

Action Ottawa

APPLICATION PACKAGE

January 27th, 2012



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|  Proponent Information and Mandatory Requirements |
| Organization Name: |  |
| Organization Contact Information:Executive Director/Senior Officer/Owner: |  |
| Mailing Address: |  |
| City, Province and Postal Code: |  |
| Telephone:  | E-Mail: | Fax: |
|  Contact Person for Project information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if different from above) |
| Telephone:  | E-Mail: | Fax: |
| Incorporation: All applicants must be incorporated.1. Non-profit Corporation Date Corporation was established:
2. Private Corporation
 |
| Incorporation Number: | Charitable Number (if applicable): |
| Proponent Organization Information: * State the mission and primary activities of your organization (Attach your existing literature –brochure, printout from website, etc.
* Attach a list of the Board of Directors, subsidiary companies and their directors.
 |

|  |
| --- |
| **Partner Organization Information (if applicable): (Section 3.2.3)**  |
| Organization Name: | Type of Corporation | Letter or Memorandum of Understanding(Attached): | Board Resolution(Attached)  |
| Non-Profit Housing Partner  | * Non-profit Corporation
 | * Yes
* No
 | * Yes
* No
 |
|  | * Non-profit Corporation
* Private Corporation
 | * Yes
* No
 | * Yes
* No
 |
|  | * Non-profit Corporation
* Private Corporation
 | * Yes
* No
 | * Yes
* No
 |
|  | * Non-profit Corporation
* Private Corporation
 | * Yes
* No
 | * Yes
* No
 |

Mandatory Affordability Requirements (Section 3.2.4):

|  |  |  |
| --- | --- | --- |
| Total Number of Units in project: |  |  |
| Total Number above Average Market Rent(AMR): |   | (Ineligible for subsidies) |
| Total Units at or below AMR: |  | (Eligible Units) |
| Total AMR units: |  |  %  | 40% of total eligible units or less  |
| Total Number of units at or below 70% of AMR: |  |  %  | 60% of total eligible units or more |

|  |
| --- |
| Confirmation of Pre- consultation with Planning: (Section 3.2.5) Name of Planner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issues:Letter from Lender (Attached) (Section 3.2.6)  |
| Good Standing with the City of Ottawa: (Section 3.2.8) The applicant must not be in receipt of a “Notice of Breach” of any existing contracts with the City of Ottawa, that has not been rectified to the City’s satisfaction by the time of closing of this RFP. * I have no contracts with the City
* I have current contracts with the City:

 * + No, I am not in Breach.
	+ Yes, we are in receipt of a “Notice of Breach”

Comments: Organizations that are in Breach of an existing contract with the City are not eligible to apply.  |
| Proponent Equity: (Section 3.2.9) Private sector applicants must bring a minimum 10% equity, 4% if in partnership with a non-profit. Please demonstrate that your project meets this requirement. A more detailed description of proponent equity may be provided in the “preference” section of the application. Equity Contribution $\_\_\_\_\_\_\_\_\_\_\_\_ Total Project Cost $\_\_\_\_\_\_\_\_\_\_\_\_% of Project Cost: \_\_\_\_%* Not Applicable – non-profit or charitable project with no private sector partner.
 |

**Average Unit size: (Section 3.2.10)**

Please indicate the **average unit size** of the units proposed. Units must be at or below the maximum unit sizes indicated, with the exception of physically accessible units.

|  |  |  |
| --- | --- | --- |
|  | Apartment | Row |
| Unit Type | Maximum | Maximum |
| Bachelor |  | 41.8 m2 |  | NA |
| 1 bed |  | 60.4 m2 |  | 65.0 m2 |
| 2 bed |  | 79.0 m2 |  | 83.6 m2 |
| 3 bed |  | 92.9 m2 |  | 102.2 m2 |
| 4 bed |  | 111.5 m2 |  | 120.8 m2 |

B. Total Contribution Requested:

 Federal/Provincial Funds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Contribution Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Average Per Unit Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Supportive Housing Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Proposal:

There is no set format for your proposal submission. Please refer to Sections 3.3 and 3.4 of the RFP. Proponents should submit their proposal in a format that allows the selection committee to easily evaluate their submission on the basis of the scored elements as outlined in the RFP.

For your reference, the scored elements are summarized in Attachment A of the RFP.

# D. Development Schedule: (Section 3.3.4 and 3.4.6)

Please include a development time line with your proposal. This will be evaluated as part of the feasibility of the project.

E. Capital and Operating Budgets (Section 3.3.4)

Complete the Capital and Operating budget worksheets provided in the Excel File “Budget”.

