

Request for Proposals

City of Miami Community Development Department



The City of Miami requests proposals for the following programs:

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

**PUBLIC SERVICE PROGRAMS
ECONOMIC DEVELOPMENT PROGRAMS**

For Funding Year 2010

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

The specifications in the attached document are based on the requirements of the Title I, Housing and Community Development Act of 1974, as amended (42 U.S.C. 5300-5320); sec. 7(d), Department of Housing and Urban Development Act (42 U.S.C. 3535(d) and the State of Florida.

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I. GENERAL SPECIFICATIONS

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. In addition, the City of Miami received funding from Miami-Dade County Office of Community and Economic Development (OCED) to renovate multi-family properties with expiring Section 8 Moderate Rehabilitation contracts. This Request for Proposals (RFP) process solicits proposals to implement projects that may be funded with CDBG funds.

The City reserves the right to allocate funding from these funding sources and/or programs during this RFP process or from any other funding sources and/or program, now or in the future.

Purpose

In addition to the national objectives, these grants are intended to meet the following objectives:

- **To enhance quality housing opportunities** by increasing the availability of permanent affordable housing for low-income residents, retaining the affordable housing stock and increasing supportive housing to enable persons with special needs to live in dignity.
- **To create quality of life enhancements** that increase access to quality facilities and services, improve the safety and livability of neighborhoods, restore and preserve natural and physical features of special value for historic or architectural reasons and conserve energy resources.
- **To stimulate economic revitalization** that will create jobs for low-income persons; provide access to credit for community development that promotes long-term economic and social viability; and empower economically disadvantaged persons to achieve self-sufficiency.

Furthermore, with this RFP the City will be seeking proposals that further the goals and objectives of the *2009-2013 City of Miami Consolidated Plan* that began October 1, 2009 and continues through September 30, 2013. The Plan defines a specific course of action for the revitalization of the City of Miami's communities. The City of Miami's Community Development Department prepares the Consolidated Plan as part of a collaborative process to establish a unified vision of community development actions.

In looking into the future, the basic premise underlying the *2009-2013 City of Miami Consolidated Plan* is holistic development. Through holistic development the City of Miami seeks to address

the housing, economic development, infrastructure and social service needs of its residents. In addition to a holistic approach, the following concepts were also used to guide the policy development in the Consolidated Plan:

- Neighborhood-based community development.
- Mixed-income and spatial de-concentration of low income housing.
- Mixed-use development.
- Interagency/Interdepartmental collaboration.
- Concentration of resources and services in a small geographic area.

The Strategic Plan and the Anti-Poverty Strategy identified in the *2009-2013 City of Miami Consolidated Plan* is reflective of the *City of Miami Mayor's Anti-Poverty Initiative* and the CDBG national objectives. The Consolidated Plan sets the framework for carrying out the Mayor's Anti-poverty Initiative at the neighborhood level by focusing CDBG dollars to: 1) Foster economic development opportunities in the City, 2) Create economic opportunity for those on the lower rungs of the ladder of prosperity, 3) Help social services agencies provide essential public services to indigent citizens experiencing economic hardships, and 4) Assist in fostering equal access to health, public safety and senior and youth services.

In developing the *2009-2013 City of Miami Consolidated Plan*, the present dynamics, demographics and environment of the City of Miami's distressed neighborhoods were assessed. Given the scope and the severity of the problems found in Miami and the limited amount of resources available to address these problems, the City has developed a two tiered approach to community development which seeks to concentrate funding in target areas. The target areas consist of Neighborhood Development Zones (NDZs) and Model Blocks, with priority given to the Model Blocks.

The goal is to concentrate resources for housing, public infrastructure, slum and blight removal in these small geographic areas in order to assure that there is a visible and measurable impact of change in the Neighborhood Development Zones that can stimulate change in surrounding blocks. Specifically, the City will seek to accomplish the following in the Model Blocks:

- Create physical improvements through infrastructure improvements, streetscape improvements, code enforcement, and removal of slum and blight.
- Improve housing conditions by targeting rehabilitation and new construction assistance in the Model Block area.
- Stimulate economic development through façade improvements and other forms of targeted business assistance.
- Improve the living condition of residents in the Model Block by targeting social service assistance.

In addition to the Model Blocks, the City has also identified Community Business Corridors (CBCs) within each NDZ. The CBCs serve as target areas for economic development activities. Like the Model Block concept, the City seeks to concentrate resources for:

- Economic development.
- Public infrastructure improvements.
- Commercial rehabilitation.

The concentration of resources in these business corridors will provide a visible improvement that can create incentives for private investment. Each Model Block is in close proximity to a commercial corridor.

Copies of the *Five-Year Consolidated Plan* for Fiscal Years 2009-2013 are available for review online at:

<http://www.miamigov.com/communitydevelopment/>

Definitions

Community Development Block Grant (CDBG) Programs from U.S. HUD are allocated through this RFP process to private non-profit Community Development Corporations (CDC), Community Based Organizations (CBO) and private for profit and non-profit corporations for activities that benefit low and moderate-income areas or low and moderate-income persons.

Extremely Low Income Family - Family whose income is between zero and thirty percent (0 and 30%) of the median income for the area as determined by HUD with adjustments for family size.

Very Low Income Family - Family whose income is between thirty and fifty percent (30 and 50%) of the median income for the area as determined by HUD with adjustments for family size.

Low or Moderate Income Family - Family whose income is between fifty and eighty percent (50 and 80%) of the median income for the area as determined by HUD with adjustments for family size.

Middle Income Family - Family whose income is between eighty and ninety-five percent (80 and 95%) of the median income for the area as determined by HUD with adjustments for family size.

Person with a Disability - A person who is determined to: (1) have a physical, mental or emotional impairment that (i) is expected to be of long-continued and indefinite duration; (ii) substantially impedes his or her ability to live independently; and (iii) is of such a nature that the ability could be improved by more suitable housing conditions; or (2) have a developmental disability, as defined in section 102(7) of the Developmental Disability Assistance and Bill of Rights Act (42 U.S.C. 6001-6007); (3) be the surviving member or members of the family that had been living in an assisted unit with the deceased member of the family who had a disability at the time of his or her death.

Eligible Population for Services

Eligibility is based on income. Low and moderate income persons and households qualify for services. Those levels are defined as incomes equal to or less than the U.S. HUD Rental Subsidy Program (Section 8) low-income or very low-income limits established by HUD annually. The FY 2009 Table for Section 8 follows:

	Program	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons
MIAMI- DADE FY2009 Median Family Income: \$50,800	Extremely Low Income - 30% of Median	14,150	16,150	18,200	20,200	21,800	23,450	25,050	26,650
	Very Low Income - 50% of Median	23,600	26,950	30,350	33,700	36,400	39,100	41,800	44,500
	Low Income - 80% of Median	37,750	43,100	48,500	53,900	58,200	62,500	66,850	71,150

Available Funds

The City of Miami is an Entitlement City under the Community Development Block Grant (CDBG) Program of the U. S. Department of Housing and Urban Development (HUD). As an Entitlement City, efforts are dedicated to complying with the goals of the federal statutes in providing decent housing, a suitable living environment and economic opportunity for low and very low-income residents of the City.

Entitlement eligibility is determined by total population, the percentage of poverty, housing overcrowding, age of housing, and growth lag. The City of Miami was designated an Entitlement City in the initial legislation in 1974 and has been dedicated to developing viable urban communities, certifying that projected uses of federal funds are designed to give the maximum priority feasible to activities which implement the national objectives:

- Provide benefits to low and moderate-income families;
- Aid in the prevention or elimination of slums or blight; and
- Meet other community development needs that have a particular urgency because existing conditions pose a serious and immediate threat to the health and welfare of the community.
-

Grants under the CDBG Program are awarded by the City of Miami for projects and programs that further these national objectives.

