paper. In addition, all attachments, originally published or printed on two sided, color and/or glossy paper, should be recopied on single 8¹/₂ by 11 inch white paper for submission in the proposal.
- e. Proposals must be held together with paper clips or rubber bands only. Staples, bindings, and notebooks are unacceptable.
- f. Submissions by facsimile machine or via the Internet **will not** be accepted.

Proposals must be received no later than 2:00 p.m. Tuesday, December 4, 2007 by the Fairfax County Department of Purchasing and Supply Management at 12000 Government Center Parkway, Suite 427, Fairfax, Virginia 22035.

- ***Late proposals (after 2:00 p.m.) WILL NOT BE ACCEPTED.***
- ***A proposal with an unsigned Form 1, (DPSM32) Proposal Cover Sheet, WILL NOT BE ACCEPTED.***

PROPOSAL INSTRUCTIONS

3. FUNDING APPLICATION RESOURCE MANUAL:

A Resource Manual, which includes several reference documents to assist you in the development of your proposal, will be available at the Pre-Proposal Conference. The Resource Manual is also available through the Department of Administration for Human Services Contracts Management, Suite 738, 12011 Government Center Parkway, Fairfax, Virginia 22035. A telephone request may be made by calling 703-324-5551 or TTY 703-324-5628.

4. LARGE PRINT VERSION:

This RFP is available in large print typeface through the Department of Administration for Human Services Contracts. Telephone requests may be made by calling 703-324-5551 or TTY 703-324-5628.

5. INTERNET VERSION:

This RFP is available for downloading through the Internet at: <http://www.fairfaxcounty.gov/dpsm>.

Application Forms may be completed on-line at: <http://www.fairfaxcounty.gov/ccfp/>.

6. QUESTIONS:

A Pre-Proposal Conference will be held Monday, October 29, 2007 at 10:00 AM in the Board of Supervisors Auditorium at the Fairfax County Government Center, 12000 Government Center Parkway, Fairfax, Virginia. The purpose of the Pre-Proposal Conference is to give potential offerors an opportunity to ask questions regarding the RFP. Attendance is optional; however, it will be the only conference held on this solicitation. This pre-proposal conference will also be simulcast live on Cable Channel 16, the Fairfax County Government television station.

A DVD of the pre-proposal conference will also be available by calling 703-324-5551.

Questions regarding contractual matters should be directed to Sandy Jones, Contract Specialist, Department of Purchasing and Supply Management at 703-324-8411.

Technical questions regarding Human Services projects should be directed to Alice Morris, Department of Administration for Human Services, at 703-324-5551 or TTY 703-324-5628.

Technical questions regarding Administration for the Development of Affordable Housing Projects or Affordable Housing Capital Projects should be directed to Steve Knippler, Department of Housing and Community Development, at 703-246-5170 or TTY 703-385-3578.

PROPOSAL CONTENT

Offerors are requested to respond to the following:

A. PROPOSAL COVER SHEET:

Proposal Cover Sheet, DPSM32 (Form 1) — Fill out completely. Offeror's executive director or designee must sign each Proposal Cover Sheet. **Proposals without signed cover sheets will not be considered for funding.** One organization should be designated as the proposal contact if proposal is submitted jointly by multiple organizations.

B. PROPOSAL SUMMARY:

The Proposal Summary (Form 2) describes the project. Narrative is to be brief and concise using the space provided. Include funding priorities that can best be met by the proposed program.

C. DEMONSTRATION OF NEED:

Maximum Points – 15

Proposal describes need and relates it to no more than two Consolidated Community Funding Pool (CCFP) funding priorities. See page 62.

1. Explain how the identified need relates to the proposal's selected funding priority or priorities.
2. Clearly describe and justify the need, the affected population and community to be addressed by the proposed program and how the identified need is not being adequately met for the proposed population, community and targeted geographic area to be served. Include critical and relevant information about the population to be served. For existing programs, explain how the identified need would not be met for the proposed population and community if the program were not funded.
3. Describe how the proposed program will maximize client's access, utilization of and willingness to accept proposed services that address the identified need.

D. OUTCOMES:

Maximum Points – 25

Proposal clearly identifies and describes one or more measurable program outcomes that address the identified unmet needs of individuals or groups. The outcome will have a significant impact on the population and/or the community affected by the identified need.

1. Offeror must submit Form 3 (Program Outcome Worksheet) for only the most significant outcomes in the proposal. The offeror must identify one or more program outcomes that are achievable and observable within each of the two fiscal years for which the proposal is eligible. For each outcome, at least one significant performance/outcome measure must be proposed. Use Form 3 to describe each outcome to include one outcome indicator and one measurement system. Describe only one discreet service in each form. There is no limit to the number of Form 3 worksheets you can submit with your proposal.
2. Offeror must describe the plan for measurement implementation, identify the person(s) accountable for the implementation of the measurement, when the measurement will be taken and reported to the county (which quarter), how the measurement data will be collected and reported, and what data collection software, if any, will be used to store and report the data. In addition:
 - a. Offerors that measure a change in behavior, status or condition with a measurement tool must submit the measurement tool as an attachment to the proposal along with a description of the tool (standardized or customized, etc.)
 - b. Offerors that measure a change in behavior, status or condition on the basis of trained observation must submit the observation criteria, identification of the person(s) who will observe the change and a description of how observers will be trained.
 - c. Offerors using a client feedback survey and strategy to measure achievement of the outcome must submit the survey questionnaire and implementation plan.

PROPOSAL CONTENT

E. APPROACH

Maximum Points – 20

Proposal describes what the program will do to achieve outcomes for individuals and groups. It will describe how strategies will be implemented, operated and administered within a realistic time period; how it will be provided within a cooperative service delivery approach; and how readily targeted clients will access services.

