

REQUEST FOR PROPOSALS

CITY OF MIAMI – DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT



THE CITY OF MIAMI REQUESTS PROPOSALS FOR THE FOLLOWING PROGRAMS:

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PUBLIC SERVICE PROGRAMS
ECONOMIC DEVELOPMENT PROGRAMS

EMERGENCY SOLUTIONS GRANT (HESG) PROGRAM

For Funding Year 2014-2015

The specifications in this 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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PART ONE

General Specifications

A. 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 Solutions Grant (HESG) Programs to benefit very low, low and moderate-income persons. This Request for Proposals (RFP) process solicits proposals for the 2014-2015 program year to implement projects that may be funded with CDBG funds. These project contracts shall contain an option to renew or extend such contracts for one additional twelve-month term at the sole discretion of the City of Miami, subject to satisfactory contractor performance, availability of funding, and/or ongoing community needs.

The City of Miami reserves the right to allocate funding from these funding sources and/or programs during this RFP process or from any other funding source and/or program, now or in the future.

PURPOSE

The goal of the CDBG program is to meet one of the three National Objectives:

1. Benefit low- and moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

In addition to meeting 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- and moderate-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 sources.
- 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.

With this RFP the City is seeking proposals that further the goals and objectives of the Consolidated Plan FY2014-2018 which begins on April 1, 2014 and continues through March 31, 2018. The Consolidated Plan defines a specific course of action for the revitalization of our communities. The City of Miami Department of Community and Economic Development prepares the Consolidated Plan as part of a collaborative process to establish a unified vision of community development actions. The Five-Year Consolidated Plan FY2014-2018 will be

available once the plan is approved by HUD. Copies of the FY2009-2013 are available for review online at: <http://www.miamigov.com/communitydevelopment/>

DEFINITIONS

CDBG funds from HUD are allocated through this RFP process to private for-profit and not-for-profit entities 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%-30%) of median income for the area as determined by HUD with adjustments for family size.

Very Low Income Family – Family whose income is between thirty one and fifty percent (31%-50%) of 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 one and eighty percent (51%-80%) of median income for the area as determined by HUD with adjustments for family size.

Middle Income Family – Family whose income is between eighty one and ninety-five percent (80%-95%) of 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 FY2013 Table for Section 8 is as follows:

	Program	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Person	Seven Persons	Eight Persons
MIAMI-DADE FY2013 Median Family Income: \$49,000	Extremely Low Income-30% of Median	\$13,750	\$15,700	\$17,650	\$19,600	\$21,200	\$22,750	\$24,300	\$25,900
	Very Low Income – 50% of Median	\$22,900	\$26,200	\$29,450	\$32,700	\$35,350	\$37,950	\$40,550	\$43,200
	Low Income – 80% of Median	\$36,650	\$41,850	\$47,100	\$52,300	\$56,500	\$60,700	\$64,900	\$69,050

AVAILABLE FUNDS UNDER THIS REQUEST FOR PROPOSALS

The following table represents the estimated program funds available under this RFP. These amounts may vary at any time due to federal funding reductions and will be made at the sole discretion of the City of Miami.

CDBG

Category	Total
Public Services	\$615,000
Economic Development	\$2,600,000
Total:	\$3,215,000

HESG

Category	Total
Street Outreach	\$218,000
Homeless Prevention & Rapid Rehousing	\$118,000
Total:	\$336,000

B. APPLICATION PROCESS

TIMELINE

RFP Available to the Public	September 3, 2013
First Proposal Workshop Miami Green Lab 151 NW 27 th Avenue Time: 2-4 p.m.	September 17, 2013
Second Proposal Workshop Little Haiti Cultural Center Community Room 260 NE 59 th TER Time: 9-11:30 a.m.	September 23, 2013
Deadline for Submission of Written Questions	September 24, 2013
Response to Written Questions	September 27, 2013
Deadline for Submission of Proposal	October 1, 2013

SUBMISSION OF WRITTEN QUESTIONS

Prospective applicants may ask questions about the form and content of this RFP during the Proposal Workshops. After the Pre-Proposal Workshops, any questions, explanations or other requests desired by the prospective applicants to this RFP must be submitted in writing to the attention of Roberto Tazoe, Assistant Director, City of Miami DCD, 444 SW 2nd Avenue, 2nd Floor, Miami, FL 33130 (electronic facsimile for written questions will be accepted at (305)400-5064, or by email to rtazoe@miamigov.com) no later than 3:00 p.m. by September 24, 2013. Such correspondence must include the prospective applicant's name, agency, address, phone

number, and facsimile number. Questions and their respective responses will be posted at the City of Miami website: <http://www.miamigov.com/communitydevelopment>

PROPOSAL SUBMISSION

Agency must submit – ONE (1) Original Document and TWO (2) copies of the proposal. The original must be marked “Original” and bear the actual blue ink signature of the person authorized to sign the proposal. The copies must be marked as “Copy 1” and “Copy 2”.

Formatting

- The Proposal “Application Form (CD1)” must be the first page of each application (even before your agency’s cover sheet, if applicable)
- Be on 8½” x 11” paper;
- Be neatly typed on one side only with standard one inch (1”) margins;
- Be at least a 11-point font size;
- Have pages sequentially numbered.
- Be preferably printed double-sided (Single-sided will also be accepted.)
- **DO NOT** staple or spiral bind the original or the copies. It is ok; however, to submit them in a standard three ring binder.

Failure to adhere to formatting requirements may be grounds for disqualification.

The City of Miami may require additional information for the determination of the applicant’s qualifications. Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions contained in this RFP.

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’s organization or agency who has the legal authority to bind the organization in contract with the City of Miami must sign the proposal (must sign in BLUE ink.)

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 the required attachments, or have other content errors or deficiencies may be rejected at the sole discretion of the city. Contextual changes and/or additions to the proposal after submission will not be accepted.

Lack of compliance with legal or administrative submission requirements may lead to disqualification. Proposals that are disqualified will not be reviewed or rated.

Applicants may apply for more than one category of funding available. 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.

If your agency is submitting more than one proposal, DO NOT place them all together. Each proposal must be SEALED (Original plus 2 Copies) and submitted separately.

All proposals must be received by 3:00 p.m. Tuesday, October 1, 2013. Proposals must be submitted to the address indicated below. 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/email 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 REVIEWED NOR CONSIDERED FOR FUNDING.

All proposals must be submitted to (sealed and grouped together):

**City of Miami
Office of the City Clerk
3500 Pan American Drive
Miami, FL 33133
Attention: CDBG/HESG FY2014 Proposal**

Please note: Two (2) forms of valid identification (at least one of which must be a photo ID) are required to access the City's Clerk Office.

Acceptance of a proposal does not constitute a contract and does not obligate the City to award funds.

C. GENERAL CONDITIONS & RESERVATIONS

PROPOSAL CONDITIONS

- All costs of proposal preparation shall be borne by the applicant's organization. The City of Miami 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 represent 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.
- Any addendums or additions to this proposal shall be communicated to prospective applicants through the Department of Community and Economic Development's website at www.miamigov.com/communitydevelopment/pages/rfq.

Applicants are responsible for checking this website periodically for issuance of any addendums and to receive updated information concerning the RFP submission.

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. Proposers have the right to revise their proposals in the event that the deadline is extended.
- 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, at its sole and absolute discretion, reject any and all, or parts of any and all, applications; or waive any irregularities in this RFP or in the applications received as a result of this RFP. Also, the determination or the criteria and process whereby applications are evaluated, the decision as to who shall receive a contract award, or whether or not an award shall ever be made as a result of this RFP, shall be at the sole and absolute discretion of the City.
- The City of Miami reserves the right to request additional information/documentation as it deems necessary.
- 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. In addition, the City reserves the right to allocate funding from other funding sources now or in the future.
- The City of Miami reserves the right to change internal processes and procedures outlined in the RFP at any time and at the sole discretion of the City of Miami as it deems necessary to improve its delivery of services.

