

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

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

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

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

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

A. Family Relationships:

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

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

B. Program Relationships:

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

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

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

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

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

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

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

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

C. Business Relationships:

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

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

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

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

Print Name: _____ Date: _____

Signature: _____ Date: _____

CONFLICT OF INTEREST DISCLOSURE FORM ATTACHMENT

Agency Name: _____ Funding Source: _____

Address: _____ Contract Amount: _____

City, State, Zip: _____ Project #: _____

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

PART A: FAMILY RELATIONSHIPS

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

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

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

4. Relationship: _____ Position: _____

Department: _____ Supervisor: _____

PART B: PROGRAM RELATIONSHIPS

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

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

YES NO if YES, describe the resource used:

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

4. Name of Board: _____

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

Name: _____ Position: _____
Department: _____ Supervisor: _____

PART C: BUSINESS RELATIONSHIPS

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

1. Name of business:

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

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

Briefly, describe the business, or licensing activity: _____

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

- Employee (Name) _____
- Family member (name and relationship)

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

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

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

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

Name: _____ Title: _____
Department: _____ Phone: _____

Print Name: _____ Date: _____
Executive Director

Signature: _____ Date: _____

VI. FREQUENTLY ASKED QUESTIONS

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

Please visit the City of Miami's website:

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

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

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

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

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

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

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

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

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

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

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

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

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

8. What is your definition of Citywide?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b. Link to 24CFR576 (Emergency Shelter Grant)

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

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

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

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

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

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

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

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

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

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

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

Program Eligibility¹:

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

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

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

Proof of Household Income:

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

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

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

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

Proof of Residence:

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

Proof of Age:

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

Proof of Legal Residency:

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

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

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

21. Who needs to sign the proposal?

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

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

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

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

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

24. What triggers a HUD environmental review?

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

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

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

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

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

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

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

28. How does the agency report additional summer kids?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38. What is a Neighborhood Development Zone?

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