

MIAMI-DADE COUNTY

REQUEST FOR APPLICATION (RFA)

FY 2009 COMMERCIAL REVITALIZATION PROGRAM



Office of Community and Economic Development
Community and Economic Development Division
Overtown Transit Village North
701 NW 1st Court, 14th Floor
Miami, Florida 33136
Office: (786)-469-2100
Fax: (786)-469-2226

<http://www.miamidade.gov/ced>

*Please return original application and one copy.
Retain a copy for your files.*

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INTRODUCTION

This application was designed for the purpose of guiding and assisting the Property Owner in meeting the requirements necessary to apply for Community Development Block Grant (CDBG) funds allocated for the Commercial Revitalization Program, (CRP).

The program guidelines have been added to this application for reference. In addition, Miami-Dade County Resolution R-838-08 is included that specifies new information and policies set forth for this program. The program is administered by the Office of Community and Economic Development (OCED). Any questions or interpretations of the guidelines must be directed to OCED Commercial Revitalization Program's Staff. We are located at 701 NW 1st Court, 14th Floor, Miami, Florida 33136. The telephone number is (786) 469-2100 and the fax number is (786) 469-2226.

The documents listed on the next two pages must be submitted with the application. Failure to submit the documentation will result in the disqualification of your project.

The responsibility for submitting a application on or before the stated time and date is solely and strictly the responsibility of the Applicant. All expenses involved with the preparation and submission of applications to the County, or any work performed in connection therewith, shall be borne by the Applicant(s). Requests for additional information or inquiries must be made in writing and received by the County's contact person. The County will issue responses to inquiries and any changes to this Application in written addenda issued prior to the Application Due Date. Applicants who obtain copies of this Application from sources other than the County's Office of Community and Economic Development risk the possibility of not receiving addenda and are solely responsible for those risks.

CHECKLIST OF DOCUMENTATION TO BE PROVIDED

PART I

- COMPLETED COMMERCIAL REVITALIZATION PROGRAM APPLICATION**
The scope of the project must be clearly specified. Feel free to use additional pages if necessary. Any work not permitted under the program guidelines will be deleted from the project.
- PHOTOGRAPHS (PAGES 21 – 24)**
The Applicant must submit a minimum of four photographs of the building to be rehabilitated. It must show all exterior sides of the property.
- PROJECT ESTIMATE BREAKDOWN (PAGES 27 – 28)**
A table example is included in the package. The estimate must be detailed by item and categories (electrical, plumbing, etc.) The estimate cost must include materials, labor, permit fees and consulting. This estimate will be reviewed by the OCED staff. Any costs for work not permitted under the program guidelines will be deleted and subtracted from the total estimate amount.
- PROOF OF OWNERSHIP OR COPIES OF LEASES**
If the Applicant is the business Owner, he/she must provide copies of business Ownership. If the Applicant is a lease holder, he/she must provide copies of the lease agreement.
- PROOF OF INSURANCE**
The Applicant must provide copies of all insurance policies for the business property. (Flood, Property, Wind and Hail, Fire, Contents, Liability and others).
- COPY OF THE CURRENT CERTIFICATE OF USE AND OCCUPANCY (CO)**
This document must match the Applicant's name. Any discrepancies must be explained in a separate letter. An occupational license may not be available if the business is not operational at the time of rehabilitation. If this is the case, please explain in a separate letter.
- PROPERTY TAX RECEIPT FOR THE CURRENT YEAR**
You must prove that no taxes are owed to the County. A receipt from the County must be provided.
- APPLICANT'S CORPORATE INCOME TAX RETURN FOR THE LAST TWO YEARS**
Corporate Applicants must provide copies of their income tax returns for the past two years. Individual Applicant must show proof of Income Tax filing. If you filed for an IRS extension, you will need to submit the extension.
- COPY OF MUNICIPALITY AWARD LETTER (IF APPLICABLE)**
Applicant must provide commitment from municipality as specified in pages 9 and 10.

PART II

- AFFIDAVIT 1 - PUBLIC BENEFIT CERTIFICATE**
Explain how the project represents a public benefit.
- ◆ AFFIDAVIT 2 - JOB CREATION CERTIFICATION (IF APPLICABLE)**
The Applicant agrees to create a certain number of jobs as a direct result of the application of this grant. (See note below.)
- ◆ AFFIDAVIT 3 - JOB RETENTION CERTIFICATION (IF APPLICABLE)**
The Applicant agrees to retain a certain number of jobs as a direct result of the application of this grant. (See note below.)
- AFFIDAVIT 4 – APPLICANT CONTRIBUTION CERTIFICATION**
This is the amount of funds the Applicant must contribute. The required minimum is 10% of the approved OCED Project Budget if located within the Unincorporated County area and Non-entitlement cities. The Owner’s contribution varies according to location within Entitlement cities. See page 9. **This contribution cannot be waived.**
- AFFIDAVIT 5 – AGREEMENT OF REIMBURSEMENT UPON THE EVENT OF SALE**
The property Owner certifies that in the event the property is sold within five (5) years of receiving this grant, the County has the right to recapture grant funds on a declining percentage point basis (e.g. within 1 year: 100%; 2 years: 80%; 3 years: 60%; 4 years: 40%; 5 years; 20%).
- AFFIDAVIT 6 – AUTHORIZATION TO APPLY**
If the Applicant is a lease holder, he/she must have the Owner complete this Affidavit authorizing the rehabilitation of work to be performed on the Owner’s property.
- AFFIDAVIT 7 – LETTER OF UNDERSTANDING REGARDING CODE VIOLATIONS**
The property owner certifies that if code violations are found, it will be the sole responsibility of the property owner.
- ◆ NOTE: Applicant must select Affidavit 2 (Job Creation) or Affidavit 3 (Job Retention).**

*Please contact the Commercial Revitalization staff to clarify any questions or concerns prior to **HAND DELIVERING** the application to:*

Clerk of the Board of County Commissioner

Stephen P. Clark Center

111 N.W. 1st Street – 17th Floor

Between 8:30 a.m. – 4:00 p.m.

on or before Monday, April 20, 2009

Office: (786) 469-2100

Fax: (786) 469-2226

NO APPLICATIONS WILL BE ACCEPTED AFTER 4:00 P.M. ON
MONDAY, APRIL 20, 2009

COMMONLY USED TERMS

<i>The County:</i>	Miami-Dade County.
<i>BCC:</i>	Miami-Dade Board of County Commissioners.
<i>OCED:</i>	Miami-Dade County, Office of Community and Economic Development.
<i>ED:</i>	OCED, Economic Development Unit.
<i>CRP:</i>	Commercial Revitalization Program.
<i>PSC:</i>	Project Selection Committee.
<i>The Unit:</i>	OCED, CEDD, Commercial Revitalization Unit administering this program.
<i>The Program:</i>	Commercial Revitalization Program, FY 2008.
<i>Applicant:</i>	The Owner or tenant of a commercial facility requesting this Program assistance with the consent and authorization of the other property contractual parties.
<i>Owner or Project Owner:</i>	The awarded Applicant.
<i>The Contract:</i>	County/Owner Contract under this Program.
<i>The Project:</i>	The commercial facility approved for funding.
<i>Bidder:</i>	Professional quoting for a Project work or portion of a Project work.
<i>Consultant:</i>	Architect, engineer or surveyor performing contracted services for the Project, under Owner's responsibility.
<i>Contractor:</i>	Contractors and/or subcontractors performing contracted construction work for the Project, under Owner's responsibility.
<i>A/O Contract:</i>	Architect/Owner Contract under the Program guidelines and procedures.