FY 2010-11 Funding Summary by Category (Approximate Amounts)

<u>Category</u>	<u>Total</u>
Public Services	\$1,225,000
Economic Development	\$4,000,000
TOTAL	\$5,225,600

APPLICATION PROCESS

Timeline

RFP available to the Public	March 3, 2010
First Proposal Workshop Location: Simpson Park, 55 SW 17 th Road, Miami Time: 9:30 a.m – 12 noon	March 8, 2010
Second Proposal Workshop Location: Grapeland Park, 1550 NW 37 th Avenue, Miami Time: 9:30 a.m – 12 noon	March 16, 2010
Third Proposal Workshop Location: Little Haiti Cultural Center, 260 NE 59 th Terrace Time: 1:30 p.m. – 4 p.m.	March 23, 2010
Deadline for Submission of Written Questions	March 25, 2010
Response to Written Questions	March 27, 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 Proposal Workshops.

After the Proposal Workshops, any questions, explanations or other requests desired by prospective applicants of this RFP must be submitted in writing by no later than 3:00 p.m. on March 25, 2010, and must include the prospective applicant's name, address, phone number, and facsimile number. Questions may be submitted to:

City of Miami Department of Community Development
444 SW 2nd Avenue, 2nd Floor
Miami, Florida 33130
Attention: Lillian Blondet
Email: LBlondet@miamigov.com
Fax: 305-416-2090

Questions and Responses will be posted at the City of Miami website:
<http://www.miamigov.com/communitydevelopment/>

Proposal Submission Instructions

Number of copies

Agency must submit One (1) Original Document and two (2) copies of the Proposal.

Deadline

All proposals must be received by 3:00 p.m., Tuesday, April 5, 2010. 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 ACCEPTED.

Address

The original, with "*Original*" on the cover page, and *two (2) copies* must be submitted to:

City of Miami
Office of the City Clerk
FY 2010 Proposal
3500 Pan American Drive
Miami, Florida 33133
Attention: 2010 CDBG Proposal

Formatting

- All applicants must submit the Proposal Cover Sheet as the first page of each application.
- 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 12-point font size.
- Have pages sequentially numbered.

Proposal Contents - Program Narrative

All proposals should include all supporting documents as set forth on page 11 of this RFP. Proposal narrative requirements and any additional supporting document requirements are as follows.

Narrative Requirements for:

1. Public Service Activities
2. Economic Development Activities

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

■ Statement of Capacity

Organizational Experience – Applicant should include a thorough history of the organization past experience administering these kinds of programs.

Organizational Structure – Application should include:

1. A list of currently administered programs, an organization chart, and an agency budget. The organizational chart should show total number and types of agency personnel positions. Qualifications for each program position should be included in the narrative.
2. A list of positions created to accommodate the program versus those that are currently in existence.
3. Resumes of principals and other key personnel.
4. A budget for the entire agency, including all sources of income.
5. List of all members of the Board, officers and employees.

■ Program Objectives

1. Applicants must explain why they are interested in administering the program.
2. How the applicant’s long-term goals and organizational mission are met by the program.
3. How the proposed Public Service and/or Economic Development furthers CDBG program objectives and priorities as well as addresses the needs identified by the applicant.

4. The applicant's track record for successfully performing this Public Service and/or Economic Development related service/activity.

■ **Description of Program - Describe in detail the plan to:**

1. Carry out the details of the program, including verification and compliance requirements.
2. The Public Service and/or Economic Development activities that will be provided, the number of clients, who, or units which, will be served, who will provide the services and how the services will be provided.
3. Track and monitor the use of funds, provide regular reports and program evaluation.
4. 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 Public Service and/or Economic Development activities.
5. Program Time Line: Applicant must be able to demonstrate the capacity to implement the program quickly and provide a detailed start-up schedule.

■ **Project Readiness and Ability to Proceed - Proposals for construction, rehabilitation and/or improvements will be further evaluated by an additional set of criteria to determine the project readiness and the ability to proceed, including but not limited to:**

1. Applicant must be able to demonstrate the capacity to implement the project on a timely basis and provide a detailed construction-related timeline/schedule.
2. Applicant must provide a Cost Allocation Report of total project costs which includes a detailed breakdown of all hard costs, soft costs, financing costs and reserves by funding source.
3. Applicant must be able to demonstrate that organization has site control and provide supportive documentation (ie. Title, deed, lease, etc.).

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 Department of Community Development in writing within three (3) days from the date of the City's written notice of non-funding.

Other Specifications

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.

4. The City may require additional information for the determination of the applicant's qualifications to provide the proposed services.
5. Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions contained in this RFP. *Acceptance of a proposal does not constitute a contract and does not obligate the City to award funds.*
6. 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. Contextual changes and/or additions to the proposal after submission will not be accepted.
7. Lack of compliance with legal or administrative submission requirements may lead to disqualification. Proposals that are disqualified will not be reviewed and rated.

ELIGIBILITY REQUIREMENTS

Minimum Eligibility & Maximum Funding Criteria

The following minimum eligibility and maximum funding criteria must be met for any applicant to be recommended for funding:

- If applicant was previously funded, All City monitoring and/or audit findings for the applicant and related agencies must be resolved to the satisfaction of the City of Miami prior to application submission.
- The Agency must be current with OMB-A133 (audited financial statements) requirements, if applicable, at the time of application submission.
- The Agency's proposal must score the minimum points under the programs specified in the sections of public services and economic development under the appropriate RFP rating criteria.
- 36th CDBG Program Year funding recommendation for any previously funded agency may not exceed that agency's highest funding for the 34th or the 35th CDBG Program Year. Funding recommendation for any previously funded agency will not exceed that agency's highest funding in the previous two Program Years.
- 36th CDBG Program Year funding recommendation for any agency not previously funded by the City will not exceed that agency's verifiable performance with another major funding source (specifically, timely eligible expenditures). Funding recommendation for any agency not previously funded by the City will not exceed that agency's verifiable performance with another major funding source (specifically, timely eligible expenditures).

Threshold Requirement

All proposals must meet the following minimum threshold requirements:

- Applicants that are nonprofit organizations must provide evidence of current 501 (c)(3) tax exempt status from the Internal Revenue Service and be in good standing with the Florida Secretary of State.
- Applicants must be 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 it operates a drug-free environment.

- Applicant organization must certify it complies with the Americans with Disabilities Act (ADA).
- Proposal must be presented in the form and contents as required herein.

If the applicant fails to demonstrate that these requirements have been met, the proposal will not be reviewed and the applicant will be advised of the decision.

GENERAL CONDITIONS AND RESERVATIONS

Proposal Conditions

All costs of proposal preparation shall be borne by the applicant organization. The City 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 representing the greatest benefit to the City's eligible low and moderate income residents.

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.

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 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.

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.

REQUIRED DOCUMENTS BY THE CITY

The following documents, complying with City, State or Federal regulations, must be submitted with all applications. The double asterisk (**) indicates that specific forms are enclosed (see PART FOUR – FORMS).

- Proposal Cover Sheet. **
- Check-Off List for Submitting Documents. **
- Completed Budget Forms. **
- A copy of the organization’s Charter (if applicable), Articles of Incorporation, Amendments to the Articles of Incorporation (if applicable), and By-Laws.
- Current IRS 501(c) (3) letter, if a nonprofit organization including IRS Employer Identification Number.
- A completed and signed copy of the current Certificate of Status from the Florida Department of State, Division of Corporations indicating that the organization has paid for its 2009 Annual Report.
- Copy of Income Tax returns (IRS Form 990 including Schedule A) for the last completed fiscal year. Please note that IRS regulations require Form 990 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 request to 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 proposal marked “ORIGINAL”*).
- For any agency that expended more than \$500,000 in federal funding, a copy of the latest Single Audit in accordance to Office of Management and Budget Circular A-133 (OMB Circular A-133).
 - Names, addresses and professional affiliation of members of the Board of Directors.
 - Organizational Chart.
 - List of all employees of the organization.
 - Job descriptions and resumes of staff that will be funded either in whole or in part from this grant award.
 - Personnel Policies and Procedures Manual. (Only one copy needs to be submitted as part of proposal marked “ORIGINAL”)
 - Authorized Representative Statement. **
 - Certification of all Funds Received. **
 - Certification of Sound Fiscal Management. **
 - Declaration of Financial Interests. **
 - Certification Regarding Lobbying. **
 - Certification Regarding Debarment/Suspension. **
 - Sworn Statement on Public Entity Crime. **
 - Certification Compliance with the American with Disabilities Act. **
 - Certification Drug-Free Workplace. **
 - Conflict of Interest Form**

Please Note: On June 9, 1998, the City of Miami Commission passed Resolution NO. 98-581 with 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.

