

# 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  
EMERGENCY SHELTER GRANT**

For Funding Year 2008

The period from October 1, 2008 through September 30, 2009

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 and/or ESG funds.

### **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 *2004-2009 City of Miami Consolidated Plan* that began October 1, 2004 and continues through September 30, 2009. 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 *2004-2009 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 *2004-2009 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 *2004-2009 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 2004-2009 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 2007 Table for Section 8 follows:

	<b>Program</b>	<b>One Person</b>	<b>Two Persons</b>	<b>Three Persons</b>	<b>Four Persons</b>	<b>Five Persons</b>	<b>Six Persons</b>	<b>Seven Persons</b>	<b>Eight Persons</b>
MIAMI-DADE FY2007 Median Family Income: \$45,200	Extremely Low Income - 30% of Median	12,450	14,250	16,000	17,800	19,200	20,650	22,050	23,500
	Very Low Income - 50% of Median	20,750	23,700	26,700	29,650	32,000	34,400	36,750	39,150
	Low Income - 80% of Median	33,200	37,950	42,700	47,450	51,250	55,050	58,850	62,650

### 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 2008-09 Funding Summary by Category*

<u>Category</u>	<u>Total</u>
Public Services	\$1,225,499
Economic Development	\$4,010,498
Emergency Shelter Grant	\$352,693
<b>TOTAL</b>	<b>\$5,588,690</b>

# APPLICATION PROCESS

## Timeline

RFP available to the Public	February 14, 2008
First Proposal Workshop	February 22, 2008
Second Proposal Workshop	February 29, 2008
Deadline for Submission of Written Questions	March 5, 2008
Response to Written Questions	March 7, 2008
Deadline for Submission of Proposals	March 14, 2008

## Submission of Written Questions

Prospective applicants may ask questions about the form and content of this RFP during the Proposal Workshops:

First Workshop: Location: Lummus Park, 404 NW 3<sup>rd</sup> Street  
Time: 9:30 a.m – 12 noon

Second Workshop: Location: Manuel Artime Community Center, 970 SW 1<sup>st</sup> Street, Suite 407  
Time: 1:30 – 4:00 p.m.

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 5, 2008, 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 2<sup>nd</sup> Avenue, 2<sup>nd</sup> Floor  
Miami, Florida 33130  
Attention: Lillian Blondet

Or

By electronic facsimile at 305-416-2090

Or

By email: [lblondet@miamigov.com](mailto:lblondet@miamigov.com)

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., Friday, March 14, 2008. 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 2008 Proposal  
3500 Pan American Drive  
Miami, Florida 33133  
Attention:2008 CDBG/ESG 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.

## ***Program Narrative***

Narratives should contain the following information:

### ▪ **Statement of Capacity**

Organizational Experience – Applicant should include a thorough history of the organization’s 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, Economic Development and/or Emergency Shelter Grant activity furthers CDBG and/or ESG 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, Economic Development and/or Emergency Shelter Grant 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, Economic Development and/or Emergency Shelter services 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, Economic Development and/or Emergency Shelter services.

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 real estate 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.**
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.
- 34<sup>th</sup> CDBG Program Year funding recommendation for any previously funded agency will not exceed that agency's highest funding for the 32<sup>nd</sup> or the 33<sup>rd</sup> CDBG Program Year. Funding recommendation for any previously funded agency will not exceed that agency's highest funding in the previous two Program Years.
- 34<sup>th</sup> 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:

1. 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.
2. 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.
3. Applicant organization must certify it operates a drug-free environment.
4. Applicant organization must certify it complies with the Americans with Disabilities Act (ADA).
5. 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 (2007) Certificate of Status from the Florida Department of State, Division of Corporations indicating that the organization has paid for its 2007 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 15<sup>th</sup> day of the 5<sup>th</sup> month after the completion of the fiscal year of the organization (i.e. May 15<sup>th</sup> 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”)***
- 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 Statement.\*\*

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, 2008 and to end by September 30, 2009. 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 following insurance coverage:

A. 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.

- B. All policies and /or certificates of insurance are subject to review and verification by the City of Miami Risk Management prior to insurance approval.
- C. 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.
- D. Compliance with the foregoing requirements shall not relieve the Applicant of its liability and obligations under the Agreement.
- E. Applicant shall apply and obtain any other insurance coverage that the City may require for the execution of the Agreement.
- F. 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.

## **Forms**

Applicants are required to complete all budget forms. See SECTION 4.

