



THE CITY OF FORT MYERS, FLORIDA
COMMUNITY DEVELOPMENT DEPARTMENT
DIVISION OF HOUSING

REQUEST FOR APPLICATION (RFA)

Neighborhood Stabilization Program
NON-PROFIT MANAGEMENT AND OPERATION OF LOW-INCOME
MULTI-FAMILY PROPERTY
2475 CENTRAL AVENUE
FORT MYERS, FLORIDA

RFA RELEASED
FRIDAY, JANUARY 13, 2023

Applications Due
WEDNESDAY, FEBRUARY 15, 2023, by 4:00 PM

Applications must be submitted by email to
Beverly Reed at breed@cityftmyers.com

This document can be made available in alternative accessible formats upon request.

It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time. Applications received after 4:00 p.m. will be returned to the applicant and will not be considered.



**THE CITY OF FORT MYERS
NEIGHBORHOOD STABILIZATION PROGRAM 1 (NSP1)**

**ELIGIBLE NON-PROFIT ORGANIZATIONS
AND GOVERNMENT AGENCIES ONLY**

The City of Fort Myers Community Development Department Housing Division is seeking Applications from non-profit 501(c)(3) agencies or governmental agencies for the management and operation of a seven-unit multi-family property at 2475 Central Avenue, Fort Myers, Florida. The seven housing units are targeted to serve very low-income households (at or below 50 percent of the area median income for Lee County). The units must be used for permanent housing only. Transitional housing is an ineligible use.

The multi-family property was acquired and rehabilitated under the Housing and Economic Recovery Act (HERA) through allocated funding from the United States Department of Housing and Urban Development (HUD) for the Neighborhood Stabilization Program 1 (NSP1).

Information about the City's Neighborhood Stabilization Program (NSP) may be viewed via the following link:

<https://www.cityftmyers.com/1548/Neighborhood-Stabilization-Program>.

The City of Fort Myers Community Development Department, Housing Division reserves the right to amend and/or rescind this request for APPLICATIONS any time prior to the final award and approval of a subrecipient agreement by the City of Fort Myers City Council.

For RFA Questions they must be submitted in writing to Beverly Reed via email at breed@cityftmyers.com, should use the subject line "Central Avenue RFA Questions", and be received no later than **4:00 pm on Monday, January 23, 2023**. All questions and answers will be provided no later than **4:00 pm, Thursday, January 26, 2023**.

Mailing address is:

City of Fort Myers
Community Development Department, Housing Division
Attn: Beverly Reed, Housing Manager
1825 Hendry Street
Fort Myers, FL 33901

I. APPLICATION INSTRUCTIONS

An APPLICATION must be submitted by email to Beverly Reed at breed@cityftmyers.com.

This RFA contains information and required forms for potential applicants to apply and compete for grant activities. Potential applicants are advised to read the materials carefully.

Eligibility/Requirements

Only non-profit organizations and governmental agencies that have provided direct services at least 24 months prior to the date of application may apply to manage the multi-family property. The non-profit organizations must be a legally formed entity [i.e., limited partnership, limited liability company, etc.] qualified to do business in the state of Florida as of the Application deadline. Evidence from the Florida Department of State, Division of Corporations that the Applicant satisfies the foregoing requirements must be submitted as an application attachment. Non-profit organizations must also include non-profit status.

The selected applicant will be required to execute a subrecipient agreement. Upon the execution of the subrecipient agreement, the City will transfer the title of the property via "Quit Claim" deed.

All organizations interested in submitting a response should become familiar with the following documents, labeled as attachments to this APPLICATION:

1. HUD Income Limits (Attachment A)
2. HUD HOME Rent Limits (Attachment B)
3. Acknowledgement of Religious Organization (Attachment C)

Any applicant on the excluded parties list (www.sam.gov/SAM/) will be considered **ineligible** for funding.

Applicants with previous experience administering projects of a similar size and scope and/or working with federal funds will be provided additional points in the scoring process.

Scope of Services:

- All units must be occupied by households whose income is at or below 50 percent of the area median income for the Cape Coral-Fort Myers Metropolitan Statistical Area (MSA) as annually determined by HUD.