<i>C/O Contract:</i>	Contractor/Owner Contract under the Program guidelines and procedures.
<i>Commercial Outlet or Space, Lessee Space, or Business Facility:</i>	The interior space in a commercial structure exclusively used for a commercial activity under contract.
<i>Property Subdivision:</i>	Separate Ownership or tenant space within a commercial structure.
<i>Façade:</i>	The exterior surface of the exterior walls, including the storefront(s) of the commercial facility in a multi-store structure or in a freestanding commercial building selected for Program assistance.
<i>Property Line:</i>	The line dividing the private property from the right of way or adjacent properties.
<i>Open Space:</i>	The exterior open space in an urban lot partially occupied by a commercial structure.
<i>Front Open Space:</i>	The exterior open space between the front façade and the front property line.
<i>ADA:</i>	American with Disabilities Act.
<i>Permitting:</i>	Approval process performed by Miami-Dade County or the Municipality's Building Departments.
<i>Code:</i>	The latest editions of the Florida Building Code and any other state or local applicable code.

OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT (OCED) COMMERCIAL REVITALIZATION PROGRAM (CRP)

GUIDELINES

The Commercial Revitalization Program (CRP), which is administered by Miami-Dade County's Office of Community and Economic Development, is a comprehensive approach to improve the physical and economic fabric of older commercial areas located in low and moderate-income neighborhoods. This multi-faceted program provides technical and financial assistance to property Owners and merchants within specifically designated areas showing signs of decline. Only commercial, for-profit businesses are eligible to apply.

NOTE: Only projects that benefit and serve the entire community will be considered.

The following set of guidelines has been developed to establish minimum parameters from which to evaluate projects wishing to take advantage of Miami-Dade County's Commercial Revitalization Program. Any deviation from these guidelines will require the approval and/or waiver of such requirements by the Board of County Commissioners.

CDBG NATIONAL OBJECTIVE REQUIREMENTS

To be eligible for Miami-Dade County's Commercial Revitalization Program, commercial properties for which funding is sought must be located in areas eligible to receive Community Development Block Grant (CDBG) funds. The CDBG National Objective for this program is job creation. Additionally, properties must contain or propose to contain, businesses that either serve at least 51% low-moderate income residents or create/retain jobs for low and moderate-income residents. In the case of job creation, at least 51% of the jobs created/retained must be made available to low-to moderate income residents. The preceding criteria must remain in effect for two (2) years following project completion.

Owner is required to provide a mortgage in favor of the County to ensure the property is not sold within five (5) years of project completion. If CDBG assisted properties are sold within five (5) years of receiving assistance, the County has the right to recapture grant funds on an annually declining percentage point basis (e.g. 100% - 1 year, 80% - 2 years, 60% - 3 years, 40% - 4 years, 20% - 5 years). (See Affidavit 5).

APPLICANT

Any business property Owner or merchant lease holder (with the property Owner's approval) or municipality may apply for a Commercial Revitalization Program Grant. To be eligible, a property Owner must notify all tenants of the improvement.

The goals of the program are:

1. To promote activities benefiting low and moderate-income persons through area benefit activities and job creation or retention. (Note: Job Creation Requirement – one new job for every \$35,000 within the grant award with at least 51% of new permanent jobs for low and moderate-income persons.)
2. To promote activities which aid in the prevention or elimination of slum or blight on an area basis, on a spot basis and in an urban renewal area.
3. To promote activities designed to meet community development needs having a particular urgency.

Funding for Properties Located Within Unincorporated Miami-Dade County and Non-Entitlement Cities - Property Owners with projects located within unincorporated Miami-Dade County and non-CDBG entitlement cities may receive funding from Miami-Dade County provided that they comply with CDBG requirements and Program criteria.

The Applicant must contribute a minimum of 10% of the total project cost approved by OCED. Said 10% must be submitted to Miami-Dade County at the time the Applicant enters into contract with Miami-Dade County. The Applicant is responsible for all additional costs beyond the approved project amount. The County's maximum grant is One Hundred Thousand (\$100,000) per project.

Funding for Properties Located Within CDBG Entitlement Cities - (Cities of Miami, Hialeah, North Miami, Miami Beach, Miami Gardens, Florida City and Homestead.) See page 10.

County funds are subject to participation by municipalities - Grant Applicants with eligible properties that are located within a CDBG-entitled municipality may apply. A copy of the Municipality's Award Letter and their Letter of Commitment to Disburse must be submitted with the completed CRP Application.

Projects located within the following:

Municipality	County	City	Owner	Maximum County Contribution
Miami	25%	50%	25%	\$50,000
Hialeah	25%	50%	25%	\$50,000
North Miami	25%	50%	25%	\$50,000
Miami Beach	25%	50%	25%	\$50,000
Unincorporated Areas	90%	N/A	10%	\$100,000
Miami Gardens	25%	50%	25%	\$50,000
Florida City	25%	50%	25%	\$50,000
Homestead	25%	50%	25%	\$50,000

NOTE: In order for an applicant located in an Entitlement City to be eligible for the Miami-Dade County CRP Program, they must have already been approved for funding through the entitlement city for commercial façade.

The municipality will act as the monitoring agency (for compliance with Davis-Bacon and Labor Standards). The County will disburse its portion of the project funds after the municipality's disbursement of their share of the funds, submittal of the certificate of completion, and all other compliance information as required by the CDBG guidelines. The County is not responsible for any cost overruns in excess of the contract amount.

ELIGIBLE AREAS

The program is designed to assist in the commercial redevelopment of properties located in Miami-Dade County's: (1) State Enterprise Zone, (2) Federal Enterprise Community-Empowerment Zone, (3) Community Development Focus Areas, (4) Eligible Block Groups and (5) Neighborhood Revitalization Strategy Area (NRSA) or (6) Designated Targeted Urban Areas (TUA).

The program may also participate by providing partial funding on projects located within the following entitlement cities: City of Miami, City of Miami Beach, City of North Miami, and City of Hialeah, City of Miami Gardens, Florida City and City of Homestead.

DESIGN STANDARDS

The design concept must be approved by the respective governmental agencies with authority over the project and requires approval by the Owner for the intended modification of the property.

The program does not only focus on the rehabilitation of the building(s). It also encourages pedestrian movement by introducing the use of exterior pedestrian-oriented elements such as walkways, landscaping and shading devices. **Roofing work is eligible.**

Buildings that are verified to be fifty (50) years old or older will be subject to review by the County's Department of Planning & Zoning - Office of Historic and Archaeological Resources. If the building has received a historic designation, then the rehabilitation will need the approval from the Office of Historic and Archaeological Resources. Also, an architect experienced in historic preservation will need to be selected for the project.

Commercial Revitalization projects of historic structures may also be eligible for historic preservation funding.

PROJECT ACCOUNT: Miami-Dade County represented by OCED, acts solely in a monitoring and technical assistance capacity, and shall disburse payments to the Owner for invoices submitted by the Architect and other consultants. The Owner shall establish a separate bank account exclusively used to deposit funds received from OCED to pay the architect, consultants, contractors and suppliers.

