

Lee County Department of Community Development State Housing Initiatives Partnership (SHIP) 2019/2020 Funding Cycle Application



Application Deadline:
Friday, September 6, 2019 @ 4:30 p.m.

SHIP Funding Amount Requested: _____

Project Name: _____

**PREPARE A SEPARATE APPLICATION FOR EACH
STRATEGY AND FUNDING YEAR**

Requested Strategy:

- _____ New Construction
- _____ Purchase Assistance with Rehabilitation
- _____ Homeowner Rehabilitation
- _____ Construction or Rehabilitation for General Rental
- _____ Construction or Rehabilitation for Special Needs Rental
- _____ Foreclosure Prevention
- _____ SHIP Housing Counseling Funds
- _____ Rapid Re-Housing/Rental Assistance



Lee County is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. Lee County encourages and supports affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

This application constitutes a public record pursuant to the Florida Public Records Law, Chapter 119, Florida Statutes, and may be subject to public inspection.

Required Pre-Submittal Meeting:

Agencies interested in submitting an application for the 2019/2020 SHIP funding cycle are required to schedule a pre-submittal meeting with staff to discuss their proposed project, application requirements and updated State regulations. Interested parties must schedule a meeting with DCD Planning Staff by August 23, 2019. To schedule your pre-submittal meeting, please contact Angela Dietrich (239) 533-5389 or email adietrich@leegov.com.

Application Requirements:

- A separate application must be submitted for each project, strategy and funding year. Please see Grant Application Instructions for guidance in completing the application.
- An application package consists of **one (1) original and four (4) copies** of the completed application with appropriate attachments. Please clip (do not staple) the application in the upper left-hand corner. Applications must be mailed or hand delivered. Applications that are faxed, e-mailed or presented in notebooks, binders or folders will not be accepted.

To submit an application in person or using Express Mail, please use this street address:

**SHIP Program
Lee County Department of Community
Development
Planning Section/ Second Floor
1500 Monroe Street, Fort Myers, FL 33901**

To mail an application using the US Postal Services, please mail it to the P.O. Box below:

**SHIP Program
Lee County Department of Community
Development
Planning Section
P.O. Box 398
Fort Myers, FL 33902-0398**

- No applications will be accepted after the deadline. Applications that are post-marked or stamped received after the deadline will be disqualified.
- After the deadline, no additional application materials will be accepted and no major changes to the scope of the project may be made. After initial staff review of the application, staff may request the applicant submit additional information. This may be supplemented by a post-application conference between county staff and the applicant.

Funding Recommendations:

- The applications will be scored for comparison purposes. An application scoring the most points in a funding category does not guarantee full funding for the request (scoring criteria can be found on page 14). Staff reserves the right to recommend no funding.
- Lee County’s compliance with statutory requirements and Local Housing Assistance Plan (LHAP) strategies will take precedence over application scoring which includes the following:
 - 65% of funds must be reserved for homeownership for eligible persons as defined in F.S. 420.9075(5)(b).
 - 75% of funds must be reserved for construction rehabilitation, or emergency repair of affordable, eligible housing as defined in F.S. 420.9075(5)(c).
 - 30% of funds must be reserved for very-low income persons as defined in F.S. 420.9075(5)(g).

- 30% of funds must be reserved for low-income persons as defined in F.S. 420.9075(5)(g).
- At least 20% of funds must be reserved for special needs households as defined in F.S. 420.0004 (13). The first priority of these special needs funds must be to serve persons with developmental disabilities as defined in F.S. 393.063, with an emphasis on home modifications, including technological enhancements and devices, to allow homeowners to remain independent in their own homes and maintain their homeownership.

Application Checklist:

- Pre-submittal meeting
- Application form(s)
 - Exhibit attachments as applicable
 - Exhibit A – Non-Profit organization information
 - Exhibit B – Open SHIP contracts
 - Exhibit C – Staff experience and training
 - Exhibit D – Outreach plan
 - Exhibit E – Client meetings
 - Exhibit F – Other resources and services
 - Exhibit G – Detailed property description
 - Exhibit H – Deed
 - Exhibit I – Environmental study
 - Exhibit J – Mitigation plan for properties adjacent to brownfield, old commercial or industrial sites
 - Exhibit K – Mitigation plan for endangered species
- Non-profit information (if applicable)
- Proof of property ownership
- Signed authorization and acknowledgement form

Part 1: Agency Information

1. **Project Name:** _____

2. Applicant Information:

Eligible applicants must be IRS recognized non-profit organizations or government agencies and must specialize in housing, community development, or supportive housing for people with special needs. For rental strategies, the applicant must specialize in rental housing.

