

# REQUEST FOR PROPOSALS



The City of Miami requests proposals for the following program:

## **Housing Opportunities for Persons with AIDS (HOPWA)**

For Funding Program Year 2010 (FY'10)

The period from October 1, 2010 through September 30, 2011

*The HOPWA Program is regulated by the U.S Department of Housing and Urban Development. The specifications in the attached document are based on the requirements of the AIDS Housing Opportunity Act, (42 U.S.C. 12901) as amended by the Housing and Community Development Act of 1992 (Pub. L. 102-550 approved October 28, 1992), and federal regulations governing the program (24 C.F.R. Section 574).*

# CITY OF MIAMI REQUEST FOR PROPOSALS

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# PART ONE

## GENERAL SPECIFICATIONS

### A. INTRODUCTION

The City of Miami receives funding from the U.S Department of Housing and Urban Development (**HUD**) for its Community Development Block Grant (**CDBG**), Home Investment Partnership (**HOME**), Housing Opportunities for Persons with AIDS (**HOPWA**), and Emergency Shelter Grant (**ESG**) Programs to benefit very low, low and moderate-income persons. This Request for Proposals (“RFP”) process solicits proposals to implement projects through the **HOPWA** Program.

The **HOPWA** program was authorized by the AIDS Housing Opportunity Act and amended by the Housing and Community Development Act of 1992. The program is designed to provide States and local governments with the resources and incentives to devise long-term, comprehensive strategies for meeting the housing needs of low income persons with acquired immunodeficiency syndrome or related diseases and their families. The program authorizes formula grants and competitively awarded grants for housing assistance and services.

The City of Miami serves as the administrator of the formula grant-funded **HOPWA** program for the entire geographical area of Miami-Dade County. The Department of Community Development is the entity within the City designated to carry out the program.

#### **Purpose**

The goal of the HOPWA Program is to ensure that affordable housing options and related housing services are available to low income persons with acquired immunodeficiency syndrome or related diseases and their families and to assist such persons in achieving and maintaining housing stability, thereby avoiding homelessness and improving their access to, and engagement in, HIV/AIDS treatment and care.

#### **Local Planning Process**

With the support of the City of Miami, the Miami-Dade County HIV/AIDS Partnership, through its Housing Committee, conducts assessment of the housing needs of persons living with HIV/AIDS in Miami-Dade County and makes funding recommendations for the allocation of HOPWA funds. In addition to formal needs assessment, the City of Miami, with the cooperation of the Partnership’s Housing Committee, conducts public hearings throughout Miami-Dade County to solicit public comment on funding priorities.

#### **Eligible Population for Housing Assistance and Related Services**

Eligibility is based on AIDS status and income. ***HOPWA assistance is limited to persons with AIDS and their families with an annual household income equal to or less than 80% of median income in accordance with the low-income limits established by U.S. HUD annually.***

In light of limited amount of funding made available through the federal HOPWA entitlement grant program and the significant unmet need for housing in Miami-Dade for low income persons living with HIV/AIDS, eligibility for all HOPWA program activities is limited to Miami-

Dade residents with a medically verifiable diagnosis of AIDS, as defined by the Centers for Disease Control, and their household family members.

Under HOPWA regulations, family means a household composed of two or more related persons. The term also includes one or more eligible persons living with another person or persons who are determined to be important to their care and well-being. The term also includes the surviving member or members of any family who were living with the person with AIDS at the time of his or her death in a unit assisted under HOPWA for a certain grace period following the death of the HOPWA client.

The City of Miami reserves the right to adopt a more restrictive income eligibility standard at any time, following community input through the Miami-Dade County HIV/AIDS Partnership.

### **Funding Source Program Descriptions**

**HOPWA** funds from U.S. HUD are allocated through this RFP process to community based not-for-profit agencies and organizations, private non-profit community development corporations, and government housing agencies for activities that benefit low income persons with acquired immunodeficiency syndrome or related diseases and their families.

### **Available Funds under this Request for Proposals**

The following table represents the estimated program funds available under this RFP. These amounts may vary at the sole discretion of the city.

<b>CATEGORY</b>	<b>TOTAL</b>
<b>LTRA Housing Specialist Services &amp; Inspection Services</b>	<b>\$1,795,000</b>
<b>Project-Based Rental Subsidy or Operating Support</b>	<b>\$200,000</b>
<b>Legal Services</b>	<b>\$50,000</b>
<b>Technical Assistance</b>	<b>\$50,000</b>
<b>Total:</b>	<b>\$2,095,000</b>

## **B. ELIGIBILITY AND SELECTION PROCESS**

### **Eligible Applicants**

Proposals will be accepted from community based not-for-profit organizations, including private not-for-profit community development corporations, and governmental housing agencies, as follows:

Non-profit organizations that:

- Are organized under State law;
- Have no part of its net earnings inuring to the benefit of any member, founder, contributor or individual;
- Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain such an accounting system;

- Have among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome (AIDS) or related diseases and/or low income;
- Can demonstrate integration, or the willingness to partner, with the existing HIV/ AIDS Continuum of Care and Treatment in Miami-Dade County;
- Are eligible to participate in HUD and City-funded programs (not on disbarred lists).

Governmental Housing Agencies that:

- Are public housing authorities; or
- Are units of government chartered by the chief executive to provide housing activities within the political jurisdiction.

All applicants must provide a current budget with funding sources identified that shows the applicant's capacity to execute the proposed project within an organization that operates under stable financial conditions. All not-for-profit organizations must also maintain a current 501(c)(3) status and be in good standing with the Florida Secretary of State. Proposers of technical assistance do not have to be not-for-profit organizations, but must be in good standing with the Florida Secretary of State.

*Funding decisions will favor proposals demonstrating integration, or the capacity and willingness to partner, with components of the existing HIV/ AIDS Continuum of Care and Treatment in Miami-Dade County. As part of the proposal, documentation of integration and/or collaboration within the HIV/AIDS Continuum of Care must be submitted with the proposal to warrant scoring consideration on this basis.*

## **General Threshold Requirements**

**All proposals must meet the following minimum threshold requirements:**

- *Applicants that are not-for-profit organizations must provide evidence of current 501 (c)(3) tax exempt status from the Internal Revenue Service and evidence of good standing with the Florida Secretary of State.*
- *Applicant is current in all financial obligations with the City of Miami. The City of Miami will not fund an organization or agency with outstanding disallowed costs, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal.*
- *Applicant organization must certify that it operates a drug-free environment.*
- *Applicant organization must certify it complies with the Americans with Disabilities Act (ADA).*

**Currently HOPWA-funded agencies must meet the following additional minimum threshold requirements:**

- *Agency must be in compliance with all terms of their most recent HOPWA contract requirements.*
- *Agency must not have any unresolved HUD or City monitoring findings or audit findings regarding any of the agency's HOPWA-funded projects or other federal funding for the proposed project.*

***If the applicant fails to demonstrate that these requirements have been met, the proposal will not be reviewed further.***

## **C. APPLICATION PROCESS**

### **Timeline**

RFP available to the Public	March 3, 2010
Pre-Proposal Workshop	March 16, 2010
Deadline for Submission of Written Questions	March 19, 2010
Response to Written Questions	March 26, 2010
Deadline for Submission of Proposals	April, 5, 2010

### **Submission of Written Questions**

Prospective applicants may ask questions about the form and content of this RFP during the Pre-Proposal Workshop. The Workshop will be held at the Little Haiti Cultural Center, 260 NE 59<sup>th</sup> Terrace, Miami, Florida, at 1:30 p.m. on Tuesday, March 16, 2010. After the Pre-Proposal Workshop any questions, explanations or other requests desired by the prospective applicants to this RFP must be submitted in writing to the attention of Roberto Tazoe, Assistant Director, City of Miami DCD, 444 SW 2<sup>nd</sup> Avenue, 2<sup>nd</sup> Floor, Miami, Florida 33130 (electronic facsimile for written questions will be accepted at (305) 400-5064, or by email to rtazoe@miamigov.com) no later than 3:00 p.m. by Wednesday, March 24, 2010. The correspondence must include the prospective applicant's name, agency, address, phone number, and facsimile number.

### **Proposal Submission**

Copies of the RFP are available at the City of Miami, Department of Community Development, 444 SW 2<sup>nd</sup> Avenue, 2<sup>nd</sup> Floor, Miami, Florida 33130, and/or can be downloaded from the City of Miami website at [www.miamigov.com/communitydevelopment/pages/rfq](http://www.miamigov.com/communitydevelopment/pages/rfq). ***All required forms are located in Part Five ("Forms") of this RFP.***

Please note that:

- ***All applicants must submit the Proposal Cover Sheet as the first page of each proposal.***

All proposals submitted must:

- ***Be on 8 ½" X 11" paper.***
- ***Be neatly typed on one side only with standard one inch (1") margins.***
- ***Be at least a 11-point font size.***
- ***Have pages sequentially numbered.***

**The City may require additional information for the determination of the applicant's qualifications.** Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions contained in this RFP.

*The proposal must be submitted:*

- 1. In the legal name of the corporation or agency.**
- 2. The corporate seal (if the corporation has a seal) must be stamped or affixed on the original proposal.**
- 3. An authorized representative of the applicant organization or agency who has legal authority to bind the organization in contract with the City of Miami must sign proposals. Please sign with blue ink.**

*Proposal responses must comply with the requirements detailed in this document. Proposals that are incomplete, out of order, have an inadequate number of copies, lack required attachments, or have other content errors or deficiencies may be rejected at the sole discretion of the city. Contextual changes and/or additions to the proposal after submission will not be accepted.*

Lack of compliance with legal or administrative submission requirements may lead to disqualification. *Proposals that are disqualified will not be reviewed or rated.*

***Applicants may apply for more than one category of funding available. However, a separate proposal must be submitted for each category of funding sought and for each project that falls within the same category of funding.***

***All proposals must be received by 3:00 p.m., Monday, April 5, 2010.*** Proposals must be submitted to the address indicated below. If the U.S. Postal Service is used, proposals should be sent by certified mail, return receipt required, and the submitting applicant should retain a receipt showing a legible postmark date. If a commercial carrier is used, the submitting applicant should obtain and keep the receipt showing the legible shipping date. Proposals submitted via facsimile will not be accepted. It is the sole responsibility of the applicant to ensure that proposals are submitted on time.

***PROPOSALS SUBMITTED AFTER THE DEADLINE WILL NOT BE REVIEWED OR CONSIDERED FOR FUNDING.***

**All proposals must be submitted to:**

Please submit one (1) original, with ***“Original”*** on the cover page, and ***two (2) copies*** to:

**City of Miami  
Office of the City Clerk  
HOPWA FY 2010 Proposal  
3500 Pan American Drive  
Miami, Florida 33133**

Please note: Two forms of valid identification (at least one of which must be a photo ID) are required to access the City Clerk's Office.