- The Property contains seven (7) rentable units. More than two (2) unit(s) may not be vacant at any given quarter. One (1) unit may be used as an office/support center or as an on-site manager's quarter.
- Selected applicant must maintain the Affordability of the Property. For purposes of this APPLICATION, "Affordability" shall mean that the rental payment must not exceed 30 percent of tenant's gross income for any lease year, and, notwithstanding the foregoing, the rent at any given time cannot exceed the "Low-HOME market rent rate" published annually by HUD for the Cape Coral-Fort Myers (Florida) Metropolitan Statistical Area.
- The Property currently meets the Green Standards established by the Florida Green Building Coalition. Selected applicant must maintain such Green Standards, and all maintenance and repair by Subrecipient must be consistent with such Green Standards as identified and provided to the selected applicant by the CITY.
- All leases must be prepared using the form approved by the CITY.
- Outreach and Marketing
- Screening and intake of potential tenants
- Income verification of potential tenants
- Income certification of tenants
- Financial tracking of all property management accounts

****The above listed are samples of service – not all inclusive****

APPLICATION Selection Criteria

- APPLICATIONS that are not proposed to serve very low and extremely low-income households will be disqualified (at or below 50 percent of Area Median Income)
- The City reserves the right to reject all submitted proposals and to limit the scope of the award.
- The City reserves the right to request additional information from agencies.
- The City reserves the right to negotiate modifications to APPLICATIONS, reject all APPLICATIONS in its sole discretion, and to waive minor irregularities in the procedures.
- All applicants will be given the maximum number of points for having an audit and for prior contract compliance unless there is evidence that the applicant had a poor audit report or contract experience with the City of Fort Myers and the situation has not been rectified. For each un-rectified finding, points will be subtracted from the total score. New organizations that do not have an audit will receive no points.
- The APPLICATIONS will be scored so they can be compared, and that comparison will be used for making selection recommendation. An APPLICATION scoring the most points does not guarantee selection for property management.

The City will evaluate APPLICATIONS based on the following criteria:

- The applicant's documented experiences in successfully performing similar activities
- The applicant's ability to provide supportive services
- The applicant's capacity to manage the project and maintain the housing through the affordability period
- The project budgets

Cost of Submitting Applications

The cost of preparing and applying is the sole responsibility of the applicant and shall not be chargeable in any manner to the City of Fort Myers. The City of Fort Myers will not reimburse any applicant for any costs associated with the preparation and submission of an application, including but not limited to, expenses incurred in making an oral presentation, or participating in an interview (if required).

Public Records

By applying, the Applicant acknowledges that any material submitted in response to this RFA is a public record pursuant to the Florida Public Records Law, Chapter 119, Florida Statutes, and may be subject to public inspection.

State and Federal Administrative Requirements

Agencies must comply with Federal administrative requirements. All agencies awarded funds through this RFA will be required to comply with a variety of requirements governing the use of Local, State and Federal funds.

Additionally, agencies awarded funds through this RFA will be required to provide access to their financial records to a representative of City of Fort Myers to evaluate their financial management systems. City of Fort Myers staff will monitor each program to ensure compliance with the terms of the funding agreement between City of Fort Myers and the agency. This will include monitoring records kept by the applicant to demonstrate the eligibility of clients, the services provided, and other required information.

Liability Insurance

Agencies awarded funds will be required to obtain liability and worker's compensation coverage that will be further defined in the funding agreement, if awarded. City of Fort Myers must be named as the Certificate Holder and the additional insured.

II. Minimum Threshold Requirements*

Minimum submission requirements for NSP funding are shown below. To receive funding consideration, applicants must submit a completed application along with all required documentation.

THRESHOLD REQUIREMENTS

1. Agency must have had non-profit status for at least **two full** years or be a governmental entity proposing to serve City residents. *
2. Agency must be registered and licensed to do business in the State of Florida at the time of application.
3. The Agency must have an annual independent certified audit. This audit must be no older than eighteen months prior to the submittal date of the application. *
4. Agency must provide 2 years of most recent financial statements (income & expense statement, balance sheet and cash flow statement). *
5. Agency must submit a copy of IRS Form 990.
6. Agency must demonstrate that the Agency has an active, Independent Board of Directors that meets at least **4** times per year.