1. List and describe program strategies and services that will address the identified unmet need. Include the total number of unduplicated individuals and households to be served by the total program each fiscal year.
2. If the program was funded in the previous year, please indicate the number of unduplicated individuals and households served in FY 2007.
3. Identify the number of individuals, households or communities each service will serve and describe how the services will contribute to the program outcomes.
4. Identify potential barriers to access program services (i.e. transportation, language/culture, client fees, disabilities, etc.) Describe how the proposed program will facilitate client access to proposed services.
5. Describe how the program services will be organized, implemented and completed. Include statistics that complete the description of the services.
6. If program funding is required for both FY 2009 and FY 2010, describe what will be conducted and accomplished in each year.
7. Provide a program timeline that identifies milestones to be accomplished during the contract period.
8. Identify any cooperative approaches and describe how they will benefit the performance of the program.

Affordable Housing Capital Projects must also provide the following when describing their approach:

9. Complete Form 6 — Development Project Summary

10. If the project requires temporary displacement, indicate the number of households and describe specific assistance to be provided to households temporarily displaced. Include financial and other assistance, and the sources of such assistance. (**NOTE: Projects Requiring Permanent Relocation Will Not Be Considered.**)

F. ORGANIZATIONAL CAPACITY

Maximum Points – 20

The proposal demonstrates the offeror's organizational skills, experience and resources necessary to implement and manage the program. Two or more organizations may choose to submit a collaborative proposal.

1. Provide a brief overview of other types of programs and services with which the organization has had success in initiating and maintaining.
NOTE: *If you were a previous CCFP recipient, your performance reports will be provided to the review committee evaluating the proposals. You **do not** need to submit copies of these reports. If you are proposing a new program but have a third-party evaluation for a similar service, you may enclose that report as evidence of past successful performance.*
2. Identify any staff positions that will need to be filled after award start-up and when they will be in place.
3. Describe the work to be performed by professional and non-professional volunteers. Include job descriptions for categories of volunteers. List the estimated number of professional and non-professional volunteers and anticipated number of hours they will work each year.
4. Describe required facilities, equipment and other physical resources for the effective implementation of this program and offeror's access to these resources. Describe how clients with disabilities will have access to the service. Indicate if any state or regulatory licenses will be required for the proposed facility and how the offeror will comply with any applicable license requirements.

PROPOSAL CONTENT

5. Describe program's fiscal management system to include:
 - a. type of accounting records (manual or automated)
 - b. use of outside accounting and/or payroll services
 - c. capability to track CCFP funds
 - d. amount and justification for cash reserve
 - e. availability of a line of credit.
6. Attach the following:
(Failure to adequately provide the required information in this section may result in point deductions).
 - a. Organization's mission statement and/or strategic plan, if available.
 - b. Current Board of Directors' roster and Board of Directors' roles and responsibilities.
 - c. Program staff position descriptions, including program management and fiscal staff positions. Identify position functions and required skills, experience and/or credentials.
NOTE: *Criminal background checks are required for individuals providing indirect or direct services within public schools via state police and Child Protective Services. Employees working with other vulnerable populations must also have criminal record checks.*
 - d. Program staff resumes, as applicable
 - e. Current financial audit and **management letter**. If a management letter was provided from the auditors, please explain steps taken to correct the deficiencies.
 - f. Current (2006) Federal Tax Form 990 (If not available, explain.)
 - g. Fiscal Year 2008 organization-wide budget.
 - h. 501 (c) 3 certification or verification of application for 501 (c) 3 certification.

Place each in the attachment section of the proposal and identify by name and page number in the Table of Contents.

AFFORDABLE HOUSING CAPITAL PROJECTS also provide the following as part of your Organizational Capacity submission (additional items 6i through 9):

- i. Provide one or more of the most recent performance evaluation(s) of a housing project(s), preferably from a current funding source(s), and for projects the same as or similar to the proposal for this RFP. If performance evaluations have not been provided in the past by the County or other sources, please provide any other supporting documentation that demonstrates project experience and successful completion of housing projects.
7. List the housing projects offeror has undertaken over the last three years. Please provide the following for each: project name, location, type of project (rental/homeownership), number of units, year started and completed, estimated cost and population served.
8.
 - a. Complete the Community-Based Development Organization (CBDO) Checklist found in the Resource Manual, page 58, if applicable, and place in form section.
 - b. If the offeror is requesting funding for a new construction project, and currently does not meet all the CBDO requirements as indicated in 8. a. above, describe steps applicant has taken or that will be taken, and when, to meet all the CBDO requirements. *(Offerors recommended for funding will be required to submit CBDO documentation indicated in the checklist before award or execution of a contract.)*
9. Complete Form 10: Applicant Experience and Qualifications.

PROPOSAL CONTENT

G. BUDGET AND BUDGET JUSTIFICATION

Maximum – 20 Points

Proposal presents a clear and reasonable program budget and identifies additional resources other than County funds or County contributions that can help support the proposed program. (Resources may include volunteers, in-kind contributions, cash donations, supplies and services, donations, grants and/or contracts.)

1. Complete Form 4 and 4A: Program Budget (**NOTE:** Total Program Budget means the total cost of conducting that program in Fairfax County, CCFP funds requested included. “CCFP budget request” should reflect the portion of the total budget to be funded by CCFP only. Figures should reflect cash only and does not include non-cash resources).
2. Explain and justify each proposed budget line item. If the program is asking for management and general overhead expenses, please explain in narrative the purpose and provide a line item explanation and justification. Failure to provide a budget justification may result in loss of points.
3. Complete Form 5: Estimated Program Revenue (**NOTE:** Cash resources include donations, grants, contracts and awards. Non-cash resources include volunteers, in-kind contributions and goods, supplies and service donations. Non-professional volunteers are to be valued at \$18.76 per hour in accordance with the Virginia Employment Commission. Professional volunteers’ hourly value is to be determined by the offeror and justified within the written narrative.)
4. If the program is currently being funded by a resource other than CCFP, explain why CCFP funds are needed. If funded in the previous cycle and the amount requested represents a substantial increase (over 5%), please explain.
5. Indicate whether any other County contributions or awards will support or are anticipated to support this program. Explain their commitment status. County awards may include loans, cash grants or contracts. Other County contributions may include space, utilities, equipment, staff or service.
6. Explain other necessary cash and non-cash program budget expenditures not being proposed for CCFP funding. (**NOTE:** Other County cash [non-CCFP] and non-cash resources for the proposed program, as identified in Form 5, are to be described in this section.)
 - a. Identify proposed resources for other cash and non-cash budget expenditures.
 - b. Explain the commitment status (e.g. received grant or contract, letter of commitment, planned fund-raiser, etc.) for the proposal resources.
 - c. Identify and explain how other sources, for required cash or non-cash resources, not currently committed will be obtained and when.
 - d. Explain how the value of non-cash resources (i.e., professional volunteers, in-kind contribution and goods, supplies, and service donations) was determined.

