Schedule 3: Request for Proposal

Ontario Priorities Housing Initiative (OPHI)

**Instructions:**

* Complete RFP in spaces provided below.
* Print once complete. Attach any additional information at the end of the application and ensure it is properly labeled and numbered according to corresponding RFP sections.
* Service Providers applying to OPHI Rent Supplement Funding ONLY, omit sections 11-16.
* Service Providers applying to OPHI Rental Housing Capital Component Funding ONLY, omit section 8-10.
* Service Providers applying to OPHI Rental Supplement and Rental Development Funding, complete sections 1-16.
* **THIS PROPOSAL IS INTENDED FOR RENTAL HOUSING CAPITAL COMPONENT DEVELOPMENTS READY FOR CONSTRUCTION BY APRIL 2020**

**AND**

**RENT SUPPLEMENTS FOR APRIL 1, 2020 TO MARCH 31, 2021 & APRIL 1, 2021 TO MARCH 31, 2022.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Organization Information | | | | | | | | |
| Organization Name: | | | | | | | | |
| Organization Legal Name: | | | | | | | | |
| Website URL: | | | | | | | | |
| Type of Legal Entity: | | | | | | | | |
| Year Established: | | | | Date Incorporated: | | | | |
| Corporation Registration Number: | | | | | | | | |
| Date of Last AGM: | | | | Date of next AGM: | | | | |
| Organization Mandate: | | | | | | | | |
| 2. Lead Contact for Applicant Information and Questions | | | | | | | | |
| Salutation: | Name: | | | | Title: | | | |
| Work phone: | | Mobile Phone: | | | | | Fax: | |
| Email: | | | | | | | | |
| 3. Project Overview | | | | | | | | |
| **Please provide the required information set out in Section 3 (page 6) of the Request for Proposal document (maximum 4,900 characters).** | | | | | | | | |
| **Type and number of people to be supported by OPHI Rent Supplement funding, if applicable** | | | | | | Families | | |
| Individuals | | |
| Other, please specify: | | |
| **Total number of people (estimate number of family members, if applicable):** | | | | | |  | | |
| **Type and number of units to be supported by OPHI Rental Housing Capital Component funding, if applicable** | | | | | | Family | | |
| Bachelor | | |
| Other, please specify: | | |
| **Total number of units:** | | | | | |  | | |
| 4. Business Case (Rational and Existing Evidence) | | | | | | | | |
| Please provide the required information set out in Section 4 (page 7) of the Request for Proposal document (maximum 4,900 characters). Please attach job descriptions for any existing or new employees to be funded through OPHI. | | | | | | | | |
| 5. Organizational Capacity | | | | | | | | |
| Please provide the required information set out in Section 5 (page 7) of the Request for Proposal document (maximum 4,900 characters). | | | | | | | | |
| 6. a) Inclusivity of Services | | | | | | | | |
| Please define the efforts your organization is making, or will make to promote and encourage services to **First Nations, status and non-status people** to apply to their programs/housing. Please include how and where you intend to promote the services**. The efforts should be quantifiable.**   |  | | --- | | 6. b) Inclusivity of Services | | Please define the efforts your organization is making, or will make to promote and encourage services to **Inuit** to apply to their programs/housing. Please include how and where you intend to promote the services. **The efforts should be quantifiable.**   |  | | --- | | 6. c) Inclusivity of Services | | Please define the efforts your organization is making, or will make to promote and encourage services to **Métis people** to apply to their programs/housing. Please include how and where you intend to promote the services. **The efforts should be quantifiable.** | | | | | | | | | | |
| 7. Partnerships and Collaboration | | | | | | | | |
| Please provide the required information set out in Section 7 (page 8) of the Request for Proposal document (maximum 4,900 characters). Partnerships must be supported with a letter of intent from partners for both the OPHI Rent Supplement Funding and the OPHI Rental Funding. | | | | | | | | |
| **8. Referral Services** | | | | | | | | |
| Will your organization accept referrals to provide Rent Supplements to tenants from non-profit organizations other than yourown? YES or NO If yes, please explain and provide details. | | | | | | | | |
| 9. Project Delivery and Budget | | | | | | | | |
| Please provide the required information set out in Section 9 (page 8) of the Request for Proposal document (maximum 4,900 characters). Please also attach the required Operating Budget (Schedule 5) template. | | | | | | | | |
| **10.** **Financial Summary for Rent Supplement Costs**  **(**The information provided below must be consistent with the Rent Supplement budget submitted) | | | | | | | | |
| 1. OPHI Rent Supplement Funding requested | | |  | | | | | |
| 11. Rental Housing Capital Component Details Date: | | | | | | | | |
| The total OPHI Rental Housing Capital Component funding allocation is limited to $1,153,944.00. Your organization may choose to apply for all of the funding, or a portion of the funding. The OPHI Rental Housing component will fund up to 75% of the pro-rated share of the capital costs of the units. Service Providers are required to fund the remaining 25%.  Please indicate where you will be getting the remaining 25% of capital cost by providing evidence that either the funds are available within your organization, or include a letter from a financial institution stating that you can secure the amount needed. Proposal without supported contributions cannot be considered. Whether you choose to use your organization’s cash equity or borrow the portion, **a** **Motion from your Board of Directors is required to apply for the OPHI Capital funding.**  The OPHI funds will cover 75% of development costs in progress draw payments.  50% upon first building permit received  40% upon 50% completion  10% upon occupancy  Service providers must be able to fund all pre-developments expenses while awaiting progress draw remittances.  The 25% contribution from Service Providers must match your proposed Capital Development Budget.  Refer to OPHI Guidelines. | | | | | | | | |
| **Capital Project Name**: | | | | | | | | |
