



TO: Interested Parties

FROM: Pasco County Community Development Department

SUBJECT: 18847 East Road, Hudson  
Availability of Property for Affordable Housing

18847 East Road, located in Rolling Oaks Estates subdivision in Hudson Florida was initially acquired by Pasco County Facilities Management Department in 2011 through eminent domain. A portion of the property was utilized for right of way, however the majority portion of the property, along with the house remains. This property is being made available to a not-for profit agency for affordable housing for very low income families with a special needs household member, or a group home for the same population.

Agencies must show that they have sufficient reserves to maintain the property if the property is vacant. A 50 year deferred mortgage with a zero percent interest rate will be placed on this property. The mortgage will be forgiven after 50 years as long as the agency has met all requirements of the agreement, mortgage and note. If the agency awarded this property offers it for sale prior to the expiration of the mortgage, they must offer a first right of refusal to other eligible nonprofit organizations for purchase at the current market value for continue occupancy by eligible persons.

Rents are limited to limits what is limited by law. Currently, that is \$858, and this amount is adjusted annually. That is variable depending on the final bedroom count.

Funds will also be awarded to rehabilitate the property, which will be done according to Pasco County's rehabilitation standards.

An open house will be conducted at the property on July 7, 2016 at 9:00 am, where you can inspect the property, and staff will be available to answer questions. Agencies that are interested in the property must submit a Special Needs Rental Housing Application. Final decisions on property transfer shall be made by the Board of County Commissioners.

**OFFICE OF COMMUNITY DEVELOPMENT DEPARTMENT**

Phone: 727.834.3445 | Dade City 352.521.4274, Ext. 3445 | Land O'Lakes 813.996.7341, Ext. 3445

Fax: 727.834.3450 | 5640 Main Street, Suite 200 | New Port Richey, FL 34652

# Pasco County



*"Bringing Opportunities Home"*

**COMMUNITY DEVELOPMENT DEPARTMENT**

**SPECIAL NEEDS RENTAL HOUSING APPLICATION**

**18847 East Road, Hudson**

**DEADLINE FOR APPLICATION SUBMITTAL:**

**July 25, 2016**

**4:00 PM**

**Submit Completed Application to:  
Pasco County Community Development Department  
5640 Main Street, Suite 200  
New Port Richey, FL 34652-2634  
(727) 834-3445 (West)  
(352) 521-4274, Ext. 3445 (East)  
(813) 996-7341, Ext. 3445 (Central)**

This agency would be required to rent the unit to an eligible individual or family, with an income level under 50% of the median income which is currently as follows:

|           |          |
|-----------|----------|
| 1 person  | \$20,750 |
| 2 persons | \$23,700 |
| 3 persons | \$26,650 |
| 4 persons | \$29,600 |

One member of the household must be an individual with a “special need” according to FS. 420, which is defined as an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.151(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program of the Supplemental Security Income (SSI) program or from veterans’ disability benefits.

Rents are limited to what is limited by law. That amount is variable depending on the final bedroom structure of the building.

An open house will be conducted at the property on July 7, 2016, where you can inspect the property, and staff will be available to answer questions. Final decisions on property transfer shall be made by the Board of County Commissioners.

#### **I. APPLICATION PROCESS:**

- SUBMIT ONE ORIGINAL COMPLETED APPLICATION. **NO FACSIMILE APPLICATIONS WILL BE ACCEPTED.**
- **THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.** INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED AND NOT REVIEWED FOR FUNDING.
- **APPLICANTS MUST SUBMIT COMPLETED APPLICATION ON OR BEFORE THE SUBMISSION DEADLINE OF July 25, 2016 at 4:00 P.M.** APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE DISQUALIFIED AND NOT REVIEWED FOR FUNDING.
- THE SUBMITTED APPLICATION MUST BE SIGNED BY THE AUTHORIZED SIGNATORY (**EITHER THE PRESIDENT OR VICE-PRESIDENT**) OF THE AGENCY. A DESIGNEE APPROVED BY THE AGENCY BOARD, IN A BOARD MEETING MAY SIGN IF PROOF OF AUTHORIZATION IS SUBMITTED ALONG WITH THE APPLICATION.

#### **NOTE:**

~ The "Program Guidelines" outlined in the following pages is to aid the agency in the application. Contact the Community Development Department with any questions regarding the application.

~ All application requests' for funding shall be based upon documented need, agency history in providing similar services, experience of the staff providing these service(s), and conformance to the program eligibility and national objective requirements specified by HUD.

## **II. COUNTY CONTACTS:**

Hilary Bruno  
Community Development Specialist  
(727) 834-3445  
hbruno@pascocountyfl.net

## **III. APPLICATION MAILING INFORMATION:**

The application proposal may be hand-delivered, mailed or sent by courier service to:

Pasco County Community Development Department  
5460 Main Street, Suite 200  
New Port Richey, FL 34652

## **VI. ELIGIBLE AGENCIES:**

This program is available to agencies that have a presence in Pasco County. That threshold shall be determined by the Community Development Department.

**PASCO COUNTY**  
**18847 East Road**  
**REQUEST FOR QUALIFICATIONS**

---

|                           |
|---------------------------|
| <b>AGENCY INFORMATION</b> |
|---------------------------|

1. **NAME OF AGENCY:**  
\_\_\_\_\_
2. **OFFICE ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_
3. **MAILING ADDRESS (if different from above):**  
\_\_\_\_\_  
\_\_\_\_\_
4. **FEDERAL ID NO.:** \_\_\_\_\_ **4a. DUNS NO.:** \_\_\_\_\_
5. **NAME AND TITLE OF CONTACT PERSON:** \_\_\_\_\_
6. **NAME AND TITLE OF AUTHORIZED SIGNATORY:** \_\_\_\_\_

**NOTE:** Authorized signatories include a designee approved by the agency Board. These are the only members of the agency who is/are authorized to sign and enter into a subrecipient agreement, binding the agency and Pasco County to the terms of the agreement.