The City of Miami will not fund an organization or agency with outstanding disallowed costs, unresolved monitoring or audit findings, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal.

D. CONTRACT TERM & REQUIREMENTS

CONTRACT TERM

Contracts awarded as a result of this RFP are anticipated to commence on or about April 1, 2014 and end on March 31, 2015, with an option to renew or extend such contracts for one additional twelve-month term at the sole discretion of the City of Miami and subject to satisfactory contractor performance, available funding, and ongoing community needs. The City

has the option not to renew or extend the contract of any agency that does not meet minimum threshold performance measurements established by the City at its own discretion.

CONTRACT REQUIREMENTS

The initial recommendations for funding should not be interpreted as a finding that the program complies with all requirements and conditions for a contract. A funding recommendation or offer to contract may be withdrawn upon the City's determination that reasonable attempts to negotiate an agreement have failed.

Prior to accepting the award, the applicant must meet applicable administrative and regulatory rules to meet State and local codes or other conditions as determined by the City Attorney. It is the applicant's responsibility to be familiar with these requirements prior to accepting the award and commencing contract negotiations.

DAVIS-BACON ACT REQUIREMENTS

The Davis-Bacon Act requires the payment of prevailing wage rates as determined by the U.S. Department of Labor to all laborers and mechanics on construction projects in which twelve (12) or more dwelling units are assisted with Federal funds or in which other construction exceeds two thousand dollars (\$2,000). Each contract subject to Davis-Bacon labor standards requirements must contain labor standards clauses and a Davis-Bacon wage decision.

SECTION 3

Section 3 of the Housing Development Act of 1968, as amended (12 U.S.C. 1701U), relates 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 U.S. HUD assistance or U.S. 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 U.S. HUD assistance for housing.

INSURANCE COVERAGE REQUIREMENTS (UPDATED)

If an applicant is successful in obtaining funding authorization from City Commission, the City of Miami will require the successful applicant to maintain the insurance coverage as stated below;

1. The Agency shall provide the following coverage:

- I. **Commercial General Liability (Primary & Non-Contributory)**

- A. Limits of Liability

Bodily Injury & Property Damage Liability	
Each Occurrence	\$300,000
General Aggregate Limit	\$600,000
Personal & Adv. Injury	\$300,000
Products/ Completed Operations	\$300,000

- B. Endorsements Required

City of Miami included listed as additional insured (endorsement required)

Contingent Liability/Contractual Liability
Premises & Operations Liability
Explosion, Collapse, & Underground Hazard (If applicable)

II. Business Automobile Liability

A. Limits of Liability

Bodily Injury & Property Damage Liability
Owned Autos/Scheduled Autos
Including coverage for Hired & Non-owned autos
Combined Single Limit \$300,000
Split Limits Bodily Injury \$100,000/\$300,000
Property Damage \$50,000

B. Endorsements Required
City of Miami included as Additional Insured

III. Worker's Compensation

Limits of Liability
Statutory-State of Florida

Employer's Liability

A. Limits of Liability

\$100,000 for bodily injury caused by an accident, each accident.
\$100,000 for bodily injury caused by disease, each employee.
\$100,000 for bodily injury caused by disease, policy limit.

IV. Professional Liability (If applicable)

Each Claim \$250,000
Policy Aggregate \$250,000

THE DEPARTMENT OF RISK MANAGEMENT RESERVES THE RIGHT TO SOLICIT
ADDITIONAL INSURANCE COVERAGE AS MAY BE APPLICABLE IN CONNECTION TO
A PARTICULAR RISK, OR SCOPE OF SERVICES

The above policies shall provide the City of Miami with written notice of cancellation in
accordance with policy provisions.

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.

2. All policies and/or certificates of insurance are subject to review and verification by the City of Miami Risk Management Department prior to insurance approval.
3. 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 Dept. of Risk Management.
4. Compliance with the foregoing requirements shall not relieve the applicant of its liability and obligations under the Agreement;
5. Applicant shall apply and obtain any other insurance coverage that the City may require for the execution of the agreement.
6. 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 regulations and requirements.

E. SUPPORTING DOCUMENTS REQUIRED BY THE CITY OF MIAMI

The following documents, in compliance with Federal, State and/or local regulations, must be submitted with all applications in the order listed below. The double asterisk (**) indicates that specific forms are enclosed.

Applicants may apply for more than one category of funding available. 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.

1. Proposal/Application Form (form CD1)**
2. Check-Off List for RFP Submission of Documents (form CD2)**
3. Table of Contents
4. Program Narrative (form T1 may be used)
5. Completed Budget Forms (forms BG1, BG2, BG3)**
6. A copy of the organization's Charter (if applicable), Articles of Incorporation, Amendments to its Articles of Incorporation (if any) and By-Laws.
7. Current IRS 501(c)(3) letter if a nonprofit organization, including IRS Employer Identification Number.
8. A Certificate of Status signed from the Florida Secretary of State indicating the corporation is currently in good standing and that it has filed and paid for its 2012 Annual Report.
9. A copy of the last completed fiscal year Income Tax return (IRS Form 990 including Schedule A) if a non-profit organization. Please note that IRS regulations require Form 990 to be submitted by the 15th day of the 5th month after the completion of the fiscal year of the organization (i.e. May 15th for an organization with a fiscal year ending December 31). If the agency has filed an extension requests to the 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 the proposal marked "Original")*
10. For any agency that expended more than \$500,000 in federal funding, a copy of the latest Single Audit in accordance to the Office of Management and Budget Circular A-133 (OMB Circular A-133).
11. Names, addresses and professional affiliation of members of the Board of Directors.
12. Organizational Chart.

13. A listing of all employees of the organization with their respective titles.
14. Job descriptions and resumes of staff who will be funded either in whole or in part from this grant award.
15. Personnel Policies and Procedures Manual (Only one copy needs to be submitted as part of the proposal marked "Original.")
16. Authorized Representative Statement (form RQ1)**
17. Certification of all Funds Received (form RQ2)**
18. Certification of Matching Funds (form RQ3)**
19. Certification of Sound Fiscal Management (form RQ4)**
20. Declaration of Financial Interests (form RQ5)**
21. Certification Regarding Lobbying (form RQ6)**
22. Certification Regarding Debarment (form RQ7)**
23. Sworn Statement on Public Entity Crime (form RQ8)**
24. Disability Non-Discrimination Certification (form RQ9)**
25. Certification Drug-Free work environment (form RQ10)**
26. Conflict of Interest Disclosure Form**

In addition, the awarded agency must submit, *30 days prior to the commencement of the FY2014-2015*, proof of:

- Duns & Bradstreet #. For more information visit <http://www.fedgov.dnb.com/webform>

If such proof is not received within the specified period, the city reserves the right to disqualify the proposal and cancel the award from the non-compliant agency.

**** For HESG proposals, follow the CDBG guidelines contained in this RFP.**

PART TWO

Detailed Specifications

<h3>A. PUBLIC SERVICES</h3>

OVERVIEW

The main objective of addressing the 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.

AVAILABILITY & USE OF FUNDS

Under HUD regulations, funds for Public Service may not exceed 15% of the annual CDBG entitlement. The approximate funding available for Public Services is \$615,000.

ELIGIBLE APPLICANTS

Private non-profit CDCs and Community Based Organizations are eligible to apply for funding under the Public Service category for activities that benefit underserved areas and/or very low-, low-, and moderate-income people.

