

**HOME/CBDG Funded Group Homes to Support the  
Housing Blueprint**

**RFP APPLICATION**

**APPLICATION INSTRUCTIONS ..... 2**  
 Application Submission ..... 2  
 Questions ..... 2  
**APPLICATION COMPONENTS ..... 3**  
 WORKSHEET 1 – APPLICATION COVER SHEET ..... 5  
 WORKSHEET 2 – APPLICATION SUMMARY SHEET ..... 6  
 WORKSHEET 3 – HOUSING BLUEPRINT PRIORITIES AND TARGETED POPULATIONS ..... 7  
 WORKSHEET 4 – CLIENT SERVICES ..... 8  
 WORKSHEET 5 – NON-PROFIT CAPACITY & EXPERIENCE IN REAL ESTATE ..... 10  
 WORKSHEET 6 - PERFORMANCE ON CURRENT CAPITAL PROJECTS ..... 11  
 WORKSHEET 7 –PROPOSED ACCESSIBILTY MODIFICATIONS & FINANCIALS ..... 12  
 WORKSHEET 8 – APPLICATION CHECKLIST ..... 13

Applications will be reviewed and scored based on the following four evaluation criteria. Each criterion is assigned a maximum number of points as shown below.

Criterion 1	Housing Blueprint Priorities and Targeted Populations	0 – 20 Points
Criterion 2	Project Preparation	0 – 20 Points
Criterion 3	Management Capacity and Real Estate Experience	0 – 20 Points
Criterion 4	Performance on Current Capital Projects	0 – 20 Points
Criterion 5	Capacity for Project Financing and Leveraging	0 - 20 Points
<b>TOTAL</b>	<b>Minimum/Maximum Points</b>	<b>0-100 Points</b>
BONUS	Proposed Accessibility Modifications	5 – 10 Points

# APPLICATION INSTRUCTIONS

## Application Submission

For immediate consideration, nonprofits must submit applications **by 4:30 p.m. Friday, November 30, 2012** at the 1st Floor Reception Desk, Fairfax County Department of Housing and Community Development, 3700 Pender Drive, Fairfax, VA 22030. An original and four copies are to be submitted. Proposals received after 4:30 p.m. on November 30, 2012 will be evaluated and awarded on a first come, first served basis until all units have been awarded.

### IMPORTANT

- Allow extra time for hand deliveries due to traffic and building security procedures.
  - **Any application submitted with an unsigned Application Cover Sheet will not be accepted.**
1. Submissions by facsimile machine or e-mail will not be accepted.
  2. Applicants are requested to submit one original and four copies of the application along with requested worksheets and attachments for each proposed project.
  3. To maintain the application's print quality, the applicant should not use colored, textured, heavy weight or tabbed paper. Bindings should be restricted to a clip or staple. Avoid notebooks or folders requiring page perforation.
  4. Application responses should be typewritten according to the following specifications:
    - Where completion of worksheets is indicated, the responses should be made on the worksheets provided.
    - Requested attachments should be placed in the sequence indicated in the Application Components section.
  5. All attachments and narrative should be on 8-½ by 11-inch white paper for submission. Narrative should be typewritten in 12-point font.
  6. Applicants should submit one proposal listing all proposed acquisitions. Units must be ranked in order of preference.

### Questions

For questions or additional information, please contact David Jones, Senior Program Manager at 703-246-5259 at the Department of Housing and Community Development (HCD) 3700 Pender Drive, Fairfax 22030, or through the division administrative assistant at 703-246-5170 (TTY: 703-385-3578).

# APPLICATION COMPONENTS

The response for each component will be in the form of an application worksheet, and/or through an attachment or narrative. The application submission will begin with Worksheet #1 and end with a completed Application Checklist (Worksheet #8) and all attachments. Each of the following Application Components is to be submitted in the following sequence.

<u>COMPONENT</u>	<u>FORMAT</u>
A. Application Cover Sheet	Worksheet # 1
B. Application Summary Sheet	Worksheet # 2
C. Housing Blueprint Priorities and Targeted Populations	Worksheet #3
D. Client Services	Worksheet # 4
E. Non-Profit Capacity & Experience in Real Estate	Worksheet #5
F. Performance on Current Capital Projects	Worksheet # 6
G. Financial Capacity, Leveraging & Proposed Modifications	Worksheet # 7
H. Application Checklist	Worksheet # 8

## A. Application Cover Sheet

Each application is to include an Application Cover Sheet – Worksheet # 1. Applicant's executive director or designee authorized to legally bind the applicant organization must sign each Application Cover Sheet. **NOTE: Unsigned Application Cover Sheets will result in the rejection of the application.** Applicants that submit jointly with other nonprofit organizations are to designate one organization as the application contact. This organization will complete and sign the Application Cover Sheet. Joint organization applications are to be indicated on the Application Cover Sheet and each participating organization is to be listed where requested.

