

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY**

**REQUEST FOR PROPOSAL**

**RENTAL HOUSING DEVELOPMENT  
LOW INCOME HOUSING TAX CREDIT PROGRAM  
HOME PROGRAM**

**FOR**

**THE DESIGN AND CONSTRUCTION OF A MULTIFAMILY  
RENTAL HOUSING PROJECT THAT MEETS THE  
REQUIREMENTS OF MULTIFAMILY PASSIVE BUILDING  
DESIGN STANDARDS**



P.O. Box 1237  
Pierre, SD 57501-1237  
605/773-3181  
TTY 605/773-6107  
Fax 605/773-5154  
Web site: [www.sdhda.org](http://www.sdhda.org)



Alternative formats of this document are available to persons with disabilities upon request.

For information regarding Section 504 Accessibility, contact the South Dakota Housing Development Authority 504 Coordinator, Slade Weller, at 1-800-540-4241.

## I. General Information

**Company Background:** The South Dakota Housing Development Authority (SDHDA) was created by the South Dakota Legislature in 1973 with a stated mission to provide decent, safe, and affordable housing to low and moderate income South Dakotans. SDHDA is a self-supporting, nonprofit entity. SDHDA utilizes housing bonds, tax credits, and other federal and state resources to fund housing programs which provide mortgage and downpayment assistance, housing construction and rehabilitation, homelessness prevention, and rental assistance.

**Request For Proposal Objective:** SDHDA is seeking proposals from developers experienced in the development of LIHTC and HOME projects and who are experienced in utilizing Passive Building Design, Energy Star, or and other energy efficient building design standards to develop a multifamily rental housing project that will meet the Multifamily Passive Building Design (Passive Multifamily) standards.

SDHDA has set aside \$500,000 LIHTCs and \$500,000 HOME program funds for the development of one, multifamily rental housing project that will meet the Multifamily Passive Design standards when completed. SDHDA will work with the developer during the development and construction stages of this project to help determine if the Multifamily Passive Design standards can be successfully applied to a multifamily project and to determine the actual costs of the project. SDHDA will also work with the owner and management company to determine the long term operating costs of the project's electrical and natural gas utilities and determine if there is a cost benefit for utilizing the Multifamily Passive Design standards for the future construction of multifamily rental projects.

## II. Instructions

**1) Required Information:** Proposals that do not comply with the conditions specified in this RFP may be rejected. SDHDA may also reject a proposal that does not include the following information:

a) **Application:** Complete the attached application pages. All applicable parts of the application form must be completed and include all documents and supplementary materials required.

b) **Description and Experience:** Describe the developer's capabilities and experience with regard to the development of LIHTC and HOME properties and experience in utilizing energy efficient design standards. Provide the following company information:

- Location and size of your company.
- Numbers of years in operation.
- Organizational structure.
- Experience in developing, building, and managing LIHTC and HOME projects.
- List of housing projects completed. (Last 10 years)
- Experience in utilizing energy efficient design standards, the types of design standards, and the ability to adapt to or integrate the Passive Multifamily design standards.

c) Staff and Development Team Qualifications:

**Note:** SDHDA will contract with and provide the Certified Passive House Consultant and the Certified Passive House Rater that will be utilized during this development process.

- Identify personnel from your company that will work in the design, construction, and evaluation of the Passive Multifamily project. Provide the appropriate credentials and certifications documenting their qualifications.
- Identify development team members such as architectural or engineering firms, general contractor and subcontractors that will work in the design, construction, and evaluation of the Passive Multifamily project. Provide the appropriate credentials and certifications documenting their qualifications
- Identify the services and/or functions that may be provided through subcontractors or other third-parties.

d) Litigation, Administrative Proceedings, and Investigations: Describe any unresolved or pending material litigation, administrative proceedings, investigations or fair housing complaints in which your company has been involved in the previous five years.

e) Other: Please provide any other qualifications that should be considered.

**2) Definition of Terms** to be used in these instructions, for the application, and throughout the project are to be considered the same as those used in IRC Section 42, as amended, the SDHDA 2016-2017 Qualified Allocation Plan, the 2016-2017 HOME Program Administrative Plan, and all references to “CFR” shall be deemed to mean, 24 Code of Federal Regulations, Subtitle A, Part 92.

**3) Limitations and Disclaimers and Obligations of Developer**

- a) This RFP does not commit SDHDA to award a contract to any Developer.
- b) SDHDA reserves the right to waive minor deficiencies and informalities if, in the judgment of SDHDA, the public interest will be served.
- c) SDHDA reserves the right to accept or reject any or all Proposals received as a result of this RFP, to obtain information concerning any or all Developers from any sources, and to request an oral presentation from any or all Developers.
- d) SDHDA retains the discretion not to utilize the services of any selected firm or to terminate any selected firm without cause and without penalty.
- e) By submitting a proposal, Developer warrants that it is familiar with the LIHTC and HOME program requirements.

