# Request For Application (RFA) FY 2012

Print Form

## NON-HOUSING GENERAL SECTION (Tab 5) | (Maximum of 50 Points)

**ALL INFORMATION IS REQUIRED TO BE CONSIDERED FOR AWARD**

~All Applicants Must Complete The General Section And The Respective Sub-Section~

The application may be obtained at the following link: http://www.miamidade.gov/ced/request_rfa.asp.

For the following questions, please tab each part of the document with the corresponding questions that tab is addressing and highlight the appropriate section. **If the requested written documentation is not provided, the question will not be scored.** For example, for any question that states by-laws are an acceptable source of documentation, you only need to supply one set of by-laws with each question appropriately tabbed and highlighted to denote the answer to that particular question.

## Part I. Applicant Information **(Please insert the page number as indicated in your RFA application)**

**1. What is the LEGAL NAME of the Agency or Developer applying for funds?** Please provide evidence such as Business License, Incorporation documents, Certificate of Good Standing, Certificate of Status from the State of Florida. Include documents in **TAB 15** (Articles of Incorporation and Corporate Documents, etc.); **Page #:** ____ *

Currently funded agencies must submit DHCD's affidavit of organizational consistency to be exempt from this requirement.

Legal Name: _____

Organization's Fed. Tax or Employer Identification Number (TIN / EIN): _____

Organization's Dun & Bradstreet D-U-N-S #: _____

A D-U-N-S # is mandatory.

(To obtain a DUNS # please call 1.866.705-5711 or visit http://fedgov.dnb.com/webform)

**2. Agency or Developer Address.** If you are a partnership, you must submit this information for all partners. Please use a separate sheet of paper to list all partners. Include documents in **TAB 17** (Contact information for all partners); **Page #:** ____

Address Line 1: _____

Address Line 2: _____

City _____ State ____ Zip+4 _____

**3. Agency or Developer Contact Person.** If you are a partnership, you must submit this information for all partners. Please use a separate sheet of paper to list all contact persons.
Include documents in **TAB 17** (Contact information for all partners); **Page #:** ____

Salutation: _____

First Name: _____

M.I.: ____

Last Name: _____

Title: _____

Phone: _____

Facsimile: _____

E-mail: _____

Website: _____

**4. Organization Type.** Please select one from drop down list below:

**Not-for-Profit or For-Profit Status**

- ☐ Not-for-Profit
- ☐ For-Profit

*Please provide evidence such as Corporation Certification, Board Resolution or Partnership Agreement. Include documents in **TAB 15** (Articles of Incorporation and Corporate Documents); **Page #**:* ☐☐☐☐

*Not-for-Profit organizations need to include the IRS certification in **TAB 12**; **Page #:*** ☐☐☐☐

*Currently funded agencies must submit Affidavit of Organizational Consistency to be exempt from this requirement.*

**5. 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 current tax exempt status letter or letter of application to the IRS. Include documents in **TAB 12** (Tax Exempt Status Letter); **Page #:** ☐☐☐☐

☐ Yes ☐ No

**6. Is your agency/business delinquent in any obligation to Miami-Dade County or is the agency/ business, officer or any member of the agency's Board of Directors on the Miami-Dade County Delinquent List?**

☐ Yes ☐ No

**7. If you answered YES to the above question, has the agency/business filed an appeal?** Please provide information regarding appeal. Include documents in **TAB 20** (Appeals and other pending issues); **Page #:** ☐☐☐☐

☐ Yes ☐ No

**8. Is your agency/business or any officer/board member/employee of your organization listed in the Federal Excluded Parties list system?** Excluded Parties List System (**http://www.epls.gov**) includes parties that are excluded from receiving Federal contracts, certain sub-contracts, and certain Federal financial and non-financial assistance and benefits, pursuant to the provision of 31 U.S.C. 6101, note, E.O. 12549, E.O. 12689, 48 CFR 9.404.