CONTRACT TERM AND REQUIREMENTS

Contracts are anticipated to commence on or about October 1, 2010 and to end by September 30, 2011. The City of Miami retains the option to renew or extend the agreement with the sub-recipient/contractor for an additional year, subject to satisfactory contractor performance, available funding, and ongoing community needs.

First Source Hiring

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.*

Insurance Coverage Required

If an applicant is successful in obtaining funding authorization from the City Commission, the City of Miami will require the successful applicant to maintain the insurance coverage as stated below.

1. The Agency shall provide the following coverage:

I. Commercial General Liability

A. Limits of Liability

Bodily Injury and Property Damage Liability	
Each Occurrence	\$300,000
General Aggregate Limit	\$600,000
Personal and Adv. Injury	\$300,000
Products/Completed Operations	\$300,000

B. Endorsements Required

City of Miami included as an Additional Insured
Contractual Liability

II. Business Automobile Liability

A. Limits of Liability

Bodily Injury and Property Damage Liability	
Combined Single Limit/Split Limits	
Owned/Scheduled Autos	\$50,000/100,000/50,000
Hired and Non Owned Autos	\$50,000/100,000

B. Endorsements Required

City of Miami included as an Additional Insured

- An applicant may request in writing the waiver of this coverage in part or as a whole if:
 - a) The applicant does not own any vehicles
 - b) The applicant does not hire the services of a company to perform services for which the applicant is being awarded the funding, and
 - c) The applicant does not allow employees to use their personal vehicle for business purposes.

III. Worker’s Compensation

A. Limits of Liability

Statutory-State of Florida

B. Employer’s Liability

Limits of Liability

\$100,000 for bodily injury caused by an accident, each accident

\$100,000 for bodily injury caused by disease, each employee

\$500,000 for bodily injury caused by disease, policy limit

The above policies shall provide the City of Miami with written notice of cancellation or material change from the insurer not less than (30) days prior to any such cancellation or material change.

Companies authorized to do business in the State of Florida, with the following qualifications, shall issue all insurance policies required above:

The company must be rated no less than “A” as to management, and no less than “Class V” as to Financial Strength, by the latest edition of Best’s Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent.

2. All policies and /or certificates of insurance are subject to review and verification by the City of Miami Risk Management prior to insurance approval.
3. All certificates of insurance must be provided for review and approval prior to the effective date of the agreement and/or the date when services are provided and/or construction is started, as determined by the Risk Department.
4. Compliance with the foregoing requirements shall not relieve the Applicant of its liability and obligations under the Agreement.
5. Applicant shall apply and obtain any other insurance coverage that the City may require for the execution of the Agreement.
6. Applicants, projects and entities awarded funding for any construction related projects will be subject to additional insurance requirements for the applicant, contractors and subcontractors, as determined by the City of Miami, in order to meet all local, state and federal regulation and requirements.

Section 3

Section 3 of the Housing Development Act of 1968, will apply as amended (12 U.S.C. 1701U) relative 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 HUD Assistance or 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 HUD assistance for housing.

Davis Bacon

The Davis Bacon Act requires the payment of prevailing wage rates (which are determined by the U.S. Department of Labor) to all laborers and mechanics on federally funded construction projects in excess of \$2,000. Each contract subject to Davis Bacon labor standards requirements must contain Labor Standards Clauses and a Davis Bacon Wage Decision.

OUTCOME PERFORMANCE MEASURES

In 2006, HUD implemented a new system to measure the performance of programs funded with federal entitlement dollars that would permit HUD to provide decision makers direct results to emphasize program outcomes for future funding consideration. As such, the City of Miami is mandated to include outcome performance measures on all programs and activities.

All activities and projects must meet one of the three objectives along with one of three outcomes:

Objective

- 1- Create Suitable environments – Activities and projects that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
- 2- Provide decent affordable housing – Activities that meet housing needs.
- 3- Create economic opportunities – Activities related to economic development, commercial revitalization or job creation.

Outcomes

- 1- Availability/Accessibility - This outcome category applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low-and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low and moderate income people where they live.

- 2- Affordability - This outcome category applies to activities that provide affordability in a variety of ways in the lives of low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

- 3- Sustainability - Promoting Livable or Viable Communities - This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

Priorities for Project/Activity Selection

The City of Miami Department of Community Development recognizes the extreme need to fund programs and services intended to benefit City of Miami low to moderate income residents. The priority established for the allocation of funds is reflective of the needs identified by the community at public hearings. The priorities are listed below.

Public Service Activities

- | | |
|-------------------|---|
| District 1 | <ul style="list-style-type: none"> ▪ Elderly Transportation ▪ Elderly Meals ▪ Child care and youth services ▪ Programs for persons with developmental Disabilities ▪ Employment Training |
| District 2 | <ul style="list-style-type: none"> ▪ Child care and youth services ▪ Programs for persons with developmental Disabilities ▪ Elderly Meals ▪ Elderly Transportation ▪ Employment Training |
| District 3 | <ul style="list-style-type: none"> ▪ Child care and youth services ▪ Employment Training ▪ Elderly Meals ▪ Elderly Transportation ▪ Programs for persons with developmental Disabilities |
| District 4 | <ul style="list-style-type: none"> ▪ Elderly Meals ▪ Programs for persons with |

- developmental Disabilities
- Employment Training
- Elderly Transportation
- Child care and youth services

- District 5**
- Child care and youth services
 - Elderly Meals
 - Employment Training
 - Programs for persons with developmental Disabilities
 - Elderly Transportation

Economic Development

- District 1**
- Priorities**
- Job Creation
 - Microenterprise assistance
 - Façade improvements
 - Technical assistance to businesses

- District 2**
- Priorities**
- Job creation
 - Microenterprise assistance
 - Technical assistance to businesses

- District 3**
- Priorities**
- Job creation
 - Microenterprise assistance
 - Technical assistance to businesses
 - Façade improvements

- District 4**
- Priorities**
- Job creation
 - Microenterprise assistance
 - Technical assistance to businesses
 - Façade improvements

- District 5**
- Priorities**
- Microenterprise assistance
 - Technical assistance to businesses
 - Job creation
 - Façade improvements

II. PUBLIC SERVICE

OVERVIEW

The main objective of addressing public service needs is to develop a diverse network of social services directed toward enhancing the health, safety, and overall well being of low and moderate income residents and persons with special needs.

PROGRAM DESCRIPTION

The human services delivery strategy provides focus on programs that support education, counseling, prevention programs, case management and other capacity building functions. The City seeks to reduce the number of poverty-level families by supporting human development and other programs that facilitate the creation and retention of job opportunities. The mission is to evaluate programs that work towards getting families out of poverty. Thus, the City will implement a comprehensive plan that will use its resources and efforts, on developing a skilled and employable resident workforce capable of receiving living wage jobs and conquering the need for affordable housing.

Availability & Use of Funds

Under the U.S. HUD regulations, funds for Public Service may not exceed 15% of the annual CDBG Entitlement. The approximately funding available for Public Service activities is \$1,225,000 from CDBG funds.

Eligible Applicants

Private non-profit CDCs and CBOs are eligible to apply for funding under the Public Services program for activities that benefit underserved areas and/or very low-, low- and moderate-income persons.

Eligible Activities

Eligible activities must be consistent with the goals and objectives of the Five-Year Consolidated Plan, U.S. HUD's National Objectives and Accomplishment Type. Public Service proposals that emphasize the District Priorities will receive additional points when the application is reviewed (see Proposal Rating Sheet).

Eligible Public Service activities include, but are not limited to, programs providing elderly services, services for the disabled, legal services, youth programs, education programs, transportation services, substance abuse services, services to battered/abused spouses, employment training, crime awareness/prevention programs, child care services, health services, services to abused/neglected children, mental health services, and homeless services.