Acceptance of a proposal does not constitute a contract and does not obligate the City to award funds.

## D. GENERAL CONDITIONS AND RESERVATIONS

### Proposal Conditions

- All costs of proposal preparation shall be borne by the applicant organization. The City of Miami shall not, in any event, be liable for any pre-contractual expenses incurred by the bidder in the preparation and/or submission of the proposal. The applicant shall not include any such expense as part of the budget in the proposal.
- The proposal must always include the applicant's best terms and represent the greatest benefit to Miami-Dade County's low income residents living with AIDS.
- The proposal must set forth full, accurate, and complete information as required by the RFP. No changes or additions are allowed after the proposal deadline.
- Any addendums or additions to this proposal shall be communicated to prospective applicants through the Department of Community Development's website at [www.miamigov.com/communitydevelopment/pages/rfq](http://www.miamigov.com/communitydevelopment/pages/rfq). **Applicants are responsible for checking this website for any issuance of addendums and to receive updated information concerning the RFP submission.**

### General City of Miami Reservations

- The City of Miami reserves the right to retain all submitted proposals and the proposals shall become the property of the City of Miami. Any department or agency of the City shall have the right to use any or all ideas presented in proposals submitted in response to this RFP without any change or limitation. Selection or rejection of a proposal does not affect these rights.
- The City of Miami reserves the right to extend the RFP submission deadline should such action be in the best interest of the City.
- The City of Miami reserves the right to withdraw this RFP at any time without prior notice. Further, the City makes no representation that any contract will be awarded to any applicant responding to this RFP.
- The City of Miami may, at its sole and absolute discretion, reject any and all, or parts of any and all, applications; or waive any irregularities in this RFP or in the applications received as a result of this RFP. Also, the determination or the criteria and process whereby applications are evaluated, the decision as to who shall receive a contract award, or whether or not an award shall ever be made as a result of this RFP, shall be at the sole and absolute discretion of the City
- The City of Miami may require any or all organizations or agencies receiving grants funded through this RFP to use a Centralized Accounting system selected by the City should it be determined that this would be in the best interest of the City.
- The City of Miami reserves the right to create partnerships to provide services in a given area should the City determine that such action would be in the best interest of the City. In addition, the city reserves the right to allocate funding from other funding sources now or in the future.

***The City of Miami will not fund an organization or agency with outstanding disallowed costs, unresolved monitoring or audit findings, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal.***

## E. CONTRACT TERMS AND REQUIREMENTS

### Contract Term

Contracts awarded as a result of this RFP are anticipated to commence on or about October 1, 2010 and end on September 30, 2011, with an option to renew or extend such contracts for one additional twelve-month term at the sole discretion of the City of Miami and subject to satisfactory contractor performance, available funding, and ongoing community needs. The City has the option not to renew or extend the contract of any agency that does not meet minimum threshold performance measurements established by the City for the HOPWA Program at its own discretion.

### Contract Requirements

The initial recommendations for funding should not be interpreted as a finding that the program complies with all requirements and conditions for a contract. A funding recommendation or offer to contract may be withdrawn upon the City's determination that reasonable attempts to negotiate an agreement have failed.

*Prior to accepting the award, the applicant must meet applicable administrative and regulatory rules to meet State and local codes or other conditions as determined by the City Attorney. It is the applicant's responsibility to be familiar with these requirements prior to accepting the award and commencing contract negotiations.*

### Administrative Costs

Under federal regulations governing the use of HOPWA funds, contracted agencies may not use more than seven percent (7%) of the contract award on its administrative costs.

### City of Miami HOPWA Policies and Procedures

The provision of housing assistance and services are governed by the **City of Miami HOPWA Policies and Procedures Manual** and **HOPWA Program Directives** (incorporated herein by reference and jointly referred to herein as the **HOPWA Policies and Procedures Manual**). Such Manual shall be incorporated by reference into any contract awarded as a result of this RFP.

### First Source Hiring Agreement Statement

As per Ordinance No. 10032, all contractors conducting business with the City of Miami for goods, services, loans, or grants **must meet the requirements of the City's First Source Hiring Agreement**.

## **Davis-Bacon Act Requirements**

The Davis-Bacon Act requires the payment of prevailing wage rates as determined by the U.S. Department of Labor to all laborers and mechanics on construction projects in which twelve (12) or more dwelling units are assisted with Federal funds or in which other construction exceeds two thousand dollars (\$2,000). Each contract subject to Davis-Bacon labor standards requirements must contain labor standards clauses and a Davis-Bacon wage decision.

### **Section 3**

Section 3 of the Housing Development Act of 1968, as amended (12 U.S.C. 1701U), relates to the hiring and training of low- and moderate-income persons and the use of local businesses. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by U.S. HUD assistance or U.S. HUD-assisted project covered by Section 3, shall to the greatest extent feasible, be directed to low-and very low-income persons, particularly persons who are recipients of U.S. HUD assistance for housing.

## **F. SUPPORTING DOCUMENTS REQUIRED BY THE CITY**

The following documents, in compliance with City, State or Federal regulations, must be submitted with all applications in the order listed below. The double asterisk (\*\*) indicates that specific forms are enclosed (see Part Five – Forms). Additional application requirements are specified under Part Three – Proposal Contents.

Applicants may apply for more than one category of funding available. However, a separate proposal must be submitted for each category of funding sought and for each project that falls within the same category of funding.

1. Proposal Cover Sheet\*\*
2. Check-Off List for Submitting Documents. \*\*
3. Table of Contents
4. Proposal Narrative, as described in Part Three - Proposal Contents.
5. Project-Based Housing Program Survey\*\* (applicable only to project-based funding proposals).
6. Project Budget Forms\*\* (note: a price schedule, as more fully described in Part II below, is required in lieu of project budget forms for Technical Assistance Services proposals).
7. Current IRS 501(c)(3) letter if a nonprofit organization, including IRS Employer Identification Number.
8. A Certificate of Status signed from the Florida Secretary of State indicating the corporation is currently in good standing and that it has filed and paid for its 2009 Annual Report.
9. A copy of the organization's Charter (if applicable), Articles of Incorporation, Amendments to its Articles of Incorporation (if any) and By-Laws.
10. Names, addresses and professional affiliation of members of the Board of Directors.
11. Organizational Chart.
12. Job descriptions and resumes of staff who will be funded either in whole or in part from this grant award.
13. Copy of Income Tax return (IRS Form 990 including Schedule A) for the last completed fiscal year if a non-profit organization. Please note that IRS regulations require Form

990 to be submitted by the 15th day of the 5th month after the completion of the fiscal year of the organization (i.e. May 15th for an organization with a fiscal year ending December 31). If the agency has filed an extension requests to the IRS (Form 8868), the applicant must submit the prior year's IRS Form 990 and a copy of the Extension Request (Form 8868). (Only one copy needs to be submitted as part of the proposal marked "Original")

14. Personnel Policies and Procedures Manual. (Only one copy needs to be submitted as part of the proposal marked "Original")
15. Certification of all Funds Received. \*\*
16. Copies of contracts and, if not yet executed, commitment letters from all funders who support the applicant's total operating budget.
17. Declaration of Financial Interests.\*\*
18. Certification Regarding Lobbying. \*\*
19. Certification Regarding Debarment/Suspension. \*\*
20. Sworn Statement on Public Entity Crime. \*\*
21. Certification Drug-Free work environment.\*\*
22. Certification Compliance with the American with Disabilities Act.\*\*
23. Authorized Representative Statement\*\*
24. Certification of Sound Fiscal Management\*\*
25. Affirmative Fair Housing Marketing Plan\*\* (applicable only to project-based funding proposals)
26. Conflict of Interest Disclosure Form and Attachment\*\*

In addition, the awarded agency must submit, 30 days prior to the commencement of the FY2010-2011, proof of:

- HUD-Approved HQS Certification (applicable only to Housing Specialist and Inspection Services proposals).
- Duns & Bradstreet #. For more information visit <http://www.dnb.com/us/>

If such proof is not received within the specified period, the city reserves the right to disqualify the proposal and cancel the award from the non-compliant agency.

*Please Note: On June 9, 1998, the City of Miami Commission passed Resolution NO. 98-581 which contains a Credit Report clause stating that for each application for a loan from the City of Miami, the City will obtain and analyze credit reports on all property owners (individuals), borrowing entity(ies), as well as principals to determine the credit worthiness of the borrower(s). Any recipient of a grant or loan from the City of Miami as a result of this RFP will be subject to this credit check requirement.*

## **PART TWO**

### **DETAILED SPECIFICATIONS FOR HOPWA PROPOSALS AVAILABLE UNDER FUNDING CATEGORIES**

#### **A. HOPWA LTRA HOUSING SPECIALIST AND INSPECTION SERVICES**

##### **Introduction**

This RFP seeks proposals to provide Housing Specialist and Inspection Services on behalf of the HOPWA Long-Term Rental Assistance (LTRA) Program. **Agencies selected for contract award under this category will be required to provide both housing specialist support and inspection services to assigned LTRA clients.**

HOPWA Program supports up to 1,000 persons living with AIDS and family members of their household with tenant-based rental assistance for a term of 12-months, subject to annual re-certification. This program provides assistance towards the rental cost of housing units selected by HOPWA clients located throughout Miami-Dade County. The amount of monthly rental assistance may not exceed the difference between the rent standard (currently 100% of fair market rents published annually by U.S. HUD) and the client's rent payment (generally 30% of their adjusted monthly income). In addition, the housing unit must meet local HOPWA housing quality standards. While all persons participating in this program must receive case management services from a HIV/AIDS service provider or other service provider in Miami-Dade County, HOPWA LTRA clients receive the additional support of Housing Specialists to increase the housing stability of clients. Agencies selected for contract award under this RFP will not be responsible for making rent payments to participating landlords on behalf of assigned LTRA clients. Rent payments will be made directly to the landlord by the City of Miami.

### **Scope of Housing Specialist Services**

Selected agencies will provide housing specialist services, which entail client eligibility determinations, program enrollment and lease-up, and re-certification. Housing Specialists also are expected to monitor and ensure clients' housing stability by maintaining regular monthly contact with clients, conducting quarterly home visits and housing stability assessments and serving as a liaison between the client's landlord and case manager.