A detailed cost estimate is required to help the City evaluate the financial viability and sustainability of the proposed development. It also provides the basis for a ”value for money” analysis, which the City will conduct as part of the evaluation process. Determining the City’s return on investment (in terms of affordable rents) is a key element of the evaluation process. See Appendix E of the RFP.

Please indicate the projected rate and term for mortgage financing. Also, please substantiate your equity contributions in the notes section of the Budget Worksheet. For example, if part of the financial plan involves fundraising, explain how funds will be raised, state previous experience in fundraising and set out the expected timeframe for raising the funds.

Complete these forms electronically. You are required to submit printed copies of the budgets with your submission. It is not necessary to send an electronic copy of your completed budget forms.

# If you did not receive electronic copies of the worksheets, it may be obtained by sending an email request to Saide Sayah at Saide.Sayah@ottawa.ca (or) Julia Langhorn at Julia.Langhorn@ottawa.ca.

# F. Checklist of Attachments to complete Action Ottawa Proposal:

# Ten Copies:

* Profile of Proponent Organization – mission, mandate, corporate profile (Section 3.3.1 of the RFP)
* Letters of Participation and/or Memorandum of Understanding and Board Resolutions from partners. (Section 3.2.2)
* Resumes or corporate profiles of development team members (Section 3.3.1)
* Letter from Lender (3.2.5)
* Profile(s) of similar project(s) ( 3.3.2)
* Reference(s) (form provided) (3.3.2)
* Design concept plans (3.3.3)
* Development Schedule (3.3.4)
* Capital and Operating budgets (3.3.4)

**Provide One Copy of:**

* Articles of Incorporation (3.2.1)
* Most recent Audited Financial Statement (3.2.1)

* Signed and dated signature page (Application Package)
* Conflict of Interest Declaration (Application Package)
* Completed provincial forms (Application Package)
	+ Form of Offer
	+ Tax Declaration

|  |
| --- |
| ***SIGNATURE FORM***I hereby certify that all information provided in this application is as accurate as possible in all respects, and certify my intent to implement this project as presented, should it be selected for funding. I further certify there is no conflict of interest between said corporation (s) or its/their employees with respect to this project and the City of Ottawa.Name of Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have the authority to bind the Corporation Name of Signatory (Please print)Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have the authority to bind the Corporation Name of Signatory (Please print)Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Note: Municipal Freedom of Information and Protection of Privacy Act:***The City of Ottawa is subject to the *Municipal Freedom of Information and Protection of Privacy Act,* R.S.O. 1990, c. M. 56, as amended (“MFIPPA”) with respect to, and protection of, information under its custody and control. Accordingly, all documents provided to the City in response to this Request for Proposal (“RFP”) may be available to the public unless the party submitting the information requests that it be treated as confidential.All information is subject to MFIPPA and may be subject to release under the Act, notwithstanding your request to keep it confidential. |

## CONFLICT OF INTEREST DECLARATION

(To be submitted by the Proponent)

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

(Name of Proponent)

1. We confirm the neither the Proponent nor any of its Team Members has or will have directly or indirectly employ, engage or retain an employee, servant, Council member or agent of the City in relation to the Affordable Housing Development project.
2. Except as disclosed below, we are not aware of any City employee, Council member or member or employee of a City agency, board or commission having a financial interest in our Proponent team:
3. ..
4. ..
5. ..
6. The Proponent team has/has no (strike out the inapplicable portion) knowledge of or the ability to avail itself of confidential information of the City of Ottawa in relation to the Affordable Housing project other than confidential information which may have been disclosed by the City of Ottawa to Registered Parties in the normal course of the RFP.
7. We hereby confirm that, except as otherwise disclosed herein, we are not aware of any conflict of interest (real or perceived or potential) in submitting a response to this RFP, nor is one anticipated in the event the undersigned Proponent responds (as part of a consortium) to a subsequent RFP.

Signature of Authorized Representatives of the Proponent

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

(Signature)

Name:

Title:

Date:

Provincial Form of Offer

The proponent’s registered legal business name and mailing address is:

 Legal Business Name:

 Mailing Address:

Telephone No(s):

Facsimile No(s):

Contact:

I/We hereby offer to perform the Services as indicated in the Action Ottawa Proposal in consideration of MMAH paying me/us in accordance with the Action Ottawa Proposal and the terms, conditions and provisions outlined in the Action Ottawa Request for Proposals.