ELIGIBLE ACTIVITIES

As per 24 CFR 570.201, to be eligible for CDBG assistance, a public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government in the 12 calendar months before the submission of the action plan.

Eligible activities must be consistent with the goals and objectives of the Five Year Consolidated Plan which meet one of the three National Objectives. Public Service proposals that emphasize district priorities will receive additional points when the application is reviewed (see Proposal Rating Sheet.)

Eligible Public Service activities include, but are not limited to, programs providing elderly services, services for the disabled, legal services, youth and child care programs, education programs, transportation services, substance abuse services, services to battered/abused spouses, employment training, crime awareness/prevention programs, child care services, health services, services to abused/neglected children, mental health services, and homeless services.

TARGETED CLIENTELE

Public service project/activity provides services to low- to moderate- income persons who reside in the City of Miami. Clients served shall be required to be certified by the agency with the City of Miami as meeting these requirements.

The Public Service program narrative should provide a description of the target population, target area/ neighborhood boundaries to be served and whether the project currently serves these clients.

COMPENSATION REQUIREMENTS

All reimbursement for public service activities will be paid on a reimbursement basis for reasonable, allowable, and necessary expenditures related to the program. If the project is funded, required supporting documentation must be reviewed and accepted by the City prior to approval of payment to the applicant.

MATCH REQUIREMENT

This requirement is not applicable to Public Service activities.

PROPOSAL EVALUATION CRITERIA

Proposals will be evaluated based on its relevance to HUD’s National Objectives and accomplishment type, the City of Miami Consolidated Plan FY2009-2013, and the District Priorities. In addition, proposals will be subject to the following scoring and evaluation criteria:

Public Service Program Rating Sheet	Max. Points
I. Organizational Capacity and Demonstrated Effectiveness (Maximum 15 Points)	
A. General stability and track record of organization (staff resumes & experience match position descriptions.)	5
B. Organization successfully operated in this line of business for: <ul style="list-style-type: none"> ➤ 6 months ~ 5 years..... 2 points ➤ Over 5 years..... 5 points 	5
C. Organization demonstrates strong fiscal management and controls – The proposal must clearly describe the project management history, grants management history, and program outcomes along with the agency’s organization, resources, and administration.	5
II. Provides clear understanding of the problem and documents the need in the community to propose undertaking of the program. (Maximum 35 Points)	
A. Provides statistical evidence of the need of the proposed program with documented sources.	5
B. Proposal includes a comprehensive Problem Statement – The proposal shall identify the affected population, what the issue is, why this is taking place, and why this is a problem. Also, shall indicate who else thinks this is a problem, what the underlying causes are, and what the effects of the problem are.	5
C. Proposal includes a sound needs assessment approach. <ul style="list-style-type: none"> ➤ Provides general information on the community (location, demographics, clientele, etc) ➤ Provides a description of who are the clients benefiting from the program 	5
D. To be eligible for CDBG assistance, a public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government in the 12 calendar months. Provide a detailed explanation on how your agency will meet this CDBG requirement. There will be no partial points awarded under this category if you are not able to clearly demonstrate the quantifiable increase in the level of service. (If agency can prove that it is providing a new service, the	20

20 points will be automatically awarded.)	
III. Soundness of Approach (Maximum 29 Points)	
A. Are the objectives of the program clearly stated?	4
B. Are the program components described in detail and specifically mention which staff member will be performing which specific task?	15
C. Are the expected outcomes reasonable based on the time allotted to the program and the resources available to the applicant?	5
D. Does the program address the problem described in the needs assessment performed under Section II of this rating sheet?	5
IV. Leveraging of Resources (Maximum 15 Points)	
A. Application describes how the grant funds will be leveraged with other public sector funds and with private sector funds (financial & in-kind resources)	5
B. Documented leveraging of the program: <ul style="list-style-type: none"> ➤ At least 50% of the cost covered by other sources; OR.....5 points ➤ At least 25% of the cost covered by other sources; OR.....4 points ➤ At least 10% of the cost covered by other sources; OR.....2 points ➤ Less than 10% match resources.....0 points 	5
C. The program has established “Current” agreements with other service providers to enhance the quality of life of their clients: <ul style="list-style-type: none"> ➤ Proof of Current Agreements receive 5 points ➤ Proposed agreements or no agreements receive 0 points 	5
V. Achieving results & program evaluation (Maximum 21 Points)	
A. Application has clearly defined the specific interim or final outputs that will be achieved during the award period.	4
B. Applicant has identified the impact that it will have on the community	4
C. Applicant has clearly identified what will be benchmarks for measuring progress	4
D. Applicant has identified the methodology to be used to measure the program’s success	4
E. Applicant describes how the program meets a HUD National Objective and Outcome Performance Measures	5
VI. Prior Performance (Maximum 5 Points)	
A. Proposer has not received negative monitoring findings or has not implemented corrective action plan	5
VII. District Priority (Maximum 5 Points)	
A. Project meets a district priority (points to be awarded in order of priority)	5
MAXIMUM Points Available	125

B. ECONOMIC DEVELOPMENT

OVERVIEW

The main objective is to spur economic development through the integration of job creation, micro-enterprise assistance, technical assistance, commercial/industrial improvements and financial assistance to 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.

AVAILABILITY & USE OF FUNDS

The approximate amount available for Economic Development is of \$ 2,600,000. The funding of Economic Development proposals for the FY2014-2015 shall be based on meeting the minimum threshold requirements.

ELIGIBLE APPLICANTS

Private non-profit CDCs and Community Based Organizations, and private for-profit businesses are eligible to apply for funding under the Economic Development category for activities that benefit underserved areas and/or very low-, low-, and moderate-income people.

ELIGIBLE ACTIVITIES

Eligible activities must be consistent with the goals and objectives of the Five Year Consolidated Plan which meet one of the three National Objectives. Economic Development proposals that emphasize district priorities will receive additional points when the application is reviewed (see Proposal Rating Sheet.)

ELIGIBLE PROJECT TYPES

Commercial/Industrial Rehabilitation

- Technical Assistance for Commercial Façade/ Code Compliance;
- Rehabilitation – Commercial/ Industrial Rehabilitation Projects

Assistance to Private for-Profit Businesses

- Technical Assistance to for-Profit Businesses;
- Special Economic Development Activities – Loans &/or Grants for the purchase and installation of equipment, fixtures, and machinery. Inventory. Rehabilitation, improvements and expansion of property. Technology Infrastructure.

Assistance to Micro Business Enterprises

- Technical Assistance to Micro Businesses

Public Facilities and Improvements

COMPENSATION REQUIREMENTS

i. Technical Assistance for Commercial Façade/ Code Compliance Program

Eligible Applicants

Private not-for-profit agency that can provide technical assistance under the City of Miami's Commercial Façade/ Code Compliance Program to eligible for-profit businesses that serve a primarily residential area where at least fifty-one (51%) of the residents are low to moderate income persons.

Eligible Activities

Technical Assistance for improvements to the EXTERIOR of building structures and correction of code violations where such property is owned by a for-profit entity.

Commercial Façade

Eligible treatments under this program include: pressure cleaning/painting, awnings, doors, store showcase windows, signs, and hurricane shutters. The Commercial Façade Program will finance up to \$10,000/ business.

Commercial Code Compliance

This program is designed to provide financial assistance to eligible businesses that have received a notice of code violation. Conditions that qualify for assistance under this program are: electrical, building, fire, plumbing, mechanical, and ADA compliance. The program shall finance project costs up to \$15,000/ business.