Housing Specialist responsibilities are more specifically described in, and governed by, the **City of Miami HOPWA Policies and Procedures Manual** and **HOPWA Program Directives** (incorporated herein by reference and jointly referred to herein as the **HOPWA Policies and Procedures Manual**) and include, but are not limited to:

- Certify applicants for participation in the Housing Opportunities for Persons with AIDS (HOPWA) long-term rental assistance program; certification includes making income verifications and eligibility determinations.
- Compute utility allowances, tenant rent and housing assistance amounts.
- Explain program rules and expectations, client's obligations and rights under the program, including grievance process;
- Assist clients in identifying suitable housing and negotiating rental agreements, including review of tenant-landlord leases for compliance with federal, state and local laws;
- Once units are selected, be available to meet with owners to review program paperwork and secure owner's written agreement to participate in program;
- Conduct annual, special and move re-certifications for assigned clients;
- Assist tenants and landlords in resolution of housing-related issues as appropriate and serves as a liaison between the landlord and the City of Miami HOPWA Program;
- Act as liaison between client and case manager to ensure client's continued housing stability and access to necessary services;
- Conduct initial housing stability assessment and assists the client in developing housing stability plan based on assessment and Ryan White (or other social service provider) case management plan;
- Make monthly contact with client to ensure client occupancy in assisted unit and client's housing stability;

- Make quarterly home visit to (1) monitor client's housing stability and condition of housing unit and (2) assist the client in reviewing and updating his or her housing plan;
- Explain and interpret federal and local HOPWA regulations and rules to interested landlords, realtors and property owners;
- Investigate alleged incidents of program rule violation(s) and/or abuse by client or landlord;
- Prepare chronology and supporting documentation, and presents case in written recommendations for, and grievance hearings to review, continuation or termination of participation in the program in event of program rule violations by either client or landlord.

Contracted agencies also will be expected to:

- Make monthly reports to the City of Miami regarding changes to client's household composition and income; adjustments to rental assistance and client terminations; make an annual report to the City on program activity in a form established by U.S. HUD; and perform any other reporting activity requested by the City;
- Be subject to and participate in any performance oversight activities organized by the City, which will include regular performance evaluation, based on performance measurements established by the City of Miami at its discretion. Agencies' performance evaluation will include measurement of leverage in the form of services that are received by HOPWA clients from the HIV/AIDS Continuum of Care and Treatment system in Miami-Dade or other funders/providers through referral as a result of an HOPWA agency's ongoing assessment of need for services that enable clients to achieve and maintain housing stability, thereby avoiding homelessness and improving their access to, and engagement in, HIV/AIDS treatment and care.
- Attend monthly HOPWA Program meetings and monthly meetings of the Miami-Dade County HIV/AIDS Partnership's Housing Committee.
- Participate in mandatory trainings conducted, or required, by the City.
- All program personnel, whose salaries are paid in whole or in part with HOPWA funds, must complete an HIV/AIDS 104 education course conducted by a Florida Department of Health-approved HIV/AIDS training provider within thereafter timeframe specified by the HOPWA Supervisor. Such staff includes management and administrative staff. This four-hour HIV/AIDS training course covers basic immunology, virology, transmission, testing, disease process, prevention measure, infectious control, legal and ethical issues and treatment. All program personnel are expected to continue to take, and receive advanced certification in, courses and trainings offered to those serving and caring for persons living with HIV/AIDS.

## **Scope of Inspection Services**

In addition to providing Housing Specialist Services, all agencies selected for contract award under this category must conduct inspection services on behalf of assigned clients. Such inspection services may not be sub-contracted by agencies selected for contract award under this category of activity.

***Walk-Through Exit Inspections:*** Clients require walk-through exit inspections to facilitate the return of the clients' deposit funds. Walk-through exit inspections are conducted jointly by the client, landlord and a HOPWA Housing Specialist to determine whether any damages to the unit warrant the loss of all or a portion of the deposit/deposit guarantee. The parties are required to utilize a HOPWA Program Exit Inspection Checklist, which must be signed by the client, landlord and Housing Specialist. The Checklist tracks the HQS Inspection Report form utilized at the time of initial move-in or last annual HQS re-inspection so that conditions can be compared to assist in determining whether damage was caused by the client rather than normal wear and tear over the course of occupancy. Landlords forfeit any right to retain deposit funds upon making repair to the unit prior to a walk-through exit inspection. Policies and procedures governing inspections are more fully described in the HOPWA Policies and Procedures Manual.

**HQS Inspection Services:** All housing units supported by HOPWA LTRA assistance must meet local, state, and federal housing quality standards to ensure safe and sanitary conditions. Such standards can be found in Chapter XIII of the HOPWA Policies and Procedures Manual, incorporated herein by reference. On average, up to three (3) inspections per LTRA client take place annually.

Inspection and approval of the unit to be assisted with HOPWA funds must take place prior to a client's move into the unit. Generally, these inspections are to take place within seventy-two hours of an inspection request and initial contact with the landlord. Thereafter, an annual re-inspection must take place within one-hundred twenty (120) days of the last re-certification date. Clients and landlords may also request an inspection at any time. Depending upon the nature of the complaint, such inspections must take place within twenty-four hours if the conditions subject to complaint pose a safety risk or within forty-eight hours for any other complaint. Policies and procedures governing inspections are more fully described in the HOPWA Policies and Procedures Manual.

Housing Specialists' program responsibilities are evaluated on a regular basis and may be subject to changes in scope from time to time.

### **Assignment of Clients**

The City of Miami Department of Community Development maintains both a centralized database of current LTRA clients and a centralized waitlist of applicants to the LTRA Program. Geographic location of housing units assisted under the LTRA Program is driven by client choice. Therefore, contract award and assignment of HOPWA LTRA clients to community-based agencies will be based on Program need, as determined by the City of Miami at its sole discretion. Such need may be based upon, but not limited to, geographic service location and accessibility, other client needs, and agency capacity and performance history. The City of Miami utilizes a zone method, based on zip codes, to manage assignments. From time to time, clients will be re-assigned by the City of Miami based on the above factors. Whenever possible, such re-assignment will take into consideration the client's agency preference. Please note that neither award nor execution of a contract as a result of this RFP guarantees the number of clients that will be assigned by the City of Miami.

Agencies are responsible for assigning clients to a specific Housing Specialist they employ. Each individual Housing Specialist's client case loads may be between sixty five to seventy-five LTRA clients as determined by each individual agency. However, client case loads may not exceed seventy-five LTRA clients per Housing Specialist. If Housing Specialists were to be underperforming, the city may impose lower client case load for Housing Specialists on a case-by-case basis.

In order to reduce the amount of travel required of both client and contracted agency, the City of Miami reserves the right to select qualified Proposers who offer either a range of service locations throughout Miami-Dade or serve a specific geographic area identified by the City, in its sole discretion, as underserved. Proposers must list all **current** service locations on the cover page of their Proposal (on the form provided in this RFP).

### **Rate of Reimbursement per Client for both Housing Specialist and Inspection Services**

The rate of annual reimbursement per assigned LTRA client is \$1,795<sup>1</sup> for both housing specialist and inspection services combined.

## Qualifications

The City of Miami is seeking agencies that demonstrate:

- Capacity and experience necessary to fully perform housing specialist services in a manner that promotes the efficient, stable delivery of HOPWA services.
- Capacity to execute the proposed project within an organization that operates under stable financial conditions.
- Participation in significant activities related to providing services to program participants. Such activities should include, but not be limited to, integration, or willingness to partner, with the existing HIV/AIDS Continuum of Care and Treatment in Miami-Dade County.
- Certification and, preferably, experience in, conducting residential inspections and strong familiarity with local, state and U.S. HUD Housing Quality Standards (HQS) (specifically those set forth in **24 CFR 982.401 et seq. and HUD Guidebook 7420.10G**). **Proposers must have in place member(s) of their staff who must have received HUD-approved HQS certification following successful completion of a live HQS training program and exam approved by U.S. HUD. Failure to provide proof of certification prior to the start of the fiscal year will disqualify the proposal for consideration under the “Housing Specialist and Inspection Services” category of this RFP.**

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<sup>1</sup> This amount may be adjusted at the discretion of the Department of Community Development based on the actual HOPWA funding allocation amounts received by the city on any given fiscal year and/or changes in program priorities or budgetary constraints.

## LTRA Housing & Inspection Services - Proposal Evaluation

Proposals will be rated based on relevance to proposed FY'10 HOPWA Activities, the City of Miami HOPWA Policies and Procedures Manual and the City of Miami Consolidated Plan. Additionally, the Proposals will be subject to the scoring and evaluation criteria below. The City of Miami intends to make multiple contract awards under this category of activity, however the City reserves the right to limit such contract awards to the top ranking proposer(s) by zone service area, at its sole discretion.

**All proposals offering Housing Specialist and Inspection Services will be scored against the following criteria:**

	MAX. POINTS
<p><b>Organizational Capacity and Demonstrated Effectiveness</b> <i>(Maximum Points of 30)</i></p> <ul style="list-style-type: none"> <li>➤ General financial stability of organization on the basis of whether HOPWA funding will comprise (<i>max 20 points</i>):               <ul style="list-style-type: none"> <li>- 40% or less of total operating budget; <b>OR</b>..... 20</li> <li>- 41% to 60% of total operating budget; <b>OR</b>..... 15</li> <li>- 61% to 80% of total operating budget; <b>OR</b>..... 10</li> <li>- 81% or more of total operating budget..... 0</li> </ul> </li> <li>➤ Proposer has demonstrated success in same or similar programs or activities (no points if more than 3 months behind reimbursement schedule for current or previously funded HOPWA agencies or for agencies with repeated rejection of HOPWA client certification packages)..... 5</li> <li>➤ Demonstrates strong fiscal management and controls..... 5</li> </ul>	
<p><b>Understanding of Need</b> (<i>Maximum Points of 10</i>)</p> <ul style="list-style-type: none"> <li>➤ Proposal demonstrates understanding of the AIDS epidemic in Miami-Dade County and Miami-Dade residents infected/ affected by AIDS..... 5</li> <li>➤ Proposal demonstrates understanding of factors that impact housing stability of low income persons living with AIDS and consumer's housing preferences and needs..... 5</li> </ul>	
<p><b>Service Approach</b> (<i>Maximum Points of 25</i>)</p> <ul style="list-style-type: none"> <li>➤ Service approach described in Proposal is responsive to service deliverables set forth in the RFP..... 5</li> <li>➤ Either demonstrated capacity to serve two or more HOPWA LTRA Zones of Service <b>OR</b> capacity to do so as a result of multiple existing service locations..... 5</li> <li>➤ Demonstrated capacity to maintain staffing stability (i.g. years of experience of staff providing similar services)..... 5</li> <li>➤ Proposed staffing level (including administrative oversight) is well-defined and adequate (i.e. experience and certifications)..... 5</li> <li>➤ Demonstrated ability to manage verification and compliance requirements, client recordkeeping and regular reporting..... 5</li> </ul>	
<p><b>Outcome Measurements Identified and Established/Proposed Mechanism to Track Clients and Evaluate Program Outcomes and Performance</b> (<i>Maximum Points of 20</i>)</p> <ul style="list-style-type: none"> <li>➤ Proposal describes measurable service outcomes resulting from service referrals..... 5</li> <li>➤ Proposal describes system for tracking clients and evaluating program outcomes and performance..... 5</li> </ul>	

➤ Proposal describes system for scheduling and tracking inspections.....	5
➤ Proposal describes system for generation and distribution of inspection reports.....	5
<b>Demonstrated Integration with the Existing HIV/ AIDS Continuum of Care and Treatment in Miami-Dade County (Maximum Points of 15)</b>	
➤ Copies of referral or partnership agreements with other HIV/AIDS care providers.....	4
➤ Copies of service provision contract(s) or similar documentation with Ryan White Title I, Title II, PAC Waiver or other funding sources for HIV/AIDS services.....	5
➤ Membership participation on Miami-Dade HIV/AIDS Partnership and/ or its committees. ....	3
➤ Letters of support.....	3
<b>MAXIMUM Points Available</b>	<b>100</b>
<b>MINIMUM Points for Consideration in Ranking</b>	<b>75</b>

**B. PROJECT-BASED HOUSING RENTAL SUBSIDY, OPERATING SUPPORT OR SUPPORT SERVICES**

**Funding Priorities**

The HOPWA Program currently has an inventory of approximately thirty-three (33) units. Funding decisions will favor maintaining HOPWA support of these units to avoid disruption to the residents of such assisted units and ensure that the units remain extremely affordable.

