



Housing Authority of the City of Pittsburgh

Contracting Officer
412 Boulevard of the Allies, 6th Floor
Pittsburgh, PA 15219
(412) 456-5116
www.hacp.org

November 5, 2024

PROJECT BASED VOUCHERS: PHASE 4 RFP #125-01-24

ADDENDUM NO. 4

This addendum issued November 5, 2024, becomes in its entirety a part of the Request for Proposal RFP #125-01-24 as is fully set forth herein:

Item 1: Q: I want to ask if you can direct me on the HACP website to obtain the application for the Project Based Vouchers Phases 1-4 Phase 4?

A: **Please see Attachment 3: Application for Project Based Voucher Assistance attached to this addendum. An editable file will be available to download from our website www.hacp.org.**

Item 2: The bid due date is changed to November 12, 2024; time and location remain unchanged at 10:00 am, at the HACP Procurement Dept., 412 Boulevard of the Allies, 6th Floor, Pittsburgh, PA 15219.

Item 4: The Housing Authority of the City of Pittsburgh will **only be accepting physical bids dropped off in person from 8:00 AM until the closing time of 10:00 am** in the lobby of the One Stop Shop at 412 Boulevard of the Allies, Pittsburgh, PA 15219. Proposals may still be submitted electronically: <https://www.dropbox.com/request/qOCcv0etYEr8znCXVvoa> and may still be mailed via USPS at which time they will be Time and Date Stamped at Procurement Department, located at 412 Boulevard of the Allies, 6th Floor, Pittsburgh, PA 15219. All proposals must be received at the above address no later than November 12, 2024, regardless of the selected delivery mechanism.

END OF ADDENDUM NO. 4

A handwritten signature in blue ink, appearing to read 'Dereen Neice', is written over a horizontal line.

Ms. Dereen Neice
Sr. Director of Procurement/Contracting Officer

11/05/2024

Date

Attachment 3: Application for Project Based Voucher Assistance

TAB 06: PBV Application Form

Complete this form. Owners or Project Sponsors should fill out **one application form for each site** in which Project Based Housing Choice Voucher assistance is sought as part of a full application as detailed in the full RFP. If applicable, provide the Tenant Selection Criteria, Management Plan, Maintenance Plan, and the letter of intent to extend the PBV contract. Use clearly marked dividers between each document.

Date: _____

Applicant Name: _____

Project Site Address: _____

I am requesting Project-based Housing choice Voucher assistance for a total of units.

1. Information on Units:

a. Project Address(es) - specify address(s) for **each building**:

Building:	Address(es):	Total No. of Units	Units Proposed for PBV Assistance
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

b. Census Tract Number: _____ Percent of Poverty* In Tract: _____

Briefly describe the need for project-based assistance. Please include information on the number of non-assisted units, if any,

c. Do any other units within the proposed project have another form of rental or other government assistance?

Other forms of assistance would include: ☐ Yes ☐ No

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 program

If "Yes," describe the type(s) of assistance and number of units covered on a separate sheet of paper.

d. Affordability Restrictions

Is there a housing affordability restriction in the deed or other document? ☐ Yes ☐ No

If "Yes," name the housing program(s) requiring the restriction below:

When (date) do(es) the restriction(s) expire? _____

<input type="text"/>	Single Persons	<input type="text"/>	Elderly (62 yrs. and over)	<input type="text"/>	Targeted Populations receiving specific supportive services
<input type="text"/>	Families	<input type="text"/>	Disabled		

Please attach your written tenant selection criteria and plan to fill the PBV assisted units. Note that HUD requires the HACP to o

This legend is for the chart on the following page.

Building Type:	S = Single Family	R = Town House	O= Other - specify below:
	D = Duplex	L = 3 or 4 Stories	_____

[illegible]

Make additional copies of this page as needed.

i. Please check who will be responsible for providing the following appliances:

Cooking Stove: Owner: ☐ Tenant: ☐

Refrigerator: Owner: ☐ Tenant: ☐

Requested Contract Term: _____ years (if request varies per bldg., attach explanation)

- a. Owner/Project Sponsor must request a minimum term of 5 years up to a maximum term of 20 years.
- b. Would you be willing to accept an extension of the contract if it were approved by the HACP?
☐ Yes ☐ No
- c. If "Yes," the owner should attach a letter indicating willingness to enter into a contract agreeing to accept a contract extension beyond the initial term if offered by HACP. The letter should specify the length of the additional term the owner/sponsor would accept.