A. Agency Name: _____

Address: _____

Phone #: _____

B. Contact Person Name: _____

Address: _____

Phone #: _____ **E-mail:** _____

3. Applicant Type: (check all that apply)

Not-for-Profit or Community-Based Organization
Name of Executive Director: _____

Current Non-Profit information on file: Yes No (please submit)

Unit of Local Government
Name of Chief Elected Official: _____

Housing Authority, established by Chapter 421.04, F.S.
Name of Official, Executive or Board: _____

Limited or General Partnership? Yes No

4. Project Partner Information: (if applicable)

Partner Organization's Name: _____

Non-Profit **For-Profit**

Address: _____

Phone #: _____ **E-mail:** _____

Contact Person Name: _____

5. Previous SHIP Funding: Has your agency provided affordable housing using Lee County SHIP dollars in the last 3 years?

- Yes (Complete information in box below. Attached additional pages if needed.)
- No

Contract Number: _____

Amount Awarded: _____

Current Balance: _____

Contract Status: _____

If you still have a current balance, explain why and provide a plan and date for completion:

6. Staff Experience and Training: For each staff person, list their name, years of experience, percentage of time that will be dedicated to the project, and technical training (ie: case worker, case management, fair housing, etc.).

Staff Name	Years of Experience	% of Time to be Dedicated to Project	Technical Training*

** If requesting counseling funds, the following activities must be conducted by HUD approved counseling agencies: first-time homebuyer counseling, foreclosure prevention counseling, financial coaching, financial management education, and extended financial management.*

7. **Outreach Plan:** Describe how your agency will obtain clients.

NUMBERS 8-11: FOR RAPID RE-HOUSING AND RENTAL ASSISTANCE REQUESTS ONLY

8. **Has your agency provided rapid re-housing or rental assistance in the past?** Yes No

9. **What services does your agency provide?**

- A. Assessment of barriers for success to determine services needed. Yes No
- B. Landlord recruitment and negotiation strategy. Yes No
- C. Tracking and documenting client progress. Yes No
- D. Methods for holding clients accountable to achieve goals and objectives. Yes No
- E. Tools to help clients develop feasible budgets and become self-sufficient. Yes No
- F. An exit strategy which ensures positive progress to permanent housing. Yes No

10. **Client Meetings:** How often will your agency meet with clients to assess needs, review employment/income goals, financing management and any other issues that might have a negative impact on housing stabilization?

11. **Other Resources & Services:** List any other resources or services to be provided to each client:

Part 2: Project Information

1. Amount of SHIP Funds Requested: _____

2. Project Summary: In the space below, describe the project, income level(s) being serviced, explain major tasks involved, why SHIP funds are needed, and how the requested SHIP funds will be used. (Please use a separate sheet if necessary.)

3. Project Schedule: Complete the table below by indicating when the activity listed is anticipated to be completed.

Estimated Project Activity Schedule

Activity	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Bidding & Awarding Contract												
Unit Construction Start												
Inspection & Work Write-Ups												
Unit Completion												
Client Selection												

4. Energy Efficient Features & Green Building Design: Will the project incorporate energy efficient features, green building and innovative design techniques? (see F.S. 420.9075(3)(d))

Yes No

If yes, please explain:

5. Minimum Accessibility Design: Projects must meet the following minimum design criteria for accessibility:

- a. On the first habitable floor of the building, 32 inches clear passage through at least one exterior door and 29 inch clear passage through all interior doors, including bathrooms.
- b. On the first habitable floor of the building, 36-inch wide level route through hallways and passageways.
- c. At least one ramp or no-step entrance, unless the proposed construction of a no-step entrance will require the installation of an elevator.

Will the project meet minimum accessibility design: Yes No

If no, please explain:

6. Unit Type by Income Level: Complete the following table with the associated number of units proposed per income level and, if applicable, special category.