| **Full Civic Address:** | | | | | | | | |
| **Project Legal Description** | | | Plan: | | | | | |
| Block: | | | | | |
| Lot: | | | | | |
| Acres: | | | | | |
| Hectares: | | | | | |
| **Construction Types (check all that apply)** | | | New Construction | | | | | |
| Addition to existing residential units | | | | | |
| Conversion to proposed residential use | | | | | |
| Purchase and/or renovations/rehabilitation of existing residential rental units | | | | | |
| **Building Type** | | | Single detached | | | | | |
| Semi-detached | | | | | |
| Row House | | | | | |
| Rooming House | | | | | |
| Apartment | | | | | |
| Other, please specify: | | | | | |
| For a proposal to be considered for funding under this RFP, the combination of monthly rents (min 80% of Average Marker Rent) and utilities/utility allowance must be affordable to the targeted households. Which of the following, if any, are included in monthly rent? | | | Electricity | | | | | |
| Heat | | | | | |
| Water and sewer | | | | | |
| Cable | | | | | |
| Other, please specify: | | | | | |
| **Does your project have energy efficient features in building design and technology?**  Yes No  If yes, please provide details:  If yes, please indicate cost: | | | | | | | | |
| 12. Development Team Date: | | | | | | | | |
| Please identify members of your development team and indicate if they are Indigenous or employed by an Indigenous organization. | | | | | | | | |
| **Project Manager (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Email: | | | | | |
| Telephone: | | | Fax: | | | | | |
| **Design-build Developer (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Email: | | | | | |
| Telephone: | | | Fax: | | | | | |
| **Developer’s Architect (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Email: | | | | | |
| Telephone: | | | Fax: | | | | | |
| **Construction Management (firm or contract):**  Member is Indigenous or employed by an Indigenous organization | | | | | | | | |
| Address: | | | Email: | | | | | |
| Telephone: | | | Fax: | | | | | |
| 13. Property Details Does the Date: | | | | | | | | |
| Does the proposal involve acquiring property?  Yes  No  If yes, attach conditional agreement of purchase and sale.  If no, attach a copy of the title. | | | | | | | | |
| Seller’s Name: | | | Name of title when project is complete: | | | | | |
| Describe any mortgages, caveats, and/or easements etc. that are anticipated to be registered on title. | | | | | | | | |
| Does the site have the proper land use designation (i.e. zoning)?  Yes  No  If yes, please attach land use documentation. | | | | | | | | |
| Are there any environmental issues related to the property?  Yes  No  If yes, please describe: | | | | | | | | |
| 14. Schedule | | | | | | | | |
| **Target construction start:** | | | **Target occupancy date:** | | | | | |
| The first stage is reaching the point where OAHS can give the Service Provider Final Project Commitment which requires that the Service Provider achieve the following:   * Confirmation of all local land use approval, e.g. zoning, development permit, building permit; * Verification of the capital budget, satisfactory to OAHS; * Agreement on an operating budget, satisfactory to OAHS; and, * Design drawings and commitment to appropriate specifications, satisfactory to OAHS.   The second stage spans all work required from Final Project Commitment by OAHS to completion and occupancy. The schedule can be in a format like that below or as a Gantt chart. | | | | | | | | |
| **Chart Schedule: From RFP to Occupancy** | | | | | | | | |
| **Activity** | | | **Date completed**  **(day/month/year)** | | **Incomplete (✓)** | | | **Weeks required to complete. (Include comments, if needed)** |
| 1. Land/lease negotiations | | |  | |  | | |  |
| 1. Feasibility, scope development, costing | | |  | |  | | |  |
| 1. Design drawings and outline specifications | | |  | |  | | |  |
| 1. Municipal land use approvals achieved, including Development Permit | | |  | |  | | |  |
| 1. Capital budget development | | |  | |  | | |  |
| 1. Operating budget approved | | |  | |  | | |  |
| 1. Review of working drawing by OAHS | | |  | |  | | |  |
| 1. Final Project commitment from OAHS | | |  | |  | | |  |
| 1. Execution of contract drawings | | |  | |  | | |  |
| 1. Building permit issued | | |  | |  | | |  |
| 1. Execution of lease, mortgage, operating agreements | | |  | |  | | |  |
| 1. Construction start | | |  | |  | | |  |
| 1. First construction advance | | |  | |  | | |  |
| 1. Substantial completion | | |  | |  | | |  |
| 1. Interest adjustment date | | |  | |  | | |  |
| 1. Occupancy | | |  | |  | | |  |
| 15. Financial Summary for Capital Costs | | | | | | | | |
| Please attach the Capital Budget (Schedule 4). The information provided below must be consistent with the Capital Budget submitted. | | | | | | | | |
| 1. OPHI Rental Housing Funding | | |  | | | | | |
| 1. If applicable, 4% equity where partnership with private sector exists | | |  | | | | | |
| 1. Mortgage financing required | | |  | | | | | |
| 1. Other, please specify: | | |  | | | | | |
| 1. Total Capital Cost = (a. + b. + c. + d.) | | |  | | | | | |
| 16. Service Provider and Community Contributions | | | | | | | | |
| Service Providers can mobilize local financial support for their Projects. Please summarize those contributions below, identifying the source and nature of the contributions under “Description”. For example, an Organization might donate land; a municipal government might provide a grant equivalent for Development Cost Charges or might lease a site at a nominal cost.  Please submit copies of any written commitments for financial support from community supporters, including municipal resolutions and letter of conditional support from service clubs or foundations if applicable. | | | | | | | | |
| **Source** | | | **Description (include any conditions)** | | | | | **Value** |
| 1. Service Provider | | |  | | | | |  |
| 1. Municipal Government | | |  | | | | |  |
| 1. Other community partners | | |  | | | | |  |
| 1. Other, please specify: | | |  | | | | |  |
| **Total Value = (a. + b. + c. + d.)** | | | | | | | |  |

