

## HOMEOWNERSHIP COUNSELING SERVICES REQUEST FOR PROPOSALS

Seminole County Community Services Department, Community Development Division is seeking proposals from qualified HUD-Approved Housing Counseling Agencies to provide housing counseling services to interested first-time homebuyers in accordance with the State Housing Initiatives Partnership (SHIP) Program, Chapter 420, Part VII, *Florida Statutes*, and Rule Chapter 67-37, *Florida Administrative Code*.

### Overview

Seminole County Community Development Division has allocated up to **\$75,000.00** in State Housing Initiatives Partnership (SHIP) program funds to identify a HUD-Approved Housing Counseling Agency to collaborate with to provide pre-purchase counseling services to very low-, low-, and moderate-income families wishing to purchase their first home in Seminole County. The successful applicant will enter a one (1) year Service agreement with an amount not to exceed **\$3,500.00** per eligible SHIP qualified, mortgage-ready applicant referred to Seminole County Community Development Division. The agreement may be renewed for up to two (2) successive one (1) year service periods, not to exceed three (3) years in total.

### Submission Requirements

Each applicant must submit one (1) original application, two (2) paper copies, and one (1) electronic copy in PDF format on an USB flash drive. Applications must be mailed or hand-delivered to the Community Services Department by Wednesday, August 7, 2024, at 4 PM. Applications must be date stamped by the official time clock located in our lobby.

**Seminole County Community Services Department  
520 W. Lake Mary Boulevard, Suite 100  
Sanford, Florida 32773  
Attention: Tadine Diaz, Project Manager II**

**APPLICATIONS RECEIVED AFTER 4:00 PM WILL NOT BE CONSIDERED**

A virtual technical assistance workshop is scheduled for Tuesday, July 16, 2024, at 10 a.m. to provide interested applicants an opportunity to ask questions regarding this Request for Proposals. Workshop login instructions are available at [www.seminolecountyfl.gov/departments-services/community-services/](http://www.seminolecountyfl.gov/departments-services/community-services/). All interested applicants must have a representative present at the workshops to be considered for funding,

If you have questions or need additional information, contact Tadine Diaz at 407-665-2388 or [tdiaz@seminolecountyfl.gov](mailto:tdiaz@seminolecountyfl.gov).

## SCOPE OF SERVICES

The successful agency will be required to provide Pre-purchase Counseling and Homebuyer Education services, which must include the following:

- Host the 8 Hour Homebuyer Education Workshop required by HUD and the Florida Housing Corporation. This course must include topics to educate individuals and families on the process to become successful homeowners; from mortgage pre-approval, property search, making an offer, to closing.
- Provide financial counseling & education services to assess participants' needs and develop action plans to become mortgage ready:
  - ✦ Review participant(s) credit reports from all 3 credit bureaus (Equifax, Experian, TransUnion)
  - ✦ Review bank statements to examine household expenses and spending trends.
  - ✦ Prepare a prepurchase budget for participants to utilize as a guide to reduce discretionary spending, to increase savings account balances, and reduce or eliminate debt to improve credit worthiness.
  - ✦ Provide ongoing counseling sessions to assess participants' progress with becoming mortgage ready (620 or higher credit score, 35/45 Debt to Income ratio)
  - ✦ Discuss loan products from the approved lenders with mortgage ready participants.
- Perform administrative responsibilities associated with the Seminole County SHIP Purchase Assistance Program as related to mortgage readiness and application preparation. This can include, but is not limited to:
  - ✦ Assisting first-time homebuyers with preparing the SHIP Application Packet
  - ✦ Collecting all pertinent income and asset documentation, valid identification for all adults, and birth certificate for all minors
  - ✦ Gathering HBE Certificates for all adult applicants in the household
  - ✦ Include copies of credit reports/scores of all Purchase Assistance applicants
  - ✦ Provide Lender Pre-Qualification Letters
- Assist selected lenders with gathering necessary documents to mortgage qualify participants.

***Note:*** All first-time homebuyer inquiries received by Seminole County Community Services will be referred to the Housing Counseling agency to begin the initial intake process and assess mortgage readiness. This may require maintaining an active waiting list for the SHIP Purchase Assistance Program prior to referral to Seminole County.

## PROJECT SUBMISSION SHEET

### APPLICANT NAME AND ADDRESS

Name:		
Address:		
City:	State:	Zip:
Federal Employer Identification Number:		

### CONTACT INFORMATION (Agency Contact not Grant Writer)

Name:	Title:
Phone:	Fax:
E-Mail:	
Relationship to Applicant:	

1. **Activity Summary:** Provide a 1 to 2-page summary of the proposed activity that includes a description of the activity, need for the service, the number of individuals to be served, and their demographics. Also specify location where services will be rendered. If activity is held in multiple locations, list addresses for each location.
  