<u>Unit Description</u>	<u>Income Level</u>			<u>Workforce</u>	<u>Special Category</u>		
	<u>Very Low</u>	<u>Low</u>	<u>Moderate</u>		<u>Special Needs</u>	<u>Elderly</u>	<u>Farm Worker</u>
Single Family	_____	_____	_____	_____	_____	_____	_____
Multi-Family	_____	_____	_____	_____	_____	_____	_____
Townhouse	_____	_____	_____	_____	_____	_____	_____
Duplex	_____	_____	_____	_____	_____	_____	_____
Condo/Apartment	_____	_____	_____	_____	_____	_____	_____
SRO*	_____	_____	_____	_____	_____	_____	_____

* Single Room Occupancy (SRO) is a residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual.

Number of units with the following number of bedrooms (Rental Only):

One _____
 Two _____
 Three _____

7. Special Needs Population: The project will support households with the following special needs (check all that apply):

- Developmental disability meaning a disorder or syndrome that is attributable to Retardation, Cerebral Palsy, Autism, Spina Bifida or Prader-Willi Syndrome.
- Disabling condition as defined in F.S. 420.004(7) such as diagnosable substance abuse disorder, serious mental illness and chronic physical illness or disability.
- Other special needs included in state definition such as young adult formerly in foster care, survivor of domestic violence and person receiving disability benefits.
- Chronically homeless.
- None

Part 3: Property Information

NUMBERS 1-3:

NEW CONSTRUCTION, REHABILITATION & RENTAL STRATEGIES ONLY

1 Project Address: _____

2. Project STRAP: _____

3. Location:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Unincorporated Lee County | <input type="checkbox"/> Sanibel | <input type="checkbox"/> Fort Myers |
| <input type="checkbox"/> Bonita Springs | <input type="checkbox"/> Estero | |
| <input type="checkbox"/> Cape Coral | <input type="checkbox"/> Fort Myers Beach | |

NUMBERS 4-5:

NEW CONSTRUCTION ONLY

4. Site Encumbrances:

Does this site have mortgages, liens, or both? Yes No

If yes, please indicate if mortgage(s) or lien(s) and provide the name(s) on each:

Are there any outstanding assessments, liens or other clouds on the title? Yes No

If yes, please explain:

5. Zoning, Land Use & Access:

Lee Plan Land Use Map Classification: _____

Current Allowable Units: _____

Proposed Units: _____

Current Zoning: _____

Zoning Resolution Number (if applicable): _____

Proposed Zoning (if applicable): _____

Will the property be subdivided? Yes No

If yes, please explain:

Access to Public Streets: Yes No

List Street(s): _____

Condition of Streets: _____

Projects located within City limits: Provide a Zoning Verification Letter or equivalent that states the property meets the zoning requirements for your proposed project.

NUMBERS 6-7:

ALL PROJECTS

6. Site Control:

Is the site owned by your agency?

Yes (attach proof of ownership)

No

If no, please explain why:

7. Project Accessibility and Environmental Review:

Site is within 1/2 mile of public transportation and facilities? Yes No

List the routes and facilities:

Has the project undergone environmental review? Yes No

If yes, please supply a copy of the review.

Is the property located close to Brownfield, idled or underused industrial or commercial facilities?

Yes No

If yes, please provide a plan to minimize the impact and assure public safety.

Is the project going to impact endangered or threatened species? Yes No

If yes, please provide a plan with mitigation strategies to minimize the impacts.

Part 4: Financial Feasibility

(See Grant Application Instructions page 6 for an example)

1. Total Project Cost:	\$ _____	(will match #8 below)
2. SHIP Funds Requested:	\$ _____	(will match #5C below)
3. Total Number of Units:	_____	
4. Total SHIP Funds per Unit:	\$ _____	(Divide amount in #2 by amount in #3)

5. Other Funding Sources	\$ _____
A. 1 st Mortgage Company (name) _____	\$ _____
B. Non SHIP State Funds (specify what type of funding) _____	\$ _____
C. SHIP funds	\$ _____
D. Federal Funds (specify what type of funding) _____	\$ _____
6. Construction Costs: Material and labor used in performance of eligible activities on assisted units; such as engineering costs and construction, general requirements, administrative cost, site preparation, rehabilitation and repair.	\$ _____
7. Developer Fee Total developer fee _____	\$ _____
8. TOTAL PROJECT BUDGET	\$ _____