AFFORDABLE HOUSING CAPITAL PROJECTS also respond to item G7

7. Indicate whether the project is currently or was previously funded by CDBG funds. If the proposal is for a capital project currently or previously funded by CDBG, indicate the year and amount of funding and briefly explain how previous funding was used and what more will be accomplished with the proposed CCFP award.

PROPOSAL CONTENT

The following items are applicable ONLY to AFFORDABLE HOUSING PROJECTS.

AFFORDABLE HOUSING CAPITAL PROJECTS
also provide the following:

H. CONSOLIDATED PLAN PRIORITIES

Maximum Points – 15

Proposal serves one or more of the priority household populations identified in the Fairfax County Consolidated Plan: Fiscal Year 2006-2010. Very low income means 50% or less of the MSA Median Income.

Complete Form 7: Consolidated Plan: Priorities for Household Categories

AFFORDABLE HOUSING CAPITAL PROJECTS
also provide the following:

I. IMPACT ON AFFORDABLE HOUSING STOCK

Maximum Points – 15

Proposed project produces new affordable units in an area with limited existing affordable housing and there is a documented market for proposed affordable housing project; OR proposed project preserves and/or rehabilitates existing affordable units in a targeted area designated by the Board (e.g. conservation/redevelopment area or rehabilitation districts) or by the legislative body or a participating jurisdiction (e.g. improvement or rehabilitation districts).

1. Describe amenities, assets of the neighborhood and available support services, if applicable.
2. Provide a market justification for this project
3. What evidence can be shown that this project will rent up or sell?
4. Describe your marketing plan for this project
5. Complete Form 8: Impact on Affordable Housing Stock

AFFORDABLE HOUSING CAPITAL PROJECTS
also provide the following:

J. PROJECT READINESS Maximum Points – 10

Proposal provides evidence that offeror has identified or controls a site and is ready to proceed with development, acquisition and/or rehabilitation.

Complete Form 9: Project Readiness and provide the requested attachments as applicable.

AFFORDABLE HOUSING CAPITAL PROJECTS
also provide the following:

K. PROJECT FINANCING Maximum Points – 10

Proposal provides evidence that project financing and operating plans, if applicable, is feasible, and financing sources are committed or secured.

1. Complete Forms 11 and 13 through 16 for rental projects.
2. Complete Forms 12, 13, and 15 for homeownership projects.

CRITERIA

FISCAL YEARS 2009-2010

HUMAN SERVICE PROGRAMS & ADMINISTRATION FOR THE DEVELOPMENT OF AFFORDABLE HOUSING PROJECTS

I DEMONSTRATION OF NEED:

MAXIMUM POINTS – 15

*The proposal describes an identified need and relates it to **no more than two** CCFP funding priorities.*

	CRITERION ELEMENT	Points Per Element
A	The proposal clearly describes the need of the population proposed to be served in the targeted geographic area and how the identified need relates to the funding priority(ies) selected for proposed project.	0 – 10
B	The proposal demonstrates that the need is not otherwise being adequately met for the population and targeted geographic area.*	0 – 5

II OUTCOMES:

MAXIMUM POINTS – 25

Proposal clearly identifies and describes one or more measurable program outcomes that are consistent with the identified need and program approach; and that the outcome will have a significant impact on the population and/or the community affected by the identified need; and describes how program outcomes contribute to the selected CCFP Priority(ies).

	CRITERION ELEMENT	Points Per Element
A	The proposal identifies and describes measurable outcomes that are logically related to the identified need and program approach.	0 – 5
B	The proposal describes measures that accurately document improvements in client functioning or circumstances and describes a plan for measurement implementation.	0 – 5
C	The proposed outcomes are realistic, observable and within the capacity of the organization to achieve.	0 – 5
D	The proposal demonstrates that the outcomes will significantly impact the client and/or the community affected by the unmet need.	0 – 5
E	The proposal describes how program outcomes contribute to the selected CCFP priority(ies).	0 – 5

* Targeted geographic area may include: Human Service Regions, specific zip codes, or a specific neighborhood or community defined in the proposal.

CRITERIA

III. APPROACH:

MAXIMUM POINTS – 20

Proposal describes what the program will do; how it will be implemented, operated and administered within a realistic time period; how it will be provided within a cooperative service delivery approach; and how readily targeted clients will access services.

	CRITERION ELEMENT	Points Per Element
A	Proposal describes program services that will address the identified need and population, specifies the number of people or communities each service will serve; and describes how the services will contribute to program outcomes.	0 – 4
B	Proposal clearly describes a clear and reasonable work plan for how the program will be implemented, operated and administered and provides a realistic timeline to initiate and complete program services.	0 – 4
C	Proposal demonstrates a cooperative service delivery approach to maximize service delivery, achieve efficiencies and minimize duplication.	0 – 4
D	Proposed program describes how the proposed program will facilitate client access to proposed services.	0 – 4
E	Proposal provides community-building and leadership development in targeted geographic areas; and/or proposal incorporates strategies to involve residents of the community and/or (when feasible) the targeted population in volunteer services as part of the proposal.	0 – 4

IV. ORGANIZATIONAL CAPACITY:

MAXIMUM POINTS – 20

The proposal demonstrates the offeror's organizational skills, experience and resources necessary to implement and manage the program. Two or more non-profit organizations may choose to submit a collaborative proposal.