REQUIRED DOCUMENTATION

- Copy of Non-profit designation from the IRS.
- Certificate of Good Standing from the Secretary of State.
- One Copy of your 2021 or later annual independent audit, including management letter.
- 2 years of most recent financial statements (income & expense statement, balance sheet and cash flow statement).
- 2021 or later IRS Form 990.
- Provide dated copies of the last **4** Board of Directors Meeting Minutes.

THRESHOLD REQUIREMENTS

7. The provision of decent housing that is affordable to low-and moderate-income people, is an organizational mission
8. The Agency demonstrates the capacity to complete the proposed project.

REQUIRED DOCUMENTATION

Charter, or Articles of Incorporation By-laws or Resolutions.

Resumes and/or statements that describe the experience of key staff members who have successfully completed projects like those to be assisted with NSP funds, or contract(s) with consultant firms or individuals who have housing experience in projects like projects to be assisted with NSP funds, to train appropriate key staff of the organization.

*Documentation not required from governmental entities.

III. APPLICATION

A. General Information

Organization Name (Official):	Authorized Organization Representative Name:
Authorized Representative Title:	Authorized Representative Email Address:
Mailing Address:	Telephone Number:
City, State and Zip Code:	Organization Website:
Contact Person Name:	Contact Person Title:
Contact Person Telephone Number:	Contact Person E-mail Address:
DUNS Number:	Federal Employer ID Number:

B. Project Description

Complete each question as applicable to the proposed project.

1.

Amount of NSP Funds requested:
Total Project Cost:

2. How will you use the NSP award? Check all the uses(s) that apply to your project.
- Acquisition of foreclosed property
 - Rehabilitation of foreclosed property
 - Rent/Lease foreclosed property to very low or extremely low-income households
 - Develop transitional housing
 - Develop Permanent Supportive Housing
 - Re-sell to very low-income households
 - Lease with a Purchase option to very low-income households
 - Other
3. Briefly describe the proposed project.
4. How many clients will you serve annually through this project?
5. What special needs populations will the proposed project serve? Describe your key constituents.
6. What household income range will the proposed project serve? (Household incomes may not exceed 50% of area median income, adjusted for family size.)
- At or below 30% of Area Median Income
 - At or below 50% of Area Median Income

7. Briefly describe your plan for providing supportive services to low-income households that benefit from this project. What services will be provided? What outcome do you expect after service provision? What organization will provide the service? How will you fund the supportive service portion of the project? (NSP awards may not be used to fund supportive services.)

8. How will your project assist in stabilizing the neighborhood where it is located while assisting low and/or extremely low-income households obtain affordable housing? (Please keep in mind that this project is intended to strengthen declining neighborhoods.)

9. Describe how your agency plans to work with affected neighborhood(s) to address issues and resolve any potential problems with your Project and/or Activity.

C. Organizational Management/Administrative Capacity

1. Required Documentation

- Bylaws
- Operational procedures
- Certificate of Good Standing from Secretary of State
- Proof of non-profit status
- Audit with Management Letter
- Most Recent 2 Years of Financial Statements
- IRS Form 990
- Last Four (4) Board of Directors minutes
- Conflict of Interest Statement
- Copy of written financial procedures and responsibilities
- Listing of Board of Directors (names, addresses, telephone, terms, officers)
- Chart of key staff, including resume, job descriptions and qualifications for the proposed activity
- Current organizational chart
- Applicants approved Agency budget for current fiscal year.

2. Provide dates of the last four (4) Board Meetings.

3. Are there any family relationships (by blood or marriage) that exist between staff and/or Board members? If yes, please explain in detail.

4. Are any staff or Board members beneficiaries of any Agency funds? If yes, please explain in detail.

5. What are your organization's Mission, Goals and Objectives?

6. Describe your organization's experiences, capabilities, and qualifications for this project. Include linkages to experiences or initiatives that involve similar activities or work components as those required in the implementation of this project.

7. Describe your organization's linkages if any with the County's Continuum of Care for Homelessness.

8. Has your organization received federal, state, or local government grants? What was the grant amount? What was the purpose of the grant? What was the grant source (who provided the grant)? What were your grant periods? If have been monitored by HUD and/or any other governmental agency, please provide copies of your HUD monitoring letter and your most recent monitoring letter from other agencies.