**4) Evaluation Process:** SDHDA staff will evaluate the responses to this RFP. Each proposal will be evaluated to ensure that the Developer has complied with each section of this RFP and has followed the submission requirements of this RFP.

**5) Preparing and Submitting the Proposal:** Proposals must be submitted in the following manner:

- a) Proposal must be typed.
- b) Proposal must be clearly presented in a logical order.
- c) Proposal must include all required information.

- d) Two copies of proposal must be provided to:  
South Dakota Housing Development Authority  
3060 East Elizabeth Street  
PO Box 1237  
Pierre, SD 57501
- e) Proposal Due Date: **5:00 p.m., CST, Monday, May 16, 2016.** Any proposals received after the proposal due date and time shall be rejected.

**6) Certifications:** By submitting a proposal, the Developer agrees or certifies to the following:

- a) All material submitted becomes the property of SDHDA and may be shared with other parties as required or permitted by law.
- b) Developer will respond to all requirements in this RFP and comply with any terms and conditions outlined in the RFP.
- c) All costs incurred in preparation of this proposal shall be borne by the Developer. Proposal preparation costs are not recoverable under the Agreement for Services. SDHDA shall not contribute in any way to recovering the cost of proposal preparation and submission.
- d) SDHDA reserves the right to request additional information from Developers for clarification or to request Developers to make oral presentations.
- f) Proposals received after the deadline or with missing or incomplete information will not be evaluated.
- e) Developer certifies that by submitting the proposal, it is familiar with the Low Income Housing Tax Credit program and the HOME program.
- g) Developer is currently, or prior to execution of an Agreement of Services will be, authorized to do business in South Dakota.

**7) Evaluation of Proposals:** SDHDA will evaluate proposals based on the following factors:

- a) Proposal Quality – Organization, clarity and conciseness of the plans for the proposed development.
- b) Development Team - Demonstration by the Developer on its ability assemble certified or capable team members with demonstrated experience in the design and construction of Multifamily Passive Building Design or other energy efficient design standards.
- c) Developer Capabilities – Demonstration of the ability to complete the project meeting the Multifamily Passive Building Design standards and obtaining the appropriate building certification(s).
- d) Ability of the Developer to provide documentation of energy efficient work design performance by providing documentation of similar work performed within the last three years along with professional references.

**8) Inquiries:** Any inquiry related to this RFP shall be directed solely to –

Lorraine Polak  
Director of Rental Housing Development  
SDHDA  
3060 East Elizabeth, PO Box 1237  
Pierre, SD 57501  
Phone number: (605) 773-3181  
Email: [Lorraine@sdhda.org](mailto:Lorraine@sdhda.org)

- 9) **Special Accommodations:** Request for special accommodations such as interpreters, alternative formats, or assistance with physical accessibility must be made with seventy-two (72) hours prior notice. If you require special accommodations in responding to this RFP, please contact the individual listed above.

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY  
LIHTC AND HOME PROGRAMS  
REQUEST FOR PROPOSAL – MULTIFAMILY PASSIVE BUILDING**

**PROJECT INFORMATION**

A. **Project Name:** \_\_\_\_\_  
Site Address(es): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

B. **Applicant/Developer:** \_\_\_\_\_  
Applicant Federal Taxpayer ID No. \_\_\_\_\_ Duns No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail: \_\_\_\_\_

C. **Owner:** \_\_\_\_\_  
Owner Federal Taxpayer ID No. \_\_\_\_\_ Duns No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Will Owner claim Non-profit status for this project? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Will Owner request HOME funds from CHDO Set-aside? Yes: \_\_\_\_\_ No: \_\_\_\_\_

D. **Development Team:** Detailed information (address, phone, contact person, qualifications) for each of the development team is to be included in Exhibit A.  
Name of General Partner/Managing Member: \_\_\_\_\_  
Name of Developer: \_\_\_\_\_

Name of Management Company: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

Name of Certified Public Accountant: \_\_\_\_\_

Name of Tax Attorney: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Architect: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_