	CRITERION ELEMENT	Points Per Element
A	The proposed program will have direct service, management and fiscal staff with appropriate skills, experience and/or credentials to administer an accountable and responsible program. Staff can be paid or unpaid, employees, consultants, or volunteers. Proposed program will have access to facilities, equipment, materials and other physical resources to effectively conduct the program.	0 – 5
B	The proposal provides documentation of an appropriate fiscal management system.	0 – 5
C	The proposal provides confirmed evidence of success in initiating, maintaining, and completing similar projects or programs of a similar magnitude.	0 – 10

CRITERIA

V. BUDGET AND BUDGET JUSTIFICATION:

MAXIMUM POINTS – 20

Proposal presents a clear and reasonable project budget and identifies additional resources other than County funds or County contributions that can help support the proposed program. (Resources may include volunteers, in-kind contributions, cash donations, goods, supplies and services donations, grants, and/or contracts.)

	CRITERION ELEMENT	Points Per Element
A	Proposed budget is reasonable and clearly describes all costs for the program.	0 – 5
B	Proposal includes additional resources that will significantly support the program.	0 – 5
C	Proposed budget includes a significant amount of non-County cash to leverage the proposed program's cost.	0 – 10

CRITERIA

FAIRFAX COUNTY COMMUNITY FUNDING POOL PROPOSAL EVALUATION CRITERIA AFFORDABLE HOUSING CAPITAL PROJECTS

VI. CONSOLIDATED PLAN PRIORITIES:

MAXIMUM POINTS – 15

Proposal serves one or more of the priority household populations identified in the Fairfax County Consolidated Plan: Fiscal Year 2006 -2010. Very low income means 50% or less of the MSA Median Income.

	CRITERION ELEMENT	Points Per Element
A	More than 50% of the population to be served meets a middle and/or high priority.	0 – 5
B	More than 50% of the population to be served by project meets a high priority.	0 – 5
C	More than 50% of the population to be served by project meets a high priority and will be very low income.	0 – 5

VII. IMPACT ON AFFORDABLE HOUSING STOCK:

MAXIMUM POINTS – 15

Proposed project produces new affordable units in an area with limited existing affordable housing and there is a documented market for the proposed affordable housing project; AND/OR proposed project preserves and/or rehabilitates existing affordable units.*

	CRITERION ELEMENT	Points Per Element
A	Market is demonstrated for project.	0 – 5
B	Project preserves or adds affordable housing units through acquisition/rehab of existing at risk or market rate units.	0 – 5
C	Project serves a special needs population.	0 – 5

* Only Community-Based Development Organizations as defined by U.S. Department of Housing and Urban Development regulations may undertake new construction projects.

CRITERIA

VIII. PROJECT READINESS:

MAXIMUM POINTS – 10

Proposal provides evidence that the offeror has identified or controls a site and is ready to proceed with development, acquisition and/or rehabilitation.

	CRITERION ELEMENT	Points Per Element
A	Offeror has site control and preliminary plan of development or site plan approval from local officials.	0 – 5
B	Applicant has zoning approvals, certified architect's plans, specifications, and unit-by-unit work write-up (as appropriate); project is ready to proceed.	0 – 5

IX. PROJECT FINANCING:

MAXIMUM POINTS – 10

Proposal provides evidence that project financing and operating plans, if applicable, is feasible, and financing sources are committed or secured.

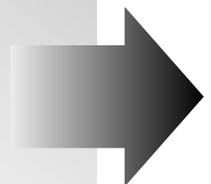
	CRITERION ELEMENT	Points Per Element
A	Documentation provided that identifies total proposed project financing, sources and uses of funds, development budget, as well as pro forma information for rental projects.	0 – 5
B	Operating and financing plans are feasible. Financing, other than County funds, of at least 40% of the total project cost, has been committed or secured.	0 – 5

The next section consists of applicable forms that must be submitted with your proposal.

PLEASE NOTE THAT:

FORMS 1 THROUGH 5 MUST BE COMPLETED BY ALL OFFERORS.

FORMS 6 THROUGH 16 MUST BE COMPLETED BY AFFORDABLE HOUSING CAPITAL PROJECT OFFERORS ONLY.



FORM 1



FAIRFAX COUNTY

DEPARTMENT OF PURCHASING AND SUPPLY MANAGEMENT AGENCY

12000 Government Center Parkway, Suite 427
Fairfax, Virginia 22035-0013
www.fairfaxcounty.gov/dpsm
Telephone: 703-324-3201 • FAX: 703-324-3228

Table with 3 columns: Issue Date, Request for Proposal Number, For; Agency, Date/Time of Closing, Contract Administrator.

Fairfax County Consolidated Community Funding Pool
FISCAL YEARS 2009-2010
PROPOSAL COVER SHEET

PROPOSALS — In accordance with the following and in compliance with all terms and conditions, unless otherwise noted, the under- signed offers and agrees, if the proposal is accepted, to furnish items or services for which prices are quoted, at the price set opposite each item, delivered or furnished to designated points within the time specified.

NOTE: Fairfax County does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment in the performance of its procurement activity.

Organization Name: Contact Person:
Address: Telephone:
City, State, Zip: Fax:
Program Title: E-mail:

FUNDING REQUEST:

FY 2009 \$ FY 2010 \$ Federal Tax ID #:

Identify if proposal(s) is being submitted in collaboration with other non-profit organization(s): YES NO Date Incorporated:

List Other Organization(s) by Name:

By signing this proposal, offeror certifies, acknowledges, understands, and agrees to be bound by the conditions set forth in the General Conditions and Instructions to Bidders as described in Appendix A.

Vendor Legally Authorized Signature: Date:

Print Name and Title:

Sealed proposals subject to terms and conditions of this Request for Proposal will be received by the Fairfax County Purchasing Agent at 12000 Government Center Parkway, Suite 427, Fairfax, Virginia 22035-0013 until the date/time specified above.