Compensation

The agency shall be compensated at a rate of twenty percent (20%) of total project cost. If the project is funded, required supporting documentation will be reviewed and accepted by the City of Miami prior to approval of any reimbursement payment to the agency.

ii. Technical Assistance to for-profit Businesses

Eligible Applicants

Private not-for-profit agencies that can provide technical assistance to for-profit businesses in order to build capacity, generate economic development, and create/retain jobs for low- to moderate-income persons.

Eligible Activities

Technical Assistance includes, but is not limited to: financial consultation, permits/licenses, zoning, infrastructure, business relations/relocation/expansion, business attraction, security improvements, seminars/workshops, capacity building, general business services, and marketing/promotion assistance.

Compensation

- 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 will be 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 applicant.
- 3) Payments will be made for actual expenditures incurred (at a rate equivalent to \$75 per hour), up to a maximum of \$15,000 per job created.
- 4) If the project is funded, required supporting documentation shall be reviewed and accepted by the City of Miami prior to approval of any reimbursement payment to the agency.

Other Requirements

- 1) Jobs created under any Economic Development program must be held by Low- to Moderate-Income people.
- 2) Technical Assistance is to be provided to for-profit businesses operating within the City of Miami limits.
- 3) Jobs must be created within 6 months of completion of the Technical Assistance to the business.

iii. Public Facilities & Improvements

Eligible Applicants

Private non-profit CDCs and Community Based Organizations in census tracts where the Low-to Moderate-income category equals fifty one (51%) or more and/or provides direct services to Low-to Moderate-income persons.

Eligible Activities

Acquisition, reconstruction, rehabilitation, or installation of public improvements or facilities.

Eligible Projects

This program includes improvements and rehabilitation of property and facilities (non-residential) that are either publicly owned or owned by a non-for-profit and operated so as to be open to the general public.

Compensation

All compensation shall be paid on a reimbursement basis for reasonable, allowable, and necessary expenditures related to the construction project. The applicant will have to demonstrate that it has secured the required matching funds necessary to complete the project (if applicable.)

iv. Technical Assistance to Micro-Enterprises

Eligible Applicants

Not-for-profit agencies that can provide technical assistance to Micro-Enterprise businesses located in the City of Miami in order to build capacity, generate economic development, and create/retain jobs for low- to moderate-income persons. A Micro-Enterprise business is a for-profit business having 5 or less employees (including the owner(s)) and with an owner who is a member of a Low- to Moderate-income household.

Eligible Activities

Technical Assistance to Micro-Enterprises includes, but is not limited to: financial consultation, permits/licenses, zoning, business relations/relocation/expansion, security improvements, seminars/workshops, general business services, marketing/promotion assistance, and assisting with grant application process and contract execution. Micro-Enterprise business owners will have to be verified by the City as being a Low- to Moderate-income person.

Compensation

- 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) If the project is funded, required supporting documentation shall be reviewed and accepted by the City of Miami prior to approval of any reimbursement payment to the agency.

Other Requirements

- 1) For-profit Micro-Enterprise entity (5 employees or less including the owner) must be located within the City of Miami limits.
- 2) Participant must be certified by the agency with the City of Miami as a Low- to Moderate-income household.

v. Other

Eligible Applicants

Not-for-profit agencies and for-profit agencies located in the City of Miami.

Eligible Activities/Projects

Commercial/Industrial Rehabilitation projects, Special Economic Development activities and any other Economic Development project(s) demonstrating that the eligible activities are consistent with the goals and objectives of the Five-Year Consolidated Plan, 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 the activity benefits underserved areas and/or Low- to Moderate-income persons and how such activity is eligible under HUD Code of Federal Regulation 24 CFR 570.

ENVIRONMENTAL CLEARANCE

Projects funded with CDBG funds are subject to environmental review under federal regulations and no funds can be committed or expended until the activity has received an environmental clearance. No exceptions can be made. Project work must not commence until a 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

Applicant shall demonstrate that it has secured matching funds necessary to complete the construction project.

PROPOSAL EVALUATION CRITERIA

Proposals will be evaluated based on its relevance to HUD’s National Objectives and accomplishment type, the City of Miami Consolidated Plan FY2009-2013 (in particular if the proposal activities take place inside an NDZ, Model Block or CBC), and the District Priorities.

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

In addition, proposals will be subject to the following scoring and evaluation criteria:

Economic Development Program Rating Sheet	Max. Points
I. Organizational Capacity and Demonstrated Effectiveness (Maximum 15 Points)	
A. General stability and track record of organization (staff resumes & experience match position descriptions.)	5
B. Organization successfully operated in this line of business for: ➤ 6 months ~ 5 years..... 2 points ➤ Over 5 years..... 5 points	5
C. Organization demonstrates strong fiscal management and controls – The proposal must clearly describe the project management history, grants management history, and program outcomes along with the agency’s organization, resources, and administration.	5
II. Provides clear understanding of the problem and documents the need in the community to propose undertaking of the program. (Maximum 15 Points)	
A. Provides statistical evidence of the need of the proposed program with documented sources.	5
B. Proposal includes a comprehensive Problem Statement – The proposal shall identify the affected population, what the issue is, why this is taking place, and why this is a problem.	5
C. Proposal includes a sound needs assessment approach. ➤ Provides general information on the community (location, demographics, clientele, etc) ➤ Provides a description of who are the clients benefiting from the program	5
III. Soundness of Approach (Maximum 34 Points)	
A. Are the objectives of the program clearly stated?	4
B. Are the program components described in detail and specifically mention which staff member will be performing each specific task?	15
C. Are the expected outcomes reasonable based on the time allotted to the	5

program and the resources available to the applicant?	
D. Does the program address the problem described in the needs assessment performed under Section II of this rating sheet?	10
IV. Leveraging Resources (Maximum 15 Points)	
A. Application describes how the grant funds will be leveraged with other public sector funds and with private sector funds (financial & in-kind resources)	5
B. Documented leveraging of the program: <ul style="list-style-type: none"> ➤ At least 50% of the cost covered by other sources; OR.....5 points ➤ At least 25% of the cost covered by other sources; OR.....4 points ➤ At least 10% of the cost covered by other sources; OR.....2 points ➤ Less than 10% match resources.....0 points 	5
C. The program has established “Current” agreements with other service providers to enhance the quality of life of their clients: <ul style="list-style-type: none"> ➤ Proof of Current Agreements receive 5 points ➤ Proposed agreements or no agreements receive 0 points 	5
V. Achieving results & program evaluation (Maximum 21 Points)	
A. Application has clearly defined the specific interim or final outputs that will be achieved during the award period.	4
B. Applicant has identified the impact that it will have on the community	4
C. Applicant has clearly identified what will be benchmarks for measuring progress	4
D. Applicant has identified the methodology to be used to measure the program’s success	4
E. Applicant describes how the program meets a HUD National Objective and Outcome Performance Measures	5
VI. Prior Performance (Maximum 5 Points)	
A. Proposer has not received negative monitoring findings or has not implemented corrective action plan	5
VII. District Priority (Maximum 5 Points)	
A. Project meets a district priority (points awarded in order of priority)	5
MAXIMUM Points Available	110
MINIMUM Points for Consideration in Ranking	70

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.

VIII. Project Readiness & Ability to Proceed (Maximum 38 Points)	
A. Does the applicant have previous experience with a similar type of construction, rehabilitation, and/or improvement project?	5
B. Is all the funding in place to complete the project?	10
C. Did the 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)?	5
D. Does the organization demonstrate that it has the capacity to manage this project through its completion?	5
E. Is there an executed agreement with an independent, full time, construction manager for this project?	2
F. Are construction specifications and drawing completed?	2
G. Are all permits in place?	2
H. Has a contract been executed with a general contractor?	2
I. Will this request fully fund the gap needed to complete this project on time?	5
MAXIMUM Points Available	38
MINIMUM Points for Consideration in Ranking	28

PART THREE

PROPOSAL CONTENTS – PROGRAM NARRATIVE

All proposals must include all supporting documents as set forth on this RFP

For proposal narrative requirements for Public Services and Economic Development, please refer to Form T1. This template shall assist your agency in responding to the requirements of this RFP; however, please keep in mind that the template does not address every single requirement nor every single item on the rating sheet. As such, it is the sole responsibility of the organization seeking funding to ensure that all RFP requirements are met.