2. Amount of Funding Requested: \$ \_\_\_\_\_
  
3. Total number of individuals/households served at requested funding level: \_\_\_\_\_

### A. Organizational Capacity / Experience (30 Points)

1. Describe prior experience with providing the proposed activity and include the following information:
  - Unique qualifications, certifications, or characteristics of the agency or staff, *include specifics that separates your agency from others serving in the same capacity.*
  - Number of years of related experience of the organization and key staff
  - Specify key staff skills, training, education, etc.
  - Summary of past outcomes (*for the past two (2) years*)
  - Provide a Year-End Report of accomplishments from previous funding year.

**ATTACHMENTS A - M (REQUIRED):**

- A. List of Board of Directors and offices held.
- B. Organizational Chart (*operation of organization*)
- C. Resumes of Chief Executive Officer, Chief Fiscal Officers, and key staff members assigned to the proposed activity.
- D. Organizational Articles of Incorporation
- E. Organizational By-laws
- F. IRS Determination Letter (Proof of Non-Profit Status)
- G. Most Recent Certified Audited Financial Statement (within the past 2 years with Management Letter, if applicable)
- H. IRS 990 Forms with Schedules
- I. Letters of Support from other agencies demonstrating that the “activity” as conducted by the applicant has impacted the documented need.
- J. Florida Department of Corporations Current Filing (*print from [www.sunbiz.org](http://www.sunbiz.org)*)
- K. Most recent federal, state, or local monitoring reports (if applicable)
- L. Proof of current insurance including liability/worker’s compensation/etc.

**B. Approach (30 Points)**

Based on the RFP's Scope of Services, please provide a detailed narrative that demonstrates how the proposed activities and services will be offered, how often they will be provided, and the anticipated outcomes.

1. List any perceived challenges with providing the required services and illustrate how your organization has the capacity to overcome these perceived challenges.
2. Describe outreach and marketing activities to be implemented to inform potential program participants about the services to be provided.



**D. Activity Budget (20 Point)**

Provide an Activity Budget that contains a fixed rate, per eligible homebuyer. This fixed rate must be inclusive of all fees and costs for the required service(s) associated with labor, materials, coordination, and incidentals necessary to assist potential homebuyers with reaching mortgage readiness within 6 months of intake.

**Example:**

<b>Task</b>	<b>Unit Cost</b>	<b>Total</b>
Homebuyer Education Course Certifications (In-House)		
One-on-One Individual Counseling Sessions		
SHIP Application Packet Preparation		
Administrative <i>(15% maximum.)</i>		
<b>Total</b>		

**Note:** Salaries, fringes, and related costs are allowed, as long as the salaries are related to specific positions providing direct services to the Activity. Also provide a narrative justification for each line item (salaries, fringes, workshop materials, educational information, etc.).

**Invoicing:** Seminole County will only reimburse for housing counseling participants that are seeking financial assistance through Seminole County’s Purchase Assistance Program.

**Payment Schedule and Procedure:** Contractor must provide an invoice, along with the following documentation for services rendered for each applicant in order to receive payment:

- Homebuyer Education (HBE) Workshop Agenda & Sign-in Sheet
- HBE Certificate for each applicant
- Documentation showing dates and times of one-on-one counseling session for each applicant.
- Lender Approval Letter for each applicant
- Copy of credit report with a middle score of 620 or higher

**Invoices may be submitted on a quarterly basis.** Community Services staff will review and authorize payment upon confirmation of services satisfactorily performed.



**SEMINOLE COUNTY COMMUNITY SERVICES**  
**FY2024-2025 Homeownership Counseling Services**  
**Request for Proposals**  
**Certification of Accuracy**

**All Applicants**

This page must be signed by the authorized representative of the Applicant as to the accuracy and completeness of this application. No application will be accepted without this document.

I hereby certify that this application is complete, and all information included herein is true and accurate.

Name of Applicant: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





SEMINOLE COUNTY COMMUNITY SERVICES
All Applicants
Due Diligence Affidavit

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. Within the past five (5) years, neither the Entity nor its directors, partners, principals, members, or board members:
i. Have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
ii. Have been cited by a funding source for non-compliance or default under a contract;
iii. Have been a defendant in a lawsuit based upon a contract with a funding source;
iv. Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any County program.

Please list any matters which prohibit the Entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is certified by my signature:

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

He/she is personally known to me or has presented \_\_\_\_\_ as identification number:

\_\_\_\_\_. (Print or Stamp of Notary):

Expiration Date: \_\_\_\_\_ Notary Public – State of \_\_\_\_\_ Notary Seal