## B. Application Summary Sheet

Each application is to include an Application Summary Sheet – Worksheet # 2. Applicants should check the box for all units for which they wish to be considered and rank them in order of preference. A narrative should be included to explain proposed use of property following acquisition. Applicants are encouraged to apply for multiple units.

## C. Housing Blueprint Priorities and Targeted Populations

This section of the proposal defines the client population to be served and its relationship to Housing Blueprint Goals.

1. Complete Worksheet # 3: Targeted Populations; identify the priority household populations the applicant's project is designed to serve.

#### **D. Client Services**

This section addresses how the non-profit will provide sustainable benefit to a targeted client base as identified in the RFP.

1. Complete Worksheet #4: Client Services.

#### **E. Non-Profit Capacity & Experience in Real Estate**

This section addresses the Non-profits ability to own and manage real estate.

1. Complete Worksheet #5: Non-Profit Capacity. *Clearly label requested attachments as directed and place behind the Worksheet # 5.*
  - a. If the proposal is a collaborative submission with other nonprofit organizations, please include a letter of agreement between the collaborating organizations which explains how the project will be jointly conducted, identifies roles and responsibilities of each participating party, and describes the proposed project and persons who will benefit from the collaboration.
2. Provide a narrative on no more than one (1) typewritten page. The narrative should list and respond to each request for information in the order presented below. *Please clearly label your narrative as "E. Non-Profit and Experience in Real Estate" and place your narrative after Worksheet #5 and Worksheet #5 Attachments.*
  - a. Provide evidence of a successful track record of organizational experience in owning and managing real estate. If the nonprofit applicant does not have an established track record, describe how the organization has partnered with another nonprofit organization with applicable experience. Explain how your organization's experience relates to the proposed affordable housing project.
  - b. Outline a clear and reasonable rental management plan including a realistic timeline; and a description of staff involved and their expertise as it pertains to project activities. Demonstrate capacity to lease-up preferably within a three (3) month timeframe and includes description of a successful process in place.

#### **F. Performance on Current Capital Projects**

1. Complete Worksheet #6. Performance on Current Capital Projects (if applicable)

#### **G. Financial Capacity, Leveraging and Proposed Accessibility Modifications**

1. Provide 3 years of audited financial statements and a current organization-wide budget.
3. Complete worksheet #7 (Proposed Accessibility Modifications Only). Bonus points will be given to non-profits that seek to acquire the Ramsgate, Majestic or Hillview properties and make these units fully accessible.
4. Please include grants, firm commitments or other evidence of demonstrated capacity to leverage housing or services funds as applicable. Leverage is not necessary to apply for a right to purchase, but proposed acquisitions must demonstrate a sustainable provision of benefit.

**WORKSHEET 1 –APPLICATION COVER SHEET**

**PLEASE READ AND SIGN BELOW.**

Nonprofit Organization Name:

Federal Tax ID:

Address:

Contact Person:

Telephone:

Fax:

Identify if the application(s) is being submitted jointly with other nonprofit community-based organizations:

Yes (List other organization(s) by name):

No

**[SIGN BELOW, UNSIGNED COVERSHEETS/APPLICATIONS WILL NOT BE ACCEPTED]**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this proposal is accurate. By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish the items or services, subject to final negotiation and acceptance by Fairfax County, and subsequent contract award.

---

Executive Director (or name of representative) – Signature/Date

---

Print Name

Title/Date

**FOR IMMEDIATE CONSIDERATION APPLICATIONS MUST BE SUBMITTED BY  
4:30 P.M., Friday, November 30, 2012  
PROPOSALS RECEIVED AFTER 4:30 P.M. ON FRIDAY, NOVEMBER 30, 2012 WILL BE  
CONSIDERED ON A FIRST COME, FIRST SERVED BASIS  
SUBMIT ORIGINAL AND FOUR (4) COPIES TO:  
Fairfax County Department of Housing and Community Development  
First Floor Reception Desk  
3700 Pender Drive, Fairfax, VA 22030**

