

Exhibit – A1
SINGLE-FAMILY REHAB - SOFT COSTS

CITY OF MIAMI
Department of Community Development

COVER LETTER

Developer Name: _____

Project #: _____

Contract Amount: _____

Attention: Fiscal Assistant

We request reimbursement in the amount of \$_____ for soft costs expended for the month of _____.

We certify that all funds received are used in accordance with applicable Federal, State and City requirements. Additionally, all expenditures charged to the project fall within the contractual scope of services and approved budget, under contract are necessary, reasonable in light of the services or products delivered and eligible expenditures for the delivery of the project.

We further certify that all disallowed expenditures will be reimbursed to the City of Miami.

Yours truly,

Authorized Signature

Date signed

Enclosures: Original invoices and copies of cancelled checks

-----*FOR CITY USE ONLY*-----

PROJECT 91-_____ TASK _____ SUB TASK _____ AWARD _____

EXPENDITURE _____ ORGANIZATION 910101

FUND _____ IDIS _____ VENDOR # _____ SERVICING # _____

AVAILABLE BUDGET IN ORACLE _\$ _____ IN IDIS \$ _____

APPROVED BY:

FISCAL DATE

SERVICING DATE

CONTRACT DATE