## II. PUBLIC SERVICE

### 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. The City of Miami Department of Community Development recognizes the extreme need to supplement social service programs intended for City of Miami residents and has established the following priorities to meet basic needs with the limited City funds available for public services. The priority established for disbursement of funds is reflective of the needs identified by the community at public hearings, for example; elderly services, youths services, services for the disabled, childcare, job training, programs for substance addicts, and ex-offender rehabilitation.

### 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 total Available for Public Services Category is \$1,225,499 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 receive additional points on their applications as detailed in the Proposal Rating Sheet.

#### **Priorities for Public Services**

1. Child care

2. After school and school recess day care
3. Elderly meals
4. Persons with developmental disabilities

## **Targeted Clientele**

City Residents, members of L/M Households, and certified by an agency with the City of Miami.

## **Reimbursements and Requirements**

All reimbursement for public service activities will be paid per unit of service provided.

### ***Child Care Services***

Child care providers awarded funding for the 34<sup>th</sup> Program Year will be paid according to the maximum daily reimbursement rates established by Miami-Dade County for the City of Miami service area.

<b>Group</b>	<b>Age Range</b>	<b>Daily Rate</b>
Infants		\$22.00
Toddler I	(1-2 years)	\$18.00
Toddler II	(2-3 years)	\$17.00
Pre-Schooler I	(3-4 years)	\$17.00
Pre-Schooler II	(4-5 years)	\$18.00

### **Requirements**

1. Minimum age – infant
2. Maximum age – 5 years of age
4. L/M income person
5. Participant lives in the City of Miami
6. Participant certified by agency with the City of Miami

### ***After School and School Recess Daycare***

After school providers awarded funding for the 34<sup>th</sup> Program Year will be paid according to the maximum daily reimbursement rates established in the table below. Higher rates would be accepted if a copy of the existing contract from a funding agency is provided, or if a rational and budget presented is approved by the Department of Community Development staff.

<b>Program</b>	<b>Minimum Hours</b>	<b>Per Person Daily Rate</b>
After School Care	2.5 hours	\$7.70
School Recess & Summer Day Rates	7 hours	\$18.00

### **Requirements**

1. Minimum age – 6 years of age
2. Maximum age – 18 years of age
3. L/M income person
4. Participant lives in the City of Miami

5. Participant certified by agency with the City of Miami

***Meals for Elderly Residents***

Agencies providing meals for elderly residents will be reimbursed per meal provided according to the rates listed below. Higher rates may be negotiated for agencies with active government agreements reflecting higher rates for the identical services.

<b>Type of Meal</b>	<b>Per Person Daily Rate</b>
Reimbursement per delivered meal (Homebound)	\$7.50
Reimbursement per served meal (Congregate)	\$5.75

**Requirements**

1. Minimum age – 62 years or disabled if less than 62 years
2. L/M income person
3. Participant lives in the City of Miami
4. Participant certified by agency with the City of Miami

***Persons with Developmental Disabilities***

Agencies providing services for persons with developmental disabilities will be paid according to the maximum daily reimbursement rates established by South Florida Workforce or the State of Florida for the City of Miami service area. Higher rates may be negotiated for agencies with a rational and budget that is approved by the Department of Community Development staff.

**Requirements**

1. Proof of developmental disability
2. L/M income person
3. Participant lives in the City of Miami
4. Participant certified by agency with the City of Miami