Funding decisions also will be consistent with consumers' current housing preferences. Housing Needs Assessments for Miami-Dade residents living with HIV/AIDS identify an overwhelming rejection of AIDS-only housing and shared housing arrangements. Furthermore, diverse preference for geographic location of housing was identified by the respondents.

- Other than currently HOPWA-funded project-based programs in good standing, project-based funding decisions favor proposals that offer low income persons living with AIDS the opportunity to live in affordable housing targeting persons who are both HIV+ and HIV-, with varying incomes and support needs. There is a preference to assist units most affordable to persons living with AIDS who are extremely low income (whose family income is between 0% and 30% of median income for the area as determined by HUD with adjustments for family size).
- Other than existing housing programs that would not be able to maintain operation without continuing HOPWA support, housing programs designed to house only persons with AIDS or related diseases must strongly demonstrate a need for such type of housing in order to overcome preference for housing options that reflect consumer housing desires as described herein.

**Project-Based Housing Definitions**

**Rental Subsidy**

Rental subsidy means the award of HOPWA funds to cover the difference between the HOPWA rental payment standard and the tenant's share of the rent (capped at 30% of the tenant

household's monthly income). HOPWA funds will only be applied as rental subsidy towards units actually occupied by persons meeting the HOPWA client eligibility criteria and that pass inspection under the HOPWA Program's housing quality standards.

### ***Operating Support***

Operating support means the award of HOPWA funds to cover other operating costs not covered by existing rental subsidy awards when such HOPWA operating support is permissible under applicable statute or regulation. Proposers must provide evidence of effort to seek increases in existing rental subsidy awards sufficient to cover operating costs and explanation for the denial of a request for rental subsidy increase.

### ***Support Services***

Support services means the award of HOPWA funds to cover certain services provided to persons living with AIDS who reside in project-based housing. Such services must be designed to assist clients in maintaining housing stability, thereby avoiding homelessness and improving their access to, and engage in, HIV/AIDS care and treatment. Such services may include, but are not limited to, case management, personal assistance, and assistance with accessing government benefits.

### **Eligible Costs and Maximum Support per Unit**

Applicants seeking rental subsidy or operating support must demonstrate the lack of tenant rent payments and/or other sources of funding sufficient to cover the operating costs of such rental properties and justify the costs resulting in a gap in funding. Applicants must disclose sources of capital funds, and associated use restrictions, which financed the development of the housing project as well as other sources (and terms) of funds currently subsidizing rents or general cost of operating the rental facilities. Proposers must provide documentation that existing sources of rental subsidy allow funding gaps to be met by other federal funds.

The City of Miami wishes to ensure the greatest benefit to the residents of Miami-Dade County and therefore, reserves the right to negotiate the level of HOPWA assistance based on cost per unit. *The maximum annual amount of HOPWA project-based assistance (whether rent subsidy or operating support) is \$3,500.00 per rental unit, unless higher operating costs can be clearly demonstrated.*

### ***Separate Proposals Required***

In the event that an agency seeks HOPWA project-based support for more than one housing development (meaning one or more buildings co-located on the same site and operated as one rental housing project), a separate proposal with its own set of required forms and certifications under this RFP must be submitted for each housing development for which HOPWA project-based support is sought.

## Project-Based Housing - Proposal Evaluation

Proposals will be rated based on relevance to proposed FY'10 HOPWA Activities, the City of Miami HOPWA Policies and Procedures Manual and the City of Miami Consolidated Plan. **Additionally, the Proposals will be subject to the following scoring and evaluation criteria:**

	MAX. POINTS
<p><b>Organizational Capacity and Demonstrated Effectiveness (Maximum Points of 25)</b></p> <ul style="list-style-type: none"> <li>➤ General stability and track record of organization..... 5</li> <li>➤ Applicant has demonstrated success in same or similar programs or activities (no points if more than 3 months behind reimbursement schedule for currently or previously-funded HOPWA projects)..... 6</li> <li>➤ Applicant has experience serving persons living with HIV/AIDS..... 4</li> <li>➤ Demonstrates strong fiscal management and controls..... 5</li> <li>➤ Agency has not received negative monitoring findings or become subject to a corrective action plan..... 5</li> </ul>	
<p><b>Continuation Funding for Units Currently Subsidized by HOPWA (Maximum Points of 10) <i>**Priority**</i></b></p> <ul style="list-style-type: none"> <li>➤ Units are in service and currently funded by HOPWA; <u>OR</u>..... 10</li> <li>➤ Units have not been placed into service, but have received a HOPWA capital award and will be placed into service during the FY'10 fiscal period..... <u>OR</u> 10</li> </ul>	
<p><b>Proposal Reflects Consumer Housing Preference (based on latest HIV/AIDS Needs Assessment) or the Need for AIDS-only Housing is Fully Demonstrated (Max. Points of 25)</b></p> <ul style="list-style-type: none"> <li>➤ <i>Currently-funded Units</i>..... 25</li> <li style="text-align: center;"><u>OR</u></li> <li>➤ <i>Project is/will result in a housing facility which houses both persons living with AIDS and persons whose residency is not based on their HIV/AIDS Status</i>..... 15</li> <li>➤ Rents charged/ to be charged for units assisted with HOPWA will be feasible for persons of low to very low income (i.e. 50% of median income or less)..... 5</li> <li>➤ Rents charged/ to be charged for units assisted with HOPWA will be feasible for persons of extremely low income (30% of median income or less)..... 5</li> <li style="text-align: center;"><u>OR</u></li> <li>➤ <i>Project is/ will result in a housing facility which houses only persons with HIV/AIDS</i>..... 0</li> <li>➤ Applicant provided strong justification for the need to offer AIDS-only, non-special needs housing in Miami-Dade..... 5</li> <li>➤ The benefits to tenants of living in a building that rents only to persons with HIV/AIDS are fully described and justified..... 6</li> <li>➤ Proposal explains why such benefits would not be available in mixed household housing programs..... 6</li> <li>➤ Based on the proposal compared to HOPWA-assisted housing projects, reasonable expectation that assisted units will be fully occupied..... 5</li> <li>➤ Applicant provides letters of support or other form of third-party support for such housing..... 3</li> </ul>	
<p><b>Budget Justification (Maximum Points of 20)</b></p> <ul style="list-style-type: none"> <li>➤ Proposal identifies all capital funds and associated restrictions used to develop the housing project (applies to existing housing developments)... 5</li> <li>➤ Proposal identifies all sources of revenue and associated restrictions to support operation of housing facility..... 5</li> </ul>	

➤ Proposal identifies the gap in revenue requiring HOPWA funds.....	5
➤ Proposal fully justifies absence of any other source of revenue for gap.....	5
<b>Demonstrated Integration with the Existing HIV/ AIDS Continuum of Care and Treatment in Miami-Dade County (Maximum Points of 10)</b>	
➤ Copies of referral or partnership agreements with other HIV/AIDS care providers.....	3
➤ Copies of service provision contract(s) with Ryan White Title I, Title II or other funders of HIV/AIDS services.....	3
➤ Membership participation on Miami-Dade HIV/AIDS Partnership and/or its committees .....	2
➤ Letters of support.....	2
<b><u>ONLY</u> for Applications inclusive of Support Services (Maximum Points of 20)</b>	
➤ Proposal strongly justifies need for proposed support services.....	5
➤ Proposed support service outcomes are described.....	5
➤ Method of service delivery is fully explained and supports proposed outcomes.....	5
➤ Applicant demonstrates capacity to provide proposed services.....	5
<b><u>Rental Subsidy / Operating Support-Only Applications</u></b>	
<b>MAXIMUM Points Available</b>	<b>90</b>
<b>MINIMUM Points for Recommendation</b>	<b>70</b>
<b><u>ONLY</u> for Applications inclusive of Support-Services</b>	
<b>MAXIMUM Points Available</b>	<b>110</b>
<b>MINIMUM Points for Recommendation</b>	<b>90</b>

<b>C. LEGAL SERVICES</b>
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**Overview**

The City of Miami is seeking a qualified entity to provide legal service: (1) to the Department of Community Development, in the limited capacity of collecting security deposits owed the HOPWA program by landlords, and (2) to HOPWA clients as set forth below;

The successful proposer shall possess good knowledge of federal laws governing federally-funded housing programs, the Florida Residential Landlord and Tenant Act, the Americans with Disability Act, the Fair Housing Act and local laws prohibiting housing discrimination, federal and state confidentiality laws as it pertains to HIV status and any other pertinent laws and regulations.

The successful proposer must have extensive experience in providing services sought under this RFP as specifically described below. The successful proposer must have experience providing legal services to persons living with HIV and/or AIDS in Miami-Dade County and knowledge of and experience with the Miami-Dade County Continuum of HIV/AIDS Care System (i.e. Ryan White, PAC Waiver services, etc.).

The proposer must currently have offices located in Miami-Dade County and the key staff person assigned to this project must be located at these offices. This key staff must be accessible and easily available to the City of Miami at any time during the business week and must be prepared to meet with City staff on short notice. The successful proposer must be prepared to attend meetings and provider sessions at the request of the City.

***Legal Services on Behalf of the Department of Community Development:***

The selected firm for contract award under this RFP will be required to:

- Collect security deposits owed to the HOPWA Program by landlords under the terms of HOPWA Program Landlord Agreements and Lease Addendums as well as all applicable federal regulations.

