



Request For Proposals Project Based Vouchers

Release Date: December 11, 2022

Due Date: January 24, 2023

**Revision 12/27/22*

The Imperial Valley Housing Authority (IVHA) is releasing a Request for Proposals (RFP) seeking proposals from rental housing owners and/or developers for Project Based Vouchers (PBV). IVHA is releasing this RFP with the intent to improve the funding feasibility of projects seeking competitive financing in its geographical area. PBV awards will be contingent upon the project receiving the competitive funding tied to the PBVs identified in the application materials.

Existing units, substantial rehabilitation projects and new construction projects are eligible for consideration for the ninety-nine (99) Project Based Vouchers being made available under this RFP.

This RFP is established pursuant to Title 24, Chapter IX, Part 983 of the Code of Federal Regulations, statutory changes under the Housing Opportunity Through Modernization Act of 2016 (HOTMA) and related guidance published in HUD PIH Notice 2017-21.

Submission Requirements: Proposals will be accepted by PDF file, received by email only to the following address by the deadline of January 24, 2023, at 5:00 pm. Applications received after this deadline will receive no further consideration.

Email PDF file Application and supporting information to: kmann@ivha.org

Applications received after the deadline or in the case the applicant fails to provide complete information or documentation as required, the proposal will not receive consideration. Questions may be directed to Kirk Mann, Executive Director at kmann@ivha.org.

**Imperial Valley Housing Authority (IVHA)
APPLICATION FOR PROJECT-BASED VOUCHER (PBV) ASSISTANCE**

IVHA PROJECT-BASED VOUCHER PROGRAM

Owners/Developers will submit a separate application for each site/project in which Project-Based Voucher (PBV) assistance is sought. If the project is scattered site, one application may be submitted as long as all impact addresses are identified clearly in section 1 below. Please use additional pages to provide any other information that may be necessary. Please attach photographs of the property.

| | |
|----------------------------------|--|
| Legal Name of Owner/Organization | |
| Tax ID Number of Organization | |
| Mailing Address: | |
| City and Zip Code: | |
| Contact Name | |
| Contact Title | |
| Contact email address | |
| Contact phone number | |
| Organization website address | |

1. Information on Units/Project

The units proposed within this PBV application are:

- Existing Units
- New construction, or
- Rehabilitation

| Project Summary | |
|--|--|
| Project Name | |
| Project Address | |
| <p>Indicate the funding source or sources and planned application date for which the application will compete:</p> <p>The final award of PBVs is contingent upon the project's successful application for the funding listed above within two application rounds, or another funding source that will allow the project to follow a substantially similar timeline.</p> | |
| Estimated Date of Occupancy | |
| Number of Project Based Vouchers requested | |
| Total Units in this project | |
| Percent of units to be Project-Based | |

**Imperial Valley Housing Authority (IVHA)
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Describe ownership entity (sole owner, partnership, limited liability company, limited partnership, corporation, non-profit organization, etc.)

Provide narrative

Attach Proof of Ownership (attach copy of deed, tax bills, articles of organization, etc.)

Building Type: single-family duplex town house multi-family

Date of Original
Construction:

Proposed Date of Completion (i.e., the date that the units will be ready for occupancy):

b. Indicate below if any other units within the proposed project have another form or federal assistance

- Low-Income Housing Tax Credits allocated prior to July 1, 2006
 - Section 236 Rental Housing Program
 - 221d FHA Insurance Program for Multi-family or Cooperative Housing
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Disabled Persons
 - Home Investment Partnership Program
 - Housing Stabilization Funds
 - Community Development Block Grant Funds
 - HUD-insured or co-insured mortgages
 - Federal Home Loan Bank housing program funds
 - Tenant-based or Project-based Section 8 Housing Choice Vouchers
 - Other federal, state or local subsidized housing program
 - Farmers Home Administration
 - Transitional Assistance Program
 - Rapid Rehousing Program
 - Rental Housing Assistance Support Service
 - Imperial Valley Housing Trust Fund
 - other federal or state assistance:
-

c. How many units of the total requested for PBV assistance are accessible (describe number and type of accessible features)?

| <u>Number</u> | <u>Accessible Features</u> |
|---------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

d. Intended Resident Population (Check all that apply):

Elderly (62 yrs. and over)

Persons receiving support services, other than PSH

Families

Persons with a disability

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e. Current/Proposed Rent of Project Units