**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.

<b>PUBLIC SERVICES PROGRAM RATING SHEET</b>	<b>MAXIMUM POINTS</b>
<b>1. Organizational capacity and demonstrated effectiveness (maximum points of 15)</b>	
A. General stability and track record of organization (staff resumes and experience match position descriptions).	<b>5</b>
B. Agency successfully operated this line of business 6 months -5 years (2 points) more than 5 years (5 points)	<b>5</b>
C. Project management history, grants management history and program outcomes along with agency organization, resources and administration demonstrates strong fiscal management and controls.	<b>5</b>
<b>2. Provides clear understanding of the problem and documents the need in the community to propose undertaking of the program (maximum points of 20)</b>	
A. Provides statistical evidence of the proposed program with documented sources	<b>5</b>
B. Develops a problem statement identifying who is affected, what is happening, where it is taking place, why is it a problem, who else thinks it is a problem, what are the underlying causes, what are the effects of the problem?	<b>5</b>
C. Proposal includes a sound needs assessment approach, i.e. General information on the community (location, demographics, clients, etc) and specific information on the agency's experience to deal with the problem effectively	<b>5</b>
D. Does the organization present a clear case as to who are the clients it is concerned with? What is the problem the agency will focus on? Is the problem of reasonable dimension? Can the agency's approach change the situation for the better over the length of the grant?	<b>5</b>
<b>3. Soundness of approach (maximum points of 40)</b>	
A. Applicant describes how program activities will be coordinated with similar programs	<b>2</b>
B. Are objectives clearly stated?	<b>1</b>
C. Does applicant show how the proposed program has been performed in other communities?	<b>2</b>
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.	<b>15</b>
E. Strategy for activities is presented in detail	<b>2</b>
F. Expected outcomes are reasonable expectations in the time allotted to the program and the resources available to applicant	<b>3</b>
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.	<b>10</b>
H. Policy priorities – details how funding sought is integrated with other sources, program activities and goals, etc.	<b>5</b>
<b>4. Leveraging of resources (maximum points of 15)</b>	
A. Application describes how the grant funds will be leveraged with other public sector funds and with private sector funds (financial and	<b>5</b>

in-kind resources)	
B. Documented leveraging of program:	
1. At least 50% of costs covered by other sources - OR-	<b>5</b>
2. At least 25% of costs covered by other sources - OR-	<b>4</b>
3. At least 10% covered by other sources - OR-	<b>2</b>
4. Less than 10% match resources	<b>0</b>
C. Program has established “current” or “proposed” agreements with other service providers to enhance quality of life of clients.	
- For “current” agreements - or-	<b>5</b>
- For “proposed” agreements	<b>0</b>
<b>5. Achieving results and program evaluation (Maximum Points of 10)</b>	
A. Application has clearly defined the specific interim or final outputs that will be achieved during the award period	<b>2</b>
B. Applicant has identified the impact that it will have on the community	<b>2</b>
C. Applicant has clearly identified what will be the benchmarks for measuring progress	<b>2</b>
D. Applicant has identified the methodology to be used to measure the program’s success	<b>2</b>
E. Applicant has identified specific reporting tools and the benefits to be achieved	<b>2</b>
<b>6. Monitoring Report</b>	
a. If the agency/applicant was funded by the City of Miami, Did agency/applicant have a clean monitoring report? If the agency/applicant did not have a clean monitoring report, this proposal may be not be reviewed, rated and/or disqualified.	<b>Y/N</b>
<b>MAXIMUM Points Available</b>	<b>100</b>
<b>MINIMUM Required Points for Recommendation</b>	<b>70</b>

# 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 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. As a result, the funding priority for economic development activities will be awarded to the CBOs.

## PROGRAM DESCRIPTION

### **Availability & Use of Funds**

The total Available for Economic Development is \$4,010,498 from CDBG funds. The funding of Economic Development CDBG proposals for the 34<sup>th</sup> Program Year will be based on the best rated proposals.

### **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. Additional points may be given to projects in the NDZ.

#### **Economic Development Activities**

1. Technical Assistance for Commercial façade program
2. Technical Assistance for Commercial code compliance program
3. Technical assistance to for-profit businesses
4. Public Facilities and Improvements
5. Technical Assistance to Micro Enterprises
6. Rehabilitation or Construction of Commercial/Industrial Properties

**Individuals interested on applying for the District 2 and 5 Micro-Enterprise program should complete and submit the application for the Micro Enterprise Assistance Request for Proposal (RFP) by March 14, 2008 which is available at the City of Miami, Department of Community Development or at the City's website: <http://www.miamigov/communitydevelopment>**

## Eligible Project Types

The CDBG allocation for the 34<sup>th</sup> Program Year will be funded through the RFP process and will focus on the following eligible project types:

- **Commercial or Industrial Improvements**
  - Rehabilitation - Commercial Façade Treatment Program
  - Rehabilitation - Commercial Code Compliance
  - Rehabilitation – Other Commercial and Industrial Rehabilitation projects
  
- **Assistance to private for-profit entities**
  - Loans
  - Grants
  - Technical assistance
  
- **Public Facilities and Improvements**
  
- **Technical Assistance to Micro-Enterprises**

## Compensation and Requirements

### *1- Technical Assistance for Façade Treatment Program*

Not-for profit agency provides technical assistance under the Commercial Façade Treatment Program to eligible for-profit businesses in Census Tracts with L/M Population of fifty-one percent (51%) or more.

