

Lee County Department of Community Development  
State Housing Initiatives Partnership (SHIP)  
2018/2019 Funding Cycle Application



**Application Deadline:**  
Friday, September 7, 2018 @ 4:30 p.m.

**NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE.**  
Applications that are post-marked or stamped received after the deadline will be disqualified.

Applications must be mailed or hand delivered.  
Faxed or e-mailed applications 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

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

**Please check the appropriate 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. 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.*

**Required Pre-Submittal Meeting:**

Agencies interested in submitting an application for the 2018/2019 SHIP funding cycle are required to schedule a pre-submittal meeting with staff to discuss their proposed project, SHIP application requirements and updated State requirements. Interested parties will have until August 24, 2018 to schedule a meeting with the housing staff. To schedule your pre-submittal meeting, please contact Angela Dietrich (239) 533-5389 or email [adietich@leegov.com](mailto:adietich@leegov.com).

**Application Requirements:**

- A separate application must be submitted for each project, strategy and funding year.
- An application package consists of **one (1) original and three (3) copies** of the completed application with appropriate attachments. Please clip (do not staple) the application in the upper left-hand corner. No applications that are faxed, e-mailed or presented in notebooks, binders or folders will be accepted.
- After the deadline, no additional information or submittal requirements 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:**

- If staff believes a project is not viable, staff reserves the right to recommend no funding and will state the reason for such a recommendation.
- The applications will be scored for comparison purposes and used for making funding recommendations. An application scoring the most points in a funding category does not guarantee full funding for the request. Lee County’s compliance with statutory requirements and Local Housing Assistance Plan (LHAP) strategies will take precedence over application scoring.

**Application Checklist:**

- Pre-submittal meeting
- Application form
- 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)

A Not-for-Profit or Community-Based Organization

Name of Executive Director: \_\_\_\_\_

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

A unit of Local Government

Name of Chief Elected Official: \_\_\_\_\_

A Housing Authority, established by Chapter 421.04, F.S.

Name of Official, Executive or Board: \_\_\_\_\_

A 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:** \_\_\_\_\_

**Part 2: Project Information**

**1. Project Description:** In the space below, describe the project, explain major tasks involved, provide why SHIP funds are needed and indicate how the requested SHIP funds will be used.

[Empty rectangular box for project description]

**2. Previous SHIP Funding:**

Has the applicant previously provided affordable housing using Lee County SHIP dollars?

- Yes (complete information in box below)
- 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Special Needs\* Population:** The project will support households with persons 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

*\* Lee County will use at least 20% of the allocation of SHIP funds for special needs households as defined in s. 420.0004 (13), F.S. The first priority of these special needs funds must be to serve persons with developmental disabilities as defined in s. 393.063, F.S. 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.*

**Part 3: Additional Project Information**

**\*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"/> Bonita Springs            | <input type="checkbox"/> Estero           |
| <input type="checkbox"/> Cape Coral                | <input type="checkbox"/> Fort Myers Beach |
| <input type="checkbox"/> Fort Myers                |   |

4. **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>Special Category</u>		
	<u>Very Low</u>	<u>Low</u>	<u>Moderate</u>	<u>Workforce</u>	<u>Special Needs</u>	<u>Elderly</u>	<u>Farm Worker</u>
Single Family	_____	_____	_____	_____	_____	_____	_____
Multi-Family	_____	_____	_____	_____	_____	_____	_____
Townhouse	_____	_____	_____	_____	_____	_____	_____
Duplex	_____	_____	_____	_____	_____	_____	_____
Condo/Apartment	_____	_____	_____	_____	_____	_____	_____

**Number of Bedrooms (Rental Only)**

- One \_\_\_\_\_
- Two \_\_\_\_\_
- Three \_\_\_\_\_

**5. Site Control:**

Is the site under the applicant control?

- Yes (attach proof of ownership)
- No

If no, please explain why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Project Schedule:** Complete the following table by indicating which quarter each activity will be completed.

**Estimated Project Schedule**

Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Bidding & Awarding Contract				
Unit Construction Start				
Inspection & Work Write-Ups				
Unit Completion				
Client Selection				

**7. Energy Efficient Features & Green Building Design:** Will the project incorporate storm resistant construction, energy efficient features, green building and innovative design techniques?