ARCHITECT/CONSULTANT SELECTION (If Required)

After project funding is approved by Miami-Dade County, the awarded Applicant shall select a qualified architect. OCED and the Applicant will obtain a minimum of three (3) proposals. OCED will review the proposals against its own estimates. The architect selection will be based on professional qualifications, knowledge and experience of local architecture. It is anticipated that the architect and other consultant's fees shall not exceed 15% of the Owner's/General Contractor's contract amount. It is the Applicant's responsibility to conduct a review of the architect's background and to follow up on his/her project references. A standard A.I.A. (American Institute of Architects) Architect/Owner Agreement (provided by Miami-Dade County) is entered into between the Applicant and the Architect. Although Miami-Dade County is not a party to the contract, it has the right to decide or refuse to make payment for any consultants' services.

NOTE: Owner is not required to have an architect.

To ensure a product with the highest level of quality, all drawings must contain the graphical description and specifications of all material used in the construction of the project.

The Architect is responsible for preparing sketches, working drawings, specifications, processing, permitting, revising plans and shop drawings; preparing all necessary information and material; preparing cost estimates; and obtaining the building permits. These responsibilities must be performed in compliance with the Florida Building Code, BCCO's NOA (Notice of Approval) for materials and systems, the ADA requirements and any other applicable code.

The Architect is also required to conduct regular site observations (once a week minimum); prepare field reports, issue instructions to the contractors, review the Change Orders and Pay Requests issued by contractors, and attend meetings. OCED will participate in contract negotiations.

CONTRACTOR SELECTION

The awarded Applicant must select a qualified General Contractor to perform the CRP construction. OCED and/or the Applicant will obtain a minimum of three (3) proposals. The County will review the proposals against its own estimates. The Applicant can accept any proposal that is within 10% deviation of the County estimate. OCED's estimate shall not be revealed to the Applicant or the bidders. It is the Applicant's responsibility to conduct a review of the General Contractor background and to follow up on his/her projects and company references. A standard A.I.A. General Construction/Owner Agreement (provided by the County) is entered into between the Applicant and the awarded General Contractor. Although Miami-Dade County is not a party to the contract, it has the right to decide or refuse to make payment for any contractors' services and to decide what portion of work is to be disbursed. Any contractor that breaches said contract will be automatically debarred from future government contracts. The Owner/Contractor

Agreement shall contain all applicable federal requirements including the Davis-Bacon Act, and Affirmative Action.

The County shall act solely in a monitoring and technical assistance capacity, and shall disburse payments to the Owner for invoices submitted by the contractor with the architect's approval (less a 10% retainage that is held until the final Certificate of Completion is obtained). Any work performed by the Contractor, that is not included in the contracted Scope of Work (per Owner/Contractor Agreement) will not be funded.

Cause of Immediate Cancellation and Recapture of Funds: The granted funds shall be immediately cancelled and recaptured in the case that the project progress is interrupted for more than thirty (30) consecutive calendar days or for more that one interruption, each lasting over fifteen (15) consecutive calendar days, or in general not continuously progressing per Contract Documents and approved Work Schedule; due to causes attributable, in OCED's judgment, to Owner and/or GC inactions, poor performance, lack of coordination or disagreement.

The only exceptions considered by OCED will be extreme adverse weather conditions, Acts of God for an extension of time, and other documented justified causes. The recapture of funds will be automatic and the Owner and GC will be notified in writing.

Any General Contractor selected for a CRP's rehabilitation project must be licensed and insured.

APPLICATION REVIEW AND SELECTION PROCESS

The CRP staff advertises for applications and screens them for completeness and eligibility under Program and federal guidelines. The CRP Staff will review all submitted applications to determine whether the criteria for the requested funding assistance is met, and will recommend to the Commercial Revitalization Project Selection Committee those projects which are worthy of consideration.

The Commercial Revitalization Project Selection Committee is appointed by the Director of the Office of Community and Economic Development (OCED).

Once a proposed property has been selected, the Applicant will be notified. The Award Letter will include a copy of the OCED approved budget and tentative Scope of Work. OCED Staff will then prepare an estimate and determine the preliminary project costs. After the architectural contract has been awarded, the Architect, the Applicant, and the County will meet to approve the final renovation work. The Project Architect, the Applicant, and the County will meet and develop an agreed-upon write-up for the final renovation work.

COMMERCIAL REVITALIZATION PROJECT SELECTION COMMITTEE

In an effort to obtain the highest level of quality design with a comprehensive design approach, the Project Selection Committee (PSC) will be responsible for the selection and review of all properties proposed and found worthy of consideration. The Committee will be comprised of five (5) members with professional experience in the areas of Architecture, Landscape Architecture,

Engineering, Planning, an individual versed in historic architecture, and an American with Disabilities Act (ADA) specialist.

PROJECT EVALUATION & SELECTION PROCESS

The Office of Community and Economic Development will evaluate applications in the following manner:

1. OCED will place an advertisement in a local community newspaper of general circulation. The advertisement will appear for one (1) day. It will identify the area for which applications are being accepted and will contain a deadline date by which applications must be received. Applicants will be required to submit photographs of the proposed rehabilitation project (all Elevations); submit schematics of the proposed rehabilitation work; and include a cost estimate prepared by an architect.
2. Applications that are not submitted within the required timeframe and with the required documentation will not be considered.
3. Once the applications are received, Staff will review each application to ensure that it is complete and meets the eligibility criteria. Only the applications which clearly meet program guidelines will be recommended for further evaluation.
4. A date will be set for the Project Selection Committee (PSC) to review the application and the Applicants will be notified of the date.
5. Presentations will be made to the PSC upon information provided by Applicants.
6. Eligible applications will be reviewed and evaluated by the PSC based upon: (1) property location, (2) need for rehabilitation/renovation, (3) visual impact, (4) feasible cost, and (5) project cost. Thereafter, selected applications will undergo a second review intended to focus on design and enrichment of the area.
7. Applicants will be notified of approved/rejected projects.
8. Simple majority vote from the PSC needed to increase funding after original award for more than twenty (20%) percent increase in grant award.

Design Phase:

9. Invitation for Architecture Service Bids (if required) will be issued by OCED.
10. Architects will develop and finalize their conceptual drawings into final working drawings and specifications. A cost estimate with the submitted revisions will be included.
11. Federal wage determination and Certification Receipt for each project will be requested.
12. Staff construction estimates for each project will be prepared.
13. Cost of project county sign installed by Miami-Dade County General Services must be deducted from total Applicant Award. Sign installation ranges from \$600 to \$1,000. Once installed, any remaining sign funds will be placed back into the Applicant Award.