I/We enclose herewith as part of the submission, responses to all mandatory requirements, including:

* Form of Offer
* Tax Declaration Form
* Reference Form

We have received and allowed for Addenda number in preparing my/our submission. (**Insert #’s or “NONE”**)

I/We have carefully examined the Action Ottawa RFP documents and have a clear and comprehensive knowledge of the services required under the RFP. By this submission, we agree and consent to the terms, conditions and provisions of the RFP.

I/We understand that my/our submission is based upon its acceptance in whole or in part, within twelve months of the date of the Conditional Letter of Commitment and is irrevocable during that period.

I/We hereby certify that

**(Legal name of Proponent)**

This submission is in full compliance with all tax statutes administered by the Ministry of Finance for Ontario and that, in particular, all returns required to be filed under all Provincial tax statutes have been paid or satisfactory arrangements for their payment have been made and maintained.

I/ We hereby confirm that there is not nor was there any actual or perceived unfair advantage or conflict of interest in our submission or our performing of or observing the contractual obligations of the proponent in the Agreement.

[**or if applicable, strike out the above and include the following**:]

The following is a list of situations, each of which may be a conflict of interest or any instance of unfair advantage, or appears as potentially a conflict of interest or unfair advantage in our company’s submission or the contractual obligations of the proponent under the Agreement.

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

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

By our submission, I/we have/have no **[strike out the inapplicable portion]** knowledge of or ability to avail ourselves of confidential information of the Crown (other than confidential information which may have been disclosed by MMAH to the proponents in the normal course of the RFP) and the confidential information was relevant to the work, its pricing or the RFP evaluation process.

**“Confidential Information”,** for the purpose of this form, refers to confidential information of the Crown (other than confidential information which is disclosed to proponents in the normal course of the RFP); the Confidential Information is relevant to the services required by the RFP, their pricing or the RFP evaluation process; and the disclosure for which could result in prejudice to the Crown or an unfair advantage to the proponent.

The following people participated in the preparation of our proposal:

**Name Address Telephone**

1.

2.

3.

The following is a list of individuals who are former employees of the Ontario Public Service (OPS) whom the proponent since April 23,1997 has either appointed to its Board of Directors or employed:

**Name of Individual Job Classification Ministry/Agency of OPS**

**Last Date of last position where last employed Employment**

**within OPS with OPS**

1.

2.

3.

I/We hereby consent, pursuant to subsection 17 (3) of the *Freedom of Information and Protection of Privacy Act*, to the disclosure, on a confidential basis, of this proposal by MMAH to MMAH’s consultants retained for the purpose of evaluating or participating in the evaluation of this submission.

I/We understand that in the event my/our proposal is selected by MMAH, in whole or in part, I/we agree to finalize and execute the Agreement in accordance with the Action Ottawa RFP.

I/We understand that in the event that my/our submission is selected by MMAH, in whole or in part, I/we agree to provide proof of the insurance coverage required by the Agreement in the form of a valid certificate of insurance and that MMAH will require this proof prior to executing the Agreement.

I/We hereby consent to MMAH performing checks with the references listed in the proposal.

SIGNED SEALED AND DELIVERED )

in the presence of: )

)

) Signature of Proponent

Signature of Witness

 ) Print Name

 )

) Date:

 I have authority to bind the proponent

 Provincial Tax Compliance Declaration Form

The Ontario Government expects all proponents to pay their Provincial taxes on a timely basis. In this regard, proponents are advised that any contract with the Ontario Government will require a declaration from the successful proponents that his/her company’s Provincial taxes are in good standing.

In order for a company to be considered for a contract award, the Proponent must submit the following statement of the company’s tax compliance status:

I/WE hereby certify that at the time of submitting this proposal,

 **(legal name of proponent)**

is in full compliance with all tax statutes administered by the Ministry of Finance of Ontario and that, in particular, all returns required to be filed under all Provincial tax statutes have been filed and all taxes due and payable under those statutes have been paid or satisfactory arrangements for their payment have been made and maintained.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

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

(Signature of proponent or an authorized signing officer who binds the proponent)

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

(Print Name)

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

(Title)

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

(Phone Number) (Fax Number)

**Reference Form**

Each proponent shall provide a minimum of 3 references from clients for Canadian projects for whom they have provided similar services within the past five years.

**1)** Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (company, organization, tenant):

Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, Prov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date work undertaken: \_\_\_\_\_\_\_\_\_\_\_\_

Nature of the Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Canadian project? (Yes/No)

**2)** Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (company, organization, tenant):

Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, Prov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date work undertaken: \_\_\_\_\_\_\_\_\_\_\_\_

Nature of the Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Canadian project? (Yes/No)

**3)** Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (company, organization, tenant):

Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, Prov: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date work undertaken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of the Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Canadian project? (Yes/No)