

For office use only	
Date Proposal Received	_____
Time Proposal Received	_____
PHA Staff Accepting Proposal	_____
Date PHA Receipt Sent	_____

Montrose County Housing Authority Project-Based Voucher Program Owner Proposal

Instructions

Thank you for your interest in submitting a proposal for the Montrose County Housing Authority Project Based Voucher (PBV) Program.

This proposal can be submitted via email to Director@montroseha.com.

Or this proposal can be mailed or delivered to:

Montrose County Housing Authority
PBV RFP Proposal Response
222 Hap Court
Olathe, CO 81425

Proposals must be received by **March 11, 2024, at 2:00PM MST.**

We will provide owners with an update concerning the proposal selection process 30 days after the proposal due date.

For mailed proposals, respondents are cautioned to allow adequate time for postal processing and delivery. Any proposal received by MCHA later than the designated time and date may be considered non-responsive and may be disqualified from consideration. All late proposals may be returned to the respondent unopened.

Facsimile submissions will not be accepted. All proposals considered, including attachments, are retained for our files and cannot be returned.

A separate proposal must be submitted for each building in which a PBV unit will be located. Data that is the same for each building only needs to be submitted on one of the proposal applications. Additional proposal forms can be provided upon the Owner’s request.

Owner Contact Information

Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone # _____

Contact Person Title: _____

E-Mail Address: _____

Signature: _____

(Authorized Representative)

Date: _____

Title: _____

Property and Unit Information

Will the property be newly constructed? _____

Will the property be rehabbed? _____

Important: If the property is to be newly constructed or rehabbed, no work, not even preparation of the ground, can be started until the Agreement to Enter into a Housing Assistance Payment Contract is executed between the property owner and the MCHA.

Is the property in good condition and no rehab will be needed? _____

Is the property currently approved for tax credits, or does the owner intend to apply for tax credits for this property?

Please provide the information below for all units.

Building Address: _____

If appropriate, enter any name the community may use for neighborhood identification to identify building location. _____

How many months are anticipated for the rehabilitation or new construction from the beginning of the work? _____

Building Type: check the items that apply below:

	High-rise (9+ stories) Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mid-rise (5-8 Stories) Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Garden Walk-up (2-4 stories and the units are on 1st floor) Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Townhouse (2 or more attached units with each unit having 2 or more floors)
	Duplex (2 units in one building with at least one unit being on one floor)
	Single Family House (One family unit)
	Row-house (Dwelling units in a line of dwelling units attached at the side or rear by means of common walls. Unit is one floor.)

Unit Information

Please provide information for all units in the project or building for which the Owner is requesting Project Based Voucher assistance. MCHA will determine the units that will receive the PBV assistance.

Unit # in Building	# of Bedrooms	# of Bathrooms	Requested Rent	Size – Small, Medium, or Large

Amenities Provided by Owner

Amenity	Y or N		Amenity	Y or N
Central AC			Carpeting	
Window AC			Off-street Parking	
Refrigerator			Garage	
Stove			Working Fireplace	
Dishwasher			Cable Ready	
Disposal			Pool	
Microwave			Fitness Center	
Washer/Dryer Hookups			Playground	
Washer/Dryer			Patio/Balcony/Deck	
Ceiling Fan(s)			Fenced yard	
Security System			Basement	
Laundry Facilities			Outside Storage	
Disability Features			Recreational Facilities	

	Less than ¼ mile	Between ¼ and 3 miles	More than 3 miles
Distance:			
Shopping (i.e., groceries, pharmacy, other everyday type of needs)			
Employment opportunities (i.e., organizations with 25 or more employees)			
Public transportation			
Significant Medical facilities (hospital)			
Public schools			
Parks, civic features			

Data Relative to MCHA Evaluation Factors

- 1- What is the census tract for the property? _____

- 2- Is this site a property that supports local/county activities to expand and provide affordable housing opportunities such as part of a HOME program, CDBG activities, designated a project under the HUD redevelopment zone. If so, please explain activities:

- 3- Provide the owner experience and capability to build or rehabilitate housing and record of property management.

- 4- To what extent will the project further MCHA’s goal of deconcentrating poverty and expanding housing and economic opportunities pursuant to MCHA’s Five Year and Annual Plan?

- 5- If the proposal is for new construction or rehab, describe the previous experience of the owner and any partners concerning development, marketing, or management of rental property.

- 6- Describe the project plans to refinance and capital improvements to maintain the property affordable for long term needs of low and very low-income households. Attach a copy of the project’s budget.

Management and Maintenance Services

- 1- Will there be on- site: Management Staff? Yes No
- Maintenance Staff Yes No

2- Are there other management or maintenance services available, such as package receiving, security guard or janitorial services? _____

3. Will there be on-site transportation services? If so, please explain:

4. Will there be onsite education services provided? If so, please describe:

5. Will there be provisions made for on-site or off-site self-sufficiency activities? If so, explain:

Accessible Units

How many units of the total requested for PBV assistance are accessible? _____

Describe type of accessible features.

Unit #	Accessible Features

Intended Resident Population (Check all that apply)

- Elderly (62 years or older) Families Disabled
- Person(s) receiving supportive services

Do any units have another form of assistance? Yes No

If yes, what is the type of assistance? _____

Other forms of assistance could include:

- Section 236 Rental Housing Program
- 221d FHA insurance Program for Multi-family or Cooperative Housing
- Section 202 Supportive Housing for the Elderly
- Section 811 Supportive Housing for Disabled Persons
- HOME investment Partnership Program
- Housing Stabilization Funds
- Community Development Block Grant funds
- Low-income Housing Tax Credits
- HUD-insured or co-insured mortgages
- Federal Home Loan Bank housing program funds
- Tenant-based Section 8 Housing Choice Vouchers
- Other federal, state, or local subsidized housing programs

Ownership

Provide evidence of ownership with proposal.

1- What type of ownership evidence is being provided? _____

2- List the names of officers and other principal members, shareholders, investors, and other parties having a substantial interest.

3- Does the owner or any partners have a relationship with MCHA, its staff, or members of the Board of Commissioners?

Plans for Management and Maintenance

1- Does the owner or property manager have a written plan for the maintenance of the units? Yes No

If "Yes" please include the maintenance plan with this proposal. If "No," below provide a description of how units will be maintained, both on an on-going and long-term basis, focusing on preventive maintenance, routing maintenance, emergency repairs, security, and health and safety-related areas. Be sure to identify what personnel will perform the maintenance of units and common areas, note where they are located and hours available. _

2- Do you have a written plan for the management of the units? Yes No

If "Yes" include the plan with this proposal. If "no" below identify what personnel manages the units, note where they are located, hours of operation and any other descriptive information about their functions. _____