Construction Phase:

14. Invitation for Construction Bids will be issued by OCED (**per owner's request**).
15. Applicant must hold a Pre-bid Meeting with Architect (if applicable), contractors, and OCED Staff at the construction site to review the Scope of Work and to answer questions.
16. OCED will conduct a Pre-construction Conference with the Applicant, Architect (if applicable) and Owner-selected awarded Contractor, to execute the agreement: AIA Owner-Architect Agreement, AIA Owner-Contractor Agreement. Miami-Dade County will explain applicable County, State and Federal regulations (including Davis-Bacon Act), and will also explain the process of disbursement of funds to Owner.
17. Notice to Proceed and Notice of Commencement for each project will be prepared by Applicant-Owner or OCED.
18. OCED inspections to monitor for compliance with Davis-Bacon and other federal or local regulations for construction progress and compliance with contract documents will be conducted periodically.
19. Federal and project compliance paperwork will be reviewed and approved by OCED.
20. Invoices will be reviewed and verified for completion of work against requests for payment. Releases of Liens and paid receipts for material must accompany the Request for Payments. Applicant-Owner and Architect signatures will be required before payment is released. Applicant-Owner and Architect must ensure that all pertinent compliance forms are attached to the Request for Payment prior to approving the request.

COMMERCIAL REVITALIZATION PROGRAM FY 2008

APPLICATION FOR GRANT

I. APPLICANT INFORMATION:

Name of Business: _____

Address of Property: _____

Name of Applicant: _____ Owner: () Lessee: () Other: ()

Applicant Mailing Address: _____

Name of Property Owner: _____

Property Owner Mailing Address: _____

Type of Business: _____

Business Telephone: Applicant: () _____ Property Owner: () _____

Cellular telephone: Applicant: () _____ Property Owner: () _____

Home Telephone: Applicant: () _____ Property Owner: () _____

Facsimile Number: Applicant: () _____ Property Owner: () _____

E-mail Address of: Applicant: () _____

Property Owner: () _____

II. TYPE OF PROPERTY OWNERSHIP:

How many years in business in this location: _____

Individual Partnership Other

Corporate/Profit Corporate/Non-Profit

If Ownership is other than individual, list the name, title, and address of partners or officers in Lessee's joint, corporate or partnership entity.

NAME	TITLE	ADDRESS

III. TYPE OF BUSINESS OWNERSHIP AND/OR MANAGEMENT:

Individual: Family: Trust:

Other: _____

DUNS No.: _____ (Required)
 (To obtain DUNS #, please call 1 866-705-5711)

IV. EMPLOYMENT STATUS:

Current Number of Employees: _____ as of _____

Current Number of Employees living in the property/business neighborhood: _____

Current Female Employees: _____ Current Male Employees: _____

Number of Employees by Ethnicity:

White _____	Black _____	African American _____	Asian _____	American Indian/Alaskan Native: _____
Native Hawaiian/Other Pacific Islander _____	American Indian/Alaskan Native & White _____	Asian & White _____	Black African American & White _____	
American Indian/Alaskan Native & Black African American _____	Other Multi-Racial _____	Asian/Pacific Islander _____	Hispanic _____	

V. PROPERTY INFORMATION

LOCATION

Street Address: _____ Zip Code: _____

Municipality: _____

Unincorporated Area: (Yes) (No)

County District No.: _____ Municipality District No.: _____

Property Folio Number: (Printed on Property Tax Notice) _____

Name prominent buildings near your property and approximate distance:

Other Property/Business Conditions

Name appearing on Certificate of Occupancy: _____

Certificate of Occupancy Number: _____

Certificate of Occupancy Date: _____

Is the building currently vacant? Yes No

Is the building damaged due to fire hurricane or other causes? Yes No

Does the building currently have any existing code violations? Yes No

Please check: <http://www.miamidade.gov/building/regulation.asp>

If so, please explain (use additional sheets if needed): _____

VI. PHYSICAL DESCRIPTION:

SET BACKS

Distance from the front property line to the nearest front façade: _____

Distance from the right side property line to the nearest right side façade: _____

Distance from the left side property line to the nearest left side façade: _____

Distance from the rear property line to the nearest rear façade: _____

(Note: If the building is located on the corner of a city block, consider the side façade as a front façade)

DIMENSIONS

No. of stories: _____ No. of facades: _____

Front façade: Length: _____ feet, Height: _____ feet, Adjusted Square feet: _____

Right side façade: Adjusted square feet: _____

Left side façade: Adjusted square feet: _____

Rear façade: Adjusted square feet: _____

Building (total covered area): _____ (square feet)

Lot (total area): _____ (square feet)

Open space (total area): _____ (square feet)

FEATURES

Existing parking area for a total of _____ vehicles at (front:) (rear:) (side:) yard

Existing landscaping within the property (*): Yes: ___ No: ___ Number of adult trees: _____

Existing private storm sewer system: Yes: ___ No: ___

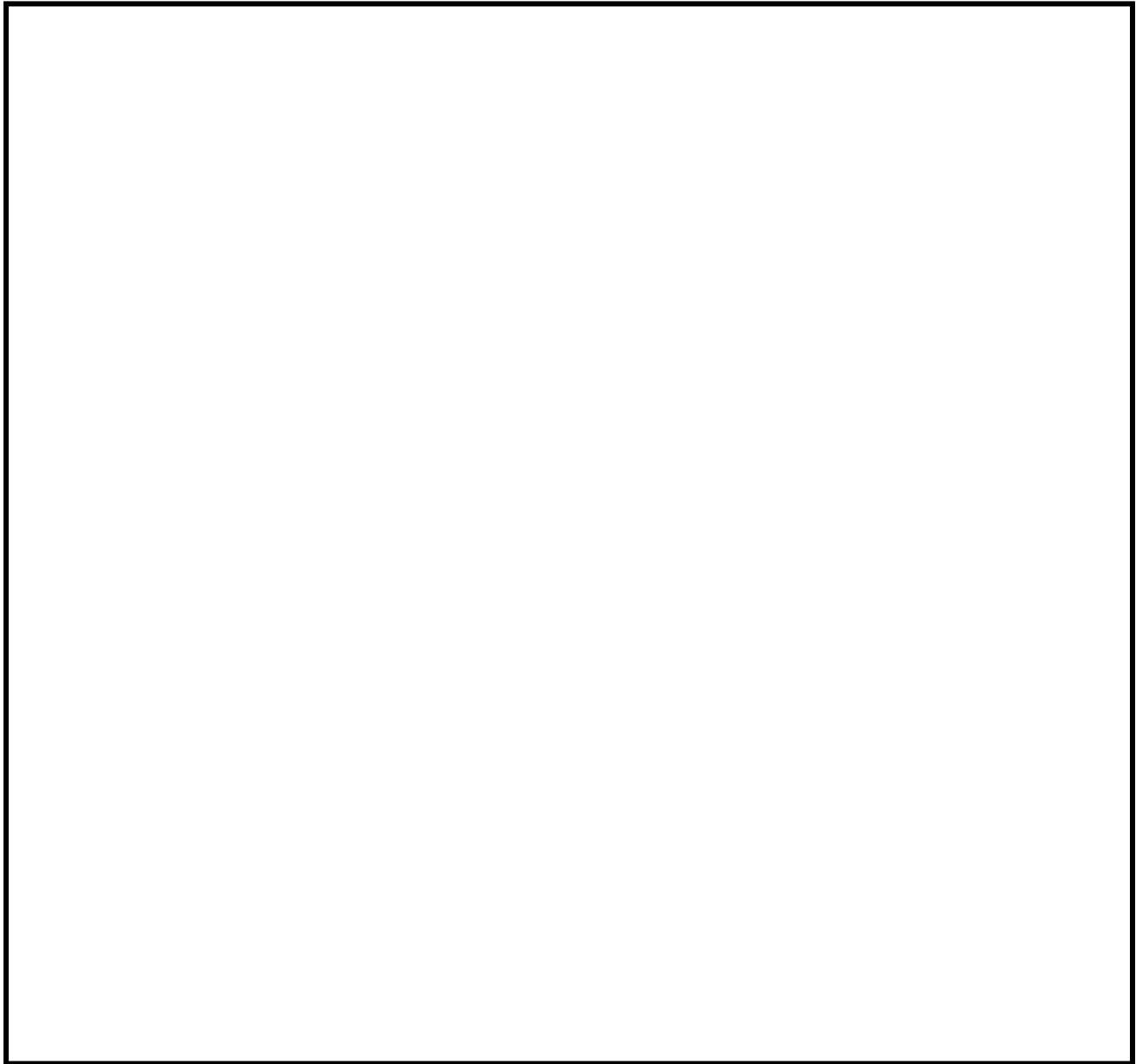
Existing public storm sewer system: Yes: ___ No: ___