AUTHORIZATION AND ACKNOWLEDGEMENT FORM

I, _____(name), as _____ (title) of _____ (agency/company), swear or affirm under oath, that I am an authorized representative of the agency/company and I further certify that:

1. I am authorized to submit this application on behalf of a corporation, limited liability company, limited company, partnership, limited partnership, trustee or owner.
2. I will follow all policies and procedures of the County regarding grant application submissions.
3. The information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts.
4. In regards to any portion of the project budget eligible for SHIP grants and proposed to be reimbursed hereunder, no action will be taken, including the awarding of contracts, commitment of funds, or commencement of construction, prior to issuance of authorization to proceed by the Lee County Department of Community Development.
5. I understand that:
 - This application constitutes a public record pursuant to the Florida Public Records Law, Chapter 119, Florida Statutes, and may be subject to public inspection.
 - All awards are contingent upon Board of County Commissioner approval, funding availability, and executed contract provided by the County. The funding award is for the specific eligible project to be described in the contract and is available as a reimbursement grant upon completion of the project. The project must be completed according to the contract.
 - The County expressly reserves the right to reject any and/or all applications or to request additional information from any and/or all applicants.
 - The County retains the right to amend the program guidelines and application procedures without notice.
 - The County retains the right to display and promote properties that receive grant funds.
 - Applications which contain incorrect and/or false information shall be disqualified from consideration.
 - Projects that do not comply with the program criteria are not eligible for funding.
6. If a Non-Profit agency, commercial general liability insurance in limits not less than \$1,000,000 each occurrence, \$500,000 damages to rented premises, \$1,000,000 products/ completed operations each occurrence, \$1,000,000 personal and advertising injury liability, \$50,000 fire damage liability and \$10,000.00 medical expense must be obtained and certificates provided to the County before funding will be awarded.

**Notes:*

- *If the applicant is a corporation, the document is required to be executed by the corp. pres. or v. pres.*
- *If the applicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents are required to be signed by the Company's "Managing Member."*
- *If the applicant is a partnership, then the document is required to be signed by a partner on behalf of the partnership.*
- *If the applicant is a limited partnership, then the general partner must sign and be identified as the "general partner" of the named partnership.*
- *If the applicant is a trustee, then they must include their title of "trustee."*
- *In each instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, estate, etc., and then use the appropriate format for that ownership.*

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.

Signature

Date

Application Scoring Criteria

To be completed by Staff

Applications will be scored based on the following criteria:	Maximum Points	Application Score ⁽¹⁾
<u>Property Information</u> – Does the property have site suitability? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁽³⁾	n/a	
<u>Agency Information</u> – To receive the maximum number of points, the agency must: ➤ Demonstrate staff and resource capacity to complete project ➤ Have previous experience in providing affordable housing assistance ➤ Be in good standing on all previous SHIP contracts (if applicable)	20	
<u>Project Information</u> – To receive the maximum number of points, the project must: ➤ Be clearly described in the application and able to meet the expenditures deadline ➤ Be able to be completed in 12 months or less ➤ Be located in unincorporated Lee County ➤ Have energy efficient features and/or green building design ➤ Help Lee County meet statute requirements as listed in 420.9075(5)(g) F.S. and 420.004(13) F.S.	40 ⁽²⁾	
<u>Financial Feasibility</u> – To receive the maximum number of points, the agency must: ➤ Provide a budget that is clear, correct and reasonable ➤ Demonstrate that the project is financially feasible ➤ Disclose all funding sources and provide proof of funding (if applicable) ➤ Leverage other funding	40	
Total Maximum Points	100	

- (1) Each answer will be rated on a scale that moves from vague/unclear/lacking to strong evidence/exemplary/highly innovative. The assigned score will be based on the overall strength of the answer and evidence provided.
- (2) In order to receive the maximum number of points in the Project Information section you must meet all the requirements. Projects will only receive the maximum number of points for very low income if the whole project is for very low income households. Projects with a mix of very low income and low income will only receive a portion of the 40 points allocated for the very low income level.
- (3) If the property does not meet the site suitability requirement the application will not be approved.