



Tampa Hillsborough Homeless Initiative
2021 Universal Request For Proposals (RFP)

APPLICATION - DEVELOPER/INVESTOR

(Please Complete One per Project Proposal - refer to RFP Instructions for assistance in completing the application)

1. General Information	
Project Name:	Type of Entity: <input type="checkbox"/> For Profit <input type="checkbox"/> Not For Profit
Organization Name:	Authorized Official Name/Title:
Address:	Telephone:
City, State, Zip:	Organization Website:
Contact Person Name/Title:	DUNS # and CAGE Code:
Contact Person E-mail:	Federal Tax ID#:

2. Project Information	
Is this a/an:	<input type="checkbox"/> New Project <input type="checkbox"/> Expanded Project
Is this a:	<input type="checkbox"/> Pipeline Project <input type="checkbox"/> Shovel Ready Project
What is the Project's Low Barrier Housing Access Questionnaire Score:	_____
Total Requested Project Funding Amount: \$	_____
How much Match Commitment (total) do you have for this project: \$	_____
Please list any Funding Sources that you do not want to fund this project:	_____
Project Priority (If submitting more than one project please rank the priority of this project):	_____

3. Permanent Housing Development - Project Type (check all that apply)	
<input type="checkbox"/> Unit Set-Aside (Developer Incentive)	<input type="checkbox"/> Acquisition
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Other: _____

4. Collaborative Partner(s) for Provision of Supportive Services (May be proposed and/or in discussion with if awarded; as described in Project Proposal)	
Name of Collaborative Partner(s) for Provision of Supportive Services: _____	
<input type="checkbox"/> Current MOU/Partner(s)	<input type="checkbox"/> Proposed Partner(s)

5. Application Checklist	
Please ensure the application includes the following documents	
<input type="checkbox"/>	Completed and Signed Application - DEVELOPER/INVESTOR
<input type="checkbox"/>	Low Barrier Housing Access Questionnaire - Completed and Signed
<input type="checkbox"/>	Project Description
<input type="checkbox"/>	Budget Summary Form
<input type="checkbox"/>	Detailed Budget/Financial Plan Narrative
<input type="checkbox"/>	Match Narrative and Documentation of Commitment
<input type="checkbox"/>	Organization Capacity and Experience Narrative
<input type="checkbox"/>	Company Financial Health and Fiscal Capacity Narrative
<input type="checkbox"/>	Evidence the Applicant is a Legally Formed Entity Qualified to do Business in the State of Florida
<input type="checkbox"/>	Organization's Excluded Parties List System (ELPS) Status (sam.gov printout)
<input type="checkbox"/>	Business Tax Returns filed with the IRS in the last 2 Years
<input type="checkbox"/>	Year to Date (YTD) Profit & Loss (P&L) Statement, prepared by an Accountant
<input type="checkbox"/>	Compliance Depot Registration Summary (if applicable)
<input type="checkbox"/>	Current Organizational Chart

6. Other Certification	
I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that no action will be taken prior to issuance of official authorization to proceed by THHI . 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.	
_____	Signature of Authorized Official
_____	Printed Name of Authorized Official
_____	Title
_____	Date