Existing underground septic tanks or other types of storage/receptacles/catch basins, etc:

No: ___ Yes: ___ If "Yes", please describe:

Location Sketch: Indicate street names, the approximate distances from the building and the lot to the nearest street intersection, and list other important buildings close to your property indicating the approximate distances. Provide sketch(s) and other information below.

Sketch

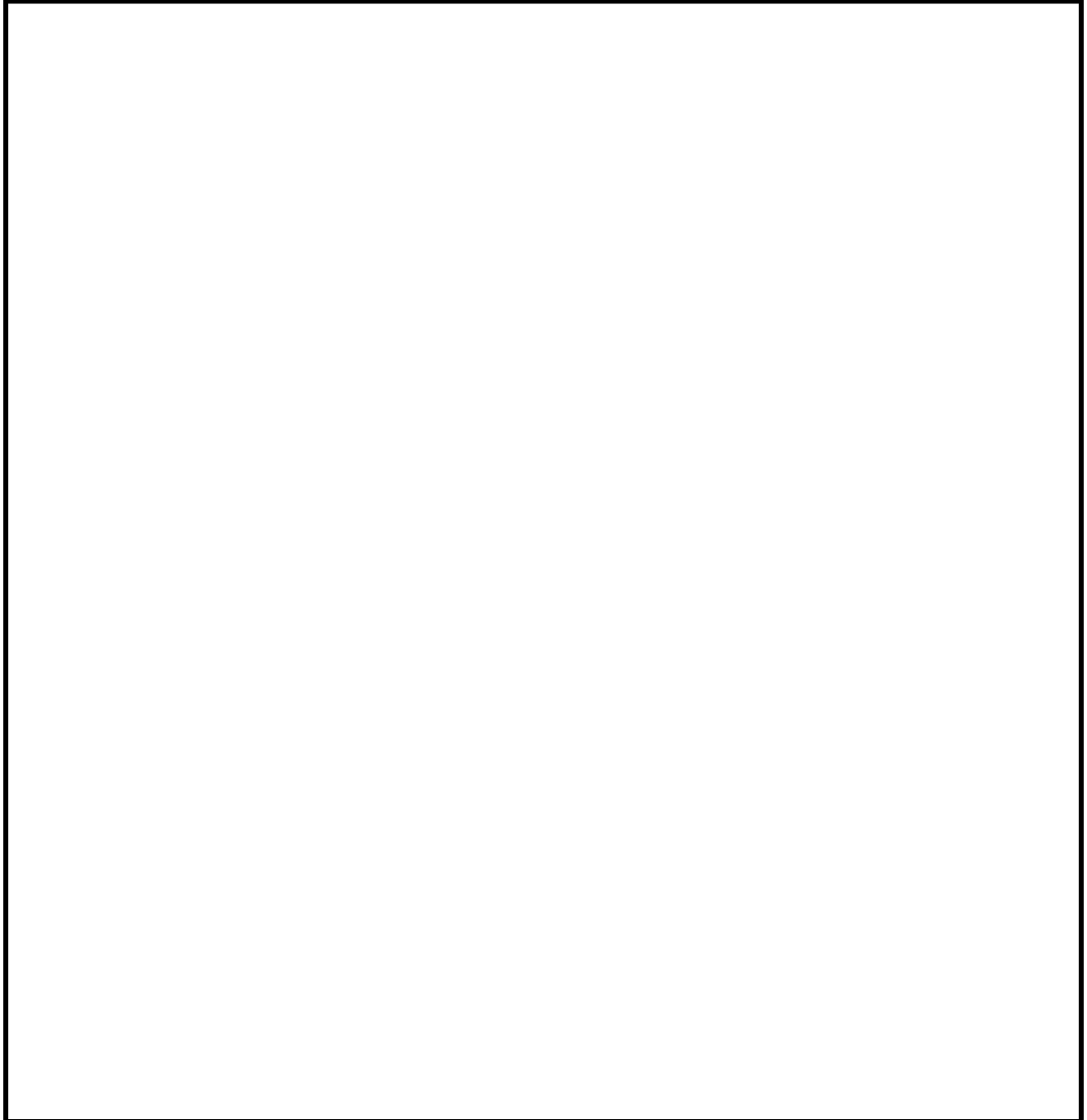


Note: Photographs must show sharp and clear images.

PHOTOGRAPHS OF THE PROPOSED PROJECT:
must be attached)

