



## REQUEST FOR QUALIFICATIONS (RFQ)

### ELIGIBLE NON-PROFIT ORGANIZATIONS AND AGENCIES ONLY

The City of Miami Gardens, Department of Community Development, NSP Division is seeking Request for Qualifications submissions from non-profit 501(c)(3) agencies or organizations for the management and operation of recently renovated single family properties located throughout the City of Miami Gardens, Florida. These units must be occupied by persons and/or families whose total household income are at or below 50% of the area median income for Miami Gardens. The properties must be used for permanent housing only, which is defined as a period of twelve (12) months. Transitional housing is not an eligible use.

These properties were acquired and rehabilitated with funds awarded to the City of Miami Gardens by way of the Neighborhood Stabilization Program which established under the Housing and Economic Recovery Act (HERA).

The City of Miami Gardens reserves the right to amend and/or rescind this request for RFQ's any time prior to the final award and approval of a sub-recipient agreement by the Miami Gardens City Council.

Any questions, explanations or other requests related to this RFQ must be submitted in writing by no later than 4:00 p.m. Monday, December 6, 2010. Questions must be submitted by e-mail to [rfpcomment@miamigardens-fl.gov](mailto:rfpcomment@miamigardens-fl.gov). All questions and answers will be posted on the website by Thursday, December 9, 2010.

Request for Qualifications are available at online at:  
[http://www.miamigardens-fl.gov/cd/program\\_updates.html](http://www.miamigardens-fl.gov/cd/program_updates.html).

**RFQ DUE DATE: December 17, 2010 by 4:00 p.m.**

*Faxed submissions will not be accepted.*

### **RFQ INSTRUCTIONS**

An RFQ package consists of one (1) original completed RFQ and five (5) copies with appropriate attachments. Please do not staple the RFQ, please clip or bind only.

The date of the original advertisement is November 21, 2010.

RFQ Deadline: RFQs must be returned by December 17, 2010 before 4:00 p.m. to the City of Miami Gardens, Department of Community Development as follows:

Hand Delivery Address: 1515 N.W. 167 Street  
Bldg. 4, Suite 190  
Miami Gardens, FL 33169  
Attn: Elizabeth Valera

Mailing Address: City of Miami Gardens  
Community Development (NSP)  
1515 N.W. 167 Street, Bldg. 5-200  
Miami Gardens, FL 33169  
Attn: Elizabeth Valera

*Faxed submissions will not be accepted.*

NO RFQ SUBMITTALS WILL BE ACCEPTED AFTER THIS DEADLINE, NO EXCEPTIONS. The applicant may not submit any additional information after the above deadline unless the Department of Community Development requests the information. No fax submissions will be accepted. If warranted, applicants will be given the opportunity to submit additional information after the initial staff review. This may be supplemented by a post-RFQ conference between City staff and the applicant.

### **ELIGIBILITY REQUIREMENTS**

Only non-profit organizations and agencies with a 501(c)3 status from the IRS (as proven by a letter from the IRS) may apply to manage and operate the properties.

The selected applicant will be required to execute a sub-recipient agreement. Upon the execution of the agreement, the City will convey title of the property via "Quite Claim" deed. Deed will be recorded along with a restricted covenant that will serve to enforce and maintain the affordability requirements throughout a period of 15 years.

All organizations/agencies interested in submitting a response should become familiar with the following documents, labeled as attachments to this RFQ:

1. HUD Income Limits (Table A)
2. HUD HOME Rent Limits (Table B)

### **SCOPE OF SERVICES**

Following is a list of some of the services expected to be carried out by the selected organizations/agencies:

- Marketing and Outreach for tenants, including maintaining a waitlist.
- Screening and performing intake of potential tenants.
- All properties must be occupied by households with income at or below 50% of the area median income for the City of Miami Gardens/Miami Metropolitan Statistical Area as annually determined by HUD.
- Income certification of tenants includes verifying total household income.
- Selected applicants must maintain the Affordability of the properties. For purpose of this RFQ, "Affordability" shall mean the rental payment must not exceed 35% of the tenant's gross income for any lease year and the rent cannot exceed the "Low HOME" market rent rate as published by HUD annually.
- Marketing and Outreach for tenants.
- Financial tracking of all property management accounts.

\*\*\*\* The above list of services is not all inclusive.

## **RFQ SELECTION CRITERIA**

Submissions will be evaluated based on the following criteria:

- The applicant's documented experiences in successfully performing similar activities.
- The applicant's ability to provide supportive services.
- The applicant's capacity to manage the project and maintain the housing through the affordability period.
- The City reserves the right to reject any and all submissions and to limit the scope of the award.
- The City reserves the right to request additional information from organizations and agencies.
- The City reserves the right to negotiate modifications to RFQs, reject any and all RFQs in its sole discretion, and to waive minor irregularities in the procedures.

## **RFP CHECKLIST AND REQUIRED SUPPORTING DOCUMENTATION**

Please provide the required documentation listed below.

