

Exhibit - D  
SCATTERED SITES - HARD COST

**CITY OF MIAMI**  
**Department of Community Development**

**COVER LETTER**

Developer Name: \_\_\_\_\_

Project #: \_\_\_\_\_

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

**Attention: Fiscal Assistant**

We request payment of \$\_\_\_\_\_ for Draw #\_\_\_\_ per attached AIA form.

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

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

Yours truly,

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date signed**

Enclosure: FORM AIA

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

PROJECT 91- \_\_\_\_\_ TASK \_\_\_\_\_ SUB TASK \_\_\_\_\_ AWARD \_\_\_\_\_

EXPENDITURE \_\_\_\_\_ ORGANIZATION 910101

FUND \_\_\_\_\_ IDIS \_\_\_\_\_ VENDOR # \_\_\_\_\_ SERVICING # \_\_\_\_\_

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

*APPROVED BY:*

\_\_\_\_\_  
INSPECTOR      DATE

\_\_\_\_\_  
DAVIS-BACON      DATE

\_\_\_\_\_  
SECTION 3      DATE

\_\_\_\_\_  
FISCAL      DATE

\_\_\_\_\_  
SERVICING      DATE

\_\_\_\_\_  
CONTRACT      DATE