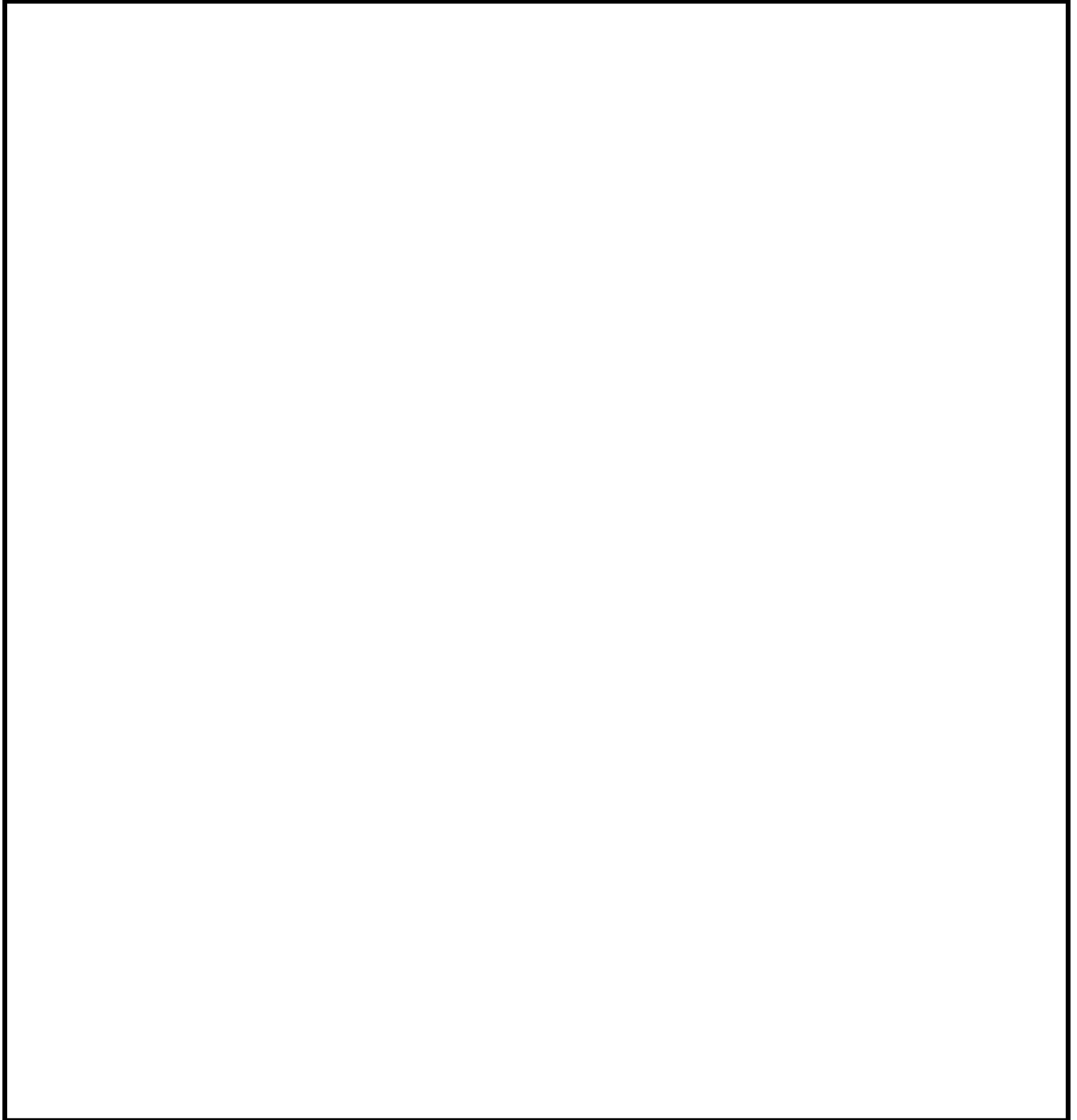
(A minimum of four photographs

Facade Front View (close-up)



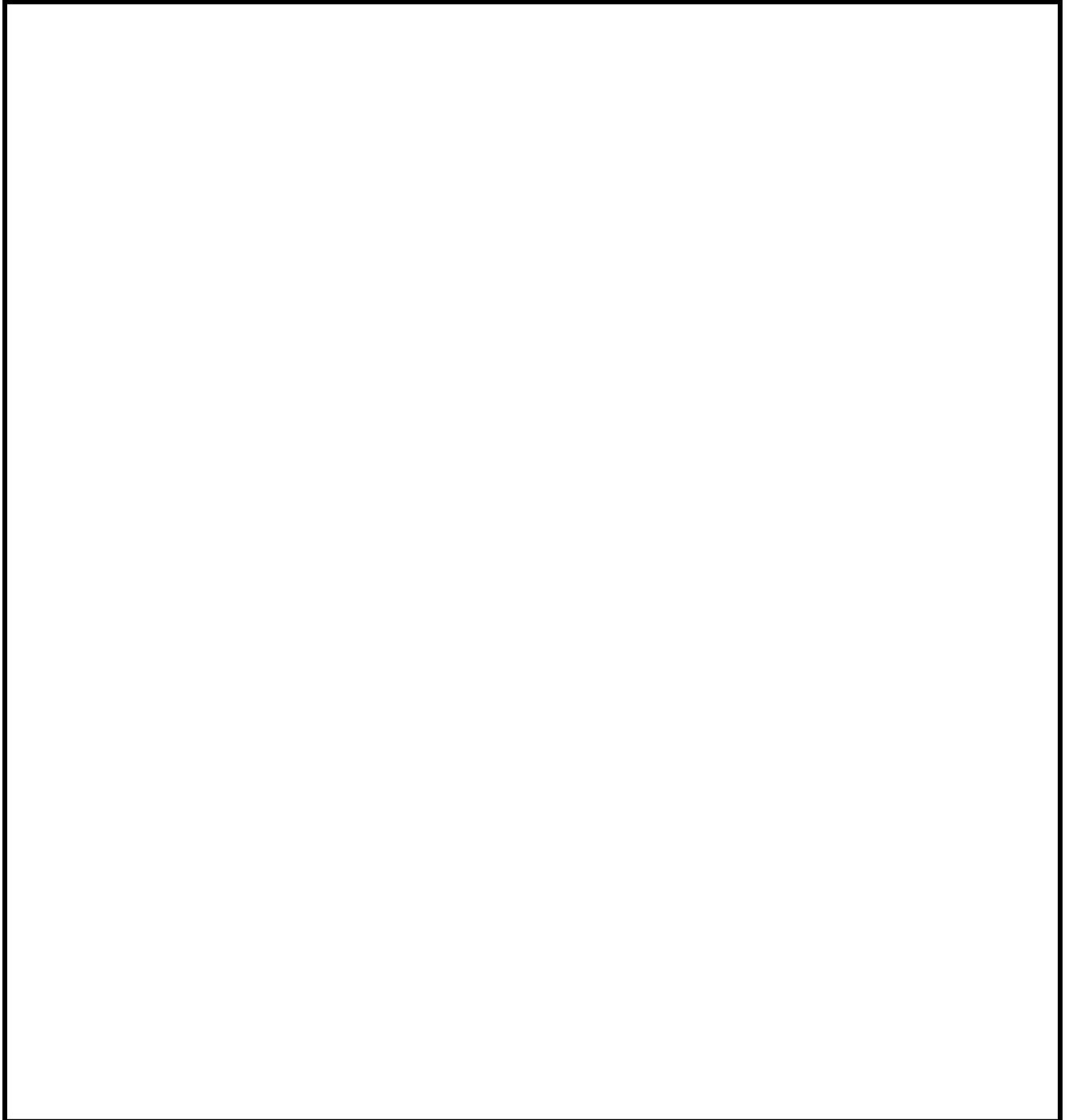
Note: Photographs must show sharp and clear images.

