Schedule 3: Request for Proposal (RFP)

Ontario Priorities Housing Initiative (OPHI) 2023-24

**Instructions:**

* Complete RFP in spaces provided below.
* Sign and date by authorized signing authority once complete.
* Attach any additional information at the end of the proposal and ensure it is properly labeled and numbered according to corresponding RFP sections.
* **THIS PROPOSAL IS INTENDED FOR CAPITAL RENTAL HOUSING COMPONENT DEVELOPMENTS READY FOR CONSTRUCTION BY DECEMBER 2023**
* **Funding request can be up to $2,404,785.00.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Organization Information | | | | | | | |
| Organization Name: | | | | | | | |
| Organization Legal Name: | | | | | | | |
| Organization Address: | | | | | | | |
| 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 | | | | | | | |
| Provide a description of the project, highlighting how it meets the objectives of OPHI and how it provides locally relevant, community-driven solution. | | | | | | | |
| Provide details on the number of new unites created and the target populations (i.e.; families, individuals, seniors, etc.). | | | | | | | |
| 4. Business Case (Rational and Existing Evidence) | | | | | | | |
| Provide context and information about the population and the types of needs, while also describing the approaches to be used to help those in need to obtain and retain housing through new rental housing units at affordable rents. | | | | | | | |
| 5. Organizational Capacity | | | | | | | |
| Please provide the required information set out in Section 5 of the Request for Proposal document (maximum 4,900 characters). | | | | | | | |
| 6. a) Inclusivity of Services | | | | | | | |
| Define the efforts your organization is making or will make to promote and encourage housing services to **First Nations, status and non-status people,** please include how and where you intend to promote the services**. The efforts must be quantifiable. Please provide any promotional material outlining this.**   |  | | --- | | 6. b) Inclusivity of Services | | Define the efforts your organization is making or will make to promote and encourage housing services to **Inuit**. Please include how and where you intend to promote the services. **The efforts must be quantifiable. Please provide any promotional material outlining this.**   |  | | --- | | 6. c) Inclusivity of Services | | Define the efforts your organization is making or will make to promote and encourage services to **Métis**. Please include how and where you intend to promote the services. **The efforts must be quantifiable. Please provide any promotional material outlining this.** | | | | | | | | | |
| 7. Partnerships and Collaboration | | | | | | | |
| Please provide the required information set out in Section 7 of the Request for Proposal document. Partnerships must be supported with a letter of intent from partners. | | | | | | | |
| 8. Capital Rental Housing Component Details Date: | | | | | | | |
| **The total OPHI Capital Rental Housing Component funding allocation is up to $2,404,785.00**. Your organization may choose to apply for all or a portion of the funding allocation. The OPHI Capital Rental Housing component will fund up to 75% of the pro-rated share of the total capital costs of the units less any HST rebates. Service Providers are required to fund the remaining 25%.  Please indicate the source of 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 Rental Housing Component Funding.**  The OPHI funds will cover 75% less any HST rebates of development costs in progress draw payments.   * 50% at signing of the Partnership Agreement and confirmation of registration of security and construction agreement (containing a development schedule and standard construction payment schedule) * 40% at confirmation of 100% completion of structural framing for new construction or 50% completion for acquisition and rehabilitation projects * 10% at confirmation of occupancy, submission of Initial Occupancy Report including an updated capital cost statement in a form acceptable to the MMAH   Please note:   1. Service providers must be able to fund all pre-development expenses while awaiting progress draw remittances. 2. The 25% contribution from Service Providers must match the proposed Capital Development Budget (Schedule 4). | | | | | | | |
| **Capital Development 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 | | | | |
| Apartment | | | | |
| Other, please specify: | | | | |
| For a proposal to be considered for funding under this RFP, the combination of monthly rents (min 80% of Average Market 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 development have energy efficient features in building design and technology?**  Yes No  If yes, please provide details:  If yes, please indicate cost: | | | | | | | |
| 9. 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: | | | | |
| 10. Property Details Does the Date: | | | | | | | |
| Does the proposal involve acquiring property?  Yes  No  If yes, attach executed Agreement of Purchase and Sale.  If no, attach a copy of the registered Charge.  (Note: only proposals that are “ready to go” will be considered for funding) | | | | | | | |
| Seller’s Name: | | | Name on title when development is complete: | | | | |
| Describe any mortgages, caveats, and/or easements etc. that are anticipated to be registered or are currently listed on title (note: One Charge, in addition to the registered Charge with OAHS, may be permitted. **Three or more Charges on Title is not permitted**) | | | | | | | |
| Does the site have the proper land use designation (i.e., zoning)?  Yes  No  If yes, please attach proof of land use documentation. | | | | | | | |
| Are there any environmental issues related to the property?  Yes  No  If yes, please describe: | | | | | | | |
| 11. Schedule | | | | | | | |
| **Target construction start:** | | | **Target occupancy date:** | | | | |
| **Complete the Chart Schedule below or attach a Gantt chart:** | | | | | | | |
| **Activity** | | | **Date completed**  **(day/month/year)** | | **Incomplete (I)** | | **Weeks required to complete. (Include comments, if needed)** |
| 1. Land/lease negotiations (APS or Registered Charge must be included in RFP) | | |  | |  | |  |
| 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 | | |  | |  | |  |
| 12. 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 Capital Rental Housing Funding (75% of total capital costs less HST rebates) | | |  | | | | |
| 1. Mortgage financing, if required | | |  | | | | |
| 1. Other, please specify: | | |  | | | | |
| 1. Total Capital Cost = (a. + b. + c.) | | |  | | | | |
| 13. Service Provider and Community Contributions | | | | | | | |
| Please summarize any additional 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 proposal is true, correct, and complete in every respect;
2. the Applicant understands any OPHI Capital 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. conditions of funding will include the requirement for a funding agreement obligating the funding recipient to report on how the funding was spent and other accountability requirements;
4. the Applicant has read and understands the information contained in the Request for Proposal;
5. the Applicant is aware that the information contained within this proposal will be used for the assessment of grant eligibility and for statistical reporting;
6. the Applicant understands that all proposed developments are expected to comply with the Ontario Human Rights Code and all other applicable laws;
7. the Applicant understands that the information contained in this proposal and any funding committed is subject to funding approval and actual receipt of funding from the MMAH;
8. the Applicant is not in default of the terms and conditions of any grant, loan, transfer payment or partnership agreement or other funding arrangement with any ministry or agency of the Government of Ontario, OAHS or any other Program Administrator;
9. Is authorized signing officer for the Applicant and have authority to bind the organization

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

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Signature Date