**Exhibit A to RFA 2018-106 Application**

The Applicant must provide a completed Application found in Exhibit A to RFA 2018-106, along with all applicable attachments thereto, including the Applicant Certification and Acknowledgement. The Applicant Certification and Acknowledgement form must be signed, the correct number of photocopies of the Original Hard Copy and all Attachments must be made and submitted as outlined in Section Three. **The Applicant should read Section Four of this RFA to find additional guidance in answering questions.**

1. Applicant Certification and Acknowledgement

The Applicant must include a signed Applicant Certification and Acknowledgement form as **Attachment 1** to Exhibit A, as outlined in Section Four A.1. of the RFA.

2. Persons with Developmental Disabilities Demographic Commitment

## As further explained in Section Four A.2. of the RFA, provide a detailed description of the intended Residents’ characteristics, Permanent Supportive Housing needs and preferences. Include a detailed description of how the proposed Development will meet the needs and preferences of the intended Residents. The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

## 3. Applicant Information

a. Contact Person

(1) Authorized Principal Representative contact information (required)

Name: Click here to enter text.

Organization: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

(2) Operational Contact Person information (optional)

Name: Click here to enter text.

Organization: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

## b. Applicant

(1) Name of Applicant

Click here to enter text.

## (Notes: The site control documents, when submitted, must reflect this name. No more than two Applications may be submitted by the same Applicant entity.)

(2) Provide the required documentation to demonstrate that the Applicant is a legally formed entity qualified to do business in the state of Florida as of the Application Deadline as **Attachment 2**.

## (3) Provide the IRS determination letter demonstrating that the Applicant entity has been a private Non-Profit organization under 501(c)(3) or 501(c)(4) of the IRC since August 1, 2017, or earlier as **Attachment 3**.

## (4) Provide the documentation demonstrating the Applicant entity’s primary mission meets the requirements outlined in Section Four, A.3.b. as **Attachment 4**:

##  c. Does the Applicant entity consist of both Non-Profit and for profit entities?

Choose an item.

##  If Yes, answer questions (1) and (2) below.

## (1) Does the Non-Profit Applicant entity own at least 51 percent of the ownership interest in the Development?

Choose an item.

## (2) Will the Non-Profit Applicant entity receive at least 50 percent of the Developer overhead?

Choose an item.

4. Operating/Managing Permanent Supportive Housing Experience (Up to 40 Points)

## As further explained in Section Four, A.4. of the RFA, describe the Applicant’s or management company’s experience in operating and managing Permanent Supportive Housing, including performing operations and management functions specific to the needs of the intended Residents described in question 2. above. Providing only a list of Permanent Supportive Housing Developments and/or Units will not be a sufficient description of experience for any Applicant or the management company. The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

5. General Development Information

## a. State the name of the proposed Development:

Click here to enter text.

## b. Indicate the county where the proposed Development is or will be located:

Choose a county.

c. All Applicants must commit to New Construction.

Does the proposed Development involve demolition?

Choose an item.

(1) If “Yes”, the Maximum Eligible Funding Award Amount will be increased by $10,000 and the Applicant must choose one of the following.

|  |  |
| --- | --- |
| [ ]  [ ]   | (a) The existing structure is not an occupied, existing Community Residential Home or Supported Living Unit. (b) The existing structure is an occupied, existing Community Residential Home or Supported Living Unit that will be demolished in order to build a new Community Residential Home or Supported Living Units so that they are better able to serve the needs of existing Residents. This will require a Tenant Relocation Plan, which has been described at (2) below. |

(2) Tenant Relocation Plan

As further explained in Section Four, A.5.c. of the RFA, if the Applicant states at question 5.c. above that the proposed Development involves demolition of an occupied, existing Community Residential Home or Supported Living Unit, the Applicant must detail how the temporary and permanent relocation will be handled. The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

## d. Development Location:

## The Applicant should state (i) the address number, street name, and name of city and/or (ii) the street name, closest designated intersection, and either name of city or unincorporated area of county for the proposed Development in the space provided, if known.

Click here to enter text.

## e. Indicate whether the proposed Development is a Community Residential Home or whether it consists of Supported Living Units.

Choose an item.

## If proposing a Community Residential Home, will the Community Residential Home qualify as an Intensive Behavior Community Residential Home as described in Section Four, A.5.e. of the RFA?

Choose an item.

## If “Yes”, provide, as **Attachment 5**, the Provider Status for Behavior Focus and Intensive Behavior Residential Habilitation document signed by the Agency for Persons with Disabilities.

## f. If Supported Living Units, select the Development Type(s) of the proposed Development.

## [ ]  Single Family

## [ ]  Duplex

## [ ]  Triplex

## [ ]  Other small complex of up to six units

## g. If Supported Living Units, is the Applicant proposing to develop Shared Housing, as defined in Exhibit C?

Choose an item.

## h. If the Applicant is proposing a Community Residential Home or a Supported Living Unit(s) that is Shared Housing, how many total Residents, as defined in Exhibit C, *will be* living in the proposed Development? Click here to enter text.