1. RFQ
2. Articles of Incorporation and Bylaws
3. State of Florida Certificate issued by the Secretary of State certifying standing as a corporation (State of Florida Certificate of Good Standing)
4. IRS Non-Profit Organization 501(c)(3)
5. Operating Policy and Procedures
6. Copy of most recent audit and current financial statements
7. List of Board of Directors
8. Board of Director's Resolution/Certification of RFP and Designation of Authorized Official
9. All Forms and Certifications as attached to this RFQ, including:
  - Authorized Representative Statement
  - Certification of Sound Fiscal Management
  - Income and FICA Tax Certification
  - Declaration of Financial Interests
  - Certification Regarding Lobbying
  - Certification Regarding Debarment, Suspension, and Other Responsibility Matters
  - Sworn Statement on Public Entity Crime
  - Disability Non-Discrimination Certification
  - Drug Free Workplace Certification
  - Acknowledgement of Religious Organization Requirements (If Applicable)



**CITY OF MIAMI GARDENS  
NEIGHBORHOOD STABILIZATION PROGRAM**

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**REQUEST  
FOR  
QUALIFICATIONS**

**CITY OF MIAMI GARDENS  
REQUEST FOR QUALIFICATIONS (RFQ)**

**ELIGIBLE NON-PROFIT ORGANIZATIONS AND AGENCIES ONLY**

**1. Information**

<b>Legal Name Of Organization</b>	
Address	
City, State, Zip Code	
FEIN #	
DUNS #	
Contact Person	
Telephone Number	
Fax Number	
E-Mail Address	

**2. Authorization** (Please provide information on the authorized representative.)

Name/Title	
Address	
City, State, Zip Code	
Telephone Number	
E-Mail Address	

**3. Acknowledgement**

I, \_\_\_\_\_, as Authorized Representative of the Applicant, state that Applicant understands that if an award is made by the City of Miami Gardens to the Applicant in connection with this RFQ, 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 contract negotiations with the City of Miami Gardens.

SIGNATURE OF APPLICANT

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

**4. Organization Description** (Please provide a written response to the following questions. Your responses are limited to the space provide.)

a. How long has the applicant been in operation? What is the date of incorporation and what is the type of corporation?

b. What types of services are currently being provided by the agency/organization?

c. What is the applicant's experience using government funds?

d. Does the applicant currently manage any housing program/s?

e. If the applicant does manage a housing program,

i. Explain what type of program? (rental, rent to own, rent-free, etc.)

ii. Quantify how many housing units are currently being managed? Are these single family units or multi-family units? Are the units owned by the applicant or only managed by the applicant?

\_\_\_\_\_ single family units       Owned       Managed Only  
(please check only one)

\_\_\_\_\_ multi-family units       Owned       Managed Only  
(please check only one)

iii. Please explain what are the average rents charged? Is there any leveraging of funds to pay for utilities and/or maintenance?

iv. Advise if there is an existing waitlist and if there is, how many persons are currently waiting? How was the list created and how is it being managed?

v. If there is no waitlist, how does the applicant intend on soliciting tenants to occupy the units?

f. Does the applicant have experience in certifying tenant income? If so, please provide the program and the income eligibility criteria used for certification? Please provide Board of Directors approved procedures manual and a sample of any forms or documents currently used.



g. Does the applicant intend to partner with another organization to manage and operate the units? If so, please provide organization's information in its entirety and the details of the partnership/venture.

<b>Legal Name Of Organization</b>	
Address	
City, State, Zip Code	
FEIN #	
DUNS #	
Contact Person	
Telephone Number	
Fax Number	
E-Mail Address	

h. What is the applicant's and staff's experience in undertaking a project similar to this one? As attachments to this proposal, please include resumes of directors and/or staff that will be involved directly with the City conveyed properties. Also include a sample lease and any other pertinent documents.

i. Describe prior accomplishments and contract compliance as well as organizational capacity to implement this project?

j. Document how the applicant will operate and manage the project. To receive maximum points, applicant must provide rental property management procedures.

k. Describe the agencies readiness to receive properties and get them occupied.

l. Describe what procedures and/or mechanisms are in place to monitor and assure ongoing affordability of the properties.

m. Please describe what other services will be provided to tenants, such as counseling, training, savings match, etc. Are these services currently being provided?

**BONUS POINTS**

Five (5) Bonus points will be given for applicants who demonstrate that they will serve a special needs population. No bonus points will be awarded to applicants stating that outreach to special needs populations will be performed. Special needs populations can include, but is not limited to, persons with developmental disabilities, persons with AIDS and HIV disease, youth aging out of foster care, the homeless, the elderly and persons with disabilities. Please describe the program in detail.

Five (5) Bonus points will be given for applicants whose primary place of business is located in the City of Miami Gardens.

