

**City of Miami – Department of Community Development
Public Services & Economic Development Request for Proposals FY2012-2013**

A - Identity Data

Name of Organization		Federal Tax ID number	
Business Address		Duns & Bradstreet number (DUNS)	
City, State, and ZIP code		<i>The Federal Government requires all applicants for federal funds to have a DUNS number. If you do not have a DUNS number, please register online at http://fedgov.dnb.com/webform</i>	
Authorized Representative First Name	Authorized Representative Last Name		
Contact Person First Name	Contact Person Last Name		
Telephone number	Fax number		
Email address		Type of Organization (select only one)	
		<input type="radio"/>	Not – for - Profit / 501(c)(3)
		<input type="radio"/>	For - Profit
		<input type="radio"/>	Government / Public Agency

B - Funds Requested for FY2012-2013

CDBG	\$
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Check this box if you received funding from the City of Miami for this same activity on FY2011-2012

C - Funding Category - Please select the services to be provided under this submission. If entity is applying for both Public Services AND Economic Development, a separate RFP must be submitted for each category and a separate form CD1 must be completed.

Public Services		Economic Development	
<input type="checkbox"/>	Childcare Services	<input type="checkbox"/>	Technical Assistance to Commercial Façade/ Commercial Code Compliance
<input type="checkbox"/>	Youth Services	<input type="checkbox"/>	Technical Assistance to Private for-profit entities
<input type="checkbox"/>	Elderly Meals	<input type="checkbox"/>	Technical Assistance to Micro-Enterprises
<input type="checkbox"/>	Elderly Transportation	<input type="checkbox"/>	Public Facilities & Improvements
<input type="checkbox"/>	Employment Training	<input type="checkbox"/>	Commercial or Industrial Improvements
<input type="checkbox"/>	Services for the Disabled	<input type="checkbox"/>	Special Economic Development Activity
<input type="checkbox"/>	Other: Please describe:	<input type="checkbox"/>	Other: Please describe:

D – Construction Related Projects – If your entity is applying for a project that involves construction, please answer the following:

- Funding Request to Implement & Complete the Project... \$ _____
- Amount of Other Funds Secured for the Project..... \$ _____
- Total Cost to Complete the Project..... \$ _____

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<input type="checkbox"/>	Elderly Meals	<input type="checkbox"/>	Technical Assistance to Micro-Enterprises
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<input type="checkbox"/>	Other: Please describe:	<input type="checkbox"/>	Other: Please describe:

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E – Geographic Data – Your entity **MUST** serve one of the 5 commission districts in order to qualify for funding. In addition, as an option, your entity will be given additional points if it provides services on an NDZ, Model Block, or CBC. For information regarding these service areas, please refer to the city’s Five-Year Consolidated Plan FY2009-2013 at <http://www.miamigov.com/communitydevelopment/pages/Reports/>

- City of Miami Commission District(s) to be served..... _____
- Neighborhood Development Zone (NDZ) to be served.. _____
- Model Block to be served..... _____
- Community Business Corridor to be served..... _____

Enter Census Tract(s) of Service Area	
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F – Program Objective & Outcome – Please select only one option from each column. Information on these items can be found on page 26 of the RFP.

Objective	Outcome
<input type="radio"/> Create suitable living environments	<input type="radio"/> Availability/Accessibility
<input type="radio"/> Provide decent affordable housing	<input type="radio"/> Affordability
<input type="radio"/> Create economic Opportunities	<input type="radio"/> Sustainability

G – Program Benefit – Your entity **MUST** select only one benefit category from below:

<input type="radio"/>	LMC – Low- Mod Clientele: Clientele served must be low- to moderate-income persons.
<input type="radio"/>	LMA – Low- Mod Area: At least 51% of the residents within the targeted area must be low- to moderate- income persons. The area serviced must be primarily residential in nature.
<input type="radio"/>	LMJ – Low- Mod Jobs: Jobs created/retained must be held by low- to moderate-income persons.

H – Certification & Acknowledgement

I, _____, as an authorized representative of the applicant, certify that to the best of my knowledge and belief, all information contained in this application is true and correct. In addition, I acknowledge that the applicant understands that if an award is made by the City of Miami to the applicant in connection with this RFP, the applicant must meet all applicable administrative and regulatory rules to meet Federal, State, and/or 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 contract negotiation with the City of Miami.

Signature of Applicant

Signature of Authorized Representative

Title

Name of Authorized Representative

Date