



**MIAMI-DADE OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT**

**ADDENDUM 1**  
**TO THE 2010 CONSOLIDATED REQUEST FOR APPLICATION (RFA)**  
**FOR BUSINESS LOAN OPERATOR APPLICATIONS**

This Addendum 1 only applies to the Request For Application for the Business Loan Operator Applications (Micro Loan Program and Small Business Loan Assistance Program).

Please submit copies of the documents required in each copy of the proposal submitted. General information requested should be included in each copy of the proposal. Applications submitted to respond to this RFA will not be reviewed and processed without the documents and information requested in Addendum 1.

**APPLICATION COVER SHEET**

**CHECKLIST AND CERTIFICATION FOR MICRO LOAN PROGRAM  
AND SMALL BUSINESS LOAN ASSISTANCE PROGRAM  
FY 2010 REQUEST FOR APPLICATIONS**

**AGENCY/APPLICANT NAME:** \_\_\_\_\_

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

**AUTHORIZED REPRESENTATIVE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

1. **Application Cover Sheet**
2. **Activity Application Submission Form**
3. **Scope of Services** including Activity Description, Location, Proposed Accomplishments and Action Steps. (See RFA for sample.)
4. **Budget** – (See RFA for sample.)
5. **W-9 Form** – Request for Taxpayer Identification Number and Certification.
6. **Tax Exempt Status Letter – Evidence of the not for profit.**
7. **IRS 990 – Description of the not for profit status.**
8. **Governing Board\* - names and addresses.**
9. **Agency’s Current Articles of Incorporation.**
10. **Agency’s Current By-Laws**
11. **Contact Information for All Partners** – Names of the organizations and the specific governmental agencies involved in the partnership to include contact person(s), addresses and telephone numbers for each and their role in the project. Identify not-for-profits versus for-profits.
12. **Current Certificate of Good Standing** – from the State of Florida

I HEREBY CERTIFY THAT THIS PROPOSAL IS COMPLETE, AS INDICATED ABOVE, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

**APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ALL DOCUMENTS MUST BE INCLUDED IN EACH SUBMISSION BINDER.  
PLEASE SUBMIT THESE IN THE ORDER AS THEY APPEAR IN THE LIST.**



4. **Agency Contact Person/Title/Phone Number/Email/Website** (if you are a partnership, you must submit this information for all partners. (Please use another piece of paper and include this as part of Attachment A.)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

5. **Activity Title:** \_\_\_\_\_  
*(If this is a currently funded activity, and you are receiving funding from the same funding source, the title must be the same as currently contracted.)*

6. **Provide an Abbreviated Activity Description (no more than 250 characters)**  
*(Who, What, When, Where, Why, How)*  
*Example of a good abbreviated description: (Construction of an ADA walkway, ADA parking, fencing/landscaping for 50 low/mod income Alzheimer’s clients in an adult day care program located in the Model City NRSA, 123 Main Street, in Commission District 3.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What category are you applying for? **(Select only one)**

- Capital Improvement                       Economic Development  
 Historic Preservation

8. **For this application, how much funding are you requesting?** \$ \_\_\_\_\_.

9. **If currently funded for this activity, how much funding did you receive for this activity in prior years?**  
\$ \_\_\_\_\_.

*(Note: You are only considered currently funded if you are requesting funds from the same source award and for the same activity.) (Please mark N/A if you did not receive prior year funding for the same activity.) Verification of award will be checked via a BCC Resolution, an Award Letter or an executed contract.*

10. **Please provide EACH of the following documents.**
- An overall agency budget (from all funding sources)
  - A detailed activity budget
  - A detailed activity scope of work, broken down into four (4) quarters

11. **What is the TOTAL project cost?** \$ \_\_\_\_\_

12. **Has this activity secured documented funding from other sources?** (Add additional paper if needed)

<u>Name of Source?</u>	<u>Amount?</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*(Please provide evidence such as: Award letters, signed affidavits if from agency's own resources, letters of commitment that are not contingent upon award or municipal resolutions.)*

\_\_\_\_\_ 0-25% Leverage                  \_\_\_\_\_ 26-79% Leverage                  \_\_\_\_\_ 80-100% Leverage

13. **What is the primary activity address (location of project)?** (If there are multiple activity addresses, you must submit this information for all locations. P. O. Boxes are not acceptable; a physical activity location must be given.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State:   Zip Code:       -

CENSUS TRACK & CENSUS BLOCK NUMBER: \_\_\_\_\_  
(Census information can be obtained through [www.census.gov](http://www.census.gov). Select American Fact Finder. Select Street Address. Type in the activity address. Press Go and your information will come up in a box underneath your address) or <http://gisims2.miamidade.gov/Cservices/CSReport.asp>)

Please list multiple addresses or vacant lots please provide crossroads information:

14. Where is the activity located? Please select only one answer, in one category. Please do not select in multiple categories:

**ENTITLEMENT CITY**

- City of Miami
- City of North Miami

- City of Hialeah
- City of Miami Beach

- City of Miami Gardens
- City of Homestead

**FL SMALL CITY**

- N/A
- City of Florida City

**PARTICIPATING MUNICIPALITY**

- City of Sweetwater
- City of North Miami Beach

- City of Opa-Locka
- City of South Miami

- City of Hialeah Gardens
- N/A

- Village of El Portal

15. Is the activity in a Neighborhood Revitalization Strategy Area (NRSA)?  
(NRSA Maps available at <http://www.miamidade.gov/ced/NRSA.asp>)