***Legal Services on Behalf of HOPWA Program Clients:***

- Represent clients in enforcing their rights under the terms of their leases and the HOPWA Program Lease Addendum as well as under the Florida Residential Landlord and Tenant Act. As a client's advocate, work with the City to enforce the terms of the HOPWA Landlord Participation Agreement. Resolution of issues should be attempted first through remediation.
- Assist clients and their respective HOPWA Housing Specialist in reviewing proposed leases prior to execution.
- Assist clients in preparing a living will.
- When assisting a client, the successful proposer will be expected to recognize housing discrimination and refer the client for assistance to HOPE, Inc., which has a pre-existing contractual relationship with the City of Miami.

The percentage of time that the successful proposer spends on each of the above activities will be at the direction of the City.

**Fee and Payment Schedule**

The selected entity for contract award under this RFP will be paid based upon an agreed-upon hourly rate, not to exceed \$90.00 per hour, for a total amount not to exceed \$50,000.

In lieu of HOPWA budget forms required of all other proposers hereunder, proposers of legal support services must submit a fee schedule, which identifies the hourly rate and estimated number of hours budgeted for major tasks.

## Proposal Evaluation

**Proposals will be rated based on the following scoring and evaluation criteria:**

	MAX. POINTS
<b>At the time of proposal submission, proposer does not have offices in Miami-Dade County (Threshold Item).</b>	<b>Proposal will be rejected.</b>
<b>Organizational Capacity and Demonstrated Effectiveness (Maximum Points of 25)</b>	
➤ General stability and track record of organization.....	5
➤ Applicant has demonstrated success in same or similar services.....	10
➤ Demonstrates strong fiscal management and controls.....	5
➤ At least 50% of the total operating budget would be supported by funding sources other than HOPWA.....	5
<b>Organizational Experience (Maximum Points of 35)</b>	
➤ Firm offers extensive knowledge of federal statutes and regulations governing the federal Housing Opportunities for Persons with AIDS, Section 8 Programs and other federal housing programs.....	5
➤ Firm offers substantial legal experience and expertise with successfully advocating rights under:	
• Florida Residential Landlord and Tenant Act and federal housing programs.....	5
• ADA, Fair Housing Act and other laws prohibiting housing discrimination, laws prohibiting discrimination on basis, and protecting confidentiality, of HIV status.....	5
➤ Applicant has experience in collecting funds contractually owed.....	5
➤ Applicant has experience providing legal services to persons living with HIV/AIDS.....	5
➤ Applicant has knowledge of and experience with Miami-Dade County HIV/AIDS Continuum of Care.....	5
➤ Letters of support or endorsement provided and/or other documentation of ability.....	5
<b>Performance Ability and Intended Plan (Max. Points of 20)</b>	
➤ Staff expertise appropriate to level/quality of services requested by RFP...	5
➤ Service approach described in Proposal is responsive to service deliverables set forth in the RFP.....	5
➤ Proposal describes measurable service outcomes resulting from client cases support and collection services on behalf of the city.....	5
➤ Proposal describes system for tracking and reporting client cases and collection services and outcomes and overall performance.....	5
<b>MAXIMUM Points Available</b>	<b>80</b>
<b>MINIMUM Points for Recommendation</b>	<b>60</b>

## **D. TECHNICAL ASSISTANCE**

### **Overview**

The City of Miami is seeking a qualified entity to provide technical assistance and expertise to the Department of Community Development, contracted HOPWA agencies and the Miami-Dade County HIV/AIDS Partnership as set forth below.

The successful proposer must have extensive knowledge of federal laws governing HOPWA and other federally-funded housing programs and substantial experience and expertise in all of the following areas: providing technical support to HOPWA grantee and government agencies responsible for administration of HUD housing program funds; providing technical support of, and expertise to, government planning and advisory bodies; providing technical assistance to community-based providers of supportive housing and housing related services; conducting housing needs assessments and strategic planning for persons living with AIDS, homeless and those at risk of homelessness; designing delivery systems for housing and related services for special need populations funded in whole or in part by U.S. HUD, including administrative and monitoring procedures; performing policy analysis and development in the areas of housing and services; and performing technical writing (i.e. operating policies and procedures, requests for proposals, letters and reports). Proposers also must demonstrate substantial experience in inter- and intra-governmental affairs and cross coordination of systems of care for special need populations.

The proposer must currently have offices located in Miami-Dade County and the key staff person assigned to this project must be located at these offices. This key staff must be accessible and easily available to the City of Miami at any time during the business week and must be prepared to meet with City staff and provide technical assistance on very short notice. The successful proposer must be prepared to analyze issues, provide technical expertise and attend meetings and work sessions at the request of the City.

### ***Technical Support to the Department of Community Development:***

The selected firm for contract award under this RFP for technical assistance services will be required to:

Assist Department in developing: (1) policies for effective and efficient use of HOPWA funds in Miami-Dade County, including integration of HOPWA Program efforts with care and treatment provided by the Miami-Dade HIV/AIDS systems of care; (2) housing programs to meet identified need; (3) operating policies and procedures governing direct delivery of HOPWA housing assistance, the majority of which is out-sourced to community-based organizations, and (4) strategies for effective program administration to meet program delivery and performance expectations. Perform technical writing on behalf of the Department (i.e. operating policies and procedures, requests for proposals, letters and reports). Other tasks as may be identified by Department staff.

### ***Technical Support to Miami-Dade HIV/AIDS Partnership and Housing Committee***

- Assist the Housing Committee of the Miami-Dade HIV/AIDS Partnership to: (1) identify and develop recommendations on housing policy and strategies for persons living with HIV/AIDS, including use of HOPWA funds in Miami-Dade County; and (2) conduct strategic planning activities, including annual assessment of the housing needs of Miami-Dade residents living with HIV/AIDS.

- Provide housing expertise by participating in Miami-Dade HIV/AIDS Partnership-sponsored trainings targeting Partnership members and HIV/AIDS care providers.
- Assist with planning activities and programmatic matters with the Ryan White and State-funded systems to maximize the efficient and effective use of available HIV/AIDS resources and to further integrate and coordinate the efforts of housing assistance programs and care and treatment services.

### Fee and Payment Schedule

The selected firm for contract award under this RFP for technical assistance services will be paid based upon an agreed-upon hourly rate, for a total amount not to exceed \$50,000. In lieu of HOPWA budget forms required of all other proposers hereunder, proposers of technical assistance services must submit a fee schedule, which identifies the hourly rate and estimated number of hours budgeted for major tasks.

### Technical Assistance - Proposal Evaluation

***Proposals will be rated based on the following scoring and evaluation criteria:***

	MAX. POINTS
<b>At the time of proposal submission, proposer does not have offices in Miami-Dade County, housing key staff assigned to project. (Threshold Item)</b>	<b><i>Proposal will be rejected.</i></b>
<b>Organizational Experience (Maximum Points of 65)</b>	
➤ Firm offers substantial experience and expertise in:	
▪ Knowledge of federal statutes and regulations governing the federal Housing Opportunities for Persons with AIDS, Section 8 Programs and other federal housing programs.....	5
▪ Providing technical assistance to HOPWA grantee in the provision of housing and related services to persons with HIV/AIDS in Miami-Dade County.....	5
▪ Designing delivery systems for housing and related services funded by HOPWA.....	5
▪ Supporting government oversight of housing development for persons with HIV/AIDS and other special need populations.....	5
▪ Providing technical assistance to community-based providers of supportive housing and housing related services.....	5
▪ Working with, and providing technical support and expertise to, governmental planning and advisory bodies on housing-related issues for persons living with HIV/AIDS and other special needs....	5
▪ Conducting housing needs assessments and strategic planning for persons living HIV/AIDS and other special need populations.....	5
▪ Performing policy analysis and development in the areas of housing and services.....	5
▪ Performing technical writing (i.e. operating policies and procedures, requests for proposals, letters and reports).....	5
▪ Inter- and intra-governmental affairs.....	5
▪ Cross-coordinating systems of care.....	5
➤ Key staff qualifications and experience demonstrated.....	5
➤ Agency has not received negative monitoring findings or become subject to a corrective action plan.....	5
<b>Performance Ability and Intended Plan (Max. Points of 35)</b>	
➤ Plan to provide requested services is well-defined.....	5
➤ Plan demonstrates ability to support City of Miami staff's efforts to	

effectively administer HOPWA award and maximize available resources and in the manner specified in the RFP.....	5
➤ Plan demonstrates ability to provide technical assistance to contracted HOPWA agencies.....	5
➤ Plan demonstrates ability to maintain effective planning and advisory relationship between the City of Miami and Miami-Dade County HIV/AIDS Partnership.....	5
➤ Staff expertise appropriate to level/quality of services requested by RFP...	5
➤ Performance measurements clearly identified and relevant to measuring delivery of services requested.....	5
➤ Letters of support or endorsement provided and other documentation of ability.....	5
<b>MAXIMUM Points Available</b>	<b>100</b>
<b>MINIMUM Points for Recommendation</b>	<b>80</b>

## PART THREE

### PROPOSAL CONTENTS – PROGRAM NARRATIVE

All proposals should include all supporting documents as set forth on page 10 of this RFP. Proposal narrative requirements and any additional supporting document requirements are as follows:

- I. **Narrative Requirements for:**
  - a. **LTRA Housing Specialist and Inspection Service Activities**
  - b. **Project-Based Housing Proposals**

#### Proposal Narrative

Narratives should be responsive to the description of services above and factors upon which the proposals will be scored. The Narrative should contain the following information:

- **Statement of Capacity**

#### ***Organizational Experience***

1. Describe your agency's mission.
2. Explain why your agency is interested in administering the program and how the agency's long-term goals and organizational mission would be met by the program.
3. Describe similar projects your agency has undertaken and the extent to which your agency achieved results. Include two references for each project (name & phone number only).

#### ***Organizational Structure***

1. Describe your agency's organizational structure, line of authority, resources and support from the agency to the proposed project to ensure success.
2. Please provide resumes of your agency's principals and other key management personnel. Provide a profile of those individuals to be assigned or hired who will have the most responsibility for the project. Describe their experience, capacity, and cultural and linguistic competency to work with the target population and attach

their resumes if available. In addition, provide brief position descriptions for other key program staff. Finally, list any and all positions to be created to accommodate the program versus those that are currently in existence.

3. Provide a list of currently administered programs and an organizational chart (the organizational chart should show total number and types of agency personnel positions). Qualifications for each program position should be included in the narrative.
4. Describe your agency's financial status and fiscal management. Please provide independent evidence of strong fiscal management and controls (i.e. organization's most recent financial audit, other funders' performance reviews, evaluations and audits).
5. Please provide a budget for the entire agency, including all sources of income.
6. Describe your agency's ability to meet program expenses in advance of reimbursement.
7. Describe your agency's technological capacity in tracking client data and producing reports on client activities and demographic information.

▪ **Understanding of Need**

1. Describe agency's understanding of the AIDS epidemic in Miami-Dade County and Miami-Dade residents infected/affected by AIDS.
2. Describe agency's understanding of factors that impact housing stability of persons living with AIDS.
3. Describe agency's understanding of laws governing disclosure of HIV/AIDS status and client confidentiality.