Community Amenities:

Distance to:	Less than a 1/4 Mile	Between 1/4 and 3	More than 3 Miles
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			

Unit/Apt. Complex Amenities (if inconsistent from building to building, attach explanation):

Check all that apply:

☐ Features adapted/adaptable for persons with disabilities

☐ Off street parking

☐ Laundry facilities

☐ Porches/decks/personal back yards

☐ Children's play areas

☐ Recreational facility for adults and children

☐ Common area function room(s)

☐ Other, please specify:

Experience Owning Rental Housing (check if any apply):

- a. ☐ 10 years or more experience owning affordable rental housing
- ☐ 1-9 years experience owning affordable rental housing

☐ 10 years or more experience owning other rental housing

☐ 1 to 9 years experience owning other rental housing

b.

On a separate page(s), describe your experience, including the exact number of years of experience in owning rental housing, the amount of that time devoted to affordable rental housing, if applicable; the number of units (specify separately number of affordable and other rental units); if you own the subsidized properties, the address(es) and funding source(s), and if you have ever had assistance terminated. If you have had assistance terminated, please identify the program(s) and state why. Attach as many separate page(s) as necessary.

Experience Managing and Maintaining Rental Housing (check if any apply):

a. ☐ 10 years or more experience managing and maintaining affordable rental housing

☐ 1 to 9 years experience managing and maintaining affordable rental housing

☐ 10 years or more experience managing and maintaining other rental housing

☐ 1 to 9 years experience managing and maintaining other rental housing

b.

On a separate page(s), describe your experience or the experience of your property manager or as property manager, including the exact number of years of experience in managing and maintaining rental housing, the amount of that time devoted to affordable rental housing. Attach as many separate page(s) as necessary.

Applicant's Plans for Management and Maintenance of Units

a. Do you have a written plan for the maintenance of the units?

☐ Yes

☐ No

If "Yes," please include the maintenance plan with this application. If "No," please prepare a description of how units will be maintained, both on an on-going and long-term basis, focusing on preventive maintenance, routine 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 of operation.

b. Do you have a written plan for the management of the units?

☐ Yes

☐ No

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

c. If applicable, list any service that will be provided to tenants; identify service providers:

THIS SECTION NOT FOR SERVICES FOR EXCEPTED UNIT PLANS.

PLEASE SUBMIT EXCEPTED UNIT PLANS, IF APPLICABLE, AS A SEPARATE ATTACHMENTS AS PER THE RFP.

POPULATION	TYPE OF SERVICE	SERVICE PROVIDER

Refer to RFP for additional information that must be submitted for any proposed new construction or substantial rehabilitation project.

Identity of Interest

Provide the required information on a separate sheet of paper and attach to this application. The identity of the owner and other project principals and the names of officers and principal members, shareholds, investors, and other parties having a substantial interest; certification showing that the above-mentioned parties are not on the U.S. General Services Administration list of parties excluded from Federal procurement and nonprocurement programs; a disclosure of any possible conflict of interest by any of these parties that would be a violation of the PBV Housing Assistance Payments (HAP) contract; and information on the qualifications and experience of the principal participants. Information concerning any participant who is not known at the time of the owner's submission must be provided to HACP as soon as the principal is known.

I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this application for Project-based Housing Choice Voucher Program assistance, there is no promise or guarantee from the Housing Authority of the City of Pittsburgh (HACP) that my proposal will be accepted. I understand that in-place existing tenants must be certified as eligible to receive project-based assistance, and if they are not eligible, I will not displace them in order to qualify the unit for PBV assistance. I understand and agree to abide by the PBV assistance requirements to select tenants for vacant units from the site-based waiting list established for this purpose.

_____ Signature of Owner	_____ Owner's Phone Number	_____ Date
_____ Email address of Owner	_____ Owner's Address	
_____ Name of Contact	_____ Email address of Contact	_____ Contact Phone Number






Addendum #4_RFP# 125-01-24 Project Based Vouchers Phase 4

Final Audit Report

2024-11-05

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