

Exhibit A – Bond Trustee RFQ/P Questionnaire Forms

Smith Homes - Financial Services

Questionnaire Form

Solicitation for Qualification Information
Greensboro Housing Authority

Identify the Type of Financial Service Provider* :	Bond Trustee
* <u>One form</u> per service type must be submitted. Please identify the type.	

Firm's Name: _____

Name of Lead Team Member: _____

Address of Main or Corporate Office: _____

Description	Yes	No	Response	Explanation / Comments	GHA Use Only
EXPERIENCE and CURRENT ACTIVITY					
1 Number of Deals: Over the past 36 months what is the <u>total number</u> of transactions your firm has been or currently involved in as primary funding source?					
Dollar Value : What is the <u>total dollar value</u> of the transactions mentioned above?					
Closed Deals: What is the <u>total number</u> of the transactions closed in the past 36 months?					
2 Technical competence & Experience in their profession; Capacity of Staff members and team members including resumes (Include as ATTACHMENT A)					
Transaction List: Have you included a <u>concise "transaction" list</u> that outlines the basic deal summary for all of the projects your firm has been a primary participant in? (Include as ATTACHMENT B)					
Lending Experience: If applicable to your product type, does your firm have experience working with bond issuances related to FHA loans and infrastructure (TIFF) loan within the last 3 years?					
In regards to the question above, How many deals has your firm worked on the involved Bond issuances related to FHA loans and infrastructure (TIFF) loan ? Please specify the type of transactions that has been closed within the past 3 years.					
3 Evidence and past awards and favorable acceptance of services provided (references by other Public Housing Authorities, and State Housing Finance Agencies)					
4 Certified statement that the firm is not debarred, suspended or otherwise prohibited from professional practice by any federal, state, or local agencies.					
5 Evidence that the firm carries Error and Omissions Insurance					

Capacity and Readiness						
6	Evidence that the firm can provide the services requested (provided proposed plan of action to include funds reinvestment plan)					
7	Team Experience: If your firm has had a " <u>NOTEWORTHY</u> " experience in collaborating with other financial firms over the <u>past 36 months</u> please list those firms below.					
	Name of Partnering Firm, Contact name & Phone Number			Relationship Summary: Type of Transactions/Deal (Bond-FHA, Bond-LIHTC, etc..) and any other information to explain the relationship between the firms.	How many transactions have you closed together?	
A						
B						

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C				
D				

Cost / Financing Terms

8	Fee Schedule: Did you provide a list of the <u>fees</u> your firm charges for EACH product type you offer. The fees must be listed with the appropriate pay out milestones as ATTACHMENT A?			
9	Trust Documents: Did you provide a copy of standard trust indenture, financing, and depository agreement? (Include as ATTACHMENT B)			
10	Standard Commitment Letter: Did you provide a copy of your Standard Engagement Letter issued by your firm per the product type? (Include as ATTACHMENT C)			

Related Experience and Financing Approach

11	Bond Trust Experience: Does your firm have previous bond trustee experience with multiple sources of funds and bond issuances within a project?			
12	Bond Trust Experience: Does your firm have previous bond trustee experience with multiple sources of funds and phases within a project?			

Bonus Items

13	BONUS - MWBE: Is your firm or team member a City, NC recognized Minority/ Women Owned Business (MWBE) firm? Does your firm have the capacity or plan to procure/ partner with registered (City, State recognized) MWBE firms? Please provide explanation and detailed plan.			
14	BONUS - Section 3: Is your firm a Section 3 Business concern? Does your firm have the capacity or plan to procure Section 3 subcontractors or employment for this procurement? Please provide explanation and detailed plan.			

Signature: _____

Date: _____