Eligible projects under this Program include pressure cleaning / painting, awnings, doors, store showcase windows, signs and shutter. The award cap for a single-business project is \$10,000. The agency will be compensated at a rate of twenty percent (20%) of total project costs.

Participating individual businesses are required to provide matching funds according to the following chart:

<u>Award Amount</u>	<u>Matching Funds</u>
\$2,000 and below	5%
\$2,001 to \$5,000	10%
\$5,001 to \$10,000	15%

\*Agency has the authority to request a 15% match at any level, if project warrants it.

Participating commercial strips (minimum 1 city block) are required to provide matching funds according to the following chart:

<b>Award Amount</b>	<b>Matching Funds</b>
\$2,000 and below	0%
\$2,001 to \$5,000	10%
\$5,001 to \$10,000	15%

\*Agency has the authority to request a 15% match at any level, if project warrants it.

## ***2- Commercial Code Compliance Program***

Not-for profit agency provides technical assistance under the Code Compliance Program to eligible for-profit businesses in Census Tracts with L/M Population of fifty-one percent (51%) or more

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 the cost of repairs, up to a maximum of \$15,000 per business. Participating agencies are required to provide matching funds according to the table below.

The agency will be compensated at a rate of twenty percent (20%) of total project costs.

<b>Award Amount</b>	<b>Matching Funds</b>
\$2,000 and below	5%
\$2,001 to \$5,000	10%
\$5,001 to \$15,000	15%

## ***3-Technical Assistance to for-profit Businesses***

Not-for profit agency provides Technical Assistance under this program to build the capacity of for-profit business. Technical assistance activities include, but are 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 to Agency**

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. *Payments will be made at the rate of \$75.00 per hour.* When the accomplishment (National Objective) is job creation for low to moderate income person, the agency will be compensated up to a maximum of *\$15,000.00 per job*

created.

### **Requirements**

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1. Job creation only.
2. Assistance to for-profit business operating in the City of Miami.
3. Business must possess valid Certificate of Use and Occupational License.
4. Jobs must be created within 6 months of completion of the Technical Assistance to the business.

#### ***4- Public Facilities and Improvements***

##### **Targeted Clientele**

Not For profit 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 Applicants**

Private non-profit CDCs, CBOs.

##### **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.

#### ***5-Technical Assistance to Micro-Enterprises***

The Technical Assistance to Micro Enterprises program provides assistance to for-profit businesses having 5 or less employees (including the owner) and who is a member of a low to moderate income household. Technical Assistance 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.

### **Compensation to Agency**

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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.

### **Requirements**

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

***6-Other***

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**

Match required only for Commercial Façade and Commercial Code Compliance Program

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

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. You should provide information and documentation in your proposal so that your project can be evaluated and rated in this area.

<b>ECONOMIC DEVELOPMENT PROGRAMS RATING SHEET</b>	<b>MAXIMUM POINTS</b>
<b>1. Organizational capacity and demonstrated effectiveness (Maximum Points- 40)</b>	
a. General stability and track record of organization (staff resumes and experience match position descriptions).	10
b. Non-profit agency successfully operated managing grants 1-5 years (5 points), more than 5 years (10 points)	10
c. Project Management History, Grants Management History and Program Outcomes along with Agency Organization, resources and Administration demonstrates strong fiscal management and controls.	10
<b>2. Provides evidence of understanding of the applicable regulations. (Maximum Points - 20)</b>	
a. Provides evidence that agency understands the regulations governing the activity and proposed project.	10
b. Applicant explains the proposed methodology?	10
<b>3. Soundness of Approach (Maximum Points - 20)</b>	
a. Does the agency demonstrate that it understands the tasks to be performed?	5
b. Does Applicant show how it proposes to maximize the impact of the program in its narrative?	5
c. Are Work Plan Program Components described in details and does the proposal specifically states who is going to do what, when, how much?	5
d. Are Expected Outcomes reasonable expectations in the time allotted to the program and the resources available to applicant? Was a timeline provided?	5
<b>4. Leveraging of Resources (Maximum Points - 10)</b>	
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
<b>5. Achieving results and Program Evaluation (Maximum Points of 10)</b>	
a. Application has clearly defined the specific interim or final outputs that will be achieved during the award period	2
b. Applicant has identified the impact that it will have on the community	2
c. Applicant has clearly identified what will be the benchmarks for measuring progress	3
d. Applicant has identified the methodology to be used to measure the	3

program's success	
<b>6. Monitoring Report</b>	
b. If the agency/applicant was funded by City of Miami, Did agency/applicant have a clean monitoring report? If the agency/applicant did not have a clean monitoring report, this proposal may be not be reviewed, rated and/or disqualified.	Y/N
<b>MAXIMUM Points Available</b>	<b>95</b>
<b>MINIMUM Points for Recommendation</b>	<b>75</b>

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.

