

RFA 2016-106 Scoring Sheets

Scoring Items		2016-399D	2016-400D	2016-401D	2016-402D	2016-403D	2016-404D	2016-405D	Applications that didn't meet requirements	
Development Name	Contributor/ Reporter	Phoenix Park	Catholic Charities Housing, Inc. - St. Benedict Housing	Safe-Side Apartments	The Vine - Scattered Site Housing for Homeless Families and Veterans	The Garden	Hope for the Homeless	Affordable Housing Matters		
<b>Point Items</b>										
D. Operating/Managing Permanent Rental Housing Approach and Experience (maximum of 10 points)	Rob	8	9	8	6	7	8	7		
I.1. Access to Groceries, Education, Household Shopping, and Employment for Residents (maximum of 10 points)	John	9	9	7	7	6	8	8		
I.2. Resident Community-Based Services Coordination and Relevant Community Partnerships (maximum of 25 points)	Bill A.	18	24	15	23	11	21	24		
J. Tenant Selection for Homeless Individuals and Families (Maximum of 25 points)	Elaine	23	22	19	18	18	16	17		
<b>Total Points</b>	<b>Max of 70</b>	<b>58</b>	<b>64</b>	<b>49</b>	<b>54</b>	<b>42</b>	<b>53</b>	<b>56</b>		
<b>Mandatory Items</b>										
Submission Requirements Met (Section Three, A)	Bill C.	Y	Y	Y	Y	Y	Y	Y	0	
B. Demographic Commitment description provided		Y	Y	Y	Y	N	Y	Y	1	
C.1. Contact information provided		Y	Y	Y	Y	Y	Y	Y	0	
C.2.a. Name of Applicant provided		Y	Y	Y	Y	Y	Y	Y	0	
C.2.b. IRS determination letter demonstrating that the Applicant is a private "100 percent non-profit" organization provided		Y	Y	Y	Y	Y	Y	Y	0	
C.3.c. Evidence Applicant is a legally formed entity qualified to do business in Florida provided		Y	Y	Y	Y	Y	Y	Y	0	
C.3. Confirmation that Applicant entity is either a Non-Profit Corporation or is wholly-owned (i.e., 100 percent owned) by one or more Non-Profit Corporations provided		Y	Y	Y	Y	Y	Y	Y	0	
C.3. If the Applicant is wholly-owned (i.e., 100 percent owned) by one or more Non-Profit Corporations, the name(s) of the Non-Profit Corporation(s) provided		Y	Y	Y	Y	Y	Y	Y	0	
E.1. Name of Proposed Development provided		Y	Y	Y	Y	Y	Y	Y	0	
E.2. County where the proposed Development is or will be located provided		Y	Y	Y	Y	Y	Y	Y	0	
E.5. Unit range selected		Y	Y	Y	Y	Y	Y	Y	0	
F.2. Applicant Membership and Priority Population Verification by the Governing Board of the Local Homeless Assistance Continuum of Care Jurisdiction form (Form Rev. 07-16) provided		Y	Y	Y	Y	N	Y	Y	Y	1
<b>Minimum of 50 points achieved?</b>		<b>Yes or No</b>	Y	Y	N	Y	N	Y	Y	2
<b>All Mandatory Requirements Met?</b>		<b>Yes or No</b>	Y	Y	N	N	N	Y	Y	3
<b>Tie-Breakers</b>										
K.1. Achieves the Qualifying Financial Assistance Preference (Yes/No)	Kevin	Y	Y	Y	Y	Y	Y	Y	0	
Qualifies for the Florida Job Creation Preference (Yes/No) (Section Five, A.2.)		Y	Y	Y	Y	Y	Y	Y	0	
Lottery Number	Inspector General's Office	6	1	2	5	7	3	4		