☐ Yes ☐ No

**DHCD Staff will verify questions 6-8. If you answered YES to either question, your application will not be considered for funding. If you are currently in appeal, the application will be referred to the Miami-Dade County Attorney's Office for review.**

## Part II. Proposed Activity

**9. Activity Title:**

If this is a currently funded activity with DHCD, and you are requesting funding form the same funding source, the title of the activity must be the same as currently contracted.

**10. What category are you applying for?** Select only one below. **Note:** There must be a separate application for each category.

☐ Public Facilities and Capital Improvements ☐ Economic Development ☐ Public Service

**11. Provide an Abbreviated Activity Description statement for the proposed activity.** Description should be no more than 250 characters, and should include the Who, What, When, Where, Why, and How of the proposed activity. ***Sample abbreviated description:*** *Construction of an ADA walkway, ADA parking, fencing/landscaping for 50 low-/moderate-income Alzheimer's clients in an adult day care program located in the Model City NRSA, 123 Main Street, in Commission District 3.*

Include documents in **TAB 7** (Scope of Services); **Page #:**

**12. Provide a full, detailed activity description, limited to one type page.** The description shall include, at a minimum, who will carry out the activity, what type of service will be provided, the proposed clientele or service group, how low-to-moderate income persons will be served, when the services will be provided, the location of the activity and how the services will be administered.

Include documents in **TAB 7** (Scope of Services); **Page #:**

**13. Please provide quarterly milestones, four (4) quarters for the proposed activity.**

Include documents in **TAB 7** (Scope of Services); **Page #:**

**14. Please provide EACH of the following documents, which must adhere to the formats provided in Part II, *Attachment 15*.**

Include documents in **TAB 8** (Budget); **Page #:**

☐ An overall agency budget (for all funding sources) - **Page #:**

☐ A detailed activity budget - **Page #:**

☐ A detailed 5-year operating pro-forma (if applicable) - **Page #:**

## Part III. Funding Request

**15. How much funding are you requesting for the proposed activity:** **$0.00**

**16. If currently funded for this activity, how much funding did you receive for this activity in prior years?** **$0.00**

*Note: You are only considered currently funded if you are requesting funds from the same funding source* and for the same activity. Enter $0.00 (zero = N/A) if you did not receive prior year funding for the same activity. Verification of award will be determined through a BCC resolution, an award letter or an executed contract.

**17. Is the funding request greater than 50% of the total amount of available funding for a particular funding category?**

☐ Yes (-3 Pts.) ☐ No

**18. How many funding applications has the agency submitted?**

Note: More than three (3) applications will result in a five (5) point deduction in the overall score for each activity submitted.

**List the activities for which you are applying and the funding request for each application.**

| | ACTIVITY NAME | CATEGORY (Economic Development or Public Facilities and Capital Improvements, or Public Service) | AMOUNT REQUESTED ($) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| | | TOTAL AMOUNT: | |

## Part IV. National Objective (Maximum five (5) points)

The County reserves the right to make the final determination on the following questions.

**19. U.S. Department of Housing and Urban Development (US HUD) activity type.** Please refer to Part II, **Attachment 9** (Performance Measurement Outcome System) to answer question.

**20. US HUD Matrix Code.** Please refer to Part II, **Attachment 12** to answer question

**21. What objective and outcome of the US HUD mandated Performance Measurement Outcome System does the activity meet?** Please refer to Part II, **Attachment 9** to answer question. Select one in each column.

| Objectives | Outcomes |
|---|---|
| ☐ Creating a suitable living environment | ☐ Availability / Accessibility |
| ☐ Providing decent housing | ☐ Affordability |
| ☐ Creating economic opportunities | ☐ Sustainability |

**22. What type of accomplishment units is the agency proposing to serve with this funding request?** Please refer to Part II, **Attachment 9** to answer question. Select only one.

☐ People ☐ Households ☐ Businesses ☐ Organizations ☐ Public Facilities ☐ Jobs

**23. How many new units of accomplishment is the agency proposing to serve with this funding request?** Please provide an un-duplicated count for the proposed accomplishment count.