<b>7. Project Readiness and Ability to Proceed (<i>Maximum Points - ??</i>)</b>	
a. Does the applicant have previous experience with similar type of construction, rehabilitation and/or improvement project?	<b>5</b>
b. Is all the funding in place to complete the project?	<b>10</b>
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)?	<b>5</b>
d. Does the organization demonstrate that it has the capacity to manage this project through its completion?	<b>5</b>
e. Is there an executed agreement with an independent, full time, construction manager for this project?	<b>2</b>
d. Are construction specifications and drawings completed?	<b>2</b>
e. Are all permits in place?	<b>2</b>
f. Has a contract been executed with a general contractor?	<b>2</b>
g. Will this request fully fund the gap needed to complete this project on time?	<b>5</b>
<b>MAXIMUM Points Available</b>	<b>38</b>
<b>MINIMUM Points for Recommendation</b>	<b>24</b>

## **IV. EMERGENCY SHELTER GRANT**

### **Availability & Use of Funds**

The total available funds for Emergency Shelter Grants (ESG) is \$352,693. The funding of ESG proposals for the 34<sup>th</sup> Program Year will be based on the best rated proposals.

### **Eligible Applicants**

Private not-for-profit Community Development Corporations (CDCs), Community Based Organizations (CBOs), City Departments and private for-profit companies are eligible to apply for funding under the Emergency Shelter Grant 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 and with U.S. HUD's National Objectives and Accomplishment Types. ESG funds may be used for the conversion, major rehabilitation, or renovation of buildings as emergency shelters. Sub-recipients may also use ESG funds for shelter operating expenses, essential services (supportive services concerned with employment, health, drug abuse, and education), or homelessness prevention activities.

### **Environmental Clearance**

Projects funded with ESG 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 Requirements**

Match required in accordance with ESG regulation.

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

## Proposal Evaluation Criteria

<b>EMERGENCY SHLETER GRANT (ESG) RATING SHEET</b>	<b>MAXIMUM POINTS</b>
<b>1. Organizational capacity and demonstrated effectiveness (maximum points of 15)</b>	
A. General stability and track record of organization (staff resumes and experience match position descriptions).	<b>5</b>
B. Agency successfully operated this line of business 6 months -5 years (2 points) more than 5 years (5 points)	<b>5</b>
C. Project management history, grants management history and program outcomes along with agency organization, resources and administration demonstrates strong fiscal management and controls.	<b>5</b>
<b>2. Provides clear understanding of the problem and documents the need in the community to propose undertaking of the program (maximum points of 20)</b>	
A. Provides statistical evidence of the proposed program with documented sources	<b>5</b>
B. Develops a problem statement identifying who is affected, what is happening, where it is taking place, why is it a problem, who else thinks it is a problem, what are the underlying causes, what are the effects of the problem?	<b>5</b>
C. Proposal includes a sound needs assessment approach, i.e. General information on the community (location, demographics, clients, etc) and specific information on the agency's experience to deal with the problem effectively	<b>5</b>
D. Does the organization present a clear case as to who are the clients it is concerned with? What is the problem the agency will focus on? Is the problem of reasonable dimension? Can the agency's approach change the situation for the better over the length of the grant?	<b>5</b>
<b>3. Soundness of approach (maximum points of 40)</b>	
A. Applicant describes how program activities will be coordinated with similar programs	<b>2</b>
B. Are objectives clearly stated?	<b>1</b>
C. Does applicant show how the proposed program has been performed in other communities?	<b>2</b>
D. Work plan program components are described in details and specifically says who is going to do what, when, how much and how it will be measured and assessed.	<b>15</b>
E. Strategy for activities is presented in detail	<b>2</b>
F. Expected outcomes are reasonable expectations in the time allotted to the program and the resources available to applicant	<b>3</b>
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.	<b>10</b>
H. Policy priorities – details how funding sought is integrated with other sources, program activities and goals, etc.	<b>5</b>
<b>4. Leveraging of resources (maximum points of 15)</b>	
A. Application describes how the grant funds will be leveraged with other public sector funds and with private sector funds (financial and	<b>5</b>