▪ **Description of Service Approach**

Please describe in detail:

1. Responsive to the description of services set forth under Part Two herein and the factors considered when ranking proposals, please describe the core features of your proposed service, service coordination, and delivery strategies.
2. The number of clients and units which will be served, who will provide the services and how the services will be provided.
3. The geographical area(s) to which the agency would provide services.
4. Describe how the proposed service will be integrated into the HOPWA Program and other care and treatment programs for persons living with AIDS and coordinated with other agencies/programs to deliver services and evaluate whether the collaboration is critical to the success of the project.
5. Track and monitor the units of service, service costs and use of funds, provide regular reports and program evaluation.
6. Implement quality assurance measures and performance measures, coordinate all related services and coordinate the program with other agencies. Please list outcome measurements for the proposed service.

- **Program Time Line:** Applicant must be able to demonstrate the capacity to implement the program quickly. Please provide a detailed start-up schedule.

- **Integration with the Existing HIV/AIDS Continuum of Care in Miami-Dade:** Describe how your agency, or its programs, are integrated into the existing HIV/AIDS Continuum of Care and Treatment or propose to become integrated into the continuum. Please describe existing partnership agreements or referral relationships, Ryan White or General Revenue HIV/AIDS funding received by the agency and services provided with such funds, and/or participation in planning activities on behalf

of the Miami-Dade County HIV/AIDS Partnership. (Attach supporting documentation to the proposal).

**II. ADDITIONAL Narrative Requirements for:**  
**a. Project-Based Housing Proposals**

***For project-based housing rental subsidy or operating support proposals***, applicants must:

- Provide a cost narrative explaining the lack of tenant rent payments and/or other sources of funding sufficient to cover the operating costs of such rental properties and justifying the costs resulting in a gap in funding. The cost narrative should also describe sources of capital funds, and associated use restrictions, which financed the development of the housing project, and sources (and terms) of funds currently subsidizing rents or general cost of operating the rental facilities. Proposers must provide evidence of effort to seek increases in existing rental subsidy awards sufficient to cover operating costs and explanation for the denial of a request for rental subsidy increase. Proposers must provide documentation that existing sources of rental subsidy allow funding gaps to be met by other federal funds.
- Complete a Project-Based Survey Form found in Part Five.

**III. Narrative Requirements for:**  
**a. Legal Services Only**

***Proposals for Legal Services must only provide a narrative meeting the Narrative Requirements set forth under this section herein.***

**Proposal Narrative**

Narratives should be responsive to the description of services above and factors upon which the proposals will be scored. The Narrative should contain the following information:

▪ **Statement of Capacity**

***Organizational Experience***

1. Describe your organization's mission.
2. Explain why your organization is interested in providing these services and how its long-term goals and organizational mission would be met by the program.
3. Describe your organization's overall experience and expertise relative to the requirements set forth above under Part Two herein. Include references for similar legal service projects (name & phone number only).

***Organizational Structure***

1. Please provide resume(s) of your organization's principals and other key management and legal personnel. Provide a profile of those individuals to be assigned or hired who will have the most responsibility for the project. Describe

their experience and competency relative to this project and attach copies of their resumes. Also provide brief position descriptions for other key program staff. Finally, list any positions to be created to accommodate the program versus those that are currently in existence.

2. Please provide independent evidence of organization's performance (i.e. performance reviews, letters of support or endorsement, or evaluations).
3. Describe your organization's ability to meet program expenses in advance of reimbursement and sources and respective amounts of funds supporting your total budget.
4. Describe your method of fiscal management and controls.

▪ **Expertise Sought under this RFP**

1. Describe your organization's legal expertise with Federal statutes and regulations governing the federal Housing Opportunities for Persons with AIDS, Section 8 Programs and other federal housing programs.
2. Describe your organization's legal expertise and experience in successfully advocating client rights under:
  - a. Florida Residential Landlord and Tenant Act and federal housing programs; and
  - b. ADA, Fair Housing Act and other laws prohibiting housing discrimination, laws prohibiting discrimination on basis, and protecting confidentiality, of HIV status.
3. Describe your organization's experience in collecting funds contractually owed.
4. Describe organization's experience providing legal services to persons living with HIV/AIDS and knowledge of and experience with Miami-Dade County HIV/AIDS Continuum of Care.
5. When preparing your response to this section, please identify key legal personnel within your organization who specifically provide such expertise and experience.

▪ **Description of Service Approach:**

1. Please describe the proposed approach to service delivery to the City and HOPWA clients in the areas specified in Part II herein, including service coordination between clients, their Housing Specialists and the City of Miami.
2. Describe measurable service outcomes resulting from client cases and City of Miami collection services.
3. Describe system for tracking and reporting client cases and collection services and outcomes and overall performance.

- **Program Time Line:** Applicant must be able to demonstrate the capacity to implement the program quickly. Please provide a detailed start-up schedule.

#### **IV. Narrative Requirements for:** **a. Technical Assistance Only**

##### **Proposal Narrative**

Narratives should be responsive to the description of services above and factors upon which the proposals will be scored. The Narrative should contain the following information:

- **Statement of Capacity**

- ***Organizational Experience***

- 4. Describe your firm's mission.
    - 5. Explain why your firm is interested in providing this service and how the agency's long-term goals and organizational mission would be met by the program.
    - 6. Describe your firm's experience and expertise relative to the requirements set forth above under Part Two herein. Include references for similar projects (name & phone number only).

- ***Organizational Structure***

- 1. Please provide resume(s) of your agency's principals and other key management personnel. Provide a profile of those individuals to be assigned or hired who will have the most responsibility for the project. Describe their experience and competency relative to this project and attach copies of their resumes. Also provide brief position descriptions for other key program staff. Finally, list any positions to be created to accommodate the program versus those that are currently in existence.
    - 2. Please provide independent evidence of firm's performance (i.e. performance reviews, letters of support or endorsement, or evaluations).
    - 3. Describe your agency's ability to meet program expenses in advance of reimbursement.

- **Understanding of Need**

- 1. Describe firm's understanding of the AIDS epidemic in Miami-Dade County and Miami-Dade residents infected/affected by AIDS.
    - 2. Describe firm's understanding of factors that impact housing stability of persons living with AIDS.
    - 3. Describe firm's understanding of laws governing disclosure of HIV/AIDS status and client confidentiality.

- **Description of Service Approach:**

- 1. Responsive to the description of services set forth under Part Two herein and the factors considered when ranking proposals, please describe the core features of your proposed service, service coordination, and delivery strategies.
    - 2. Please list outcome measurements for the proposed service.

- **Program Time Line:** Applicant must be able to demonstrate the capacity to implement the program quickly. Please provide a detailed start-up schedule.

# PART FOUR

## EVALUATION AND APPROVAL OVERVIEW

### Evaluation Process

1. An initial review will be performed to ensure that the Proposal is complete and all supporting documents have been submitted. ***Incomplete proposal packages will not be considered.*** A cure period or opportunity to revise or correct proposals ***will not be granted.*** The applicant will be informed that the Proposal is incomplete and will not receive further consideration for funding.
2. Each proposal will be evaluated on its own merits for content, responsiveness, conciseness, clarity, and relevance, consistent with the goals and objectives outlined in the HOPWA Policies and Procedures Manual, proposed FY'10 HOPWA Activities, the most recent Miami-Dade County HIV/AIDS Needs Assessment, as supplemented, the Five-Year Consolidated Plan and for its adherence to the instructions in this RFP.
3. City Staff will review qualified proposals and make funding recommendations to the City of Miami Commission (City Commission). The initial recommendation for funding should not be interpreted as a determination that the proposal complies with all requirements and conditions for a contract.
4. The City Commission will make the final decision to enter into contract with one or more qualified agencies. An offer to contract may be withdrawn upon the City's determination that reasonable attempts to negotiate an agreement have failed.

### Appeals

***An appeal procedure will be made available to applicants that are not recommended for funding. THE APPEAL MUST BE BASED ON AN ERROR IN FACT OR LAW.*** An alleged error in evaluation based on "fact" will be reviewed by a panel of three (3) reviewers. An alleged error in evaluation based on "law" will be reviewed by the City Attorney's Office. To initiate an appeal, the applicant must notify the City of Miami Department of Community Development in writing within three (3) days from the date of the City's written notice of non-funding.

### Environmental Clearance

Projects funded with HOPWA are subject to environmental review requirements under federal regulation, and no funds can be committed and expended until the activity has received an environmental clearance if required. No exceptions can be made. Project construction must not commence, or if the Project was already under construction at the time of application for federal funds, construction must cease immediately, until a U.S. HUD Release of Grant Conditions or a confirmation of exempt status has been issued for the Project. It is permissible to purchase a real estate option on a property designated for construction if the option agreement stipulates that the purchase of the property is subject to a determination of desirability of the property as a result of the completion of the environmental review. The cost of the option must be a nominal portion of the purchase price.

## **PART FIVE**

### **FORMS**

Required forms can be found on the following pages.

**City of Miami**  
**HOPWA Request for Proposals**  
**FY 2010 - 2011**  
**Proposal Cover Sheet**

**A. APPLICANT DATA**

<b>Name of Organization</b>	
Duns & Bradstreet #	
Address	
City & Zip Code	
Tax ID #	
Authorized Representative	
Contact Person	
Telephone Number	
Fax Number	
E-mail Address	

**B. FUNDING CATEGORY** - Check the appropriate box for this proposal.

- LTRA Housing Specialist & Inspection Services
- Project-Based Rental Subsidy, Operating Support and Support Services
- Legal Services
- Technical Assistance

**C. GEOGRAPHIC SERVICE DATA FOR THIS PROPOSAL** – List Street Address(es) for Current Service or Project Site(s)

**D. FUNDING REQUEST – Identify All Amounts of Funding Requested by Applicant under the HOPWA FY’06 RFP.**

Funding Category	Amount
Housing Specialist and Inspection Services	
Project-Based Rental Subsidy, Operating Assistance or Support Services	
Legal Services	
Technical Assistance	
<b>TOTAL</b>	

**ACKNOWLEDGEMENT (all applicants)**

I, \_\_\_\_\_, as Authorized Representative of the Applicant, state that Applicant understands that if an award is made by the City of Miami to the Applicant in connection with this RFP, Applicant must meet applicable administrative and regulatory rules to meet Federal, State and local codes or other conditions as determined by the City Attorney. I acknowledge that it is the Applicant’s responsibility to be familiar with these requirements prior to accepting the award and commencing contracts negotiations with the City of Miami.