▪ 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. Must be signed (Blue Ink) by an authorized representative of the applicant's organization or agency who has legal authority to bind the organization in contract with the City of Miami;
4. The City of Miami may require additional information for the determination of the applicant's qualifications;
5. Submission of a proposal constitutes acknowledgment 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 any funding.
6. Proposal responses must comply with the requirements detailed in this RFP. Proposals that are incomplete, out of order, have an inadequate number of copies, lack required attachments, or have any other errors or deficiencies considered by the city not to be compliant, 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 nor 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 received funding from the City of Miami in previous years, 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 time of application submission.
- The agency's proposal must score the minimum points required under the programs specified in this RFP under their appropriate rating criteria.
- CDBG FY14-15 funding recommendation for any agency not previously funded by the City shall not exceed that particular agency's verifiable performance with another major funding source (specifically, timely eligible expenditures).

THRESHOLD REQUIREMENTS

All proposals must meet the following minimum threshold requirements:

- Applicants that are not-for-profit 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.
- Applicants must be current in all financial obligations with the City of Miami. The city 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.
- Applicant organization must certify it operates a drug-free environment.
- Applicant organization must certify it complies with the American with Disabilities Act (ADA).

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.

PART FOUR

Evaluation and Approval Overview

EVALUATION PROCESS

1. An initial review will be performed to ensure that the Proposal is complete and all supporting documents have been submitted. ***Incomplete proposal packages will not be considered nor will they be graded.*** A cure period or opportunity to revise or correct proposals ***will not be granted.*** The applicant will be informed that the Proposal is incomplete and will not receive further consideration for funding.
2. Each proposal will be evaluated on its own merits for content, responsiveness, conciseness, clarity, and relevance, consistent with the goals and objectives outlined in the Five-Year Consolidated Plan and for its adherence to the instructions in this RFP.
3. Depending upon the program your agency is applying for, there is a minimum threshold required to be considered for funding recommendation¹. The initial recommendation for funding should not be interpreted as a determination that the proposal complies with all requirements and conditions for a contract.
4. The City Commission will make the final decision to enter into contract with one or more qualified agencies. An offer to contract may be withdrawn upon the City's determination that reasonable attempts to negotiate an agreement have failed.

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

¹ RFPs that meet the minimum threshold will be considered for funding. Meeting this minimum threshold (or a higher point grade) does not automatically mean that your agency will be recommended for funding. Various factors such as, district priorities, previous experience working with the city, funding availability, program does not duplicate services of other agencies, capacity, leverage of resources, additional services being provided, easy access to service, among other factors are considered prior to recommendation.

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 City of Miami Department of Community and Economic Development in writing within three (3) days from the date of the City’s written notice of non-funding.

OUTCOME PERFORMANCE MEASURES

In 2006, HUD implemented a new system to measure the performance of programs funded with federal entitlement dollars that would permit HUD to provide decision makers direct results to emphasize program outcomes for future funding consideration. As such the City of Miami is mandated to include outcome performance measures on all programs and activities.

All activities & projects must meet one of the three objectives along with one of three outcomes:

Objective

1. Create Suitable Environments.- Activities and projects that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
2. Provide Decent Affordable Housing.- Activities that meet housing needs.
3. Create Economic Opportunities.- Activities related to economic development, commercial revitalization or job creation.

Outcomes

1. Availability/Accessibility.- This applies to activities that provide services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- to moderate-income households, including people with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- to moderate-income households.
2. Affordability.- This applies to activities that provide affordability in a variety of ways in the lives of low- to moderate-income households. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or daycare.
3. Sustainability.- This applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make the livable or viable by providing benefit to persons of low- to moderate-income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

City Priorities

The City of Miami Department of Community and Economic Development recognizes the extreme need to fund programs and services intended to benefit low- to moderate-income residents. The priorities established for the allocation of funds is reflective of the needs identified by the community at public hearing with the participation of the district commissioner.

PUBLIC SERVICES

- | | |
|-------------------|---|
| District 1 | Priorities <ul style="list-style-type: none">▪ Elderly Transportation▪ Elderly Meals▪ Child care and youth services▪ Programs for persons with developmental Disabilities▪ Employment Training▪ Open to other facets of public services |
| District 2 | Priorities <ul style="list-style-type: none">▪ Child care and youth services▪ Programs for persons with developmental Disabilities▪ Elderly Meals▪ Elderly Transportation▪ Employment Training▪ Open to other facets of public services |
| District 3 | Priorities <ul style="list-style-type: none">▪ Child care and youth services▪ Employment Training▪ Elderly Meals▪ Elderly Transportation▪ Programs for persons with developmental Disabilities▪ Open to other facets of public services |
| District 4 | Priorities <ul style="list-style-type: none">▪ Elderly Meals▪ Programs for persons with developmental Disabilities▪ Employment Training▪ Elderly Transportation▪ Child care and youth services▪ Open to other facets of public services |
| District 5 | Priorities <ul style="list-style-type: none">▪ Child care and youth services▪ Elderly Meals▪ Employment Training▪ Programs for persons with developmental Disabilities▪ Elderly Transportation |

- Open to other facets of public services

ECONOMIC DEVELOPMENT

District 1

Priorities

- Job Creation
- Microenterprise assistance
- Façade improvements
- Technical assistance to businesses
- Open to other facets of economic development

District 2

Priorities

- Job creation
- Microenterprise assistance
- Technical assistance to businesses
- Open to other facets of economic development

District 3

Priorities

- Job creation
- Microenterprise assistance
- Technical assistance to businesses
- Façade improvements
- Open to other facets of economic development

District 4

Priorities

- Job creation
- Microenterprise assistance
- Technical assistance to businesses
- Façade improvements
- Open to other facets of economic development

District 5

Priorities

- Microenterprise assistance
- Technical assistance to businesses
- Job creation
- Façade improvements
- Open to other facets of economic development

PART FIVE

Frequently Asked Questions

1. Where can I find a map of the City of Miami Commission Districts?

Visit the following website: <http://maps.miamiqis.com/miamizoningsite/>

If the commission districts are not displayed when opening this website, from the left side column, select the “Layers” tab and check “Commission Districts”.

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

There is no specific format or length limitation for the Program Narrative. However, it is advisable that the agency reviews the rating instrument and compares it to its Program Narrative to make sure it is addressing every single item covered in the rating instrument.

3. Can an agency view a copy of its evaluation for the previous time they submitted an RFP?

Yes. This request should be submitted to Ms. Christine Bermudez at 305-416-2096. Due to office space limitations, sometimes the information is not readily available and will need to be pulled off storage. Please keep this in mind as the requested information may take a few days to be provided.

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

All applicants must submit this certification even if no funding was received by the agency in the last fiscal year. If the agency is large and receives funding for a variety of programs, please indicate the funds received for the program you are requesting funds for.

5. Can a not-for-profit agency apply for commercial façade treatment funds under this RFP?

The commercial façade program has certain restrictions that do not allow the use of this program funds for not-for-profit agencies.

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

No, it does not.

7. Will the contracts to be awarded for successful proposals under the Economic Development category be performance based or cost reimbursement based?

All proposals will be cost reimbursable for reasonable, allowable, and for expenditures directly allocated to the activity/project.