in-kind resources)	
B. Documented leveraging of program:	
1. At least 50% of costs covered by other sources - OR-	<b>5</b>
2. At least 25% of costs covered by other sources - OR-	<b>4</b>
3. At least 10% covered by other sources - OR-	<b>2</b>
4. Less than 10% match resources	<b>0</b>
C. Program has established “current” or “proposed” agreements with other service providers to enhance quality of life of clients.	
- For “current” agreements - or-	<b>5</b>
- For “proposed” agreements	<b>0</b>
<b>5. Achieving results and program evaluation (Maximum Points of 10)</b>	
A. Application has clearly defined the specific interim or final outputs that will be achieved during the award period	<b>2</b>
B. Applicant has identified the impact that it will have on the community	<b>2</b>
C. Applicant has clearly identified what will be the benchmarks for measuring progress	<b>2</b>
D. Applicant has identified the methodology to be used to measure the program’s success	<b>2</b>
E. Applicant has identified specific reporting tools and the benefits to be achieved	<b>2</b>
<b>6. Monitoring Report</b>	
c. If the agency/applicant was funded by the City of Miami, Did agency/applicant have a clean monitoring report? If the agency/applicant did not have a clean monitoring report, this proposal may be not be reviewed, rated and/or disqualified.	<b>Y/N</b>
<b>MAXIMUM Points Available</b>	<b>100</b>
<b>MINIMUM Required Points for Recommendation</b>	<b>70</b>

# V. FORMS

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<b>DISABILITY NON-DISCRIMINATION CERTIFICATION .....</b>	<b>49</b>
<b>DRUG FREE WORKPLACE CERTIFICATION .....</b>	<b>50</b>

**PROPOSAL / APPLICATION FORM  
REQUEST FOR PROPOSALS FY 2008 - 2009**

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

**A. IDENTIFYING DATA**

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

**B. BUDGET SUMMARY**

If funded by the City in FY 2007, specify the amount funded in the space provided.

<b>Funding Source</b>	<b>Amount Funded FY 2006</b>	<b>Budget Request FY 2007</b>
CDBG		
ESG		
<b>TOTAL</b>		

**C. FUNDING CATEGORY**

Check the appropriate box.

- Public Services**       **Economic Development**       **Emergency Shelter Grant**

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

- |   |   |
|---|---|
| <input type="checkbox"/> CHILD SERVICES         | <input type="checkbox"/> ELDERLY SERVICES |
| <input type="checkbox"/> HANDICAPPED SERVICES   | <input type="checkbox"/> SENIOR SERVICES  |
| <input type="checkbox"/> MENTAL HEALTH SERVICES | <input type="checkbox"/> PUBLIC SERVICES  |
| <input type="checkbox"/> YOUTH SERVICES         |   |

**E. ECONOMIC DEVELOPMENT ACTIVITIES – CHECK THOSE ACTIVITIES TO BE PROVIDED**

- COMMERCIAL OR INDUSTRIAL IMPROVEMENTS
- TECHNICAL ASSISTANCE TO PRIVATE FOR PROFIT ENTITIES
- COMMERCIAL FAÇADE TREATMENT /COMMERCIAL CODE COMPLIANCE
- TECHNICAL ASSISTANCE TO MICRO-ENTERPRISES
- PUBLIC FACILITES AND IMPROVEMENT
- OTHER

**F. EMERGENCY SHELTER ACTITIVIES**

- EMERGENCY SHELTER

**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***

- 20<sup>th</sup> 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 2<sup>nd</sup> Avenue Corridor
- Overtown NW 3<sup>rd</sup> Avenue Corridor

**Wynwood**

- Wynwood NW 2<sup>nd</sup> Avenue Corridor

**Empowerment Zone Target Area**

- Yes      If Yes, Census Tract # \_\_\_\_\_       No

**H. ACCOMPLISHMENTS-(AGENCY MUST COMPLETE)**

ELEGIBLE ACITIVITY: \_\_\_\_\_

ACCOMPLISHMENT TYPE: \_\_\_\_\_

**I. 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		

**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 (\$)	Other (\$): _____	Other (\$): _____	Other (\$): _____	Other (\$): _____	Other (\$): _____
<b>Land Acquisition</b>							
<b>Hard Costs</b>							
Construction (incl. Site work)							
Construction Contingency							
Construction: Concrete/Soil Test							
Construction Supervision							
Site Preparation							
Equipment							
Materials							
<b>Total Hard Costs</b>							
<b>Soft Costs</b>							
Architectural and Engineering							
Impact Fees							