MUST BE COMPLETED BY ALL APPLICANTS

FORM 2

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

PROPOSAL SUMMARY SHEET

- 1. Program Title:
2. Funding Request: FY 2009 \$ FY 2010 \$
3. Organization Name:
4. Organization Address:
5. 501(c)3 Certification Yes No; if no, date applied for 501(c)3 Certification:
6. FUNDING PRIORITY: (Check no more than two (2) priority areas and identify the percent of CCFP funding request allocated to each.) (See page 3, Proposal Guidelines.)

Percent of CCFP Funding Request

PREVENTION

Outcome: Families and individuals remain independent and have the tools and resources to prevent dependence.

CRISIS INTERVENTION

Outcome: Individuals and families in crisis receive sufficient help to move quickly back to self-sufficiency.

SELF-SUFFICIENCY

Outcome: Individuals and families attain self-sufficiency.

ON-GOING ASSISTANCE FOR INDEPENDENT LIVING

Outcome: People who have continuing and long-term needs achieve or maintain healthy, safe, and independent lives to the maximum extent feasible.

TOTAL 100%

- 7. Of the clients served, estimate percentage that meets the Community Services Block Grant (CSBG) income level (125% of poverty). See page 41 of the Resource Manual.
8. Of the clients served, estimate percentage that meet the Community Development Block Grant (CDBG) income levels (extremely low, low, low/moderate). See page 60 of the Resource Manual.
9. Please choose the appropriate box(es): New Program Currently funded through CCFP
10. PROGRAM TYPE: (Please check one)
a. Human Service Program (Non Capital)
b. Affordable Housing Capital Project
c. Administration of Affordable Housing Capital Project
11. Human Service Region(s) to be served: (Please check all that apply, see Resource Manual for Map.)
ONE TWO THREE FOUR

- 12. Program Summary
a. Briefly describe the service this program will provide (Include the priority areas addressed):
b. The need this program addresses is:
c. The population to be served is:
d. Funds will be used to:

MUST BE COMPLETED BY ALL APPLICANTS

FORM 3

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

PROGRAM OUTCOME WORKSHEET

(COMPLETE A SEPARATE FORM FOR EACH PROPOSED PROGRAM SERVICE/OUTCOME.) (Outcome _____ of _____)

<p>A. ORGANIZATION:</p>																											
<p>B. PROGRAM:</p>																											
<p>C. NEED/PROBLEM:</p>																											
<p>D. IMPACT ON NEED:</p>																											
<p>E. OUTCOME TO BE ACHIEVED: *</p>	<p>F. SERVICE PROVIDED:</p>																										
<p>G. OUTCOME INDICATORS:</p>	<p>H. MEASUREMENT SYSTEM:</p>																										
<p>I. TOTAL ESTIMATED NUMBER & PERCENTAGE OF INDIVIDUALS & HOUSEHOLDS EXPECTED TO ACHIEVE OUTCOME:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FY 2009</th> <th style="text-align: left;">Number</th> <th style="text-align: left;">Percentage</th> <th style="text-align: left;">Number</th> <th style="text-align: left;">Percentage</th> </tr> </thead> <tbody> <tr> <td>Individuals: _____</td> <td>_____</td> <td>_____</td> <td>Households: _____</td> <td>_____</td> </tr> <tr> <td>FY 2010</td> <td>Number</td> <td>Percentage</td> <td>Number</td> <td>Percentage</td> </tr> <tr> <td>Individuals: _____</td> <td>_____</td> <td>_____</td> <td>Households: _____</td> <td>_____</td> </tr> </tbody> </table>	FY 2009	Number	Percentage	Number	Percentage	Individuals: _____	_____	_____	Households: _____	_____	FY 2010	Number	Percentage	Number	Percentage	Individuals: _____	_____	_____	Households: _____	_____	<p>J. TOTAL ESTIMATED NUMBER OF INDIVIDUALS & HOUSEHOLDS EXPECTED TO RECEIVE SERVICE:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: left;">FY 2009</td> <td style="text-align: left;">Individuals: _____</td> <td style="text-align: left;">Households: _____</td> </tr> <tr> <td style="text-align: left;">FY 2010</td> <td style="text-align: left;">Individuals: _____</td> <td style="text-align: left;">Households: _____</td> </tr> </tbody> </table>	FY 2009	Individuals: _____	Households: _____	FY 2010	Individuals: _____	Households: _____
FY 2009	Number	Percentage	Number	Percentage																							
Individuals: _____	_____	_____	Households: _____	_____																							
FY 2010	Number	Percentage	Number	Percentage																							
Individuals: _____	_____	_____	Households: _____	_____																							
FY 2009	Individuals: _____	Households: _____																									
FY 2010	Individuals: _____	Households: _____																									

* See definition for these terms in the Glossary of the Resource Manual.

FORM 4

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

PROGRAM BUDGET

PROGRAM: _____ ORGANIZATION: _____

BUDGET	ACTUAL FISCAL YEAR 2008		PROPOSED FISCAL YEAR 2009		PROPOSED FISCAL YEAR 2010	
	TOTAL PROGRAM BUDGET	CURRENT CCFP SUPPORT	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST	TOTAL PROGRAM BUDGET	CCFP BUDGET REQUEST
A. PERSONNEL COSTS						
Fringe Benefits						
Payroll Taxes						
TOTAL PERSONNEL						
B. DIRECT COSTS						
Rent/Mortgage						
Space Utilities/Maintenance						
Audit						
Financial Services						
Insurance						
Equipment Purchase/Lease						
Supplies						
Telecommunications						
Printing/Copying						
Postage						
Training						
Travel						
Direct Assistance						
Software Purchase/License						
Transportations Costs						
Depreciation						
Other <i>(Explain in Narrative)</i>						
C. INDIRECT EXPENSES						
Management & General						
Other Indirect Costs						
D. CAPITAL EXPENSES						
Hardware Purchases						
Equipment Purchases						
Other Capital Costs						
E. HOUSING CAPITAL EXP.						
Rehabilitation						
Acquisition						
Construction						
TOTAL DIRECT COSTS						
TOTAL BUDGET						

NOTE: "Total Program Budget" means the total cost of conducting final program in Fairfax County, CCFP funds requested included. "CCFP Budget Request" should reflect the portion of the total budget to be funded by CCFP only.