Targeted Clientele

Public Service project/activity provide services to low- or moderate (L/M) income persons who reside in the City of Miami. Clients served will be required to be certified by the agency with the City of Miami as meeting these requirements.

Keep in mind that the Program Narrative should provide a description of the target population, target area/neighborhood boundaries to be served and whether or not the project currently serves these clients.

Compensation Requirements

All reimbursement for public service activities will be paid on a reimbursement basis for reasonable, allowable and necessary expenditures related to the program. If the project is funded, required supporting documentation must be reviewed and accepted by the City prior to approval of payment to the applicant.

Match Requirement

Not applicable for Public Services.

Proposal Evaluation Criteria

Proposals will be graded based on its relevance to HUD's National Objectives and Accomplishment Type, the City of Miami Consolidated Plan, and the District Priorities. Additionally, the Proposals will be subject to the following scoring and evaluation criteria.

PUBLIC SERVICES PROGRAM RATING SHEET	MAXIMUM POINTS
1. Organizational capacity and demonstrated effectiveness (maximum points of 15)	
A. General stability and track record of organization (staff resumes and experience match position descriptions).	5
B. Organization successfully operated this line of business for <ul style="list-style-type: none"> • 6 months - 5 years (2 points) • More than 5 years (5 points) 	5
C. Organization demonstrates strong fiscal management and controls <ul style="list-style-type: none"> • Proposal clearly describes project management history, grants management history and program outcomes along with agency organization, resources and administration. 	5
2. Provides clear understanding of the problem and documents the need in the community to propose undertaking of the program (maximum points of 20)	
A. Provides statistical evidence of the need of proposed program with documented sources	5
B. Proposal includes a comprehensive Problem Statement <ul style="list-style-type: none"> • Proposal identifies who is affected, what is happening, where it is taking place, why this is a problem, who else thinks it is a problem, what are the underlying causes, and what are the effects of the problem. 	5
C. Proposal includes a sound needs assessment approach <ul style="list-style-type: none"> • General information on the community (location, demographics, clients, etc) • Description of who are the clients benefiting from program. 	5
D. Proposal includes specific information on the problem the organization will focus on and the organization's experience to deal with the problem effectively. <ul style="list-style-type: none"> • Can the agency's approach change the situation for the better over the length of the grant? 	5
3. Soundness of approach (maximum points of 45)	
A. Applicant describes how program activities will be coordinated with similar programs	4
B. Are objectives clearly stated?	2
C. Does applicant show how the proposed program has been performed in other communities?	2
D. Work plan program components are described in details and specifically say who is going to do what, when, how much and how it will be measured and assessed.	15
E. Strategy for activities is presented in detail	2
F. Expected outcomes are reasonable expectations in the time allotted to the program and the resources available to applicant	5
G. Program priorities directly tie problem and solutions, states the reasons for the selection of the activities, justifies the methodology, describes the program activities, staffing selection and clients and their selection.	10
H. Policy priorities – details how funding sought is integrated with other sources, program activities and goals.	5

4. Leveraging of resources (maximum points of 15)	
A. Application describes how the grant funds will be leveraged with other public sector funds and with private sector funds (financial and in-kind resources)	5
B. Documented leveraging of program:	
1. At least 50% of costs covered by other sources - OR-	5
2. At least 25% of costs covered by other sources - OR-	4
3. At least 10% covered by other sources - OR-	2
4. Less than 10% match resources	0
C. Program has established “current” or “proposed” agreements with other service providers to enhance quality of life of clients.	
- For “current” agreements - or-	5
- For “proposed” agreements	0
5. Achieving results and program evaluation (Maximum Points of 25)	
A. Application has clearly defined the specific interim or final outputs that will be achieved during the award period	4
B. Applicant has identified the impact that it will have on the community	4
C. Applicant has clearly identified what will be the benchmarks for measuring progress	4
D. Applicant has identified the methodology to be used to measure the program’s success	4
E. Applicant has identified specific reporting tools and the benefits to be achieved	4
F. Applicant describes how program meets a HUD Objective and the outcome performance measure	5
6. Prior Performance (Maximum Points of 5)	
A. Proposer has not received negative monitoring findings or has not implemented corrective action plan.	5
7. District Priority (Maximum Points of 5)	
A. Project Meets District Priorities	5
MAXIMUM Points Available	130
MINIMUM Required Points for Recommendation	95

III. ECONOMIC DEVELOPMENT

ECONOMIC DEVELOPMENT PROGRAM OVERVIEW

The economic development five-year initiative will integrate job creation, micro enterprise assistance, technical assistance, Commercial/Industrial improvements and financial assistance to private for profit entities. It has been noted that Economic Development and Urban renewal are some of the battles in the war against poverty that must be subjugated in order to proclaim victory.

PROGRAM DESCRIPTION

Availability & Use of Funds

The total Available for Economic Development is approximately \$4,000,000 from CDBG funds. The funding of Economic Development CDBG proposals for the 36th Program Year will be based on the best rated proposals and the district priorities.

Eligible Applicants

Private non-profit CDCs, CBOs and private for-profit companies are eligible to apply for funding under the Economic Development program for activities that benefit underserved areas and/or very low-, low- and moderate-income persons.

Eligible Activities

Eligible activities must be consistent with the goals and objectives of the Five-Year Consolidated Plan, U.S. HUD's National Objectives and Accomplishment Type and the priorities listed on this application. Additional points may be given to projects in the NDZ.

Eligible Project Types

The CDBG allocation for the 36th Program Year will be funded through the RFP process and will focus on the following eligible project types:

Commercial or Industrial Rehabilitation

- Rehabilitation - Commercial Façade / Code Compliance Program
- Rehabilitation – Commercial/Industrial Rehabilitation Projects

Assistance to private for-profit entities

- Technical assistance to for-profit businesses
- Special Economic Development Activities - Loans and/or Grants for the purchase and installation of equipment, fixtures and machinery; inventory; rehabilitation, improvements and expansion of property; and technology infrastructure.

Public Facilities and Improvements

Technical Assistance to Micro-Enterprises

Compensation and Requirements

1- Technical Assistance for Commercial Façade/Code Compliance Program

Eligible Applicants

Private not-for profit agency that can provides technical assistance under the City of Miami Commercial Façade/Code Compliance Program to eligible for-profit businesses that serve a primarily residential area where at least fifty-one percent (51%) of the residents are low to moderate income persons.

Eligible Activities

Technical assistance for the exterior improvements of buildings and correction of code violations where such property is owned by a for-profit entity under the City of Miami Commercial Façade and Code Compliance Program.

Commercial Façade

Eligible treatments under this Program include pressure cleaning / painting, awnings, doors, store showcase windows, signs and shutter. The façade program will finance up to \$10,000 per business.

Commercial Code Compliance

The program is designed to provide financial assistance to eligible businesses that have received a notice of violation. Conditions that qualify for assistance under this program are electrical, building, fire, and plumbing, mechanical, and ADA compliance. The program will finance project costs up to \$15,000 per business.

Compensation

The agency will be compensated at a rate of twenty percent (20%) of total project costs. If the project is funded, required supporting documentation must be reviewed and accepted by the City prior to approval of payment to the applicant.

2- Technical Assistance to for-profit Businesses

Eligible Applicants

Not-for profit agency that is able provides Technical Assistance to for-profit business to build the capacity, generate economic development and create new jobs for low to moderate income persons.

Eligible Activities

Technical assistance includes, but is not limited to: project related activities, financial consultation, permits/licenses, zoning, infrastructure, business relations/relocation/expansion,

business attractions, security improvements, seminars/workshops, capacity building, general business services, and marketing/promotion assistance.

Compensation

1. Reimbursements will be made upon presentation of both, a request for payment based on the verifiable hours of services related to technical assistance and documentation that a national objective has been attained.
2. Verifiable hours of service related to technical assistance are those hours of service provided by the agency that can be substantiated by the payroll records and which are reasonable, necessary and directly allocable to the business receiving the technical assistance from the agency. Hours of service must be reported in the monthly report and must be documented by the applicant.
3. Payments will be made for actual expenditures incurred (at a rate equivalent to \$75.00 per hour), up to a maximum of \$15,000.00 per job created.
4. If the project is funded, required supporting documentation must be reviewed and accepted by the City prior to approval of payment to the applicant.