Complete the chart to indicate rents for all units in the project (including non-assisted units) by unit size and unit assistance type (e.g. PBV, market, 30%, non-assisted, etc.)

| Identify Building or Units | Unit size (Use 0 for studio, 1 for 1 Bedroom, etc.) | Unit Assistance Type | Current Rent, if applicable | Requested Rent |
|----------------------------|---|----------------------|-----------------------------|----------------|
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| Site Information | |
|---|--|
| Projected Date of Occupancy | |
| Structure Type (e.g., low rise, hi rise, townhome, duplex, single family) | |
| Is this a Tax Credit property? If Yes or Intend to apply, is the property located in a qualified census tract? | |
| Census Tract of property | |
| Poverty rate in Census tract | |
| Is the property accessible for persons with disabilities? (all units, limited number of units, or none) | |
| Does the applicant have site control? | |

| Project Financing | |
|--|--|
| Amount of permanent financing | |
| Amount of cash/loans currently attached to project | |

**Imperial Valley Housing Authority (IVHA)
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Requested Contract Term: _____ Years (if request varies per bldg., attach explanation)

- a. Owner/ Project Sponsor must request a minimum term of 5 years up to a maximum term of 10 years, with a potential extension of another 10 years.
- b. Would you be willing to accept an extension of the contract if it were approved by the IVHA?
 Yes No If yes, how long of an extension is acceptable? _____

Community Amenities:

| Distance to: | Less than a 1 Mile | Between 1 and 2 Miles | More than 2 Miles |
|--|---------------------------|------------------------------|--------------------------|
| Shopping (i.e., groceries, pharmacy, other everyday type of needs) | | | |
| Employment opportunities (i.e., organizations with 25 or more employees) | | | |
| Public transportation | | | |
| Significant medical facilities (hospital) | | | |
| Public schools | | | |
| Parks, civic features | | | |

Unit/apt. Complex Amenities (if inconsistent from building to building, attach explanation):

- Check all that apply:
- Units and common areas adapted/adaptable for persons with disabilities
 - Off street parking
 - Laundry facilities
 - Washer/dryer hook-up
 - Porches/decks/ personal backyards
 - Children's play areas
 - Recreational facility for adults and children
 - Common area function room(s)
 - Air Conditioning
 - Other, please specify: _____

Attach a narrative describing the quality and location of the units; the affordability restrictions; and the need for PBV assistance. Must include census tract and current poverty rate.

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Experience of Owner Entity Owning Rental Housing (check if any apply).

[] Provide references as an attachment for other rental projects owned:

- a. 10 years or more experience owning affordable rental housing
- 1- 9 years experience owning affordable rental housing
- 10 years or more experience owning other rental housing
- 1 to 9 years experience owning other rental housing
- Experience owning other rental housing for special needs populations such as elderly or disabled persons.

Describe projects and population served: **Provide narrative** _____

Number of rental units currently owned by Owner: _____

b.

Proposed Management Agent's Experience in Managing and Maintaining Rental Housing (check if any apply):

[] Provide references as an attachment for management experience

- a. Proposed Management Agent is: Owner Third party
- If third, party, enter name, address, and phone of management company:

- b. 10 years or more experience managing and maintaining affordable rental housing
- 1 to 9 years' experience managing and maintain affordable rental housing
- 10 years or more experience managing and maintain other rental housing
- 1 to 9 years experience managing and maintain other rental housing
- Experience of proposed management agent in managing rental housing for special needs populations such as the elderly, disabled, etc.

Describe projects and populations served: **Provide narrative** _____

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Certifications

I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this Project-Based Voucher (PBV) assistance application, there is no promise or guarantee from the Imperial Valley Housing Authority (IVHA) that my application for PBV assistance will be accepted. I certify that the units proposed for PBV assistance are vacant and that I am not displacing any existing tenant in order to qualify for this program. I understand and agree to abide by the PBV assistance requirements to select eligible tenant for vacant units form referrals made to me by the agents of the IVHA. I certify that neither I, nor my partners, are on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs. I agree to provide information concerning any participant/principal who is not known at the time of this submission to IVHA as soon as the principal is known. I further certify that there is no conflict of interest by owner or any of these parties that would be a violation of the PBV Housing Assistance Payments (HAP) contract.

Print Name of Owner/Organization Representative

Signature of Owner/Organization Representative

Date of Signature