8. What is your definition of Citywide?

Citywide refers to being able to provide a service to low- to moderate-income households who are located in all five City Commission Districts. For additional information on Commission Districts, please refer to question #1.

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

Yes. You will need to make an appointment to review a previously submitted proposal.

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

No. All questions will be posted on the City of Miami website.

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

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

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

The term “Budget Pay Period” refers to the amount paid to the employee in the pay period. i.e., if the employee earns \$24,000/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. In reference 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 needs 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 needs to 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 Care?

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. Cross-reference of HUD regulations for the Public Service, Economic Development, and Emergency Solutions Grant Programs.

- a. Public Service & Economic Development Programs: Code of Federal Regulations, 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. Emergency Solutions Grant Programs: Code of Federal Regulations, Title 24, Part 576, (24 CFR 576) as amended by the HEARTH act.

16. Website for the above mentioned regulations.

- a. Link to 24 CFR 570 (Public Services & Economic Development)
<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=da82d5ebafb08bb1d90bc0f025447d17&rgn=div5&view=text&node=24:3.1.1.3.4&idno=24>
- b. Link to 24 CFR 576 (Emergency Shelter Grant)
<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=da82d5ebafb08bb1d90bc0f025447d17&rgn=div5&view=text&node=24:3.1.1.3.8&idno=24>, and
[https://www.onecpd.info/resources/documents/HEARTH ESGInterimRule&ConPlanConfOrmingAmendments.pdf](https://www.onecpd.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConfOrmingAmendments.pdf)

17. Website 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/circulars/a133/a133.pdf>

18. What is the maximum income to qualify for the Micro-Enterprise program?

Income levels are defined as income equal or less than the US HUD Rent Subsidy Program low-income or very-low income limits established by HUD annually. The income levels for FY2013 are included on the body of the RFP. The business owner must qualify under these guidelines.

19. Who needs to sign the proposal?

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

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

Insurance as required by the City of Miami Department of Risk Management must be complied with in order to enter into a contract with the city. Applicants/Agencies need to ensure they can obtain the required coverage, but shall wait until the funding is awarded prior to purchasing the insurance coverage.

21. Should non-profit agencies interested in applying for public facilities and improvements respond to the RFP?

Yes. This is an eligible activity under 24 CFR 570.201

22. For the Meals for Elderly Residents, is there any kind of stipulation as to whether the meals have to be hot, delivered daily? Can a proposal be submitted for frozen meals delivered once per week?

It is the agency's responsibility to describe its meals program and elderly services in the application and, specifically explain how the program complies with the requirements and federal regulation.

23. Can an organization with a budget of less than 300,000 apply under this RFP if we do not have an audited financial audit?

Yes. As per OMB Circular A-133, non-federal entities that expend \$500,000 or more in a year in Federal awards shall have a single or program specific audit conducted for that year.

24. Is it possible for the agency to apply under this grant and submit un-audited financial statements completed by a CPA licensed in Florida?

Yes.

25. Would this RFP approve a proposal for mentoring/volunteerism for children ages 12-18 and in disability cases ages 12-22?

A response to the RFP in itself does not guarantee approval for funding. However, the activities addressed in this question are an eligible activity within the RFP.

26. Can two businesses having the same address be funded?

Yes, however, the business owner(s) must demonstrate in the application that the applications are for two separate business managed by two different individuals. For each business, the applicant must demonstrate that the owner(s) is a member of low to moderate income household.

27. Can one person apply for funding for more than one business?

Yes. However, keep in mind that per regulation (24 CFR 570.201(o)), states that the funds must be used to facilitate economic development through the establishment, stabilization and expansion of micro-enterprises owned by low to moderate income individuals. Furthermore, for each business, the applicant must demonstrate that the owner(s) is a member of low to moderate income household. Businesses are recommended for funding based on the owner's income level.

28. How should business partners fill out applications?

Personal Information and Financial Information requested in the RFP's Grant Application Form must be provided for each owner, business partner and/or stockholder.

29. What information should I provide if my financial situation has changed? For example, I lost my job and my income is lower this year that what I reported last year in my income tax.

The applicants must include all the required information as listed on the RFP. In addition, the applicants should also include a statement explaining any changes in income and supporting documentation as evidence of the loss/reduction of income (ie. unemployment checks). The applicant must show that at the time of the application the income limits listed in the RFP were met.

30. If you are not recommended for funding, what is the process for appealing that decision?

The appeal must be based on an error in fact or law. An alleged error in evaluation based on "fact" will be reviewed by the three (3) person committee. 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 and Economic Development in writing within three (3) days from the date of the City's written notice of non-funding.

31. Will I need a certificate of use for a home-based business?

If the business does not have the appropriate licenses at the time of the application or when the contract is executed, then the licenses must be obtained prior to the Department disbursing any funds. Applicants can utilize this grant to obtain said licenses. Businesses should have all the valid and applicable City of Miami and Miami-Dade County business licenses (occupational license and certificate of use) and any other professional licenses even if it is a home-based business. The City will reimburse the recipient for the cost of such licenses.

32. Can a non-profit submit an application for the Technical Assistance to Micro-Enterprises RFP even though they did not attend the pre-proposal workshop?

Attendance to the workshop is not a requirement to submit an application or to be considered for funding. However, it is a regulatory requirement (24 CFR 570.201(o)) that the businesses are for-profit.

33. What triggers a HUD environmental review?

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

34. What other requirement must be completed as part of a construction project?

All projects have to comply with all applicable Federal, State, and Local regulations 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 & Development Act, as well as open and competitive procurement practices.

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

There is not a set number of days. The agency, in its program narrative, shall provide a timeline for the activity and the services that are to be provided.

36. 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 it will meet the needs of the community.

37. How does the agency report additional summer kids?

All the program participants/clients must be certified with the city. Please refer to question #39 for details on the process and documentation needed to certified participants/clients.

38. On the Authorized Representative Statement (Form RQ1), 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 Department of Risk Management. The insurance coverage requirements are described on the insurance section of the RFP.

39. Certification of Matching Funds form (Form RQ3), “I understand that no matching funds are required for Public Service Grants.” Is this true?

Yes. The match requirements section of the RFP states, “Not applicable for Public Service.”

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

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

41. On the “Certificate of All Funds Received”, besides Federal and local funding, does private funding sources that originated from fundraisers apply?

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

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

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

43. Are the “Disability non-discrimination Certificate” and “Drug Free Workplace Certificate” to be executed by the applying entity or the future subcontractor of the entity?

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

44. If the financial audit is not yet completed by October 1, 2013, how much time after the RFP submission does the agency has to submit the audit?

The applicant must include the most current audit (i.e. the last one completed) with its response to the RFP. No documents will be accepted after the October 1, 2013 deadline.

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

Yes, the Consolidated Plan can be found on the City of Miami Department of Community and Economic Development website at:

<http://www.miamigov.com/communitydevelopment/pages/Reports/>

46. What is a Neighborhood Development Zone?

The NDZ concept is a comprehensive long-term approach to neighborhood revitalization that focuses on community assets as a means of stimulating market driven redevelopment. It is a holistic approach that calls for sustained, multi-year commitments from local governments, the private sector, foundations, and community based organizations. The goal is to “transform the Zone from a fragmented set of residential, commercial, and industrial sites with a reputation as being dangerous and undesirable into a cohesive neighborhood.

47. What is a Model Block?

The Model Block concept enables the City to advance the principles of the NDZs by focusing resources in areas within the NDZs that are poised for revitalization. Thus, the Consolidated Plan calls for NDZs to have a corresponding Model Block, whenever feasible. By concentrating resources for housing, public infrastructure improvements, slum and blight removal, and economic development, the aim of the Model Block concept is to provide a visible and concentrated revitalization initiative that can serve as a catalyst for further private investment and change in the NDZ.