**Declaration**

The Applicant hereby certifies as follows:

1. the information provided in this application is true, correct, and complete in every respect;
2. the Applicant understands any OPHI Rental Housing funding commitment will be provided by way of an approval letter signed by the responsible Minister and will be subject to any conditions included in such a letter;
3. the Applicant understands any OPHI Operating funding commitment will be provided by way of a signed Partnership Agreement with OAHS and will be subject to any conditions included in this Partnership Agreement;
4. conditions of funding may include the requirement for a funding agreement obligating the funding recipient to report on how the funding was spent and other accountability requirements;
5. the Applicant has read and understands the information contained in the Request for Proposal Form;
6. the Applicant is aware that the information contained herein can be used for the assessment of grant eligibility and for statistical reporting;
7. the applicant understands that it is expected to comply with the Ontario Human Rights Code and all other applicable laws;
8. the Applicant understands that the information contained in this application or submitted to the OAHS in connection with the grant is subject to disclosure under the Freedom of Information and Protection of Privacy Act;
9. the Applicant is not in default of the terms and conditions of any grant. loan or transfer payment agreement with any ministry or agency of the Government of Ontario; and,
10. I am an authorized signing officer for the Applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Salutation: | First Name: | Last Name: | Title: |
| Phone Number (Work): | | Phone Number (Mobile): | Email: |

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| --- | --- | --- |
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Signature Date