## WORKSHEET 2 – UNIT SELECTION & SUMMARY SHEET

**UNITS:** (Please rank in order of preference):

8311 Ramsgate Terrace, Alexandria, VA 22309

7917 Carrousel Court, Annandale, VA 22003

2411 Alsop Court, Reston, VA 20191

4336 Majestic Lane, Fairfax, VA 22033

6505 Hillview Avenue, Alexandria, VA 22310

14848 Maidstone, Centreville, VA 20120

7591 Aspenpark Road, Lorton, VA 22079

**Proposed Use:** (Please provide a brief narrative for the proposed use of each unit)

### WORKSHEET 3 – HOUSING BLUEPRINT PRIORITIES AND TARGETED POPULATIONS

Indicate the population to be served through the applicant's proposed acquisition. Check all categories that apply.

- Have incomes at or below 30% AMI
- Have incomes at or below 50% AMI
- Are Homeless
- Have supportive service or specialized housing needs related to a disability
- Are CSB-eligible
- Are currently on a CSB waitlist
- Are elderly (above the age of 62)

**Additional narrative as needed:**

## WORKSHEET 4 – CLIENT SERVICES

Please answer the following questions, attach additional pages as needed.

Outline the level of care you wish to provide and discuss how your organization or partner will provide the service package to meet the needs of the individuals that will be served in the housing you wish to acquire through this RFP. Your description should include best practice models, staffing patterns, staff education level/experience, state and DMAS license status, and your business model for the supports. If seeking multiple units via this RFP, please delineate various services on a per unit basis. Non-profits are encouraged to make multiple offers in an effort to increase the chances that a unit is available.

1. Identify the specific population that will be targeted for this housing opportunity.
  
2. What individual challenges and systemic barriers does this population face to maintaining housing? Describe the types of support or assistance individuals in this population typically need to maintain their housing.
  
3. Select the level of care/support that most closely describes what individuals living in this home will receive: (Listed from most to least intensive)
  - 24/7 awake overnight care, training/treatment, supervision and/or personal attendant care
  - 24/7 care, training/treatment and supervision and/or personal attendant care
  - 1 to 4 hours a day training/treatment, supervision, and/or personal attendant care
  - daily care, training/treatment, supervision and/or personal attendant care less than 1 hour a day
  - 2 - 4 visits per week.
  - 1 - 4 visits per month.
  
4. Select the approach you intend to use for service provision. NOTE: applicants must be able to directly provide or link individuals to those services that are most needed by the population they intend to serve. Applicants are not, however, required to directly provide every service.
  - Nonprofit provides residential (and/or other) services directly, another agency does case management
  - Nonprofit provides residential (and/or other) services via Memorandum Of Agreement (MOA) with a licensed provider, another agency does case management
  - Nonprofit does case management and contracts with one or more of the following:
    - o residential services provider
    - o day support provider
    - o supportive employment provider
    - o other provider: \_\_\_\_\_

5. Describe each service you will offer in detail.  
Address the following:

- What activities/tasks are performed?
- What is the intensity, frequency and duration of these activities?
- How does each service help this population maintain their housing?
- What are the staff qualifications?
- What is the staffing pattern?
- How is staff supervised?
- How are after-hours/emergency calls handled?
- How are service plans developed and implemented?
- How will services be billed to funding sources?
- How is protected health information/medical records secured and kept confidential?
- How are services made accessible to and useable by those with disabilities?
- If services are contracted or made available through an MOA, what is the back-up plan to ensure service availability if the contract or MOA is terminated?
- If services are contracted or made available through an MOA, provide documentation of the partner agency's qualifications and financial stability, including
  - most recent financial audit
  - program license (if applicable)
  - program description
  - three agency references regarding service quality

6. Outline your own or your partner agency's work plan for implementing these support services. Include any MOAs or contracts with other organizations for services; any staff hiring or training to be performed; licensure to be secured; administrative policies to be developed; etc. Provide a timeline for service implementation from grant award to occupancy to one year after occupancy. Highlight any strategies that can be used to begin service delivery as soon as possible upon grant award.