48. What is a Commercial Business Corridor?

One of the major elements of the Model Block concept is economic revitalization. Hence, each Model Block area in the Consolidated Plan is in close proximity to a commercial corridor. This is based on the premise that economic development can have a positive impact on the residential areas and, likewise, commercial corridors need a steady stream of clients from the surrounding areas.

49. In regards to “Geographic Data” where the questions are asked “Does this activity serve a NDZ?” and “Does this activity serve a Model Block?” – 1) does the “service” have to be physically provided in a NDZ and/or Model Block or simply provided to residents of an NDZ and/or Model Block?

The activity and/or service must provide a visible impact on the Model Block and/or NDZ, as explained in Chapter V. Neighborhood Development Zones and Model Blocks of the 2009-2013 City of Miami Consolidated Plan.

50. Public Services Certification Process for FY2014-2015

All Public Service programs' participants must meet the following minimum general eligibility requirements:²

1. Income: Participant must be a low-income individual;
2. Residence: Participant must reside within City of Miami boundaries;
3. Age: Depending upon the type of program, the following shall apply:
 - i. Elderly Programs: 62 years & older (unless participant is disabled)
 - ii. Children/Youth Programs: Varies with program (please consult your Contract Analyst)

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(s), 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)

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) is NOT in the name of the client, a non-notarized letter from the person whose name is shown in 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. Bus Pass – Golden Passport is NOT acceptable. You can qualify for a Golden Passport if you are over 65 years old OR if you receive SSI (no age restriction).

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

Proof of Legal Residency

1. Last five (5) digits of the client's SSN must be clearly written in the client's application (please be accurate).
2. If illegal aliens, submit application clearly indicating their legal status. We will attempt to 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 first, we will then accept them.

PART SIX

Forms

Required forms can be found on the following pages. The electronic version of these forms, in a ready-to-fill out format, can be found at www.miamigov.com/communitydevelopment/pages/rfq

**City of Miami – Department of Community and Economic Development
Public Services & Economic Development Request for Proposals FY2014-2015**

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="checkbox"/> Not – for - Profit / 501(c)(3) <input type="checkbox"/> For - Profit <input type="checkbox"/> Government / Public Agency	

B - Funds Requested for FY2014-2015

CDBG	\$
------	----



Check this box if you received funding from the City of Miami for this same activity on FY2013-2014 <input type="checkbox"/>
--

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..... \$ _____

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	
--	--

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

Check-Off List for RFP Submission of Documents

**City of Miami – Department of Community and Economic Development
Public Services & Economic Development Request for Proposals FY2014-2015**

Agency Name:	
--------------	--

Check the appropriate box under the Agency Check column to ensure your entity is submitting the appropriate documentation.

Documents	Agency Check	For City of Miami Use Only	
		Check	Comments
1. Proposal/Application Form (CD1)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Charter, Articles of Incorporation, and By-Laws	<input type="checkbox"/>	<input type="checkbox"/>	
3. Current 501(c)(3) letter, if your entity is a non-for-profit organization, including IRS Employer Identification Number.	<input type="checkbox"/>	<input type="checkbox"/>	
4. State of Florida Current Year Corporate Registration Certificate.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Income Tax Return (IRS Form 990) for last completed fiscal year.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Names, addresses, and professional affiliation for all members of the entity's Board of Directors.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Organizational Chart.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Job descriptions & resumes of staff that will be funded, either in whole or in part, from this grant award.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Budget Forms I, II, and III.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Authorized Representative Statement.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Certification of All Funds Received.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Certification of Sound Fiscal Management.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Declaration of Financial Interests.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Certification Regarding Lobbying.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Certification Regarding Debarment, Suspension, and Other Responsibility matters.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Public entity Crime Affidavit.	<input type="checkbox"/>	<input type="checkbox"/>	
17. Disability Non-Discrimination Certification.	<input type="checkbox"/>	<input type="checkbox"/>	
18. Drug-Free Workplace Certification.	<input type="checkbox"/>	<input type="checkbox"/>	
19. Copy of your entity's latest Single Audit Report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
20. Conflict of Interest Form.	<input type="checkbox"/>	<input type="checkbox"/>	
21. Personnel Policies and Procedures Manual.	<input type="checkbox"/>	<input type="checkbox"/>	

Do not write below this line

I have reviewed all the Required Operational Documents and find them to be Acceptable,

Signature of Contract Compliance Analyst (City of Miami)

Date

Name of Contract Compliance Analyst (City of Miami)

Budget Form I

CITY OF MIAMI
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
(NON-HOUSING DEVELOPMENT ONLY)
BUDGET NARRATIVE BY LINE-ITEM

AGENCY: _____ FISCAL YEAR: _____

FUNDING SOURCE: _____

ITEM	AMOUNT

Form



Budget Form III

CITY OF MIAMI

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

(NON-HOUSING DEVELOPMENT ONLY)

COST ALLOCATION PLAN (2 of 3)

AGENCY: _____

PERIOD BEING COST ALLOCATED: _____

Effective Date																			
Line-Item Description	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	Total
411 BLDG. MAINTENANCE																			
415 CONF. & PROF. MTNG.																			
420 CONTRACTUAL MAINT.																			
421 MAINT. VEHICLE																			
422 OPERATIONAL VEHICLE MAINTAINANCE (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 REPRODUCTION SUPPLIES																			
521 OFFICE SUP. STAFF																			
522 TRAINING SUPPLIES																			
524 SPEC. SUP. (SFETC)																			



Budget Form III

CITY OF MIAMI

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

(NON-HOUSING DEVELOPMENT ONLY)

COST ALLOCATION PLAN (3 of 3)

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 SVCS.																		
542 TUITION & BOOKS																		
600 O/T WAGES (PARTICIPANT)																		
900 CAPITAL OUTLAY EQUIP.																		
901 OFFICE FURNITURE (BELOW \$500)																		
902 SOFTWARE																		

Authorized Representative Statement

City of Miami – Department of Community and Economic Development

Provide the name(s) and telephone number of the person(s) who has been designated the responsibility within the following areas:

Position	Name	Telephone #
Chairman of the Board		
Executive Director		
Project Director		
Affirmative Action Officer		
Personnel Officer		
Fiscal Management Officer		

I. Persons Authorized to Sign Checks

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

II. Person(s) Authorized to Sign Reimbursement Packages

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

III. Persons Authorized to Sign Contracts

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Facsimile Signatures Required and MUST BE BONDED

Date: _____

**City of Miami – Department of Community and Economic Development
For 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 certifies that the above information is complete, true, and accurate, to the best of his/her knowledge, and that the City of Miami Department of Community and Economic Development will be notified, should this information be determined to be different.

Chief Financial Officer

Chief Executive Officer

Name: _____
Date: _____

Signature: _____

Name: _____
Date: _____

Signature: _____

**City of Miami – Department of Community and Economic Development
For Non-Housing Development Applications ONLY**

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

**City of Miami – Department of Community and Economic Development
For Non-Housing Development Applications ONLY**

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

City of Miami – Department of Community and Economic Development

We, _____ As the Executive Director, and _____
(Full Name) (Full Name)
 As the Chief Financial 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.

Executive Director

Chief Financial Officer

Name: _____
 Date: _____

 Signature: _____

Name: _____
 Date: _____

 Signature: _____

I am a duly licensed certified public accountant and have been engaged to review the accounting systems
 of _____ , which is a 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
(date)
 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

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

Agency Name:	
--------------	--

1. Do you have any past due financial obligations with the City of Miami?

	Yes	No
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"/>
US 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. You a relative of or do you have any business or financial interest with any elected City of Miami official, City of Miami employee, or Member of any 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.