Other Requirements

1. Jobs created must be held by low to moderate income people.
2. Technical assistance is to be provided to for-profit business operating in the City of Miami.
3. Jobs must be created within 6 months of completion of the Technical Assistance to the business.

3- Public Facilities and Improvements

Eligible Applicants

Private non-profit CDCs & CBOs entities in census tracts with L/M population of fifty-one percent (51%) or more and/or providing services to low to moderate income persons.

Eligible Activities

Acquisition, reconstruction, rehabilitation, or installation of public improvements or facilities.

Eligible Projects

This program includes improvements and rehabilitation that are made to property and facilities (non-residential) that are either publicly owned or owned by a non-profit and operated so as to be open to the general public.

Compensation

Funding to be used for hard cost associated with the construction project. All reimbursement will be paid on a reimbursement basis for reasonable, allowable and necessary expenditures related to the construction project. Applicant will have to demonstrate that it has secured matching funds necessary to complete the project (if applicable).

4 - Technical Assistance to Micro-Enterprises

Eligible Applicants

Not-for profit agency that provides Technical Assistance to Micro-Enterprise businesses located in the City of Miami to build the capacity, generate economic development and create new jobs. A Micro Enterprises business is a for-profit business having 5 or less employees (including the owner) and who is a member of a low to moderate income household.

Eligible Activities

Technical Assistance to Micro-Enterprises includes activities such as financial consultation, permits/licenses, zoning, business relations/relocation/expansion, security improvements, seminars/workshops, general business services, and marketing/promotion assistance, assisting with grant application process and contract execution. Micro-Enterprise business owners will have to be certified by the City as being a low to moderate income person.

Compensation

1. Reimbursements will be made upon presentation of both, a request for payment based on the verifiable hours of services related to technical assistance and documentation that a national objective has been attained.
2. Verifiable hours of service related to technical assistance are those hours of service provided by the agency that can be substantiated by the payroll records and which are reasonable, necessary and directly allocable to the business receiving the technical assistance from the agency. Hours of service must be reported in the monthly report and must be documented by the agency.
3. If the project is funded, required supporting documentation must be reviewed and accepted by the City prior to approval of payment to the applicant.

Other Requirements

1. The District priorities include assistance to business owners that are eligible under the Micro-Enterprise Assistance Program of the City of Miami.
2. For-profit Micro-Enterprises entity (5 employees or less including the owner) must be located in the City of Miami.
3. Participant certified by agency with the City of Miami as a member of a low to moderate income household.

5 – Other

Eligible Applicants

Not-for profit agencies and for-profit entities located in the City of Miami.

Eligible Activities/Projects

Commercial /Industrial Rehabilitation Projects, Special Economic Activities and any other Economic Development projects demonstrating that the eligible activities is consistent with the goals and objectives of the Five-Year Consolidated Plan, U.S. HUD's National Objectives,

Accomplishment Type, and the district priorities will be considered. The applicant must show in its proposal how the project and/or activity benefits underserved areas and/or very low-, low- and moderate-income persons and how such activity is eligible under the U.S. HUD Code of Federal Regulation (24CFR570).

Environmental Clearance

Projects funded with CDBG funds are subject to environmental review under federal regulation, and no funds can be committed and expended until the activity has received an environmental clearance. No exceptions can be made. Project work must not commence until a US 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.

Match Requirement

Applicant will have to demonstrate that it has secured matching funds necessary to complete the construction project.

Proposal Evaluation Criteria

Proposals will be graded based on its relevance to HUD's National Objectives, Accomplishment Type, and the City of Miami Consolidated Plan (in particular if a proposal takes place inside a NDZ, Model Block, or a CBC).

Proposals for construction, rehabilitation and/or improvements will be further evaluated by an additional set of criteria to determine the project readiness and the ability to proceed. Applicant should provide information and documentation in the proposal so that the project can be evaluated and rated in this area.

Additionally, the Proposals will be subject to the following scoring and evaluation criteria.

ECONOMIC DEVELOPMENT PROGRAMS RATING SHEET	MAXIMUM POINTS
1. Organizational capacity and demonstrated effectiveness (Maximum Points- 15)	
A. General stability and track record of organization (staff resumes and experience match position descriptions).	5
B. Organization successfully operated this line of business for <ul style="list-style-type: none"> • 6 months - 5 years (2 points) • More than 5 years (5 points) 	5
C. Organization demonstrates strong fiscal management and controls <ul style="list-style-type: none"> • Proposal clearly describes project management history, grants management history and program outcomes along with agency organization, resources and administration. 	5
2 Provides clear understanding of the problem and documents the need in the community to propose undertaking of the program (maximum points of 20)	
A. Provides statistical evidence of the need of proposed program with documented sources	5
B. Proposal includes a comprehensive Problem Statement <ul style="list-style-type: none"> • Proposal identifies who is affected, what is happening, where it is taking place, why this is a problem, who else thinks it is a problem, what are the underlying causes, and what are the effects of the problem. 	5
C. Proposal includes a sound needs assessment approach <ul style="list-style-type: none"> • General information on the community (location, demographics, clients, etc) • Description of who are the clients benefiting from program. 	5
D. Proposal includes specific information on the problem the organization will focus on and the organization's experience to deal with the problem effectively. <ul style="list-style-type: none"> • Can the agency's approach change the situation for the better over the length of the grant? 	5
3. Soundness of Approach (Maximum Points - 45)	
A. Applicant describes how program activities will be coordinated with similar programs	4
B. Are objectives clearly stated?	2
C. Does applicant show how the proposed program has been performed in other communities?	2
D. Work plan program components are described in details and specifically say who is going to do what, when, how much and how it will be measured and assessed.	15
E. Strategy for activities is presented in detail	2
F. Expected outcomes are reasonable expectations in the time allotted to the program and the resources available to applicant	5
G. Program priorities directly tie problem and solutions, states the reasons for the selection of the activities, justifies the methodology, describes the program activities, staffing selection and clients and their selection.	10
H. Policy priorities – details how funding sought is integrated with other sources, program activities and goals.	5

4. Leveraging of Resources (Maximum Points - 15)	
A. Application describes how the grant funds will be leveraged with other public sector funds and private sector funds (financial and in-kind resources)	5
B. Documented leveraging of program:	
1. At least 50% of costs covered by other sources - OR-	5
2. At least 25% of costs covered by other sources - OR-	4
3. At least 10% covered by other sources - OR-	2
4. Less than 10% match resources	0
C. Program/Activity has established “current” or “proposed” agreements with other providers for this activity.	
- For “current” agreements - or-	5
- For “proposed” agreements	0
5. Achieving results and Program Evaluation (Maximum Points of 25)	
A. Application has clearly defined the specific interim or final outputs that will be achieved during the award period	4
B. Applicant has identified the impact that it will have on the community	4
C. Applicant has clearly identified what will be the benchmarks for measuring progress	4
D. Applicant has identified the methodology to be used to measure the program’s success	4
E. Applicant has identified specific reporting tools and the benefits to be achieved	4
F. Applicant describes how program meets a HUD Objective and the outcome performance measure	5
6. Prior Performance (Maximum Points of 5)	
A. Proposer has not received negative monitoring findings or has not implemented corrective action plan.	5
7. District Priority (Maximum Points of 5)	
A. Project Meets District Priorities	5
MAXIMUM Points Available	
	130
MINIMUM Points for Recommendation	
	75

Proposals for construction, rehabilitation and/or improvements will be evaluated by an additional set of criteria to determine the project readiness and the ability to proceed. You should provide information and documentation in your proposal so that your project can be evaluated and rated in this area.