MUST BE COMPLETED BY ALL APPLICANTS

FORM 5

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

ESTIMATED PROGRAM REVENUE

(EXCLUDING CONSOLIDATED COMMUNITY FUNDING POOL FUNDS)

PROGRAM: _____ ORGANIZATION: _____

RESOURCE <small>(List each by Name)</small>	FY 2008	FY 2009	FY 2010
CASH			
Federal			
State			
County (non-CCFP)			
United Way			
Foundations			
Fund Raising/Donations			
Client Payments			
Financing/Loans			
Other			
TOTAL			
NON-CASH			
Donations			
Space			
Other			
TOTAL			
VOLUNTEERS			
# Professional			
# Professional Hours			
Value of Professional Volunteer Hours			
# Non-Professional			
# of Non-Professional Hours			
Value of Non-Professional Volunteer Hours (\$18.76/hr)			
TOTAL Program Revenue			
Percent of Total Budget as Presented on Form 4	%	%	%

MUST BE COMPLETED BY ALL APPLICANTS

FORM 6

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

**AFFORDABLE HOUSING CAPITAL PROJECTS
DEVELOPMENT PROJECT SUMMARY**

PROJECT: _____ ORGANIZATION: _____

1. PROJECT ADDRESS: _____

2. PROJECT LOCATION: _____

3. NUMBER OF UNITS: _____

4. TYPE OF PROJECT: Rental Home Ownership

5. TYPE OF UNITS: (single family, townhouse, condominiums, etc.) _____

6. TYPE OF DEVELOPMENT:

New Construction Acquisition Rehabilitation Only Acquisition & Rehabilitation

7. IF EXISTING, YEAR PROJECT BUILT: _____

8. PROJECT DEVELOPMENT TEAM MEMBERS: _____

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 7

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

AFFORDABLE HOUSING CAPITAL PROJECTS PRIORITIES FOR HOUSEHOLD CATEGORIES

PROJECT: _____ ORGANIZATION: _____

Indicate the number of households to be served on the following chart for each category of the priority household populations offeror's project is designed to serve. Include the total number (#) of households below for each priority. Indicate the number of very low-income households (at or below 50% MSA Median Income) for each priority. (See Resource Manual — CDBG Income Limits). Indicate grand total of households for all three priorities and for very low income.

<p style="text-align: center;">HIGH PRIORITY HOUSEHOLDS</p> <ul style="list-style-type: none"> • Homeless persons, both families and individuals (with or without special needs) • Small (2 to 4 persons) related renter households • Large (5 or more persons) related renter households • Non-homeless persons with special needs 	<p style="text-align: center;">NUMBER OF HOUSEHOLDS SERVED</p> <p># _____</p> <p># _____</p> <p># _____</p> <p># _____</p> <p style="text-align: center;">Total # High Priority:</p> <hr/> <p style="text-align: center;">Total # Very Low Income:</p>
<p style="text-align: center;">MIDDLE PRIORITY HOUSEHOLDS</p> <ul style="list-style-type: none"> • Elderly renter households (based on continuation of existing programs) • Existing home owners (preservation of existing affordable owner-occupied housing) • Low/moderate income first-time home buyers (with or without children) 	<p style="text-align: center;">NUMBER OF HOUSEHOLDS SERVED</p> <p># _____</p> <p># _____</p> <p># _____</p> <p style="text-align: center;">Total # Middle Priority:</p> <hr/> <p style="text-align: center;">Total # Very Low Income:</p>
<p style="text-align: center;">LOW PRIORITY HOUSEHOLDS</p> <ul style="list-style-type: none"> • All other non-elderly renter households without special needs (primarily singles) • Very low income first-time home buyers (due to excessive cost burden or subsidy cost for this group) 	<p style="text-align: center;">NUMBER OF HOUSEHOLDS SERVED</p> <p># _____</p> <p># _____</p> <p style="text-align: center;">Total # Low Priority:</p> <hr/> <p style="text-align: center;">Total # Very Low Income:</p> <hr/> <p style="text-align: center;">GRAND TOTAL # All 3 Priorities:</p> <hr/> <p style="text-align: center;">GRAND TOTAL # Very Low Income:</p>

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 8

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

**AFFORDABLE HOUSING CAPITAL PROJECTS
IMPACT ON AFFORDABLE HOUSING STOCK**

PROJECT: _____ ORGANIZATION: _____

TYPE OF PROPOSED PROJECT: (Check One):

- RENTAL DEVELOPMENT HOME OWNERSHIP

COMPLETE THE FOLLOWING, AS APPLICABLE TO PROPOSED PROJECTS:

A. Project produces new affordable units in an area with (Check One):

- a moderate number of affordable units
 few existing affordable units

1. Estimated total # of housing units in area _____
2. Estimated total # of existing affordable housing units in area _____
3. Estimated total # of new affordable housing units in area project will produce _____
4. Source of information for 1-2 above _____

B. Project preserves and/or rehabilitates existing affordable units? Yes No

1. Identify age of housing units to be preserved and/or rehabilitated: _____
2. Identify the condition of the housing units to be preserved and/or rehabilitated (Check One):
 Minor rehabilitation required (total rehabilitation costs below \$25,000 per unit)
 Substantial rehabilitation required (total rehabilitation costs \$25,000 or more per unit)
3. Provide below, other information relevant to the condition of the units:

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 9

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

AFFORDABLE HOUSING CAPITAL PROJECTS PROJECT READINESS

PROJECT: _____ ORGANIZATION: _____

TYPE OF PROPOSED PROJECT: *(Check One)*:

RENTAL DEVELOPMENT HOME OWNERSHIP

PLEASE CHECK YES OR NO, as appropriate for the proposed project and provide attachments as indicated in the sequence below. CLEARLY LABEL REQUESTED ATTACHMENTS.