## i. If Supported Living Units, how many total Units are in the proposed Development? Click here to enter text.

6. Set-Aside Commitments requirements are stated in Section Four, A.6. of the RFA.

## 7. Required Design and Construction Features requirements are stated in Section Four, A.7. of the RFA.

8. Resident Community-Based Services Coordination requirements are stated in Section Four, A.8. of the RFA.

9. Access to Community-Based Services and Resources (Maximum 60 Points):

As specified in each section below, provide a description of the Applicant’s plan to provide access to general community services including retail stores, recreation venues, and educational opportunities, as well as specific supportive services and resources that address the needs of the intended Residents, including healthcare centers and job-skills programs.

All Applicants proposing Community Residential Homes may be awarded points for providing information regarding access to community-based services and resources outlined in a. below.

All Applicants proposing Supported Living Units may be awarded points for providing information regarding access to community-based services and resources outlined in b. below.

a. Applicants proposing Community Residential Homes:

(1) Private Transportation for Residents of Community Residential Homes (Up to 24 points)

As further explained in Section Four, A.9.a.(1) of the RFA, Applicants proposing Community Residential Homes may be awarded up to 24 points by providing a description of the private transportation services that are offered.

The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

(2) Access to Groceries, Education, Household Shopping, and Employment for Residents in Community Residential Homes (Up to 12 Points)

As further explained in Section Four, A.9.a.(2) of the RFA, describe the general community-based services and resources that will be accessible to Residents, such as shopping for groceries, medicine, clothing, and other household and personal items.

The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

(3) Access to Specific Healthcare and/or Supportive Services Needs of Intended Resident in Community Residential Homes (Up to 24 Points)

As further explained in Section Four, A.9.a.(3) of the RFA, describe access to community-based resources and services to address the specific healthcare and/or supportive services needs of each intended Resident described in question 2. of Exhibit A, including, but not limited to, health and dental care, wellness programs, supported living coaching, counseling, and education or training.

The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

b. Applicants proposing Supported Living Units

(1) Access to Groceries, Education, Household Shopping, and Employment for Residents in Supported Living Units (Up to 24 Points)

As further explained in Section Four, A.9.b.(1) of the RFA, describe the general community-based services and resources that will be accessible to Residents, such as shopping for groceries, medicine, clothing, and other household and personal items.

The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

(2) Access to Specific Healthcare and/or Supportive Services Needs of Intended Resident in Supported Living Units (Up to 24 Points)

As further explained in Section Four, A.9.b.(2) of the RFA, describe access to community-based resources and services to address the specific healthcare and/or supportive services needs of each intended Resident described in question 2. of Exhibit A, including, but not limited to, health and dental care, wellness programs, supported living coaching, counseling, and education or training.

The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

(3) Other Best Practices that will be implemented in Supported Living Units (Up to 12 Points)

As further explained in Section Four, A.9.b.(3) of the RFA, list and describe Best Practices not described above that will be implemented by the Applicant and have been found to promote and facilitate Residents’ full inclusion in their community.

The Applicant’s description(s) is limited to no more than two typed pages within the text box below.

Click here to enter text.

10. Calculating the Maximum Eligible Funding Award Amount

The Maximum Eligible Funding Award Amount will be determined by the Corporation as described in Section Four, A.10. of the RFA.

11. Qualifying Financing Assistance Preference

a. Qualifying through Cash Funding

To qualify for the Qualifying Financing Assistance Preference, the Applicant must state the amount of cash loans, cash grants and/or cash on hand (“Cash Funding”) from local or other non-Corporation sources (e.g., “Qualifying Financial Assistance”):

(1) The Applicant has received\* the following amount to be used as a source of funding for the proposed Development $Click here to enter text.

(2) The following amount is an approved\* source to be used as a source of funding for the proposed Development $Click here to enter text.

(3) The following amount is a pending\* source to be used as a source of funding for the proposed Development $Click here to enter text.

(4) The total amount of Cash Funding is $Click here to enter text.
(1)+(2)+(3)

If the amount in (4) is equal to at least 10 percent of the Applicants’ Base Award Amount, the Applicant will receive preference in the funding selection process. If the Applicant qualifies for this preference and is awarded funding under this RFA, the Applicant must provide and maintain at least 10 percent of the Base Award within the permanent sources of financing or the award will be withdrawn.

\*Received Cash Funding represents funding that the Applicant has collected and either deposited or used to pay for acquisition pursuant to Section Four, A.5.c. of the RFA. Approved Cash Funding represents funding that the provider of the funds has committed or agreed to provide, but the Applicant has not yet received. Pending Cash Funding represents all sources of funding the Applicant believes will be obtained, but which have not yet been committed to the Applicant. If the Applicant qualifies for this preference and is awarded funding under this RFA, the Applicant must provide and maintain at least 10 percent of the Base Award within the permanent sources of financing or the award will be withdrawn.

b. Qualifying though Donation of Land

Does the Application qualify for the Qualifying Financial Assistance Preference by meeting the requirements stated in Section Four for Donation of Land by a Local Government?

Choose an item.

**Addenda**

The Applicant may use the space below to provide any additional information or explanatory addendum for items in the Application, except for questions 2, 4, 5.c.(2), 9.a.(1), 9.a.(2), 9.a.(3), 9.b.(1), 9.b.(2), or 9.b.(3), of the RFA. Please specify the particular item to which the additional information or explanatory addendum applies.

Click here to enter text.