E. Amount of HOME Funds Requested \$ \_\_\_\_\_

F. Annual Housing Tax Credits Requested \$ \_\_\_\_\_,

**PROJECT CHARACTERISTICS**

A. Building Type

1. Total number of buildings in the project \_\_\_\_\_,

2. Total number of units in the project \_\_\_\_\_,

3. Number of units by bedroom type.

0 Bdr \_\_\_\_ 1 Bdr \_\_\_\_ 2 Bdr \_\_\_\_ 3 Bdr \_\_\_\_ 4 Bdr \_\_\_\_\_,

4. No. of Section 504 accessible units for: mobility impaired \_\_\_\_\_ sensory impaired \_\_\_\_\_.

B. Project Type (End Use)

- \_\_\_\_\_ Multifamily Housing
- \_\_\_\_\_ Housing for Older Persons (55 or Older)
- \_\_\_\_\_ Congregate Care Facility
- \_\_\_\_\_ Assisted Living Facility
- \_\_\_\_\_ Housing for Older Persons (62 or Older)
- \_\_\_\_\_ Other (Explain) \_\_\_\_\_

C. Type of Units

Apartments: \_\_\_\_\_ Townhomes: \_\_\_\_\_ Other: \_\_\_\_\_ (Explain): \_\_\_\_\_,

D. Are all utilities presently available to the site? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, include evidence of utility availability. If no, provide explanation, including dates, when all utilities will be available: \_\_\_\_\_.

**PROPOSED PROJECT FINANCING (SOURCES OF FUNDS)**

List all sources of funds, including grants and equity, and provide documentation of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing.

No	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term	Construction or Permanent?
1.		\$	%		
2.		\$	%		
3.		\$	%		
4.		\$	%		
5.		\$	%		
6.		\$	%		
	Total Funds	\$			

**ESTIMATE PROJECT COSTS AND USES**

<b>Itemized Costs</b>	<b>Estimated Costs</b>
<b>LAND AND BUILDINGS</b>	
Acquisition	
Hard Construction Costs	
General Requirements (6%)	
Contractor Profit (6%)	
Contractor Overhead (2%)	
Other	
<b>1. SUBTOTAL</b>	
<b>PROFESSIONAL FEES</b>	
Architect Fee	
Engineer / Survey	
Special Certifications	
Real Estate Agent/ Legal / Accounting	
Required Fees (Appraisal, Market Study, Others)	
Other (Specify)	
<b>2. SUBTOTAL</b>	
<b>FINANCING</b>	
Construction Financing	
Permanent Financing	
Other (Specify)	
<b>3. SUBTOTAL</b>	
<b>OTHER COSTS AND FEES</b>	
Developer Fee / Consultant Fees	
Reserve Amounts	
Other (Specify)	
<b>4. SUBTOTAL</b>	
<b>TOTALS</b>	

**PROJECT TIMETABLE**

Indicate the expected date by which the following activities will have been completed.

Actual or Scheduled Month/Year	Activity
_____	<u>Site</u>
_____	Acquisition
_____	Zoning / Plat Approval
_____	Tax Abatement
_____	Environmental Review Completed
_____	<u>Local Permits</u>
_____	Conditional Use Permit
_____	Variance
_____	Site Plan Review
_____	Building Permit
_____	Other (specify) _____
_____	<u>Other</u>
_____	Final Plans/Specs
_____	Closing and Disbursement of Construction Financing
_____	Construction Start
_____	Construction Completion
_____	Closing and Disbursement of Permanent Financing
_____	Placed in Service
_____	Occupancy of all Units

**EXHIBIT A  
DEVELOPMENT TEAM EXPERIENCE**

**1. PROJECT NAME:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. APPLICANT NAME:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Describe experience in developing affordable housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_

**3. NAME OF GENERAL PARTNER/MANAGING MEMBER:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Describe experience in developing affordable housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_

**4. NAME OF DEVELOPER:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Describe experience in developing affordable housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_

**5. NAME OF CONTRACTOR:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Describe experience in developing affordable housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_  
\_\_\_\_\_

**6. NAME OF MANAGEMENT COMPANY:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Describe experience in managing affordable housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_  
\_\_\_\_\_

**7. NAME OF CONSULTANT:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Describe experience in developing affordable housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_  
\_\_\_\_\_

**9. NAME OF CERTIFIED PUBLIC ACCOUNTANT:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

**10. NAME OF TAX ATTORNEY:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

**11. NAME OF ARCHITECT:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

**12. NAME OF ENGINEER:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Years experience: \_\_\_\_\_

Do any members of the development team have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the level of participation and/or relationship of each: \_\_\_\_\_

Describe any default, disposition of or status of default, foreclosure or findings of non-compliance for any of the projects listed on attachments. Use an additional sheet of paper if necessary. \_\_\_\_\_

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed development team.

\_\_\_\_\_  
Signature of Legal Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date