Do you have a site identified? If Yes, provide location site map(s) for the project(s). <i>Label as Attachment 9a.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have site control? Attach purchase agreement, title, or other evidence. <i>Label as Attachment 9b.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a feasibility study? Submit one copy as an attachment. <i>Label as Attachment 9c.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a market analysis? Submit one copy as an attachment. <i>Label as Attachment 9d.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the property require rezoning/special use permit? If so, has a request for rezoning or special use been filed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are utilities available at the site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an environmental audit of the site been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have schematics and a preliminary site plan for the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DO YOU HAVE DETAILED COST ESTIMATES FOR REHAB WORK? If yes, submit one copy and identify source of estimates. <i>Label as Attachment 9e.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have an engineering report detailing property condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an appraisal been completed for the property? If Yes, what is the appraised value of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the assessed value of the property?	\$ _____	\$ _____
Has total project financing been identified for this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is project ready for implementation, assuming CDBG funding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the proposed project been described to the appropriate member of the Board of Supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MUST BE COMPLETED BY HOUSING CAPITAL PROJECTS APPLICANTS ONLY

FORM 11

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

AFFORDABLE HOUSING CAPITAL PROJECTS PROPOSED OCCUPANCY AND RENT SCHEDULES

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR RENTAL PROJECTS ONLY:

Occupancy Income Limits*:
Total # Units in Proposed Project:
Affordable Units: _____ # units at or below 30% MSA _____ # units at or below 60% MSA _____ # units at or below 50% MSA _____ # units at or below 80% MSA
Market Rate Units: _____ # units at market rate

RENT SCHEDULE:

UNIT TYPE	TOTAL NO. OF UNITS BY TYPE	RENT	UTILITIES	INCOME SERVED AS PERCENT OF MSA*

Does the project involve any temporary relocation? Yes No

PROJECTS REQUIRING PERMANENT RELOCATION WILL NOT BE CONSIDERED

*MSA refers to Metropolitan Statistical Area Median Income: See Resource Manual

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL PROJECTS APPLICANTS ONLY

FORM 12

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

**AFFORDABLE HOUSING CAPITAL PROJECTS
HOMEOWNERSHIP HOUSING**

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR HOMEOWNERSHIP PROJECTS ONLY:

DEVELOPMENT DESCRIPTION:

No. of Units	Square Footage	No. of Bedrooms/Baths	Structure ¹ Type	Type of ² Construction	Cost/Unit	Sales Price/Unit
					\$	\$

TARGETED PURCHASERS:

No. of Purchasers:	Income as a % of MSA: ³

Does the project involve any temporary relocation? Yes No

PROJECTS REQUIRING PERMANENT RELOCATION WILL NOT BE CONSIDERED.

¹Detached townhouse, multifamily.

²Stick-built, modular, panelized, manufactured.

³See chart in Resource Manual.

FORM 13

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

AFFORDABLE HOUSING CAPITAL PROJECTS DETAILED ESTIMATE OF DEVELOPMENT COSTS

PROJECT: _____ ORGANIZATION: _____

CONTRACT COSTS <i>(Fill in non-shaded areas only.)</i>	SUBTOTAL	TOTAL
1. Land Improvements		
a. Off-Site		
b. On-Site		
c. Landscaping		
d. Engineering Fee <i>(construction)</i>		
SUBTOTAL LAND IMPROVEMENTS		
2. Structures		
a. Residential		
b. Non-Residential		
SUBTOTAL STRUCTURES		
3. Other costs		
a. General Requirements		
b. Builders Overhead		
c. Builders Profit		
d. Developers Fee		
e. Building Permits		
f. Completion Assurance Letter of Credit		
g. Consultant Fee		
h. Other <i>(describe)</i>		
SUBTOTAL OTHER COSTS		
DEVELOPMENT COSTS		
1. Site Engineering/Survey		
2. Design & Supervising Architect(s)		
3. Soil Borings/Geotechnical		
4. Environmental Phase I		
5. Appraisal		
6. Mortgage Placement Fee		
7. Construction Interest		
8. Taxes during Construction		
9. Insurance during Construction		
10. Title/Recording Expense		
11. Legal Fees		
12. Cost Certification		
SUBTOTAL DEVELOPMENT COSTS		
LAND/ACQUISITION/DEVELOPMENT COSTS		
1. Total Improvement Cost		
2. Cost of Land/Acquisition		
3. Other		
SUBTOTAL LAND/ACQUISITION/DEVELOPMENT		
TOTAL DEVELOPMENT COST		

FORM 14

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

AFFORDABLE HOUSING CAPITAL PROJECTS DETAILED ESTIMATE OF ANNUAL OPERATING EXPENSES

PROJECT: _____ ORGANIZATION: _____

EXPENSE <i>(Fill in non-shaded areas only.)</i>	PER UNIT	ANNUAL	SUBTOTAL/TOTAL
ADMINISTRATIVE			
Advertising/Marketing			
Office Costs			
Management Fee % EGI			
Salaries			
Legal			
Auditing			
Bookkeeping/Accounting Fees			
Telephone			
Other Administrative			
TOTAL ADMINISTRATIVE			
UTILITIES			
Fuel Oil			
Electric			
Water			
Gas			
Sewer			
TOTAL UTILITIES			
OPERATING & MAINTENANCE			
Janitor/Cleaning Cost			
Exterminating Cost			
Trash Removal			
Security Cost			
Grounds Cost			
Maintenance/Repairs Cost			
Elevator Maintenance Cost			
Heating/Cooling Repairs & Maintenance			
Snow Removal			
Decorating Cost			
Miscellaneous			
TOTAL OPERATING & MAINTENANCE			
TAXES AND INSURANCE			
Real Estate Taxes			
Payroll Taxes			
Miscellaneous Taxes/Licenses/Permits			
Property & Liability Insurance			
Other Insurance			
Fidelity Bond			
Workers' Compensation			
Health Insurance & Employee Benefits			
TOTAL TAXES AND INSURANCE			
TOTAL OPERATING EXPENSES			
REPLACEMENT RESERVES			
TOTAL EXPENSES			