Block Front View, of same side of street



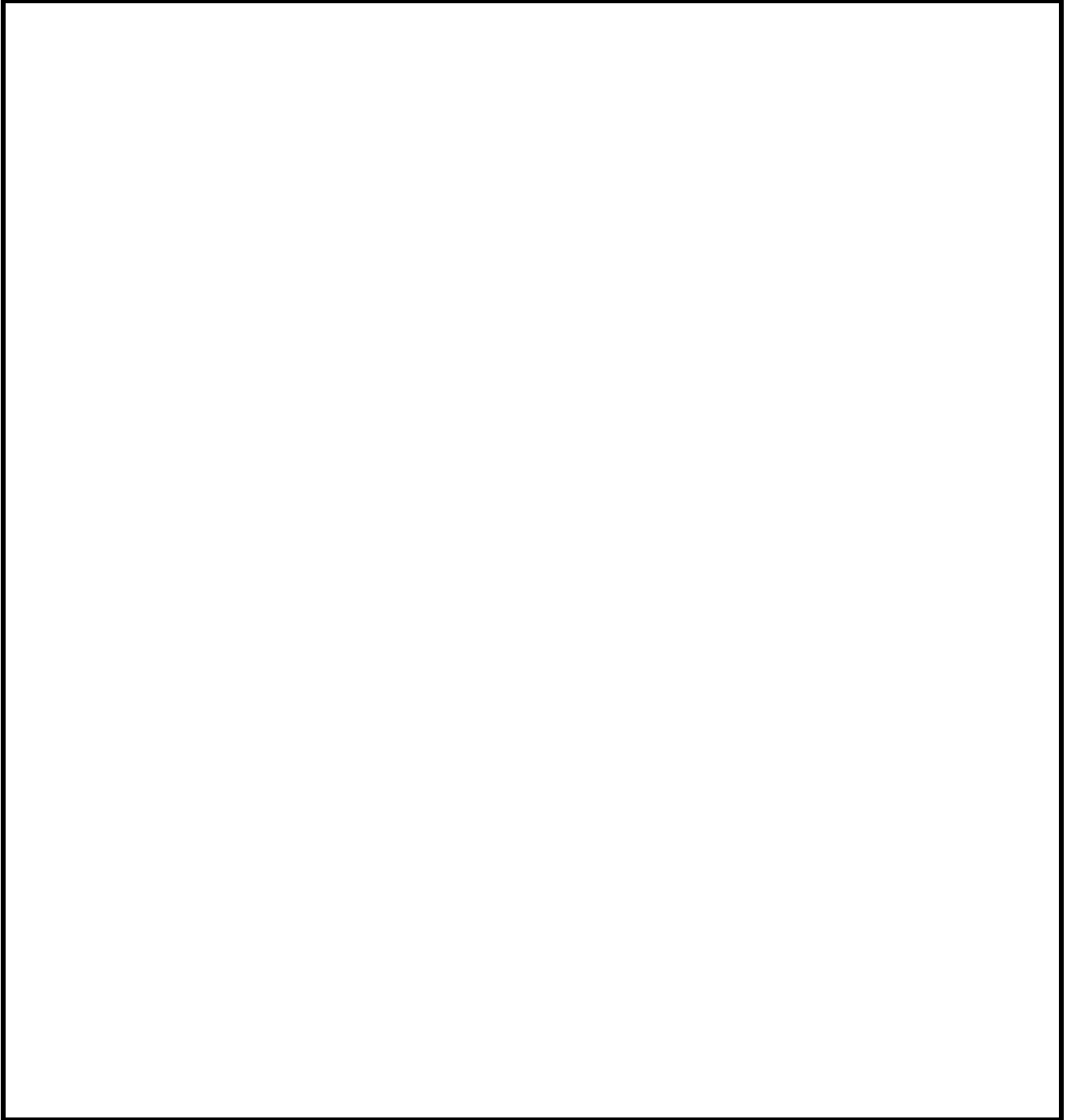
Note: Photographs must show sharp and clear images.

Block Front View, Across the Street from the Property



Note: Photographs must show sharp and clear images.

Other Facades and Points of Interest



Note: Photographs must show sharp and clear images.

VII. PROPOSED REHABILITATION INFORMATION:

Describe the proposed improvements. Use additional sheets if needed:

**VIII. SCOPE OF WORK: Please check all items listed below in need of improvement:
(Add other items if needed)**

NEW

REPAIR

FACADES: Number of facades (1), (2), (3), (4), () If more than four

Roof parapet or frontispiece & soffits ().....()

Canopies..... ().....()

Stucco work (wall repair)..... ().....()

Paint ().....()

Tile or other wall decorations ().....()

Doors..... ().....()

Windows ().....()

Storefront..... ().....()

Lighting on wall and/or soffit ().....()

Awnings ().....()

Hurricane Shutters ().....()

Sign on wall ().....()

Outside Security Cameras..... ().....()

Roof Repairs (No more than 30% of project budget) ().....()

Other _____ ().....()

_____ ().....()

_____ ().....()

_____ ().....()

SITE WORK:

NEW

REPAIR

Walkway: Tile () Concrete () Other ()..... ().....()

Parking pavement: Asphalt () other ()..... ().....()

Parking markings and signs..... ().....()

Fence and gates ().....()

Landscape ()..... ().....()

Exterior Lighting on post(s)..... ().....()

Sign(s) , free standing ().....()

A.D.A compliance:

Stairs, ramps, railings, entrance door(s)

threshold(s)... ().....().....()

Loading dock().....()

Other: _____ ().....()

_____ ().....()

_____ ().....()

_____ ().....()

_____ ().....()

_____ ().....()

APPLICANT’S ITEMIZED COST OF PROPOSED WORK

FAÇADES:

Item No.	Item Description Facades	Date	Date
		Proposed Estimated Cost	CRP Revised Estimated Cost
1	Roof parapets and soffits		
2	Canopies		
3	Stucco Work (wall repair)		
4	Paint		
5	Tile or other wall decorations		
6	Doors		
7	Windows		
8	Storefront		
9	Lighting on wall and/or soffit		
10	Awnings		
11	Hurricane Shutters		
12	Sign on wall		
13	Outside Security Cameras		
14	Roof Repairs (No more than 30% of project budget)		
15	Other		
	TOTAL		

APPLICANT'S ITEMIZED COST OF PROPOSED WORK

SITE WORK:

Item No.	Item Description Facades	Date	Date
		Proposed Estimated Cost	CRP Revised Estimated Cost
1	Walkway		
2	Parking pavement		
3	Parking markings and signs		
4	Fence and gates		
5	Landscape		
6	Exterior lighting on post(s)		
7	Sign(s), free standing		
8	A.D.A. Compliance Items: Stairs, ramps, railings, entrance door(s), threshold(s)		
9	Loading dock		
10	Other		
	TOTAL		

PROPOSED CONSTRUCTION SUMMARY:

1. Cost of Rehabilitation:
 - a. Total estimated rehabilitation costs. (Attach estimate breakdown): (amount in letters) \$ _____
 - b. Cost estimate by: Owner () by Consultant ()
by General Contractor () by Sub Contractor ()
2. Estimated rehabilitation time (calendar days): _____
3. Is the business/building ready for immediate rehabilitation work? Yes () No ()
4. If not, provide a start date: _____

XI. AGREEMENTS AND CERTIFICATIONS:

The undersigned is applying for the grant indicated in this application for improvements to the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and made for the purpose of obtaining the grant.

Penalty for False Statement- Section 21-24.1 of the code of Miami-Dade County provides: "it shall be unlawful of any person directly or indirectly on his own behalf or on behalf of another to others to make or file with any officer or employee or department or division of the County any false statement or representation with knowledge of the falsity thereof and for the purpose or with the intention of receiving for himself or another or others any benefits..." "Violation of the above provision is punishable by a fine not to exceed five hundred dollars or by imprisonment in the County jail for a period not to exceed sixty days or both."

The undersigned understands and agrees that all documents and records received by Miami-Dade County in connection with this program will be public records, pursuant to the Florida Statutes. The undersigned further agrees to permit an architect and/or engineer to perform inspections of the property proposed to be rehabilitated under the Miami-Dade's Commercial Revitalization Program. The purpose of the inspection is to assess the overall condition of the building under consideration for a CRP rehabilitation grant.

THIS IS CERTIFIED BY MY SIGNATURE:

Applicant's Signature

Print Applicant's Name

Property Owner's Signature

Print Property Owner's Name

Date:

Date:

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200__.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Public – State of _____

Notary Seal:

AFFIDAVIT 1
PUBLIC BENEFIT CERTIFICATE

THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS SUBJECT TO VERIFICATION BY AUTHORIZED GOVERNMENT OFFICIALS.