8. Project Readiness and Ability to Proceed (<i>Maximum Points - 38</i>)	
a. Does the applicant have previous experience with similar type of construction, rehabilitation and/or improvement project?	5
b. Is all the funding in place to complete the project?	10
c. Did applicant include a summary of the costs planned for the project and the sources to be used to cover the project expenses (cost allocation and funding sources)?	5
d. Does the organization demonstrate that it has the capacity to manage this project through its completion?	5
e. Is there an executed agreement with an independent, full time, construction manager for this project?	2
d. Are construction specifications and drawings completed?	2
e. Are all permits in place?	2
f. Has a contract been executed with a general contractor?	2
g. Will this request fully fund the gap needed to complete this project on time?	5
MAXIMUM Points Available	38
MINIMUM Points for Recommendation	28

V. FORMS

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PROPOSAL / APPLICATION FORM
REQUEST FOR PROPOSALS FY 2010 - 2011

CITY OF MIAMI DEPARTMENT OF COMMUNITY DEVELOPMENT
(PUBLIC SERVICE AND ECONOMIC DEVELOPMENT PROPOSALS)

A. IDENTIFYING DATA

Name of Organization	
Address	
Duns & Bradstreet #	
City & Zip Code	
Tax ID #	
Authorized Representative	
Contact Person	
Telephone Number	
Fax Number	
E-mail Address	
Type of Organization	<input type="checkbox"/> Non-Profit/501(c)3 <input type="checkbox"/> Government/Public Agency <input type="checkbox"/> For-Profit

B. BUDGET SUMMARY

If funded by the City in FY 2009, specify the amount funded in the space provided.

Funding Source	Amount Funded FY 2009	Budget Request FY 2010
CDBG		
TOTAL		

C. FUNDING CATEGORY - Check the appropriate box.

- Public Services Economic Development

D. PUBLIC SERVICE – CHECK THE SERVICE(S) TO BE PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> CHILDCARE SERVICES | <input type="checkbox"/> SERVICES FOR THE DISABLED |
| <input type="checkbox"/> ELDERLY MEALS | <input type="checkbox"/> EMPLOYMENT TRAINING |
| <input type="checkbox"/> ELDERLY TRANSPORTATION | <input type="checkbox"/> OTHER ELDERLY SERVICES |
| <input type="checkbox"/> EMPLOYMENT TRAINING | <input type="checkbox"/> |
| <input type="checkbox"/> YOUTH SERVICES/AFTER SCHOOL | |
| <input type="checkbox"/> OTHER (Describe): _____ | |

E. ECONOMIC DEVELOPMENT ACTIVITIES – CHECK ACTIVITY TO BE PROVIDED

- TECHNICAL ASSISTANCE TO COMMERCIAL FAÇADE /CODE COMPLIANCE PROGRAM
- TECHNICAL ASSISTANCE TO PRIVATE FOR PROFIT ENTITIES
- TECHNICAL ASSISTANCE TO MICRO-ENTERPRISES
- PUBLIC FACILITES AND IMPROVEMENT
- COMMERCIAL OR INDUSTRIAL IMPROVEMENTS
- SPECIAL ECONOMIC DEVELOPMENT ACTIVITIES: _____
- OTHER (Describe): _____

F. CONSTRUCTION RELATED PROJECTS

Funding Request to Implement and Complete the Project: _____

Amount of Other Funds Secured for the Project: _____

Total Cost to Complete the Project: _____

G. GEOGRAPHIC DATA

City of Miami Commission District(s) : _____

Neighborhood Development Zone (NDZ) - Does this activity serve a NDZ(s)? Yes No

If so, check the appropriate box:

- | | |
|---|---|
| <input type="checkbox"/> Allapattah | <input type="checkbox"/> Coconut Grove |
| <input type="checkbox"/> Edison/Little River/Little Haiti | <input type="checkbox"/> Little Havana (East) |
| <input type="checkbox"/> Little Havana (West) | <input type="checkbox"/> Model City |
| <input type="checkbox"/> Overtown | <input type="checkbox"/> Wynwood |

Model Blocks - Does this activity serve a Model Block(s)? Yes No

If so, check the appropriate box:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Allapattah | <input type="checkbox"/> Coconut Grove |
|-------------------------------------|--|

- | | |
|---|---|
| <input type="checkbox"/> Edison/Little River/Little Haiti | <input type="checkbox"/> Little Havana (East) |
| <input type="checkbox"/> Little Havana (West) | <input type="checkbox"/> Model City |
| <input type="checkbox"/> Overtown | <input type="checkbox"/> Wynwood |

Community Business Corridor (CBC) - Does this activity serve a CBC(s)? Yes No
 If so, check the appropriate box:

Allapattah

- 20th Street Merchant Corridor
 Civic Center Corridor

Coconut Grove

- Grand Avenue Corridor

Edison/Little River/Little Haiti

- Little Haiti Corridor

Little Havana (East)

- Flagler Street Corridor

Little Havana (West)

- L/M census blocks on
 Flagler Street/Coral Way

Model City

- Model City Corridor
 Martin Luther King Corridor

Overtown

- Overtown NW 2nd Avenue Corridor
 Overtown NW 3rd Avenue Corridor

Wynwood

- Wynwood NW 2nd Avenue Corridor

H. PROJECT/PROGRAM OBJECTIVE (select only one)

- Create suitable environments
 Provide decent affordable housing
 Create economic opportunities

I. PROJECT/PROGRAM OUTCOME (select only one)

- Availability/Accessibility
 Affordability
 Sustainability

J. PROJECT/PROGRAM BENEFIT (Select only one)

- Limited Clientele – Clientele served must be low to moderate income persons
- Area Benefit – At least 51% of the residents within the targeted activity area are low to moderate income persons. Area served is primarily residential.
- Jobs – jobs created/retained must be held by low to moderate income persons

K. 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: _____

CHECK-OFF LIST FOR DOCUMENTS
CITY OF MIAMI DEPARTMENT OF COMMUNITY DEVELOPMENT
(PUBLIC SERVICES AND ECONOMIC DEVELOPMENT APPLICANTS ONLY)

FOR: _____
(AGENCY)

DOCUMENTS	SUBMITTED (YES/NO)	COMMENTS
1. Charter, Articles of Incorporation, and By-Laws.		
2. Current 501(c)(3) letter, if a non-profit organization, including IRS Employer Identification Number.		
3. State of Florida Current Year Corporate Registration Certificate.		
4. Income Tax return (IRS Form 990) for last completed fiscal year		
5. Names, addresses and professional affiliation Members of the Board of Directors		
6. Organizational Chart.		
7. Job Descriptions and resumes of staff that will be funded either in whole or in part from this grant award.		
8. Budget Forms I, II and III.		
9. Authorized Representative Statement		
10. Certification of all Funds Received.		
11. Certification of Sound Fiscal Management		
12. Declaration of Financial Interests		
13. Certification Regarding Lobbying.		
14. Certification Regarding Debarment, Suspension, and Other Responsibility Matters		
15. Public Entity Crime Affidavit		
16. Disability Non-Discrimination Certification		
17. Drug Free Workplace Certification		
18. Copy of Single Audit, if applicable		
19. Conflict of Interest Form		
20. Personnel Policies and Procedures Manual		

DO NOT WRITE BELOW THIS LINE

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

 Contract Compliance Analyst

 Date

BUDGET FORM I

BUDGET NARRATIVE BY LINE-ITEM

**CITY OF MIAMI DEPARTMENT OF COMMUNITY DEVELOPMENT
(NON-HOUSING PROPOSALS)**

AGENCY: _____ FISCAL YEAR _____

FUNDING SOURCE: _____

ITEM	AMOUNT

BUDGET FORM III COST ALLOCATION PLAN

1 of 3

CITY OF MIAMI DEPARTMENT OF COMMUNITY DEVELOPMENT (NON-HOUSING DEVELOPMENT ONLY)

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 GRP HEALTH INS.																		
206 RETIREMENT STAFF																		
250 PROFESSIONAL SVCS.																		
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.																		