FORM 15

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

AFFORDABLE HOUSING CAPITAL PROJECTS PROJECT COSTS AND FINANCING

PROJECT: _____ ORGANIZATION: _____

TOTAL DEVELOPMENT COSTS (From Form 13):		\$
TOTAL DEVELOPMENT COST PER UNIT:		\$
PROJECT FINANCING:		
<i>(If additional space is needed, insert no more than one additional page following this one, and clearly label as Form 15)</i>		
Proposed CDBG Program Funds		\$
Equity		
Source: _____	Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Source: _____	Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Source: _____	Amt: \$ _____	Committed Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Equity		\$
Loans		
1st Trust \$ _____	at _____ % for _____ months	Source _____
Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)		
2nd Trust \$ _____	at _____ % for _____ months	Source _____
Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)		
3rd Trust \$ _____	at _____ % for _____ months	Source _____
Committed (Yes <input type="checkbox"/> No <input type="checkbox"/>)		
Total Loans		\$
TOTAL PROJECT FINANCING		\$
CDBG AS % OF TOTAL PROJECT FINANCING:		%
Do you expect to use FCRHA-issued tax-exempt bonds for any part of the financing?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to sell tax credits to raise equity?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, in what amount? \$ _____		

MUST BE COMPLETED BY HOUSING CAPITAL RENTAL & HOMEOWNERSHIP PROJECTS APPLICANTS

FORM 16

FAIRFAX COUNTY CONSOLIDATED COMMUNITY FUNDING POOL APPLICATION FISCAL YEARS 2009-2010

**AFFORDABLE HOUSING CAPITAL PROJECTS
PRO FORMA**

PROJECT: _____ ORGANIZATION: _____

COMPLETE FOR RENTAL PROJECTS ONLY:

*Provide information for each of the first five full years of stabilized occupancy.
Please fill in the blanks with the actual years included in your projection.*

FIVE-YEAR PROJECT PRO FORMA	YEAR 1 _____	YEAR 2 _____	YEAR 3 _____	YEAR 4 _____	YEAR 5 _____
ANNUAL REVENUES					
1. Annual Rental Income	\$	\$	\$	\$	\$
2. Other Annual Income (<i>list</i>) _____	\$	\$	\$	\$	\$
3. GROSS INCOME	\$	\$	\$	\$	\$
4. Minus 5% Vacancy Loss	\$	\$	\$	\$	\$
5. EFFECTIVE GROSS INCOME (#3 minus #4)	\$	\$	\$	\$	\$
6. Operating Expenses	\$	\$	\$	\$	\$
7. NET OPERATING INCOME (NOI) (NOI = #5 minus #6)	\$	\$	\$	\$	\$
8. Debt Service	\$	\$	\$	\$	\$
9. CASH FLOW AFTER DEBT SERVICE (#7 minus #8)	\$	\$	\$	\$	\$
10. DEBT COVERAGE RATIO (#7 / #8)					
11. OPERATING COST PER UNIT (#6 / Total # Units)					

PROPOSAL CHECKLIST

- FORM 1 — PROPOSAL COVER SHEET (DPSM32)
- TABLE OF CONTENTS
- FORM 2 — PROPOSAL SUMMARY SHEET
- WRITTEN NARRATIVE
(Includes Demonstration of Need, Outcomes, Approach, Organizational Capacity and Budget Justification)
- FORM 3 — PROGRAM OUTCOME WORKSHEET
- FORM 4 — PROGRAM BUDGET
- FORM 4A — PROGRAM PERSONNEL BUDGET
- FORM 5 — ESTIMATED PROGRAM REVENUES

HOUSING CAPITAL PROJECTS ONLY

- FORM 6 — DEVELOPMENT PROJECT SUMMARY
- FORM 7 — CONSOLIDATED PLAN PRIORITIES FOR HOUSEHOLD CATEGORIES
- FORM 8 — IMPACT ON AFFORDABLE HOUSING STOCK
- FORM 9 — PROJECT READINESS
- FORM 10 — OFFEROR EXPERIENCE & QUALIFICATIONS

HOUSING CAPITAL (RENTAL PROJECTS ONLY)

- FORM 11 — PROPOSED OCCUPANCY & RENT SCHEDULES
- FORM 13 — DETAILED ESTIMATE OF DEVELOPMENT COSTS
- FORM 14 — DETAILED ESTIMATE OF ANNUAL OPERATING EXPENSES
- FORM 15 — PROJECT COSTS & FINANCING
- FORM 16 — PRO FORMAS

HOUSING CAPITAL (HOMEOWNERSHIP PROJECTS ONLY)

- FORM 12 — HOMEOWNERSHIP HOUSING WORKSHEET
- FORM 13 — DETAILED ESTIMATE OF DEVELOPMENT COSTS
- FORM 15 — PROJECT COSTS & FINANCING

ATTACHMENTS

- Organization's Mission Statement and/or Strategic Plan
- Current list of Board of Directors
- Board of Director's Roles and Responsibilities
- Program Position Descriptions
- Program Staff Resumes
- 501(c)3 Certificate or Letter of Application
- Current (2006) Financial Audit and Management Letter
- Current (2006) Federal Tax Form 990
- FY 2008 Organization-wide Budget
- Cooperative Agreement or Letter *(if applicable)*
- Collaborative Agreement or Letter *(if applicable)*

HOUSING PROJECTS ONLY

- Project Readiness
- Evidence of Site Control
- Feasibility Study
- Market Analysis
- Cost Estimates for Rehabilitation Work



CONSOLIDATED COMMUNITY FUNDING POOL

care of

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Contracts Management
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To request this information in an alternate format,
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