**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
Signature of Authorized Representative

DATE: \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Representative

TITLE: \_\_\_\_\_



**DECLARATION OF FINANCIAL INTERESTS**

1. Do you have any past due financial obligations with the City of Miami?

	YES	NO
Single Family Housing Loans	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Family Housing Rehab	<input type="checkbox"/>	<input type="checkbox"/>
CDBG Commercial Loan Project	<input type="checkbox"/>	<input type="checkbox"/>
U.S. U.S. HUD Section 108 Loan	<input type="checkbox"/>	<input type="checkbox"/>
Other U.S. HUD Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>
Others (liens, fines, loans, Occupational licenses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please explain:

---

---

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2. Do you have any past due financial obligations with Miami Capital Development, Inc. (MCDDI)?  
YES  NO

If YES, please explain:

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3. Are you a relative of or do you have any business or financial interests with any elected City of Miami Official, City of Miami Employee, or Member of the City's Advisory Boards?  
YES  NO

If YES, please explain:

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Any false information provided on this application will be reason for rejection and disqualification of your project-funding request to the City of Miami.

The answers to the foregoing questions are correctly stated to the best of my knowledge and belief.

\_\_\_\_\_  
Name and Title of Authorized Representative

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

DATE: \_\_\_\_\_

## **CERTIFICATION REGARDING LOBBYING**

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) This undersigned shall require that the language of this certification be included in the award documents for "All" sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a pre-requisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
PRINT NAME OF CERTIFYING OFFICIAL

\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

\_\_\_\_\_  
DATE

\* Note: In these instances, "All" in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per QMB).

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS**

1. The applicant certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1.b of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
  
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall submit an explanation to the City of Miami.

\_\_\_\_\_  
APPLICANT/AGENCY

\_\_\_\_\_  
PRINT NAME OF CERTIFYING OFFICIAL

\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

\_\_\_\_\_  
DATE

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).**  
**FLORIDA STATUTES ON PUBLIC ENTITY CRIME**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to \_\_\_\_\_

By \_\_\_\_\_

(print this individual's name and title)

for \_\_\_\_\_

(print name of entity submitting statements)

whose business address is \_\_\_\_\_

and if applicable whose Federal Employer Identification Number (FEIN) is \_\_\_\_\_

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

\_\_\_\_\_

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
  1. A predecessor or successor of a person convicted of public entity crime; or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

\_\_\_\_\_  
(Signature)

City of \_\_\_\_\_

STATE OF FLORIDA

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 by

\_\_\_\_\_ who is Personally known to me \_\_\_\_\_

Or who produced identification - \_\_\_\_\_  
(Type of Identification)

\_\_\_\_\_  
(Signature) Notary Public—State of Florida

\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)

My commission expires \_\_\_\_\_ (SEAL)

# **DRUG FREE WORKPLACE CERTIFICATION**

## **Certification for Contracts, Grants, Loans and Cooperative Agreements**

The undersigned certifies that it will provide a drug-free workplace program by:

- (1) Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- (2) Establishing a continuing drug-free awareness program to inform its employees about:
  - (i) The dangers of drug abuse in the workplace;
  - (ii) The Bidder's policy of maintaining a drug-free workplace;
  - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Giving all employees engaged in performance of the Contract a copy of the statement required by subparagraph (1);
- (4) Notifying all employees, in writing, of the statement required by subparagraph (1), that as a condition of employment on a covered Contract, the employee shall:
  - (i) Abide by the terms of the statement; and
  - (ii) Notify the employer in writing of the employee's conviction under a criminal drug statute for a violation occurring in the workplace no later than five (5) calendar days after such conviction;
- (5) Notifying City of Miami government in writing within ten (10) calendar days after receiving notice under subdivision (4) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
- (6) Within thirty (30) calendar days after receiving notice under subparagraph (4) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
  - (i) Taking appropriate personnel action against such employee, up to and including termination; or
  - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
- (7) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraph (1) through (6).

\_\_\_\_\_  
(Bidder Signature)

\_\_\_\_\_  
(Print Vendor Name)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_  
(name of signature being notarized) (title) of \_\_\_\_\_ known to me to be the person described herein,  
(name of corporation/company)

or who produced \_\_\_\_\_ as identification, and who did/did not take an oath.

NOTARY PUBLIC:

\_\_\_\_\_  
Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

**DISABILITY NON-DISCRIMINATION CERTIFICATION**

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies that it is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed above including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction in the following laws:

The Americans with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104, Stat. 327, 42 U.S.C. 12101-12213 and 47, U.S.C. Sections 325 and 611 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications, and Title V, Miscellaneous Provisions; The Rehabilitation Act of 1973, 29 U.S.C. Section 794; The Federal Transit Act, as amended 49 U.S.C. Section 1612; The Fair Housing Act as amended 42 U.S.C. Section 3601-3631.

The foregoing requirements shall not pertain to contracts with the United States or any department or agency thereof, the State of any political subdivision or agency thereof or any municipality of this State.

\_\_\_\_\_  
(Bidder Signature)

\_\_\_\_\_  
(Print Vendor Name)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ as \_\_\_\_\_ (title)

(name of person whose signature is being notarized)

of \_\_\_\_\_ known to me to be the person described herein,

(name of corporation/company)

or who produced \_\_\_\_\_ as identification, and who did/did not take an oath.

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE STATEMENT**

Provide the name(s) and telephone number of the person(s) who has been designated the responsibility within the following areas:

<b><u>POSITION</u></b>	<b><u>NAME</u></b>	<b><u>TELEPHONE NUMBER</u></b>
Chairman of the Board	_____	_____
Exec. Director of the Project	_____	_____
Project Director	_____	_____
Affirmative Action Officer	_____	_____
Personnel Officer	_____	_____
Fiscal Management Officer	_____	_____

**1. PERSON(S) AUTHORIZED TO SIGN CHECKS**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**2. PERSON(S) AUTHORIZED TO SIGN REIMBURSEMENT PACKAGES**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**3. PERSON(S) AUTHORIZED TO SIGN CONTRACTS**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\*Persons Authorized to Pick-up \_\_\_\_\_  
Reimbursement Checks \_\_\_\_\_

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**\* FACSIMILE SIGNATURES REQUIRED AND MUST BE BONDED**

CITY OF MIAMI  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
FORMS --OPERATIONAL DOCUMENTS

**CERTIFICATION OF SOUND FISCAL MANAGEMENT**

We, \_\_\_\_\_ as the Executive Director, and \_\_\_\_\_  
(Full Name) (Full Name)  
as the Chief Fiscal Officer of \_\_\_\_\_, acknowledge that as a condition of  
(Organization)

receiving funds from the City of Miami, must establish and maintain sound financial and fiscal controls  
and management systems. We hereby certify that \_\_\_\_\_  
(Organization)

has established internal controls which are adequate to safeguard the assets of the agency, monitor the accuracy and  
reliability of accounting data, promote operating efficiency and insure compliance with prescribed policies and  
procedures.

\_\_\_\_\_  
Signature (Executive Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Chief Fiscal Officer)

\_\_\_\_\_  
Date

I am a duly licensed certified public accountant and have been engaged to review the accounting systems of  
\_\_\_\_\_ which is private ( \_\_ profit/ \_\_ non-profit) organization that will operate programs for  
(Organization)  
the City of Miami. I have reviewed the financial systems that this Agency has established. This review was  
completed on \_\_\_\_\_. At the time of review, the Agency had established internal controls which  
were adequate to safeguard the assets of the Agency, monitor the accuracy and reliability of accounting data,  
promote operating efficiency, and insure compliance with prescribed management policies.

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Typed Name of Accountant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Accountant)

City of \_\_\_\_\_  
STATE OF FLORIDA

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_ by

\_\_\_\_\_ who is Personally known to me \_\_\_\_\_ or who produced  
identification - \_\_\_\_\_  
(Type of Identification)

\_\_\_\_\_  
(Signature) Notary Public—State of Florida

\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)

My commission expires \_\_\_\_\_ (SEAL)

If any modifications are required to this certificate due to the nature of the engagement between the Agency and the  
C.P.A., attach a substitute report as explanation.

**BUDGET FORM I  
CITY OF MIAMI  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
(NON-HOUSING DEVELOPMENT ONLY)**

**BUDGET NARRATIVE BY LINE-ITEM**

AGENCY: \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_

ITEM	AMOUNT



**COST ALLOCATION PLAN – NON-HOUSING DEVELOPMENT ONLY**

**BUDGET FORM III**

1 of 3

AGENCY: \_\_\_\_\_

Period Being Cost Allocated: \_\_\_\_\_

Effective Date																		
Line-Item Description	%		%		%		%		%		%		%		%		%	Total
101 STAFF SALARIES – CLASSIFIED																		
200 STAFF MICA																		
201 STAFF FICA																		
202 STAFF WORKERS COMP.																		
203 STAFF UNEMPLOYMENT																		
204 STAFF GROUP HEALTH INS.																		
206 RETIREMENT STAFF																		
250 PROFESSIONAL SERVICES																		
252 AUDIT COST																		
260 SPECIAL																		
261 TEMPORARY STAFF																		
270 INDIRECT COST																		
300 DIR. PUB. OFF. BOND																		
301 GEN. LIABILITY INS.																		
302 AUTO LIABILITY																		
303 BONDING																		
304 OTHER INSURANCE																		
350 TELEPHONE																		
360 ELECTRICAL SRVS.																		
370 GARBAGE																		
380 WATER & SEWER																		
400 EQUIPMENT REPAIR																		
410 EQUIPMENT MAINT.																		