**BUDGET FORM III
COST ALLOCATION PLAN**

2 of 3

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

AGENCY: _____

Period Being Cost Allocated: _____

Effective Date																		
Line-Item Description	%		%		%		%		%		%		%		%		%	Total
411 BLDG. MAINTENANCE																		
415 CONF. & PROF. MTNG.																		
420 CONTRACTUAL MAIT.																		
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)																		

**BUDGET FORM III
COST ALLOCATION PLAN**

3 of 3

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

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																			

**CITY OF MIAMI
DEPARTMENT OF COMMUNITY DEVELOPMENT
COST ALLOCATION REPORT FOR CONSTRUCTION, REHABILITATION AND IMPROVEMENTS**

AGENCY: _____

PROJECT NAME & ADDRESS: _____

	Funding Sources: Specify Name and Amount of Funding						
	Total Project (\$)	City of Miami CDBG (\$)	Name and Amount:	Name and Amount:	Name and Amount:	Name and Amount:	Name and Amount:
Land Acquisition							
Hard Costs (Construction Costs)							
Construction (incl. Site work)							
Construction Contingency							
Construction: Concrete/Soil Test							
Construction Supervision							
Site Preparation							
Equipment							
Materials							
Other:							
Other:							
Total Hard Costs							
Soft Costs							
Architectural and Engineering							
Impact/Permit Fees							
Legal							
Appraisal / Surveys							
Insurance: Construction Period							
Advertising							
Construction/Project Management							
Environmental/Feasibility Studies							
Inspections							
Signage & Ads							
Other:							
Soft Cost Contingency							
For Use by City: City Incurred Costs							
Total Soft Costs							
Total Project Cost							

AUTHORIZED REPRESENTATIVE STATEMENT

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

<u>POSITION</u>	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
Chairman of the Board	_____	_____
Executive Director	_____	_____
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 _____

FACSIMILE SIGNATURES REQUIRED AND MUST BE BONDED

Date

CERTIFICATION OF ALL FUNDS RECEIVED

(Non-Housing Development Applications Only)

This certifies that _____ operates on a fiscal year,
(Name of Agency)

which ends on _____. This further certifies that the financial records

(audited) (un-audited) of _____ for the year ended _____
(Name of Agency)

reflect the following, as related to federal and non-federal awards:

A. All Funds Received.

Source of Funds	Contract Period	Purpose	Amount

B. Total Agency Funding: \$ _____

The undersigned certify that the above information is complete and accurate, to the best of their knowledge, and that the City of Miami, Department of Community Development, will be notified, should this information be determined to be different.

Chief Financial Officer

Chief Executive Officer

Signature

Signature

Name Typed or Printed

Name Typed or Printed

Date

Date

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)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

CERTIFICATION OF MATCHING FUNDS

This certifies that _____ operates on a fiscal year,
(Name of Agency)

which ends on _____. This further certifies that the financial records

(un-audited) of _____ for the year ended _____ will be
(Name of Agency)

reflected in the following, as related to federal and non-federal awards, and satisfies the matching funds requirement for CDBG and/or ESG funds or consideration for additional points in the scoring of Proposals for other CDBG and/or ESG funding categories.

B. Matching Funds.

Source of Funds	Contract Period	Purpose	Amount

B. Total Agency Funding: \$ _____

The undersigned certify that the above information is complete and accurate, to the best of their knowledge, and that the City of Miami, Department of Community Development, will be notified, should this information be determined to be different.

Chief Financial Officer

Chief Executive Officer

Signature

Signature

Name Typed or Printed

Name Typed or Printed

Date

Date

City of _____ STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _____ day of _____, 200_____

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.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

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, have the need to 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
(Organization)

that will operate programs for 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

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.

City of _____

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _____ day of _____, 200____

by _____ who is personally known to me or who
(name of person whose signature is being notarized)

produced _____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

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. HUD Section 108 Loan	<input type="checkbox"/>	<input type="checkbox"/>
Other 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:

2. Do you have any past due financial obligations with Miami Capital Development, Inc. (MCDI)?

YES NO

If YES, please explain:

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:

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: _____

City of _____

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _____ day of _____, 200____

by _____ who is personally known to me or who
(name of person whose signature is being notarized)

produced _____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

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.

Name of Applicant

Print name of Certifying Official

Signature of Certifying Official

Date

City of _____

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _____ day of _____, 200_____

by _____ who is personally known to me or who
(name of person whose signature is being notarized)

produced _____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION & 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 judgment 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

City of _____

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _____ day of _____, 200____

by _____ who is personally known to me or who
(name of person whose signature is being notarized)

produced _____ as identification, and who did/did not take an oath.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

**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 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 "convection" 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:
 - a. A predecessor or successor of a person convicted of public entity crime; or
 - b. 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)

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires _____

SEAL

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.

Applicant/Agency Signature

Print Applicant/Agency Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by

_____ as _____
(Name of person whose signature is 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.
(Type of Identification)

NOTARY PUBLIC:

(Signature)

(Print Name)

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).

Applicant/Agency Signature

Print Applicant/Agency 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 _____
(name of corporation/company)

known to me to be the person described herein, or who produced _____
(Type of Identification)

as identification, and who did/ did not take an oath.

NOTARY PUBLIC:

_____ My commission expires _____
(Signature) (Print Name)

SEAL

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)

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: _____

VI. FREQUENTLY ASKED QUESTIONS

1. Can you provide a map of the Commission Districts?

Please visit the City of Miami's website:

http://arcimpsprod.riverside.cmgov.net/miamizoning_50/zoning.aspx

2. Does the City have a specific format or length limitation for the Program Narrative?

There is no specific format for the program narrative to be used in any proposal submitted. The City recommends that an agency review the rating sheet to make sure that each point covered in the rating sheet is covered in the program narrative. There is no limitation or preference as to narrative length.

3. Can an agency view a copy of its evaluation for the previous year?

An agency needs to request in writing to view its rating sheet scores previous years. This request should be submitted to Lillian Blondet, via fax to number 305-416-2090.

4. Does Certification of Funds Received apply to all applicants? What period does it cover?

All applicants must submit the Certification of Funds Received, even if no moneys were received in the last fiscal year of the agency.

5. Can a non-profit agency apply for façade treatment funds under this RFP?

The façade treatment program has certain limitations that do not permit the use of commercial façade program funds for the facilities being used by a non-profit agency performing social services for the City of Miami.

6. Does the Davis-Bacon Act apply to the public service jobs?

Davis-Bacon Act does not apply to public service jobs.

7. Will the contracts to be awarded for successful proposals for Economic Development be contract performance based or cost reimbursable?

All proposals will be cost reimbursable reasonable, allowable and expenses directly allocable to the project.

8. What is your definition of Citywide?

Citywide refers to being able to provide a service to Low-to moderately low income persons in all five Commission Districts of the City of Miami. For additional information, please refer to the **City of Miami General Boundary Map** located in the City of Miami's website:

http://arcimpsprod.riverside.cmgov.net/miamizoning_50/zoning.aspx

9. Are copies of previously funded CDBG proposals available for review?

Yes. You need to make an appointment to view a successful proposal for the same area that you are applying for.

10. Can our agency receive the Q & A from the pre-proposal conference?

All questions received at the pre-proposal workshop will be responded to and added to the website.

11. On the Staff Salary Forecast Form, what does “period” mean?

Period” stands for the frequency of payroll payments to the employee; i.e., weekly = 52, biweekly=26, semi-monthly=24, monthly=12.

12. On the Staff Salary Forecast Form, what does “Budgeted Pay Period” mean?

“Budgeted Pay Period” is the amount paid to the employee in the pay period; i.e. if the employee earns \$24,000 per year, the budgeted pay period would be as follows:

<u>Period</u>	<u>Budgeted Pay Period</u>
Monthly	\$2,000.00
Semi-monthly	\$1,000.00
Bi-weekly	\$ 923.08
Weekly	\$ 461.54

13. Referring to the Cost Allocation Plan, if we are not asking for allocated costs on this budget, then do we have to complete this form?

Yes. The City of Miami wants to see how the agency allocates direct and indirect costs of all programs being carried out by an agency. If the agency does not receive any additional funds, then the agency will fill-in the column for the proposed program and complete the “Total” column.

14. Can an RFP response/application include Child Care Services in the same package as After School and Recess Daycare?

Applicants may apply for more than one category of funding. 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.

15. Can you provide a cross-reference of the HUD regulations for the Public Service, Economic Development and Emergency Shelter Grant programs?