Legal							
Permit Fees							
Licenses / Environmental / Utilities Fees							
Appraisal / Surveys							
Insurance: Construction Period							
Marketing / Advertising							
Construction/Project Management							
Environmental/Feasibility Studies							
Inspections							
Signage & Ads							
Construction Accounting							
Soft Cost Contingency							
<b>For Use by City: City Incurred Costs</b>							
<b>Total Soft Costs</b>							
<b>Total Project Cost</b>							

# 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?

	<b>YES</b>	<b>NO</b>
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 “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in paragraph 287.133(1)(a), Florida Statutes, means:
  - 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.

\_\_\_\_\_  
Bidder Signature

\_\_\_\_\_  
Print Vendor 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).

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Bidder Signature

---

Print Vendor Name

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

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ As \_\_\_\_\_  
(name of signature being notarized) (title)

of \_\_\_\_\_  
(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

## **CONFLICT OF INTEREST**

Vendors shall be familiar and comply with all applicable conflict of interest legal requirements including Florida's Code of Ethics for Public Officers, Chapter 112, Part III, Florida Statutes. The City of Miami ("City") will not contract or transact business with a vendor, and any contract with a vendor shall be void, if a conflict of interest under State or local laws occurs and neither an exemption nor opportunity to waive the conflict exists, or an opportunity to waive the conflict exists but the City does not waive it. If a conflict of interest is waivable, the City shall have the sole authority to waive the conflict.

### **DISCLOSURE:**

Vendors must complete and submit the attached Conflict of Interest Disclosure Affidavit.

The Affidavit must be signed by an officer of the corporation if the vendor is a corporation or by an authorized individual if the business is other than a corporation, and notarized by notary public. The Vendor may disclose any additional information in the Affidavit regarding the existence or appearance of a conflict of interest under state or local laws. Whenever a vendor is in doubt as to the applicability state or local conflict of interest law as to itself, the vendor may submit to the Office of the City Attorney a full written statement of the facts and questions the vendor has, and the Office of the City Attorney shall render an opinion to the vendor. The failure to complete and submit the Affidavit with the proposal/bid will render the vendor non-responsive and the proposal non-responsive. If the vendor or authorized agent omits, misrepresents or falsifies material information required by the Affidavit, the vendor shall be rendered non-responsive and the proposal bid non-responsive, and if a proposal bid is selected forward and/or contract negotiation and execution, the selection of the vendor and any executed contract shall be void.

### **POLICY:**

The City shall transact business in accordance with all Conflict of Interest and Code of Ethics Ordinances.

### **PROCEDURE:**

- A. All persons, corporations, partnerships, firms or other business entities transacting business with the City shall be familiar and comply with local and state conflict of interest laws, ordinances, policies or directives (hereinafter "conflict of interest law").
- B. The City will not contract or transact business with a person, corporation, partnership, firm or other business entity in the event of a conflict of interest -under state or local law if:
  - (1) neither an exemption nor opportunity to waive the conflict of interest exists; or
  - (2) an opportunity to waive the conflict exists, but the City does not waive it. If a conflict of interest is waivable, the City Commission shall have the sole Authority for waiving it.
- C. Each person, corporation, partnership, form or other business entity transacting business with the City having a commercial value of \$25,000.00 or more, including without limitation construction and procurement transactions, shall complete and submit to the City, the Disclosure Affidavit at the time of submission of a bid or proposal, or if no bid or proposal is submitted, prior to transacting business with the City.
  - (1) Failure to complete and submit the Disclosure Affidavit at the time of submission of the bid or proposal may render the bid or proposal non-responsive. Additionally, if the bidder or proposer materially omits, misrepresents or falsifies information required by the Affidavit, the bid or proposal shall be non-responsive, and the bidder or proposer non-responsive; provided that if a contract was awarded, the contract shall be void.
  - (2) If a transaction does not involve an invitation to bid or request for proposal, the failure to complete and submit the Disclosure Affidavit prior to transacting business with the City, may void the contract. Additionally, if the contracting party materially omits, misrepresents or falsifies information required by the Affidavit, the contract shall be void.
- D. Whenever any person is in doubt as to the applicability of conflict of interest law to himself or herself or his or her company, that person may submit to the Office of the City Attorney a full written statement of the facts and questions he or she has. The Office of the City Attorney shall render an opinion to that person.
- E. If the bid or proposal or proposed contract creates a conflict of interest which is exempted under state or local law or is eligible for a waiver of a conflict of interest, and the bid or Proposal or proposed contract is otherwise recommended for award, staff shall forward same to the City Commission.