Yes

No

16. If yes, which one? (Check all that apply)

- Opa-Locka
- Melrose
- Goulds

- Model City
- South Miami
- Leisure City/Naranja

- West Little River
- Perrine

17. Does the activity serve at least 51% of NRSA and/or eligible block group residents?

Yes

No

18. Is the activity located within the Federal Empowerment Zone?  Yes (1 pt.)  No  
(Information can be obtained by going to <http://gisims2.miamidade.gov/Cservices/CSReport.asp?CMD=INIT> and enter the activity location. Please provide evidence such as: Print out of the information obtained via the above website.)

19. If yes, please check applicable location.

- Northside/Poinciana (Developing Site)
- Little Havana (Neighborhood)
- Liberty City/Model City (Neighborhood)
- Airport (Miami)

- Opa-Locka (Developable Site)
- Homestead (Neighborhood)
- Melrose (Neighborhood)
- East/West Corridor

- Homestead/Florida City (Developable Site)
- Allapattah/Civic Center (Neighborhood)
- Overtown (Neighborhood)
- Central Business District & Seaport

20. In what County Commission District is the activity located?  
Please circle all that apply.  
(Information can be obtained by going to <http://gisims2.miamidade.gov/Cservices/CSReport.asp?CMD=INIT> and enter the activity location.)

1 2 3 4 5 6 7 8 9 10 11 12 13 County Wide

21. In what County Commission District(s) do the clients reside?  
Please circle all that apply.  
(Information can be obtained by going to <http://gisims2.miamidade.gov/Cservices/CSReport.asp?CMD=INIT> and enter the activity location.)

1 2 3 4 5 6 7 8 9 10 11 12 13 County Wide

22. **What type and how many accomplishment units are you proposing to serve with this funding request?**  
 (Please select only one type.)
- People    Households    Businesses    Organizations    Public Facilities    Jobs
- How many? \_\_\_\_\_
23. **If currently funded by OCED, as of 7/31/09 has the agency submitted acceptable progress reports and met its contractual requirements in a timely manner?**
- A. Not previously funded, question does not apply.  
 B. Submitted all required reports and met all performance objectives.  
 C. As of 7/31/09 does the agency have unresolved audit findings.
24. **Has the agency submitted an acceptable prior year external audit report?**
- A. Not previously funded, question does not apply.  
 B. Submitted all required audits with any findings resolved.  
 C. Has not submitted a prior year external audit report.
25. **Has the agency previously received funding from OCED does it have unexpended fund balances?**  
 Agency has expended at least 75% of fund balances by December 31, 2008.  
 Yes    No   (If No, skip to the next sub section)
- For Economic Development or Historic Preservation are the unexpended cumulative funds greater than \$100,000 at December 31, 2008?  
 Yes    No
26. **Is the agency organized under state law to engage in community development activities within the community?** (Please provide evidence such as: *Articles of Incorporation or By-Laws.*)
- Yes    No
27. **Has there been a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501 (c)(3) or (4) of the IRS Code of 1986?** (Please provide evidence such as: *current Tax Exempt Status Letter or letter of application to the IRS.*)
- Yes    No
28. **Does the agency have, among its purposes, the improvement of the physical, social, or economic environment of its service area by addressing one or more critical problems in the area, with particular attention to the needs of low-moderate income persons.** (Please provide evidence such as: *Articles of Incorporation or By-Laws*)
- Yes    No
29. **Does the agency have a history of service to the community within a neighborhood revitalization strategy area and has it administered community services, economic development, or energy conservation projects?**  
 (Please provide evidence such as: *A statement that documents the length of time the organization has experience in serving the community or for newly created organizations formed by local churches, service or community organizations, or a statement that documents the length of time that its parent organization has experience in serving the community.*)
- Yes    No
30. **Does the agency have the technical capacity for carrying out the activities?**  
 (Please provide evidence such as: *Resumes and/or statements that describe the experience of key staff members who have successfully completed projects, Contract(s) with consultant firms, not for profit organizations or individuals who possess program knowledge or experience carrying out project.*)
- Yes    No

31. **Does the agency conform to “standards for Financial Management Systems”?**  
(Please provide evidence such as: *Audited Financial Statement, certification from a Certified Public Accountant, A notarized statement by the President or Chief Financial Officer of the organization or an accounting/internal control procedures manual.*)

Yes       No

32. **Does the Agency maintain accountability to residents or target population through representation on its governing board or by some other means?** (Please provide a list of the Board along with their addresses.)

Yes       No

33. **Does your agency act as an agency or instrumentality of a unit of state or local government and no more than one-third of the board is elected or appointed public officials or employees of state or local government?**  
(Please provide evidence such as: *Articles of Incorporation, By-Laws or a List of Members of the Government Board with addresses.*)

Yes       No

34. **Is the Governing body nominated by the general membership of the organization?**  
(Please provide evidence such as: *Articles of Incorporation or By-Laws.*)

Yes       No