**24. HUD National Objective for Low-to-Moderate Income (LMI) Persons.** *The HUD National Objective to serve low-to-moderate income persons is categorized into the following four areas: (1) Low-Mod Area Benefit (LMA); (2) Low-Mod Clientele (LMC); (3) Low-Mod Jobs (LMJ); or (4) Low-Mod Housing (LMH). Please indicate which of the following applies to your activity. You may refer to Part II,* ***Attachment 12*** *(US HUD Eligibility Matrix Codes) to answer question.*

***NOTE: Housing activities are not funded through the Non-Housing RFA; therefore, the LMH option is not included below.***

☐ Low-Mod Area Benefit (LMA) ☐ Low-Mod Clientele (LMC) ☐ Low-Mod Jobs (LMJ)

**25. Does the proposed activity meet the CDBG National Objective criteria pursuant to HUD regulations?**

*Please refer to Part II,* ***Attachment 12*** *to answer question. To be eligible for Federal funding, minimum CDBG requirements must be met.*

☐ Yes (5 Pts.) ☐ No (0 Pts.)

## Part V. Geographic Location (Maximum 15 Points)

**26. What is the primary activity address (activity location)?** *If there are multiple activity addresses, you must submit this information for all locations. For vacant lots, you may provide crossroads information.* ***Post Office Boxes are not acceptable****; a physical activity location must be provided. If necessary, please use a separate sheet of paper and include document in* ***TAB 7*** *(Scope of Services);* ***Page #:***

Address Line 1:

Address Line 2:

City State Zip+4

**27.- Describe the service area of the proposed activity (no more than 250 characters.)**
*Include document in* ***TAB 7*** *(Scope of Services);* ***Page #:***

**27B. Please indicate whether the proposed activity will principally target one of the following areas:**

☐ Countywide ☐ North County ☐ Central County ☐ South County

**28. Provide the Census Tract and Census Block Group Number of the activity location or service area.**

| Census Tract | Census Block Group |
|---|---|
| | |

*Census information can be obtained at 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. You may also obtain the information at the Miami-Dade County Services Near You link: http://gisims2.miamidade.gov/Cservices/CSReport.asp. For more detailed instructions, see Part II,* ***Attachment 17*** *(Maps of NRSAs and List of Eligible Block Groups).*

**29. Is the activity located in any of the following Entitlement Cities?** *Please select only one below. Note: Funding applications from agencies that propose activities in entitlement or participating jurisdictions in the State of Florida Small Cities CDBG Program will only be considered if they can demonstrate that the activity is of Metropolitan Significance and is consistent with the high priority needs identified in Miami-Dade County's Consolidated Plan. Examples of measures which are applied to assess "Metropolitan Significance" are: a) is the activity necessary to further the purposes of the Housing and Community Development Act of 1974; (b) is the activity necessary to further the purposes of Miami-Dade County's community development objectives; and c) will there be a reasonable benefit from the activity that will accrue to residents within Miami-Dade County's entitlement jurisdiction's boundaries. If this applies to the proposed activity, provide a statement indicating how the activity meets the "Metropolitan Significance" criteria and include evidence of client rolls or intake forms. Include document in* ***TAB 7*** *(Scope of Services);* ***Page #:***

☐ City of North Miami ☐ City of Miami Beach ☐ City of Homestead ☐ Florida City
☐ City of Miami ☐ City of Miami Gardens ☐ City of Hialeah

**30. Is the activity located in any of the following Participating Municipalities? (5 Pts.)**
"Participating Municipalities," are cities that have decided to participate in Miami-Dade County's CDBG program. They include the following cities: **(Please select one of the following if applicable)**

- ☐ City of Sweetwater
- ☐ City of Opa-locka
- ☐ City of Hialeah Gardens
- ☐ City of North Miami Beach
- ☐ City of South Miami
- ☐ Village of El Portal
- ☐ N/A (0 Pts.)