**TABLE A – HUD Income Limits 2010**

	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>
<b>50% of AMI</b>	\$ 24,650	\$ 28,150	\$ 31,650	\$ 35,150	\$ 38,000	\$ 40,800
<b>Gross Monthly Income</b>	\$ 2,054	\$ 2,345	\$ 2,637	\$ 2,929	\$ 3,166	\$ 3,400

**TABLE B – HUD HOME Rent Limits 2010**

	<b>1- Bedroom</b>	<b>2- Bedrooms</b>	<b>3- Bedrooms</b>	<b>4- Bedrooms</b>	<b>5- Bedrooms</b>	<b>6- Bedrooms</b>
<b>Low HOME Rent Limit 2010</b>	\$ 660	\$ 791	\$ 914	\$1,020	\$1,125	\$1,230

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**AUTHORIZED REPRESENTATIVE STATEMENT**

**AGENCY:** \_\_\_\_\_

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	_____	_____
Exec. Director of the Project	_____	_____
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 CONTRACTS**

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

\*Persons Authorized to Pick-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* FACSIMILE SIGNATURES REQUIRED AND MUST BE BONDED**

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**CERTIFICATION OF SOUND FISCAL MANAGEMENT**

We, \_\_\_\_\_ as the Executive Director, and \_\_\_\_\_  
(Full Name) (Full Name)

as the Chief Fiscal Officer of \_\_\_\_\_;  
(Organization)

acknowledge that as a condition of receiving funds from the City of Miami Gardens, 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 Financial 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 \_\_\_\_\_  
(Organization)

programs for the City of Miami Gardens. I have reviewed the financial systems that this Agency has established. This review was completed on \_\_\_\_\_. At the time of review,  
(Date)

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.

C.P.A.

\_\_\_\_\_  
(Name of Firm) (Printed Name of Accountant)

C.P.A.

\_\_\_\_\_  
(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 MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**INCOME AND FICA TAX CERTIFICATION**

Agency: \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

In the performance of the contractual Agreement between the Agency listed above and the City of Miami Gardens, I, as Chairman of the Board, certify that my organization has complied and will continue to comply with the requirements of the law regarding:

- Obtaining employer identification and account numbers.
- Current IRS Identification Number is \_\_\_\_\_
- Providing W-2 Forms to employees who are not new employees. For present employees who were formerly employed under the Contract, W-2 Forms shall be furnished as specified in Circular E, Employer's Tax Guide.

\_\_\_\_\_

Typed Name of Chairman of the Board

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**DECLARATION OF FINANCIAL INTERESTS**

1. Do you have any past due financial obligations with the City of Miami Gardens or Miami-Dade County?

YES

NO

If YES, please explain:

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2. Are you a relative of or do you have any business or financial interests with any elected or appointed City of Miami Gardens Official, City of Miami Gardens Employee, or Member of any City Committee or Board?

YES

NO

If YES, please explain:

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Any false information provided on this application will be reason for rejection and disqualification of your project-funding request to the City of Miami Gardens.

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 MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**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.

(1) 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.

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SUB-RECIPIENT

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PRINT NAME OF CERTIFYING OFFICIAL

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SIGNATURE OF CERTIFYING OFFICIAL

DATE

\* Note: In these instances, "All" in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per QMB).

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS**

1. The Sub-Recipient certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, and 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 Gardens.

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SUB-RECIPIENT

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PRINT NAME OF CERTIFYING OFFICIAL

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SIGNATURE OF CERTIFYING OFFICIAL

---

DATE

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**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 if applicable is 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:

1. A predecessor or successor of a person convicted of public entity crime; or

2. 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)

Sworn to me and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally known \_\_\_\_\_

Or produced identification \_\_\_\_\_ Notary Public—State of \_\_\_\_\_

\_\_\_\_\_  
(Type of Identification) My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**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 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 \_\_,

\_\_\_\_\_ 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  
(Type of Identification)

oath.

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires: \_\_\_\_\_

SEAL

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**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 Gardens 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

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Print Vendor Name

**CITY OF MIAMI GARDENS - DEPARTMENT OF COMMUNITY DEVELOPMENT**

**ACKNOWLEDGEMENT OF RELIGIOUS ORGANIZATION REQUIREMENTS**

**Certification for Contracts, Grants, Loans and Cooperative Agreements**

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant (CDBG) assistance may not, as a general rule, be provided to primarily religious entities for any secular or religious activities.

Therefore, the following restrictions and limitations apply to any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which is supervised or controlled by or operates in connection with a religious or denominational institution or organization. A religious entity that applies for and is awarded CDBG funds for public service activities must agree to the following:

1. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference to persons on the basis of religion.
2. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion.
3. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.
4. The portion of a facility used to provide public services assisted in whole or in part under this agreement shall contain no sectarian or religious symbols or decorations; and
5. The funds received under this agreement shall be used to construct, rehabilitate or restore any facility, which is owned by the provider and in which the public services are to be provided. However, minor repairs may be made if such repairs are directly related to the public services located in a structure used exclusively for non-religious purposes and constitute in dollar terms, only a minor portion of the CDBG expenditure for the public services.

**I hereby acknowledge that I have read the specific requirements contained in this attachment and that eligibility of my organization's project depends upon compliance with the requirements contained in this agreement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Title: \_\_\_\_\_

Sworn to me and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Personally known \_\_\_\_\_

Or produced identification \_\_\_\_\_ Notary Public - State of \_\_\_\_\_

\_\_\_\_\_  
(Type of Identification) My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)