

VOLUSIA COUNTY- COMMUNITY ASSISTANCE DIVISION
Small Project Rental Development and Rehabilitation
NOFA Application Checklist

All documents listed in the Application Checklist below must be provided to the County marked in the appropriate numbered Tab, or the section should be marked as Not Applicable (N/A). The funding application will not be approved unless all required documents are submitted. NOTE: If the applicant has not identified all of the specific unit locations, or does not have site control, the application may be submitted with a conceptual project location and budget, but will not receive all available points for the appropriate evaluation criteria.

Final approval of the project will be contingent upon the approval of the County Council and issuance of the SHIP Rental Development and Rehabilitation Agreement.

Tab	Description	Documentation	Attached
1	Letter of transmittal	A. Transmittal letter signed by authorized applicant representative;	
		B. Letter from board of directors authorizing the applicant to apply for funding and the name and title of the authorized applicant representative	
2	Project description and requested SHIP funding	Brief narrative statement of the proposed project, including the amount of SHIP funds requested; project location and status of site control; target tenant population (not to exceed one page)	
3	Applicant eligibility	A. Florida non-debarment certification for the applicant and any prime contractors that will receive SHIP funds – Submit Form A	
		B. Conflict of interest and good standing form with the County of Volusia – Submit Form B	
4	Organizational capacity, development/ management experience and project plan	A. Narrative statement describing experience of the organization in planning and completing projects of a similar type	
		B. Organizational chart, including any employees, volunteers and consultants, and resumes of staff that will be involved in the project	
		C. Three references, excluding the County, regarding applicant qualification and experience, including knowledge of SHIP requirements. Submit Form C	
5	Development and Rehabilitation Plan	A. Comprehensive development and rehabilitation plan, including but not limited to the following: <ul style="list-style-type: none"> • Proposed construction/rehabilitation scope of work; • Process for selecting contractors; • Estimated construction/rehabilitation budget (budget should include all sources and uses of funds, including the requested SHIP funds); • Narrative statement that describes the rehabilitation standards that will apply to the 	

		project, including but not limited to accessibility, energy efficiency, and/or lead-based paint and the how the project will ensure compliance	
		B. Funding commitment documentation; Including private lender commitments, board of directors approval for commitment of funds by the organization, for all funds including the requested SHIP funds as identified on the development budget.	
		C. Written cost estimates for proposed construction/rehabilitation expenses that will be reimbursed with SHIP funds.	
		D. Rental operating pro forma covering 15 year affordability period. Rent must used in the pro forma cannot exceed SHIP published rent for income and bedroom number. Submit Form D	
6	Project feasibility and readiness to proceed	A. Development timeline identifying steps in the process, including acquisition (if applicable), contractor selection, construction/rehabilitation, tenant selection & lease-up that cover the units being funded. Submit Form E	
		B. Documentation of ownership and/or plan for obtaining site control such as a warranty deed, current purchase agreement or Volusia County Property Appraiser's information for proposed project location(s).	
		C. A narrative statement identifying any significant issue that could delay or prevent the proposed project.	
7	Market and project need	A brief narrative statement summarizing the need exists for the rental project within the proposed project location	
8	Tenant selection and lease-up and long-term rental management	A. Copy of agency tenant selection procedure	
		B. Copy of sample lease	

Agency Certification

I agree to comply with the implementing regulations of the State Housing Initiatives Partnership (SHIP) Program, as provided in the SHIP Act, and any amendments thereto. The statements and information contained in this funding application are true and correct and are consistent with our organization's mission, Articles of Incorporation and Bylaws, and has been approved by a majority of the agency's Board of Directors on _____.

Signature of Certifying Official

Print Name: _____

Print Title: _____

Date: _____

FORM B
Conflict of Interest Form

I HEREBY CERTIFY that

1. I (*printed name*) _____ am the (*title*) _____ and the duly authorized representative of the firm of (*Firm Name*) _____ whose address is _____, and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting; and,
2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and,
3. The business nor any authorized representative or significant stakeholder of the business has been determined by judicial or administrative board action to be in noncompliance with or in violation of any provision of the Volusia County Code, nor has any outstanding past due debt to the County of Volusia, Florida; and
4. This NOFA Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same services, and is in all respects fair and without collusion or fraud.

EXCEPTIONS (List)

Signature: _____

Printed Name: _____

Firm Name: _____

Date: _____

COUNTY OF _____ STATE OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC – STATE OF ____

Type or print name:

Commission No.: _____

Commission Expires _____

(Seal)

FORM A

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

**TO BE COMPLETED BY THE DEVELOPER,
CONTRACTOR, AND SUB-CONTRACTOR**

- 1) The developer/owner, contractor, and subcontractor certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to the above statement, the prospective participant shall attach an explanation to this form.

Name and Title

Signature

Firm

Street address

City, State, Zip

Date

FORM C - REFERENCES

Agency #1	
Address	
City, State, ZIP	
Contact Person	
E-mail	Phone:
Date(s) of Service	
Type of Service	
Comments:	
Agency #2	
Address	
City, State, ZIP	
Contact Person	
E-mail	Phone:
Date(s) of Service	
Type of Service	
Comments:	
Agency #3	
Address	
City, State, ZIP	
Contact Person	
E-mail	Phone:
Date(s) of Service	
Type of Service	
Comments:	

VOLUSIA COUNTY - SMALL PROJECT RENTAL DEVELOPMENT AND REHABILITATION
NOFA Checklist - Form D

Single-Family Rental 15-Year Cash Flow Projection

Project Name: **0**
Income Adjuster: **2.50%**

Project Address: **0**
Expense Adjuster: **3.50%**

Income:	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<i>Gross Effective Income</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Expenses:

Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payroll	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Operating	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Taxes & Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expense:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOI (w/o Res & Debt Svc)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Replacement & Op Reserves	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Debt Service	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!

Cashflow After Debt Svc:	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!
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Income:	Year 11	Year 12	Year 13	Year 14	Year 15					
<i>Gross Effective Income</i>	\$ -	\$ -	\$ -	\$ -	\$ -					

Expenses:

Administrative	\$ -	\$ -	\$ -	\$ -	\$ -					
Payroll	\$ -	\$ -	\$ -	\$ -	\$ -					
Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -					
Operating	\$ -	\$ -	\$ -	\$ -	\$ -					
Taxes & Insurance	\$ -	\$ -	\$ -	\$ -	\$ -					
Total Expense:	\$ -	\$ -	\$ -	\$ -	\$ -					

NOI (w/o Res & Debt Svc)	\$ -	\$ -	\$ -	\$ -	\$ -					
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Replacement & Op Reserves	\$ -	\$ -	\$ -	\$ -	\$ -					
Debt Service	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!					

Cashflow After Debt Svc:	#NUM!	#NUM!	#NUM!	#NUM!	#NUM!					
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