9. Who are your strategic partners in this project? Describe each partner's role(s) and qualification for performing that role in this project.

10. Has your agency or your strategic partners re-organized for any reason. If so, please explain.

11. Identify the individuals who will be part of the project team. Include consultants.

12. Enclose brief resumes of all personnel to be assigned to this project.

- 13. Provide your organization's fiscal year annual budget information.**

D. Project Budget

1. Using the attached “Itemized Budget” form, provide a detailed project implementation budget. Include clarifications of each budget line item. Identify sources and amounts of other funds that will leverage NSP funds to achieve the objective.
2. Have you completed a feasibility study to determine if this project will satisfy your financial and operational objectives? If so, please provide a summary of your study results.
3. Describe your operational and financial sustainability plan for property.

F. Certification:

This page must be submitted with the Application

Certification To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.
Authorized Organization Representative:

Executive Director Name (Print)

Signature: _____

Typed Name: _____

Title: _____ Date: _____

President or Secretary of the
Board of Directors

Signature: _____

Typed Name: _____

Title: _____ Date: _____

Applications must be signed by the official authorized to execute contracts on behalf of the agency (the name should match the information on the Florida Secretary of State website (<https://dos.myflorida.com/sunbiz/>))

Application Completeness Checklist

Applicant must complete the table below and attach as Page 1 of the Submission to indicate that information is included. Please insert the page number where the information is located.

Application Forms and Attachments	Page #
Project Name:	
Project Applicant:	
Table of Contents (Completeness Checklist)	1
1. Applicant Information	
2. Bylaws	
3. Operational Procedures	
4. Certificate of Incorporation	
5. Copy of Non-profit Designation from IRS	
6. Audit with Management Letter	
7. Most Recent 2 Years of Financial Statements	
8. IRS Form 990	
9. Last Four (4) Board of Directors Minutes	
10. Conflict of Interest Statement	
11. Copy of Written Financial Procedures and Responsibilities	
12. Listing of Board of Directors (Names, Addresses, Telephone Numbers, Terms, Officers)	
13. Listing of Board of Directors (Names, Addresses, Telephone Numbers, Terms, Officers)	
14. Listing of Board of Directors (Names, Addresses, Telephone Numbers, Terms, Officers)	
15. Current Organization Chart	
16. Approved 2023 agency budget	
17. Resumes of personnel assigned to the project	
18. Property Management and Lease Agreement	
19. Others - Please Describe	

IV. Appendix

**Place Required Documentation in this Appendix
Number All Pages**

V. Attachments

A. HUD Income Limits

Access link below for income limits

https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_FL_2022.pdf

B. HUD Rent Limits

Access link below for income limits

https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_RentLimits_State_FL_2022.pdf

C. Acknowledgement of Religious Organization

Acknowledgement of Religious Organization Requirements

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant (CDBG) assistance may not, as a general rule, be provided to primarily religious entities for any secular or religious activities.

Therefore, the following restrictions and limitations apply to any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which is supervised or controlled by or operates in connection with a religious or denominational institution or organization. A religious entity that applies for and is awarded CDBG funds for public service activities must agree to the following:

1. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference to persons on the basis of religion.
2. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion.
3. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.
4. The portion of a facility used to provide public services assisted in whole or in part under this agreement shall contain no sectarian or religious symbols or decorations; and
5. The funds received under this agreement shall be used to construct, rehabilitate, or restore any facility, which is owned by the provider and in which the public services are to be provided. However, minor repairs may be made if such repairs are directly related to the public services located in a structure used exclusively for non-religious purposes and constitute in dollar terms, only a minor portion of the CDBG expenditure for the public services.

I hereby acknowledge that I have read the specific requirements contained in this attachment and that eligibility of my organization's project depends upon compliance with the requirements contained in this agreement.

Signature: _____ Date: _____

Printed name and Title: _____

Notary

State of **Florida**

(stamp)

County of **Lee**

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2023 by _____ who is (personally known) or (produced identification) state type of identification _____.

Signature of Notary Public _____

Print Name _____

State of Florida