7. Estimate the annual income/expenses for services (broken down by personnel/total FTE, direct costs [equipment, supplies, consultants, travel, training, postage, copying] and indirect costs). Provide average per person and average hourly cost of service delivery. Delineate plan to fund ongoing services to individuals in the home and justify the viability/sustainability of this plan. Clearly state any assumptions about client eligibility for services funding. Agencies that serve CSB clients must follow the CSB fee policy. If organization is awarded a home(s) with the intention of serving CSB clients, dependent upon the level of services provided, the CSB may ask that a separate contract be signed regarding the responsibilities of the organization and the CSB. **NOTE: This RFP does not provide County funding for supportive services.**

8. Explain how the effectiveness of services in maintaining housing will be measured in terms of *how much did we do? How well did we do it? Is anyone better off?* Describe plan for evaluating effectiveness.

**WORKSHEET 5 – NON-PROFIT CAPACITY**

Number of year’s organization has been in operation: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Number of year’s organization has been in housing development: \_\_\_\_\_

Number of year’s organization has provided services to targeted populations: \_\_\_\_\_

Prior experience with HCD developing housing capital projects? Please list the years {if consecutive list span of years (i.e. 2000-2005, 2006 etc.)} \_\_\_\_\_

Total number of units produced: \_\_\_\_\_  
Rehabilitated \_\_\_\_\_  
Owned \_\_\_\_\_  
Managed \_\_\_\_\_  
Constructed \_\_\_\_\_

Estimate percentage of above total housing units produced that served very low and low-income persons:  
30% of median and below \_\_\_\_\_  
50% of median and below \_\_\_\_\_  
80% of median and below \_\_\_\_\_

Estimate percentage of above total housing units produced that served Homeless and/or disabled persons:  
Homeless \_\_\_\_\_  
Disabled \_\_\_\_\_

Number of employees/volunteers in organization: \_\_\_\_\_  
full-time employees \_\_\_\_\_  
part-time employees \_\_\_\_\_  
volunteers \_\_\_\_\_

Number of employees/volunteers to work on project: \_\_\_\_\_  
full time \_\_\_\_\_  
part time \_\_\_\_\_  
volunteers \_\_\_\_\_

## WORKSHEET 6 – PERFORMANCE ON CURRENT CAPITAL PROJECTS

1. Does your organization currently have any housing capital contracts with HCD?  
 Yes  No

**If you answered yes to question #1, please complete this worksheet.**

2. What funding source(s)? \_\_\_\_\_
3. Please list contract execution date(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
4. Number of housing units to be provided under current contract \_\_\_\_\_
5. To date, how many units acquired under current contract? \_\_\_\_\_
6. To date, how many units rehabilitated under current contract? \_\_\_\_\_
7. To date, how many units leased-up under current contract? \_\_\_\_\_
8. To date, are you current on your submission to HCD to include all documentation requested?  
 Yes  No
9. Has your organization received a compliance finding as a result of your use of HOME or CDBG funds in the past 3 years?  
 Yes  No
10. Is your organization, or any organization partnering with you for this application, currently debarred from entering into contracts with Fairfax County?  
 Yes  No

## **WORKSHEET 7 – PROPOSED ACCESSIBILITY MODIFICATIONS AND FINANCIALS**

Applicants will submit a proposed rehabilitation estimate for any accessibility modifications proposed for Ramsgate, Majestic and Hillview. Non-Profits seeking to acquire any of these 3 units will receive bonus points for making accessibility modifications to the unit.

Please provide a short narrative, scope of work, cost estimate and source of leverage for any proposed modifications.

### **Proposed Accessibility Modifications:**

Attach three (3) most recent annual audited financial statements and auditor's opinion and management letter, if issued and organization-wide budget. Audits must be conducted by an independent licensed certified public accountant.

## **WORKSHEET 8 – APPLICATION CHECKLIST**

### **A. APPLICATION COVER SHEET**

Worksheet #1

### **B. APPLICATION SUMMARY SHEET**

Worksheet #2

### **C. HOUSING BLUEPRINT PRIORITIES AND TARGETED POPULATIONS**

Worksheet #3

### **D. CLIENT SERVICES**

Worksheet #4

Letter of Collaboration Agreement (if applicable)

### **E. NON-PROFIT CAPACITY AND EXPERIENCE IN REAL ESTATE**

Worksheet #5

Narrative

Letter of Collaboration Agreement (if applicable)

### **F. PERFORMANCE ON CURRENT CAPITAL PROJECTS**

Worksheet #6

### **G. CAPACITY FOR PROJECT FINANCING AND LEVERAGING Proposed Accessibility Modifications and Financials**

Worksheet #7 (if applicable)

3 Years Audited Financials and Organization Budget

Financing Committeemen's or Grant Agreements (if obtained)

### **APPLICATION CHECKLIST**

Worksheet #8