Other designated official(s) will be considered as authorized signatories only if an official and approved copy of a Board resolution or letter is attached with the application, specifying that the official is authorized to act on behalf of the President/Vice President for the Program.

7. **TELEPHONE NO:** \_\_\_\_\_
8. **FAX NO:** \_\_\_\_\_
9. **E-MAIL ADDRESS OF CONTACT PERSON:** \_\_\_\_\_
10. **E-MAIL ADDRESS OF AUTHORIZED SIGNATORY:** \_\_\_\_\_
11. **IS THIS A FAITH-BASED ORGANIZATION?**  
 Yes       No       Not applicable

**ACTIVITY DESCRIPTION**

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS IN DETAIL**

12. **DESCRIPTION OF THE TYPE OF RENTERS THAT WILL LIVE IN UNIT:**

---

---

---

---

---

13. **ATTACH INFORMATION ON WHY YOU HAVE SELECTED THIS GROUP TO ASSIST**

---

---

---

---

**NOTE:** Please substantiate your description with:  
~ Statistical evidence (local data/national data is not acceptable for local funding)  
~ Information from valid studies completed in similar projects or fields

**BUDGET DESCRIPTION**

- 14. **SUBMIT A COMPLETE ANNUAL BUDGET FOR YOUR AGENCY, INCLUDING ALL REVENUE, EXPENDITURES AND ANTICIPATED EXPENDITURES BY FUNDING SOURCE(S) AND AMOUNTS. IF YOU SUBMITTED THIS INFORMATION FOR ANOTHER COMMUNITY DEVELOPMENT DEPARTMENT APPLICATION OVER THE LAST 12 MONTHS, IT IS NOT NECESSARY TO PROVIDE THIS INFORMATION AGAIN.**
  
- 15. **PLEASE ATTACH A PROJECTED PRO FORMA FOR REVENUES AND EXPENDITURES FOR THE PROJECT.**

16. HAS A SIMILAR ACTIVITY OR PROJECT BEEN PERFORMED BEFORE BY YOUR AGENCY? IF YES, PLEASE DESCRIBE IT.

---

---

---

---

---

17. DOES YOUR AGENCY HAVE QUALIFIED AND ADEQUATE STAFF, AND FUNDING TO PERFORM ALL THE PROPOSED FUNCTIONS FOR IMPLEMENTATION AND ADMINISTRATION OF THIS PROPERTY? IF YOU ARE USING VENDORS OR CONSULTANTS, PLEASE INCLUDE THAT INFORMATION.

---

---

---

---

---

18. WOULD ANY AGENCY STAFF MEMBER(S), AGENT(S), OFFICER(S), OR MEMBER(S) OF THEIR FAMILIES STAND TO GAIN FINANCIALLY FROM AN AWARD TO YOUR AGENCY? IF YES, PLEASE EXPLAIN.

---

---

---

---

---

19. DESCRIBE THE GOALS AND OBJECTIVES OF YOUR AGENCY.

---

---

---

---

---

20. DESCRIBE THE ORGANIZATIONAL STRUCTURE OF YOUR AGENCY.

---

---



---



---

**21. HOW LONG HAS YOUR AGENCY BEEN IN EXISTENCE WITHIN PASCO COUNTY?**

---



---



---

**22. DESCRIBE THE EXPERIENCE OF THE STAFF WHO WOULD BE INVOLVED WITH THE PROPOSED PROJECT.**

---



---



---



---



---

**23. ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION AND USE THE CHECK BOXES IN TABLE 8 TO INDICATE IF THEY ARE NOT ATTACHED. PLEASE STATE THE REASON THE DOCUMENT(S) IF THEY ARE NOT ATTACHED. IF YOU HAVE SUBMITTED ANOTHER APPLICATION IN THE LAST 12 MONTHS TO COMMUNITY DEVELOPMENT THAT INCLUDED THIS INFORMATION, PLEASE NOTE AND YOU DO NOT HAVE TO INCLUDE AGAIN.**

| DOCUMENT NAME   | ATTACHED                 | PROVIDED TO PCCD WITHIN PAST YEAR | REASON DOCUMENT IS NOT ATTACHED |
|---|--------------------------|-----------------------------------|---------------------------------|
| Latest budget for your agency, showing ALL projects and their funding sources.                          | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |
| Articles of Incorporation and Bylaws.   | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |
| IRS 501(c)(3) tax determination letter.   | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |
| Address and occupations of the current Board of Directors.  | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |
| Copy of the most recent annual financial audit or management statement.                                 | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |
| Copy of the most recent procurement policies or statements showing the procedures for agency purchases. | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |
| Evidence of insurance   | <input type="checkbox"/> | <input type="checkbox"/>          | _____                           |

|   |                          |                          |                |
|---|--------------------------|--------------------------|----------------|
| Agency letter indicating the persons who have legal signing authority to make decisions or sign on behalf of the agency.  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| Organizational Chart  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| Affirmative Action Plan: In keeping with the principles as provided in President's Executive order 11246 of September 24, 1966, provide affirmative action guidelines for approval. | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____ |

**I certify that I have reviewed this application thoroughly, and all the information provided in this application is true to the best of my knowledge and belief.**

\_\_\_\_\_  
**PRINT NAME OF SIGNATORY PERSON**

\_\_\_\_\_  
**PRINT TITLE OF SIGNATORY PERSON**

\_\_\_\_\_  
**SIGNATURE OF SIGNATORY PERSON**

\_\_\_\_\_  
**DATE**