Yes  No

If yes, please explain:

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**8. 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 entrance, which will be a 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:

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**9. Zoning, Land Use & Access - New Construction Projects Only:**

Lee Plan Land Use Map Classification: \_\_\_\_\_

Current Allowable Density: \_\_\_\_\_

Proposed Density: \_\_\_\_\_

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) project will be accessed by? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**10. Site Encumbrances - New Construction Projects Only:**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Part 4: Financial Feasibility**

<b>Total Project Cost:</b>	\$
<b>SHIP Funds Required:</b>	\$
<b>Total Number of Units:</b>	
<b>Total SHIP Funds per Unit:</b>	\$

<b>1. Other Funding Sources</b>	\$
A. 1 <sup>st</sup> Mortgage Company (name) _____	
B. State Funds (specify what type of funding) _____	\$
C. Federal Funds (specify what type of funding) _____	\$
<b>2. Construction Costs:</b> Material and labor used in performance of eligible activities on assisted units; construction soft cost such as engineering costs and construction, rehabilitation and repair.	\$
<b>3. Developer Fee</b>	\$
A. Amount of developer fee to be charged per unit	
B. Number of units to be rehabilitated or built	
C. Total developer fee (multiply developer fee by number of units)	\$
<b>TOTAL PROJECT BUDGET</b>	\$

**Part 5: Capacity of the Organization:**

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

<b>Staff Name</b>	<b>Years of Experience</b>	<b>% of Time to be Dedicated to Project</b>	<b>Technical Training*</b>

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

**2. Outreach Plan:** Describe how the agency will obtain clients.

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**\*Numbers 3-6: Rapid Re-Housing and Rental Assistance Only\***

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

**4. Agency Services:**

**A.** Barriers for success assessed to determine services needed?  Yes  No

**B.** Landlord recruitment and negotiation strategy?  Yes  No

**C.** Track and document client progress?  Yes  No

**D.** Hold clients accountable to achieving goals and objectives?  Yes  No

**E.** Help client develop a feasible budget and become self-sufficient?  Yes  No

**F.** Exit strategy while ensuring positive progress to permanent housing?  Yes  No

**5. Client Meetings:** How often will the 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?

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

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## 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 and will follow all policies and procedures of the County regarding grant application submissions.
2. The information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts.
3. 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.
4. 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.
5. 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, then it is usually 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 should typically be signed by the Company's "Managing Member."*
- *If the applicant is a partnership, then typically a partner can sign 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.**

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**Signature**

**Date**

**Application Scoring Criteria & Form**

<b>Applications will be scored based on the following criteria:</b>	<b>Maximum Points</b>	<b>Application Score</b>
<b><u>Project Description</u></b> - To receive the maximum number of points, the project must: <ul style="list-style-type: none"> <li>➤ Be clearly described in the application and able to meet the expenditures deadline</li> <li>➤ Be able to be completed in 12 months or less</li> <li>➤ Be located in unincorporated Lee County</li> <li>➤ Have energy efficient features and/or green building design</li> </ul>	<b>15</b>	
<b><u>Income Category</u></b> - To receive the maximum number of points, the project must: <ul style="list-style-type: none"> <li>➤ Provide assistance to special needs and/or very-low or low income households</li> </ul>	<b>30</b>	
<b><u>Budget</u></b> – To receive the maximum number of points, the applicant’s budget must: <ul style="list-style-type: none"> <li>➤ Be clear, correct and reasonable</li> <li>➤ Demonstrate that the project is financially feasible</li> <li>➤ Disclose all funding sources and provide proof of funding (if applicable)</li> </ul>	<b>30</b>	
<b><u>Agency Capacity</u></b> – To receive the maximum number of points, the agency must: <ul style="list-style-type: none"> <li>➤ Demonstrate staff and resource capacity to complete project</li> <li>➤ Have previous experience in providing affordable housing assistance</li> <li>➤ Be in good standing on all previous SHIP contracts (if applicable)</li> </ul>	<b>15</b>	
<b><u>Site Control</u></b> - To receive the maximum number of points, the project site must: <ul style="list-style-type: none"> <li>➤ Be under ownership by the applicant at time of application, with proof of ownership</li> <li>➤ Have the proper land use* and zoning for proposed number and types of units proposed</li> </ul> *Projects on sites that do not have the appropriate land use classification will be disqualified.	<b>10</b>	
<b>Total Maximum Points</b>	<b>100</b>	

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.

**Score Guide**

Score	Description
0	<b>Inadequate</b> - No evidence or information not provided
1	<b>Weak</b> - Minimal evidence; limited potential; vague; weak concepts; limited likelihood of success; limited in innovative thinking; lacks sufficient information
2	<b>Marginal</b> - Some evidence; partially developed concepts; some potential for effectiveness and success; some inconsistencies; needs work; some innovation present; requires additional information/clarification
3	<b>Good</b> - Convincing concepts with enough examples of evidence to indicate a good chance for success; clear and complete; innovative
4	<b>Strong</b> - Very convincing concepts with strong examples of evidence throughout potential; well-conceived and thoroughly developed with a high likelihood for success; very innovative
5	<b>Exemplary</b> - Excellent concepts; exceptional evidence; well-thought out with an extremely high likelihood of success, exemplary, highly innovative