Name of Employer: _____

Address (Include Zip Code):

Phone Number: _____ Federal ID# _____

Business Owner: _____

Type of Business: _____

The undersigned hereby certifies that, _____ provides the following products or services to the community: _____

Services:

- Serve a critical need in the neighborhood.
- Benefit the residents in the neighborhood and at least 51% if those residents are Low-Moderate-income persons
- Alleviate serious existing conditions that are immediate threats to the health or welfare of the community.
- Residents would have to obtain these services out of the community if my business were to close its doors.

THIS IS CERTIFIED BY MY SIGNATURE:

Applicant's Signature	Print Applicant's Name	Date
Property Owner's Signature	Print Property Owner's Name	Date
Property Owner's Signature	Print Property Owner's Name	Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____, by _____, He/she is personally known to me or has presented _____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Public – State of _____

Notary Seal:

AFFIDAVIT 2

JOB CREATION CERTIFICATE

THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS SUBJECT TO VERIFICATION BY AUTHORIZED GOVERNMENT OFFICIALS.

Name of Applicant: _____

Address: _____

Phone Number: () _____

Federal ID#: _____

Type of Business: _____

Number of Jobs to be Created: _____

I understand that the goal of the Federal Government in the area of job creation is to assist in creating jobs for low and moderate-income persons. CDBG guidelines require that a minimum of one (1) full-time permanent job be created or retained for every \$35,000 of CDBG funds used. It is the intent of the business named above to willingly attempt to recruit at least 51% of its employees resulting from this assistance, to meet the federal definition of very low and low-moderate income levels, as set forth in the chart shown below.

**LOW AND MODERATE - INCOME LIMITS BY FAMILY SIZE
 (FAMILY MEMBERS PERMANENTLY LIVING IN EMPLOYEE'S HOUSEHOLD)**

<u>Family Size</u>	HOUSEHOLD INCOME VERY LOW	HOUSEHOLD INCOME	HOUSEHOLD INCOME
	IF LESS THAN:	LOW-MODERATE	GREATER THAN:
1	\$21,100	\$21,101-\$33,800	\$33,800
2	\$24,100	\$24,101-\$38,600	\$38,600
3	\$27,150	\$27,151-\$43,450	\$43,450
4	\$30,150	\$30,151-\$48,250	\$48,250
5	\$32,550	\$32,551-\$52,100	\$52,100
6	\$34,950	\$34,951-\$55,950	\$55,950
7	\$37,400	\$37,401-\$59,850	\$59,850
8	\$39,800	\$39,801-\$63,700	\$63,700

THIS IS CERTIFIED BY MY SIGNATURE:

 Applicant's Signature

 Print Applicant's Name

 Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____

AFFIDAVIT 3

JOB RETENTION CERTIFICATE

THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS SUBJECT TO VERIFICATION BY AUTHORIZED GOVERNMENT OFFICIALS.

Name of Applicant: _____

Address: _____

Phone Number: () _____

Federal ID#: _____

Type of Business: _____

Number of Jobs to be Retained: _____

I understand that the goal of the Federal Government in the area of job creation is to assist in creating jobs for low and moderate-income persons. CDBG guidelines require that a minimum of one (1) full-time permanent job be created or retained for every \$35,000 of CDBG funds used. However, I certify that I have suffered a hardship and therefore is requesting to retain the employees that I have. It is the intent of the business named above to willingly attempt to retain at least 51% of its employees resulting from this assistance, to meet the federal definition of very low and low-moderate income levels, as set forth in the chart shown below.

**LOW AND MODERATE - INCOME LIMITS BY FAMILY SIZE
 (FAMILY MEMBERS PERMANENTLY LIVING IN EMPLOYEE'S HOUSEHOLD)**

<u>Family Size</u>	HOUSEHOLD INCOME VERY LOW	HOUSEHOLD INCOME	HOUSEHOLD INCOME
	IF LESS THAN:	LOW-MODERATE	GREATER THAN:
1	\$21,100	\$21,101-\$33,800	\$33,800
2	\$24,100	\$24,101-\$38,600	\$38,600
3	\$27,150	\$27,151-\$43,450	\$43,450
4	\$30,150	\$30,151-\$48,250	\$48,250
5	\$32,550	\$32,551-\$52,100	\$52,100
6	\$34,950	\$34,951-\$55,950	\$55,950
7	\$37,400	\$37,401-\$59,850	\$59,850
8	\$39,800	\$39,801-\$63,700	\$63,700

THIS IS CERTIFIED BY MY SIGNATURE:

 Applicant's Signature

 Print Applicant's Name

 Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____

AFFIDAVIT 5

OWNER AGREEMENT FOR REIMBURSEMENT UPON EVENT OF SALE

Comes now _____, who is being duly sworn, deposes and states as follows:

1. I, the Owner(s) of the property located at (include zip code): _____

2. I agree to execute a note and a mortgage in favor of the County for the full grant amount. The loan will be forgiven over a 5-year period.
3. I agree that if said property, which has been rehabilitated with CDBG Funds, is sold within five (5) years of receiving assistance, the County has the right to seek reimbursement of grant funds.
4. I agree that if said property is sold, the County has the right to recoup grant funds on a declining percentage point basis as outlined below:
 Within the first year.....100% will be reimbursed
 Within the second year80% will be reimbursed
 Within the third year.....60% will be reimbursed
 Within the fourth year.....40% will be reimbursed
 Within the fifth year20% will be reimbursed

THIS IS CERTIFIED BY MY SIGNATURE:

Property Owner's Signature	Print Property Owner's Name	Date
Property Owner's Signature	Print Property Owner's Name	Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200__.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____

AFFIDAVIT 6

AUTHORIZATION TO APPLY AND CONTRACT SERVICES

TO WHOM IT MAY CONCERN

I _____ hereby authorize
Property Owner(s)
_____ to apply for the Commercial Revitalization
Lease Holder
Program under Miami-Dade County’s Office of Community and Economic Development (OCED).
I understand that this grant, if approved, is exclusively used for the rehabilitation of the front
façade(s) of the commercial facility located at _____.
I authorize the contracting of the required consultants, contractors and any other services required to
complete the approved rehabilitation of the Project.

I also accept the Commercial Revitalization Program Guidelines, and the administration of
said project under OCED/CEDD supervision and monitoring.

THIS IS CERTIFIED BY MY SIGNATURE:

_____	_____	_____
Property Owner’s Signature	Print Property Owner’s Name	Date
_____	_____	_____
Property Owner’s Signature	Print Property Owner’s Name	Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200__.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

AFFIDAVIT 7

LETTER OF UNDERSTANDING REGARDING CODE VIOLATIONS

Property Owner: _____

Address: _____

Telephone Number: (____) _____

The undersigned Property Owner hereby understands and agrees that any code violations that are found by Miami-Dade County inspectors during the Commercial Revitalization project work is the sole responsibility of the Property Owner. Miami-Dade County OCED is not liable and will not disburse any CRP funds for the correction of said violations

THIS IS CERTIFIED BY MY SIGNATURE:

Property Owner's Signature Print Property Owner's Name Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200__.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____