- a. For Public Service and Economic Development Programs, please refer to the Code of Federal Regulation, Title 24, Part 570, Sections 570.200 thru 570.209 (24 CFR 570.200, 24 CFR 570.201, 24 CFR 570.202, 24 CFR 570.203, 24 CFR 570.204, 24 CFR 570.205, 24 CFR 570.206, 24 CFR 570.207, 24 CFR 570.208, 24 CFR 570.209).
- b. For Emergency Shelter Grant, please refer to Code of Federal Regulation, Title 24, Section 576 (24 CFR 576)

16. Can you provide the web-site for the above mentioned regulations?

- a. Link to 24CFR570 (Public Service/Economic Development):

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=aaa0221eae22b903d39834db16c74278&tpl=/ecfrbrowse/Title24/24cfr570main_02.tpl

b. Link to 24CFR576 (Emergency Shelter Grant)

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=8c1dd95e83a1b4995615e3580bcbdf4c&rgn=div5&view=text&node=24:3.1.1.3.8&idno=24>

17. Can you provide the web-site for the Office of Management and Budget (OMB) Circulars?

a. Link to OMB Circular A -122 - Cost Principles for Non-Profit Organizations

http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html

b. Link to OMB Circular A -110 - Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations

<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

c. Link to OMB Circular A -133 – Audits of States, Local Governments and Non-Profit Organizations

<http://www.whitehouse.gov/omb/circulars/a133/a133.pdf>

18. Can you provide a list of documents which are accepted by the City to document that clients meet the program eligibility requirements?

At the present time, the City of Miami accepts the following documents as proof of eligibility along with the City of Miami Client Certification Form.

**City of Miami
Department of Community Development
Public Services Client Certification for FY 2010-2011**

Program Eligibility¹:

All participants in Public Service programs must meet the following minimum general eligibility requirements²:

1. Income: Must be a low-income individual
2. Residence: Must reside within City of Miami boundaries
3. Age: Depending on the type of program the following applies;
 - a. Elderly Program: 62 years & older (unless participant is disabled)
 - b. Children/Youth Program: Varies with program (please consult your Contract Analyst)

The following is a list of documentation the City can accept in order to certify your clients:

Proof of Household Income:

Income information for all income producing members of the family must be disclosed.

¹ People with disabilities must provide: (a) medical letter stating the specific disability; or (b) letter signed by the agency certifying that the client has a particular disability. All clients must sign the City application, unless their disability does not permit them to do so.

² Additional requirements may need to be satisfied depending upon the type of service being provided.

1. School registrar information showing meal qualification status (for the active school year), or
2. Pay stubs (not older than 90 days), or
3. Bank Statements showing direct deposit amounts (not older than 90 days), or
4. Employer Statement/Letter (does not need to be notarized – not older than 90 days), or
5. Social Security Statement, or
6. AFDC/ Food Stamp Authorization Statement, or
7. Medicaid cards (Medicare card does NOT constitute proof of income), or
8. Section 8 certification, or
9. Latest Tax Return Form (This type of proof of income will NOT be accepted starting FY2006-07)

Proof of Residence:

1. School registrar information showing meal qualification status (for the active school year), or
2. Copy of a valid Driver's License or Florida Identification card clearly displaying current address, or
3. A utility bill (not older than 90 days)
 - a. *If the utility bill(s) are NOT in the name of the client, a non-notarized letter from the person whose name is shown on the utility bill stating that the client resides on said premises is required.*

Proof of Age:

1. Legible copy of a birth certificate, or
2. School registrar information showing meal qualification status (for the active school year), or
3. Statement from any government agency disclosing the age of the participant.
 - a. Medicare card is a good proof of age (Medicaid card does NOT constitute a proof of age).
 - b. Buss Pass-Golden Passport is NOT acceptable. You can qualify for a Golden Passport if you are over 65 years old OR if you receive SSA (no age restriction).

Proof of Legal Residency:

6. Last five (5) digits of the clients SSN must be clearly written in client's application (please be accurate)
7. If illegal aliens, submit application clearly indicating their legal status. We will accommodate them and pay for services. Please note that we are NOT encouraging any agency to have/ serve illegal aliens; however, if the agency cannot register legal residents or citizens, we will then accept them.

19. What is the maximum income to qualify for the Micro-enterprise program?

Incomes levels are defined as income equal to or less than the US HUD Rent Subsidy Program low-income or very low income limits established by HUD annually. The income levels for the FY 2010 are included on the RFP. The business owner has to qualify under these guidelines.

21. Who needs to sign the proposal?

The agency's Authorized Representative as determined by the Board of Directors or the business owner.

22. Should the agency obtain insurance during the application process?

Insurance as required by the City of Miami Risk Department will be needed to enter into a contract with the City. Applicants/Agencies may want to make sure they can obtain the required coverage but wait until the funding is awarded to purchase the insurance.

23. Should non-profit agencies interested on applying for Public Facilities and Improvements respond to the RFP?

Yes. This is an eligible activity under 24CFR570.201

24. What triggers a HUD environmental review?

Projects funded with CDBG funds are subject to environmental review under federal regulation. Projects must not commence until a US HUD Release of Grant conditions or a confirmation of exempt status has been issued for the project.

25. What other requirements must be completed as part of a construction project?

All projects have to comply with applicable Federal, State and Local Regulation as well as OMB Circulars. Specifically projects funded for construction purposes may have to comply with the Davis Bacon Act, Section 3 of the Housing and Development Act, as well as open and competitive procurement practices.

26. What is the number of allowable paydays for the summer program, after school care and child care services?

There is not a set number of days. In its program narrative, the agency should provide a time line for the project and the services provided.

27. Is the agency to reduce the Summer Program funds from the Year Round Child Care Services?

It is up to the agency to propose how its program and services will be provided and how they will meet the needs of the community.

28. How does the agency report additional summer kids?

All the program participants/client must be certified with the City. See the answer to question 19 for details on the process and documentation needed to certified participants/clients.

29. On the Authorized Representative Statement (page 38), at the bottom of the page where it says, “*Facsimile signatures required and must be bonded”. What does this mean?

This means that the persons authorized to handle funds (received or disbursed) for the agency must be covered under the agency’s Crime Policy as required by the City of Miami Risk Department. The Insurance Coverage Requirements are described on the insurance section of the RFP.

30. Certification of Matching Funds form (page 41), “I understand that no matching funds are required for Public Service Grants. Is this true?

Yes, Match Requirements section, states “Not applicable for Public Service”.

31. Budget Form III, Cost Allocation Form, does it need to be included with the submission information?

Yes. Agency should submit all the funding received and how the expenses will be allocated to each founding source. This RFP lists the documents that must be submitted with all the applications.

32. On forms on page 38, 39, 53 and 54, what is the difference between the titles? Are all these signatures the same person?

These are agency employees holding these positions. The same person can be have different or several titles.

33. On the Certificate of all Funds Received, besides Federal and local funding, does private funding sources that originated from fundraisers apply?

All the funding received by the agency should be included in your response and budget forms.

34. On the Certificate of Matching Funds, what is the matching funds requirement for CDBG?

Each program has a different requirement listed at the end of each section.

35. Are the Disability Non-Discrimination Certificate and Drug Free Workplace Certificate to be executed by the applying agency or the future subcontractor of the agency?

The RFP lists these two items as “minimum threshold requirements”. The forms must be executed by an authorized representative from agency and must be included in the response. Contractors and subcontractors may be required to also submit this form.

36. If the financial audit is not yet completed by April 5, 2010, how much time after the RFP submission does the agency have to submit the audit?

The applicant must include the most current audit (i.e. last one completed) with its response to the RFP. No documents will be accepted after the April 5, 2010 deadline.

37. Is there a link to the Five Year Consolidated Plan?

Yes, the Consolidated Plan can be found on the City of Miami website at <http://www.miamigov.com/communitydevelopment/pages/>

38. What is a Neighborhood Development Zone?

These are distressed neighborhoods within the City of Miami which are in most need of assistance. Maps of these neighborhoods can be found in the Five Year Consolidated Plan.