

**DHCD Regional Capital Assistance Team Program RFR
Attachment D: Required Response Forms**

RCAT RESPONSE COVER PAGE

Date:	
LHA Name:	
Address:	
Executive Director:	
Contact Person Name:	
Contact Person Title:	
Contact Phone:	
Contact Email:	
Region of Interest: (Central-West, Northeast, Southeast)	

Scope of Services – By signing below, Respondent certifies that Respondent has read and understands the Scope of Services requirements specified in the RFR. Respondent further certifies that it takes no exception to the Scope of Services and if selected by DHCD will provide all such services. If Respondent takes exception to any component of the Scope of Services, it must be indicated herein and the exception(s) must be specifically stated and discussed in Exhibit 3A of the response submission.

Does Respondent take exception to any component of the Scope of Services defined in the RFR? (Yes or No)	
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If “Yes,” please make sure that exceptions are fully noted and described in Exhibit 3A of response.

Authorized Submission - The undersigned is authorized to make all certifications and representations made on this Form and in the response submission on behalf of the Respondent. To the best knowledge and belief of the undersigned, all the information contained in this response submission including supporting documents is true and correct:

Signature: _____ Date: _____

Name and Title of Signer: _____

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EXHIBIT 1-A

Table 1-A (1) Experience with Non-DHCD Capital Improvement Programs

List LHA’s experience, if any, during the **past 5 years** managing capital improvement programs *other than DHCD-funded state-public housing* (e.g. capital improvement program in federal public housing). If respondent operated one program for multiple years and the program changed significantly over this time period, please enter information for each program year on a separate line of the table. Add additional rows to the table, as needed.

Program Name and Description	Year(s) Active	Annual Funding (\$)	Source of Funds	Typical Number of Projects Per Year	Typical TDC of Projects (\$)	Typical Scope(s) of Work	Comments

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Table 1-A (2) Experience with Real Estate Development

List the respondent’s experience, if any, with real estate development projects during the **past 5 years**. If your LHA has played a significant role in real estate developments done through a nonprofit organization, you may also include those projects; for them, explain the agency’s role and relationship in the “Comments” section. Add additional rows to the table, as needed.

Project Name and Location	Year Completed (or Status)	TDC (\$)	Source of Funds	Sector (Afford Housing, Market Rate Housing, Commercial, Mixed-Use etc.)	Number of Units Built, Broken Down by Type/Size	Comments

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Exhibit 1-B

Table 1-B: Success Record Leveraging Funds

List the capital improvement and real estate development projects, if any, for which the respondent has successfully leveraged non-DHCD funds during the **past 5 years**. Add additional rows to the table, as needed.

Project Name and Location	Year Completed (or Status)	Scope of Work	Project TDC (\$)	Total Leveraged Funds (\$)	Source(s) of Leverage Funds	Comments

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Exhibit 1-E

Table 1-E: Experience Assisting or Collaborating with other LHAs

List all Respondent-administered activities, projects, or programs that assist or collaborate with other LHAs. Only include those that were active in the **past 5 years**. Add additional rows to the table, as needed.

Name of Project, Activity, or Program	Dates Active	LHAs that collaborated or were assisted	Description, including Role of Respondent	Results/Outcomes	Currently-employed Senior Staff that Managed/Participated in Program

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Exhibit 1-F

Table 1-F: Innovative, Collaborative, Multi-Organizational Experience

List any innovative, collaborative, or multi-organization experience, such as programs created or administered by the LHA or in which it participates, currently and during the **past 7 years**. Do not repeat those described in Exhibit 1-E. Add additional rows to the table, as needed.

Name of Project, Activity, or Program	Dates Active	Partnering Organizations/ Agencies	Description, including Role of Respondent	Results/Outcomes	Currently Employed Senior Staff that Managed or Participated

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Exhibit 2-D

Table 2-D: Audits and Third-Party Reviews of the Respondent

In the following table, list any and all pending, current, or completed:

- (1) Massachusetts State Audits,
- (2) Single Audits of Federal Public Housing administered by the Respondent, and
- (3) REAC Inspections of Federal Public Housing

that LHA has undergone during **past 3 years**. If no findings were made, please state that. DHCD reserves the right to request copies of the audits. Add more rows to the table if needed.

Type of Audit/Review	Date	Agency Conducting Audit/Review	Summary of Findings	Description of Any Corrective or Remedial Action Taken or Underway	Status