**31. Indicate if the activity will serve or is located in a Neighborhood Revitalization Strategy Area (NRSA) and/or an Eligible Block Group (5 Pts.)**

☐ Yes (5 Pts.) ☐ No

*See Part II, **Attachment 17** for maps of the NRSAs and a list of the eligible block groups. You may also find the NRSA maps at the following link: http://www.miamidade.gov/ced/nrsa.asp*

**32. If you answered YES to the above question, indicate the area(s) that you will serve.**
**(Please select each NRSA that applies)**

**NRSAs**

- ☐ Opa-locka
- ☐ Melrose
- ☐ Goulds
- ☐ Model City
- ☐ South Miami
- ☐ Leisure City/Naranja
- ☐ West Little River
- ☐ Perrine

**Or**

**Eligible Block Group(s)**

☐ Yes (3 Pts.) ☐ No (0 Pts.)

**33. Has your agency made a MUST presentation?**
**If proposing a new activity that has not been funded previously, your organization MUST make a presentation before the community in which the activity is located.** *Such applicants are required to complete and submit the "Activity Summary for MUST Presentations Form," as part of **TAB 4**; **Page #:*** ☐☐☐☐

*A schedule of the meeting dates can be found in the General Section, under the RFA schedule.*

**34. Does the activity target Public Housing residents?** *To receive points, client rolls and/or signed intake forms must be provided with this RFA application. Include documents in **TAB 7** (Scope of Services); **Page #:*** ☐☐☐☐

☐ Yes (2 Pts.) ☐ No

**35. If you answered YES to the above question, please provide the following information:**
(If multiple sites, include information in **TAB 7** (Scope of Services); Page # ☐☐☐☐

Name of Public Housing Complex: ☐

Address Line 1: ☐

Address Line 2: ☐

City ☐ State ☐☐ Zip+4 ☐☐☐☐☐☐☐☐☐☐

## Part VI. High Priority Needs (Maximum five (5) Points)

**36. Does the activity address a NRSA high priority need or goals/objectives in a community Charrette plan?** *Please select only one of the following options listed below. To obtain points for this question, applicants must provide a brief narrative of how the proposed activity will address the identified needs in the NRSA or Charrette areas. Include in* ***TAB 7*** *(Scope of services);* ***Page #:*** ☐☐☐☐

*A copy of the NRSA high priority needs is found in Part II,* ***Attachment 6****. A copy of the* Charrette *plans can be found at: http://www.miamidade.gov/planzone/planning_comm_charrettes.asp*

☐ A. YES, addresses an eligible NRSA high priority need listed in the FY 2008-2012 Consolidated Plan (5 Pts.)

☐ B. YES, addresses a need listed in the FY 2008-2012 Consolidated Plan Priorities. See Part II, Attachment 5 (3 Pts.)

☐ C. NO

## Part VII. Leveraging (Maximum six (6) Points)

**37. What is the TOTAL project cost of the proposed activity?**
*Must provide detailed project budget, see Part II,* ***Attachment 15****.*
*Include in* ***TAB 8*** *(Budget);* ***Page #:*** ☐☐☐☐

**38. Has this activity secured documented funding from other sources?** *If necessary, provide information on a separate sheet of paper. Please provide Award letters, signed affidavits (if source is from agency's own resources), or letters of commitment that are not contingent upon award or municipal resolutions. Include documents in* ***TAB 8*** *(Budget);* ***Page #:*** ☐☐☐☐

| | Name of Source | Amount ($) |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| | **TOTAL** | |

☐ 0-25% Leverage (0 Pts.) ☐ 26-79% Leverage (2 Pts.) ☐ 80-100% Leverage (4 Pts.)

**39. Is the amount of secured funding for the activity greater than or equal to $25,000?** *DHCD will award extra points to applicants who demonstrate that they have secure a minimum of $25,000 in outside funding sources for the operation of the activity. The implementing agency must provide evidence such as Award letters, signed affidavits (if source is from agency's own resources), or letters of commitment that are not contingent upon award or municipal resolutions. Include documents in* ***TAB 8*** *(Budget);* ***Page #:*** ☐☐☐☐

☐ Yes (2 Pts.) ☐ No (0 Pts.)