F. If the bid or proposal or the proposed contract is not eligible for a waiver of a conflict of interest and is not otherwise exempted from conflict of interest law, the bid or proposal Shall be rejected as non-responsive, or the proposed contract shall not be awarded.

DISCLOSURE AFFIDAVIT

I \_\_\_\_\_, being first duly sworn, state:

The full legal name and business address of the person or entity contracting or transacting business with the City of Miami are:

The business is formed as a:

corporation

limited partnership

general partnership

sole proprietorship

other

(if other, please explain)

The business was formed or incorporated in the following year and state:

The business is registered in the following state(s):

I. FOR CORPORATIONS:

A. The following trustees, advisory board members or purchasing agents of the City or their spouses or children are officers or directors of the corporation:

B. The following trustees, advisory board members or purchasing agents of the City or their spouses or children or any combination thereof hold directly or indirectly more than 5% but less than 10% ownership in the corporation's stock:

C. The following trustees, advisory board members or employees of the City or their spouses, children or parents hold directly or indirectly 10% or more of the ownership in the corporation's stock:

D. The following trustees, advisory board members or employees of the City are employees of or in a contractual relationship with the corporation:

II. FOR PARTNERSHIPS, FIRMS OR OTHER BUSINESS ENTITY (excluding corporations)

1. The following trustees, advisory board members or purchasing agents of the City or their spouses or children are partners, officers or proprietors:

2. The following trustees, advisory board members or purchasing agents of the City or their spouses or children or any combination thereof own, directly or indirectly, more than 5% but less than 10% of the firm, partnership or other business entity:

3. The following trustees, advisory board members or employees of the City or their spouses, children or parents own, directly or indirectly, 10% or more of the firm, partnership, or other business entity:

4. The following trustees, advisory board members or employees of the City are employees of or in a contractual relationship with the firm, partnership or other business entity.



## 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](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 for last year. 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 performance based, however, all funds received and spent must be spent on line items approved by the department.

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.cm.gov.net/miamizoning\\_50/zoning.aspx](http://arcimpsprod.riverside.cm.gov.net/miamizoning_50/zoning.aspx)

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

Yes they are. 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?***

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. *Are there instructions available for completing the budget forms?***

There are no instructions available for completing the budget forms.

**15. *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.

**16. *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)

**17. 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/Title24/24cfr570\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=aaa0221eae22b903d39834db16c74278&tpl=/ecfrbrowse/Title24/24cfr570_main_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>

**18. 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](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>

**19. 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 2007-2008**

**Program Eligibility<sup>1</sup>:**

All participants in Public Service programs must meet the following minimum general eligibility requirements<sup>2</sup>:

1. Income: Must be a low-income individual
2. Residence: Must reside within City of Miami boundaries

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<sup>1</sup> 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.

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

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. 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)

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### **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.*

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### **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).

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### **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.

### **20. 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 200 are included on page 3 of 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 (page 11 of RFP) will be needed to enter into a contract with the City. 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 and ESG 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. Can a higher rate per child be negotiated for child care, after school and summer programs?**  
Higher rates may be accepted if a copy of an existing contract from another funding agency is provided or if a rational and budget is approved by City.
- 27. 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.
- 28. On Page 14, Under Child Care Services, Daily Reimbursement Rates – 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.
- 29. How does the agency report additional summer kids?**  
All the program participants/client must be certified with the City. See the answers to the first workshop for details on the process and documentation needed to certified participants/clients.

30. **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 page 11 of the RFP.
31. **Certification of Matching Funds form (page 41), “I understand that no matching funds are required for Public Service Grants. Is this true?**  
Yes, page 15 Match Requirements section, states “Not applicable for Public Service”.
32. **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. Page 10 of the RFP lists the documents that must be submitted with all the applications.
33. **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.
34. **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.
35. **On the Certificate of Matching Funds, what is the matching funds requirement for CDBG and ESG form?**  
Each program has a different requirement listed at the end of each section.
36. **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?**  
Page 9 of 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.
37. **If the financial audit is not yet completed by March 14, 2008, how much time after the RFP submission does the agency have to submit the audit?**  
*Answer* – 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 March 14, 2008 deadline.
38. **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/>

**39. 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.