Printed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies to the best of his/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.

Agency Name:	
--------------	--

 Printed Name of Certifying Representative

 Title of Certifying Representative

 Signature of Certifying Representative

 Date

Certification for Contracts, Grants, Loans, and Cooperative Agreements

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

**Certification Regarding Debarment, Suspension & Other Responsibility Matters
Primary Covered Transactions**

1. The applicant certifies to the best of his/her knowledge and belief, that his/her 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, 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, 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, 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.

Agency Name:	
--------------	--

Printed Name of Certifying Representative

Title of Certifying Representative

Signature of Certifying Representative

Date

**Certification Regarding Debarment, Suspension & Other Responsibility Matters
Primary Covered Transactions**

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

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 this individual's name and title)

whose business address is _____

and if applicable 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 _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

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.

Agency Name:	
--------------	--

Printed Name of Certifying Representative

Title of Certifying Representative

Signature of Certifying Representative

Date

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

Identification - _____
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____

Date: _____

Print Name: _____

My commission expires _____

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 the 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).

Agency Name:	
--------------	--

Printed Name of Certifying Representative

Title of Certifying Representative

Signature of Certifying Representative

Date

Certification for Contracts, Grants, Loans, and Cooperative Agreements

City of _____, STATE OF FLORIDA

Sworn and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me, or who produced
(name of person whose signature is being notarized)

identification - _____.
(type of identification)

NOTARY PUBLIC:

[SEAL]

Signature: _____ Date: _____

Print Name: _____

My commission expires _____

City of Miami - Department of Community and Economic Development

Conflict of Interest Disclosure Form

Conflict of Interest Regulations: 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: _____
Agency Address: _____
City, State, ZIP: _____

Funding Source: _____
Contract Amount: _____
Project Number: _____

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 and Economic 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:

Does any employee, board member or person (as described above) in your agency serve or is appointed in a 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 A of the attachment)

Does an employee of the Department of Community and Economic 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 A of the attachment)

Does any elected official of the 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 A of the attachment)

Is 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 and Economic 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 A 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 and Economic Development and/or City of Miami to provide goods or services, sponsor development activities and/or receive referrals from the Department of Community and Economic Development and/or City of Miami?

Yes No (If YES, please complete Part A 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 and Economic 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 no be terminated and you may be required to return any and all funding allocated, whether used or not used.

Printed Name

Date

Signature

Date

**City of Miami - Department of Community and Economic
Development
Conflict of Interest Disclosure Form Attachment**

Agency Name: _____
Agency Address: _____
City, State, ZIP: _____

Funding Source: _____
Contract Amount: _____
Project Number: _____

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered NO to ALL the questions, you may discard this attachment. Provide this completed form to your Contract Analyst.

A. Family Relationships:

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

2. Does any of the family members work in the program area? _____
3. Is any of the family members an elected official or the City of Miami? _____
4. Relationship: _____ Position: _____
Department: _____ Supervisor: _____

B. Program Relationships:

1. Other Activities: Name and describe the activity and/or program that you are directly or indirectly involved 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 above?
- 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 and Economic Development and/or City of Miami Committee or Board:

4. Name of Board: _____
5. Name of the Department in 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: _____

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 and Economic 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 & 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?
- Yes No (If YES, describe)
- _____

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

Name: _____ Title: _____

Department: _____ Phone: _____

Printed Name (Executive Director)

Date

Signature

Date

T1 Public Services Program Narrative Template

PROPOSAL NARRATIVE

Narratives should be responsive to the description of services and factors upon which the proposals will be scored. You can find an electronic version of this template by visiting www.miamigov.com/communitydevelopment

Disclaimer: This template is to assist your agency in completing the RFP. The completion of this template does not constitute a complete RFP submission. There are other required documents that need to be submitted in addition to this template.

Organizational Capacity and Demonstrated Effectiveness

Organizational Experience

1. Describe your agency's mission.

Rating Sheet Category III.A,B,C

2. Explain in as much detail as possible what type of Public Service/Economic Development activity your organization will be providing and what are the expected outcomes and objectives of your program (i.e. number of elderly serviced per dollar amount; number of children serviced per dollar amount, number of businesses or public facilities assisted, etc).
 - a. Describe who will perform which task and how will the program be measured;
 - b. Explain why the expected outcomes are reasonable based on the time allotted to the program and the resources available to your organization.

Please use the space below to respond to questions 2a. and 2b.

For Public Services Only

How many persons/unit of service are you proposing to serve:

How many individuals are you proposing to serve?	
--	--

If your agency provides “Elderly Meals”, please indicate the following:

Cost per Meal Served	\$
Enter the Number of times a day a meal is provided to the same customer:	

End of Public Service Only Section

3. Describe similar projects your agency has undertaken and the extent to which your agency achieved results. In addition, provide a list of programs your agency currently administers.

Organizational Structure

1. Describe your agency’s organizational structure and provide an organizational chart (attach to RFP submission).

2. List all the members of the Board of Directors, officers, and employees directly supporting the program you are seeking funding for.

Rating Sheet Category I.A and I.B

- 3. Describe the general stability and track record of the organization and enter the number of years your organization has been operating in the line of business you are requesting funding for. In addition, please provide the following:
 - a. Provide a profile of those individuals to be assigned or hired who will have the most responsibility for the project.
 - b. Describe their experience, capacity, cultural, and linguistic competency to work with the target population and attach their resumes if available.
 - c. Provide brief position descriptions for other key program staff.

Attach resumes of your agency's principals and other key management personnel.

Rating Sheet Category I.C – Questions 4 and 5

- 4. Describe your agency's fiscal management and controls. Provide independent evidence of such controls (i.e. organization's most recent financial audit, other funders' performance reviews, evaluations and audits).

- 5. Have you ever had a previous audit/monitoring finding with the City of Miami or with any other program not funded by the City of Miami. If YES, provide an explanation of the finding and what was done to remediate the finding.

6. Describe your agency's ability to meet program expenses in advance of reimbursement.

Description of Program

Rating Sheet Category II.A & II.B

1. Which/What statistical evidence supports the need for the program you are requesting funding for?
 - a. Identify the affected population, what the issue is, why is this taking place, and why is this a problem.

Public Service Rating Sheet Category II.D

For Public Services Only

2. If you are applying for an existing public service (you are currently providing this service), CDBG regulations require a quantifiable increase in the level of such existing service. Please provide a detailed explanation as to how your agency will be meeting this CDBG requirement.

End of Public Service Only Section

Rating Sheet Category II.C

3. Needs Assessment: Provide general information on the community (location, demographics, clientele, etc) and a description of who are the clients benefiting from your program.

Rating Sheet Category III.D

4. Explain how the program addresses the problem based on the needs assessment performed

Program Time Line

1. Applicant must be able to demonstrate the capacity to implement the program quickly. Please provide a detailed start-up schedule.

Rating Sheet Category V.A,B,C

Achieving Results and Program Evaluation

1. What are your organization benchmarks to measure progress and what methodology is used to measure the program's success? Please describe the impact this program will have in the community.

2. Describe how this program meet a HUD National Objective and Outcome Performance measures

For Economic Development Only

- **Project Readiness and Ability to Proceed – 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, including, but not limited to:**
- Applicant must be able to demonstrate the capacity to implement the project on a timely basis and provide a detailed construction-related timeline/schedule.
- Applicant must provide a Cost Allocation Report of total project costs which includes a detailed breakdown of all hard costs, soft costs, financing cost and reserves by funding source.
- Applicant must be able to demonstrate that organization has site control and provide supportive documentation (i.e. Title, deed, lease, etc.)