## Part VIII. Organizational Capacity (Maximum seven (7) Points)

**40. Does the agency have the technical capacity to carry out the proposed activity?** *Please provide résumés and/or statements that describe the experience of key staff members or contract(s) with consultant firms or not-for-profit organizations who possess program knowledge or experience carrying out the proposed project. Subject to review by DHCD. Include documents in* ***TAB 19*** *(Résumés and Organizational Chart);* ***Page #:*** ☐☐☐☐

☐ Yes (5 Pts.) ☐ No (0 Pts.)

**41. Is the project or land for which funds are being requested held as collateral for a loan that is more than 90 days delinquent?** *If YES, please submit copy of bank letters describing the delinquency and a brief description on how the delinquency will be cured. Include documents in* ***TAB 20*** *(Appeals or Other Pending Issues);* ***Page #:*** ☐☐☐☐

☐ Yes (-4 Pts.) ☐ No

**42. Has the agency submitted an acceptable prior year independent financial audit report prepared by a Certified Public Accountant (CPA) in accordance with Generally Accepted Accounting Principles (GAAP)?** *Include documents in* ***TAB 8*** *(Budget);* ***Page #:*** ☐☐☐☐

☐ A. Not previously funded; question does not apply. (0 Pts.)

☐ B. Submitted all required audits with findings/concerns resolved. (2 Pts.)

☐ C. Has not submitted a prior year external audit report. (0 Pts.)

☐ D. Agency has unresolved audit findings/concerns. (-1 Pt.)

## Part IX. Track Record (Maximum four (4) Points)

**43. If currently funded by DHCD, has the agency submitted acceptable progress reports and met its contractual requirements in a timely manner in FY 2011?**

☐ A. Not previously funded, or question does not apply. (0 Pts.)

☐ B. Submitted all required reports and met all contractual requirements. (2 Pts.)

☐ C. The agency has not submitted progress reports in a timely manner, or it has submitted incomplete progress reports. (-2 Pts.)

**44. If the agency has been funded by DHCD, does the agency have two or more years of unresolved monitoring findings?** *FY 2010 and FY 2011 Monitoring reviews will be verified by DHCD staff.*

☐ Yes (-5 Pts.) ☐ No (0 Pts.)

**45. If this activity is currently funded by DHCD and the activity has received program income, has DHCD approved the agency's use of program income for this project?** *Examples of program income are: loan repayments, property sales, rental income, fees charged for services, interest earned on revolving loans, and loan payments. Acceptable documentation: DHCD approval letter to use program income for project. Include documents in* ***TAB 18*** *(Program Income Agreement with DHCD);* ***Page #:*** ☐☐☐☐

☐ Yes (2 Pts.) ☐ No (0 Pts.) ☐ N/A (0 Pts.)

## Part X. Timely Completion (Maximum eight (8) Points)

**46. If previously funded by DHCD, did the agency achieve the National Objective in a timely manner?**

☐ A. Not previously funded, or question does not apply. (0 Pts.)

☐ B. Achieved the National Objective and met all performance objectives. (3 Pts.)

☐ C. The agency has not met the National Objective. (0 Pts.)

**47. If the Agency was funded with CDBG funds in FY 2010 did the agency expend at least 80% of the available funding balances by December 31, 2010?**

☐ Yes (2 Pts.) ☐ No (0 Pts.) ☐ Not funded in FY 2010

**48. If the Agency was funded with CDBG funds in FY 2011, did it expend 60% of the available funding balance for FY 2011?**

☐ A. YES, at least 60% of the CDBG funds have been spent. (3 Pts.)

☐ B. At least 40% to 59% of the CDBG funds have been spent. (2 Pts.)

☐ C. At least 20% to 39% of the CDBG funds have been spent. (1 Pt.)

☐ D. The contract was executed, but no funds have been spent. (0 Pts.)