**COST ALLOCATION PLAN (NON-HOUSING DEVELOPMENT ONLY)**  
**BUDGET FORM III**  
 2 of 3

AGENCY: \_\_\_\_\_

Period Being Cost Allocated: \_\_\_\_\_

Effective Date																	
Line-Item Description	%		%		%		%		%		%		%		%		Total
411 BLDG. MAINTENANCE																	
415 CONF. & PROF. MTNG.																	
420 CONTRACTUAL MAINT.																	
421 MAINT. VEHICLE																	
422 OPERATIONAL MAINT.																	
VEHICLE (GASOLINE)																	
450 EQUIPMENT RENTAL																	
460 SPACE RENTAL																	
501 POSTAGE																	
502 PRINTING OUTSIDE																	
503 PUBLICATIONS																	
504 ADVERTISING																	
507 MEMBERSHIP																	
510 LOCAL TRAVEL																	
511 OUT OF TOWN TRAVEL																	
513 PKNG. M.RAIL—STAFF																	
520 PRINTING REPRO.																	
SUPPLIES																	
521 OFFICE SUP. STAFF																	
522 TRAINING SUPPLIES																	
524 SPEC. SUP. (SFETC)																	

**COST ALLOCATION PLAN (NON-HOUSING DEVELOPMENT ONLY)**  
**BUDGET FORM III**  
**3 of 3**

AGENCY: \_\_\_\_\_

Period Being Cost Allocated: \_\_\_\_\_

Effective Date																	
Line-Item Description	%		%		%		%		%		%		%		%		Total
525 EXPENDABLE TOOL SUPPLIES (SFETC)																	
526 COMPUTER SUPPLIES																	
527 SUPPORTIVE SERVICE																	
528 CHILD CARE/SUPP SERVICES																	
542 TUITION & BOOKS																	
600 O/T WAGES (PARTICIPANT)																	
900 CAPITAL OUTLAY EQUIP.																	
901 OFFICE FURNITURE (BELOW \$500.00)																	
902 SOFTWARE																	
902 SOFTWARE																	

DEPARTMENT OF COMMUNITY DEVELOPMENT  
CHECK-OFF LIST FOR NON-HOUSING DEVELOPMENT PROPOSALS

FOR: \_\_\_\_\_  
(Agency)

DOCUMENTS	SUBMITTED (YES/NO)	COMMENTS
1. Proposal Cover Sheet		
2. Check-Off List		
3. Table of Contents		
4. HUD-Approved HQS Certification (Housing Specialist & Inspection Services proposals only) – <i>Not required at submission date. Nonetheless, it will be required if agency is awarded funding.</i>		
5. Proposal Narrative		
6. Project-Based Housing Program Survey (Project-Based Support proposals only)		
7. Budget Forms (Price schedule is required in lieu of budget forms for Technical Assistance proposals)		
8. Current 501(c)(3) letter, if a non-profit organization Including IRS Employer Identification Number.		
9. State of Florida Current Year Corporate Registration Certificate. (Certificate of Good Standing and Incumbency for Agency)		
10. Charter, Articles of Incorporation, and By-Laws.		
11. Names, Addresses, and Professional affiliation of Members of the Board of Directors		
12. Organizational Chart		
13. Job Descriptions and resumes of staff who will be funded either in whole or in part from this grant award		
14. Income Tax return (IRS Form 990) for the last completed fiscal year (not applicable to for-profit proposers of technical assistance)		
15. Personnel Policies and Procedures Manual		
16. Certification of all funds received		
17. Declaration of Financial Interests		
18. Certification Regarding Lobbying		
19. Certification Regarding Debarment, Suspension , and Other Responsibility Matters		
20. Sworn Statement Public Entity Crime Affidavit		
21. Certification for Drug Free Work Environment		
22. Certification ADA Compliance		
23. Completion of Authorized Representative Statement		
24. Certification of Sound Fiscal Management		
25. Affirmative Fair Housing Marketing Plan (Project-Based Support proposals only)		

**DO NOT WRITE BELOW THIS LINE \*\*\* For City of Miami Use Only \*\*\***

I HAVE REVIEWED ALL REQUIRED OPERATIONAL DOCUMENTS AND FIND THEM TO BE ACCEPTABLE

\_\_\_\_\_  
Contract Compliance Analyst

\_\_\_\_\_  
Date

**HOPWA PROJECT BASED HOUSING PROGRAM SURVEY**

Organization: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Project Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Name of person completing this survey: \_\_\_\_\_  
 Your phone number, if different: \_\_\_\_\_

1. Is property management provided by a different entity? If yes, what is the name of the property manager/company? \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_
2. How many units are in this development (total)? \_\_\_\_\_
3. How many units are "HOPWA set-aside units," defined as set aside for Persons With AIDS as a result of an award of HOPWA capital funds for acquisition, new construction or rehabilitation?  
 \_\_\_\_\_
4. Are HOPWA funds currently awarded to your agency to cover the cost of operating the housing project or to subsidize rents? \_\_\_\_ Yes \_\_\_\_ No (circle whether it is operating support or rental subsidy as defined in the HOPWA FY '04 RFP)
5. Long Term Tenant-Based Rental Assistance (LTRA) is a separate HOPWA program from the project-based funding program and allows rent-subsidized clients to select their own private rental housing, similar to the Section 8 Voucher Program.
  - a.) Are any of the HOPWA set-aside units occupied by individuals/families with Long-Term Rental Assistance? \_\_\_\_ Yes \_\_\_\_ No
  - b.) If so, how many units? \_\_\_\_\_
  - c.) Are any non-set-aside units occupied by individuals/families with Long-Term Rental Assistance? \_\_\_\_ Yes \_\_\_\_ No
  - d.) If so, how many units? \_\_\_\_\_
6. Please complete the following table:

	Number of HOPWA set-aside units	Rents for HOPWA units (indicate a range if applicable)	Rents for non-set-aside units (indicate a range if applicable)
Efficiency/ Studio			
1-bedroom			
2-bedroom			
3-bedroom			
Other: _____			

7. **Please Attach to this Survey:**
  - a. Operating Pro Forma
  - b. Sample lease;
  - c. Tenant Handbook if used; and
  - d. House rules if any.

8. Are rents increased yearly? \_\_\_\_ Yes \_\_\_\_ No If so, describe how much the rents are increased yearly. (For example, give a percentage that they are increased, or otherwise describe how rent increases are determined.)

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9. Are utilities included in the rent? \_\_\_\_ Yes \_\_\_\_ No  
 If so, which utilities are included? \_\_\_\_\_

10. If tenants are responsible for their own utilities, what is their estimated monthly utility cost? (This information is available to landlords from the utility companies.) \$ \_\_\_\_\_

11. Describe any supportive services that are offered to residents in HOPWA-assisted units. Are these services offered on-site? Are these services offered by your organization or by a partner?

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12. How are these supportive services funded? Please give specific sources and amounts.

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13. How much are the average monthly per-unit operating costs in this building? (Do not include the cost of supportive services. You may include the cost of debt/mortgage payments, repair/maintenance, property management fees, and any other operating expenses.) \$ \_\_\_\_\_

14. How are these operating costs funded? Please complete the following table listing specific sources and amounts. Amounts should be for the building as a whole, not per unit.

<b>Sources:</b>	<b>Amount: (Monthly total for building)</b>
Rent paid by tenants: If possible, separate by HOPWA & non-HOPWA tenants: Rent paid by HOPWA tenants (tenant contribution): Rent paid by other tenants:	\$ _____ (total) \$ _____ (if known) \$ _____ (if known)
HOPWA Subsidy: Project-based subsidy: Tenant-based "Long Term Rental Assistance" (LTRA), if applicable:	\$ _____ \$ _____
Other rental subsidies or operating sources (e.g., Section 8 vouchers, laundry money, etc.) LIST SOURCES: _____ _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

## **AFFIRMATIVE FAIR HOUSING MARKETING PLAN**

Proposals for HOPWA Project-Based Rental and Operational Support must include an Affirmative Fair Housing Marketing Plan on HUD Form 935-2. This form, in a “write-in” PDF format, can be found at:

[www.hudclips.org/sub\\_nonhud/cgi/pdfforms/935-2.pdf](http://www.hudclips.org/sub_nonhud/cgi/pdfforms/935-2.pdf)

**City of Miami Department of Community Development**  
**CONFLICT OF INTEREST DISCLOSURE FORM**

**Conflict of Interest Regulation** U.S. HUD's Conflict of Interest provisions are set forth at 24 CFR 570.611(b) which provide in relevant part that "...no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.."

24 CFR 570.611 (c) describes the persons covered by the above rule as being applicable to "Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient, or any designated public agencies, or of subrecipients that are receiving funds under this part."

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program. Please mark the appropriate box for each question and complete the attachment if indicated. This form (with Attachment, if required) must be completed and returned to your Contract Compliance Analyst.

Agency Name: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Address: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Project #: \_\_\_\_\_

**A. Family Relationships:**

Does any employee, board member or person (as described above) in your agency have a family member directly or indirectly involved or employed with the Department of Community Development and/or City of Miami that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

YES     NO    (if YES, please complete Part A of the Attachment)

**B. Program Relationships:**

Do any employee, board member and/or person (as described above) in your agency serve or is appointed in a Department of Community Development and/or City of Miami Board/Committee that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

YES     NO    (if YES, please complete Part B of the Attachment)

Does an employee of the Department Community Development and/or City of Miami serve in the agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

YES     NO    (if YES, please complete Part B of the Attachment)

Does any elected official of the City of Miami serve on your agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

YES     NO    (if YES, please complete Part B of the Attachment)

Are any employee, board member and/or person (as described above) in your agency involved in any other activity, directly or indirectly, with the Department of Community Development and/or City of Miami that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

YES     NO    (if YES, please complete Part B of the Attachment)

**C. Business Relationships:**

Is any employee, board member or person in your agency or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with the Department of Community Development and/or City of Miami to provide goods or services, sponsor development activities and/or receive referrals from the Department of Community Development and/or City Of Miami?

YES     NO    (if YES, please complete Part C of the Attachment)

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*I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the Department of Community Development and/or City Of Miami to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly if relevant circumstances change. I understand that this Disclosure is not a confidential document.*

*If U.S. HUD determines that a conflict of interest exists, this contract may be terminated and you may be required to return any and all funding allocated, whether used or not used.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE FORM ATTACHMENT**

Agency Name: \_\_\_\_\_ Funding Source: \_\_\_\_\_  
Address: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Project #: \_\_\_\_\_

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered No to All questions, you may discard this attachment. Give your complete form to your Program Representative.

**PART A: FAMILY RELATIONSHIPS**

1. Name of the family member (s) directly or indirectly involved or employed at Department of Community Development and/or City of Miami:

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

2. Do any of the family members work in the program area? \_\_\_\_\_

3. Are any of the family members elected officials of the City of Miami?

\_\_\_\_\_

4. Relationship: \_\_\_\_\_ Position: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**PART B: PROGRAM RELATIONSHIPS**

1. Other Activities: Name and describe the activity and/or program that you are directly or indirectly involve with:

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

2. Have you used the agencies' name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program described in #1?

YES     NO    if YES, describe the resource used:

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

3. Name of the employee, board member or person (as described above) serving or appointed to serve in a Department of Community Development and/or City of Miami Committee or Board:

\_\_\_\_\_

4. Name of Board: \_\_\_\_\_

5. Name of the Department of Community Development and/or City of Miami Committee employee or City official who serves on your agency's Board of Directors.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**PART C: BUSINESS RELATIONSHIPS**

Please complete this section for each business relationship, or attach a separate explanation of business and research activities.

1. Name of business: \_\_\_\_\_

2. Categorize the business' relationship with the Department of Community Development and/or City of Miami.

- Consultant or advisor
- Research activities
- Business or referrals
- Other contractual or business relationship

Briefly, describe the business, or licensing activity

3. Who is involved with the business? Check all that apply:

- Employee (Name) \_\_\_\_\_
- Family member (name and relationship)

Describe the position or involvement (check all that apply):

- Owner/Investor
- Board Member
- Employee/Manager
- Other

4. Are you receiving any type of compensation? No Yes: If yes, describe

5. Who at Department of Community Development and/or City of Miami oversees the relationship with this business?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_