Request For Applications (RFA) FY 2011

Print Form

NON-HOUSING GENERAL SECTION (Maximum of 50 Points)

ALL INFORMATION IS REQUIRED TO BE CONSIDERED FOR AWARD

ONLY ACCEPTING APPLICATIONS FROM NOT-FOR-PROFIT ORGANIZATIONS

All applicants, including Business Incubator (BI) applicants, must complete the general section and the respective sub-sections. The fillable application and its attachments 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 be scored as a NO.** 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. **PLEASE NOTE: This RFA is not seeking applications under the PUBLIC SERVICE Category.**

Part I. Applicant Information

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 13** (Articles of Incorporation and corporate documents); 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 15** (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 15** (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.

- ☐ Community Based Development Organization (CBDO)
- ☐ Community Based Organization (CBO)
- ☐ Community Development Corporation (CDC)
- ☐ Community Housing Development Organization (CHDO)
- ☐ Developer
- ☐ Joint Venture
- ☐ County Department
- ☐ Municipality
- ☐ Other

Not-for-Profit or For-Profit Status

- ☐ Not-for-Profit
- ☐ For-Profit

Institution of Higher Education?

☐ Yes ☐ No

*Please provide evidence such as Corporation certification, Board Resolution or Partnership Agreement. Include documents in **TAB 13** (Articles of Incorporation and Corporate Documents); Page #:* ☐☐☐☐

Not-for-Profit organizations need to include the IRS certification in TAB 10; 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 10** (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 18** (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 be rejected. 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 funding source.

☐ Public Facilities and Improvements ☐ Economic Development

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 5** (Scope of Services); Page #:

12.- Provide a full, detailed activity description, limited to one page typed. 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 5** (Scope of Services); Page #:

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

Include documents in **TAB 5** (Scope of Services); Page #:

14.- Please provide EACH of the following documents, which must adhere to the formats provided in Part II, *Attachment 19*.

Include documents in **TAB 6** (Budget); Page #:

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

☐ A detailed activity budget - Page #:

☐ A detailed 5-year operating pro-forma - Page #:

Part III. Funding Request

15.- How much funding are you requesting for the proposed activity:

16.- 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 funding source and for the same activity. Leave blank if you did not receive prior years 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 75% of the total amount of available funding for a particular funding category? *Note: A request greater than 75% of what is available for a funding category will result in a ten (10) point reduction in the overall score.*

☐ Yes (-10 Pts.) ☐ No

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

Note: More than three (3) applications 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 Improvements)	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 7** to answer question

20.- US HUD Matrix Code. Please refer to Part II **Attachment 7** to answer question

21.- What objective and outcome of the US HUD mandated Performance Measurement System does the activity meet? Please refer to Part II **Attachment 7** 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 7** to answer question. Select one in each column.

☐ 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 provided 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; (2) Low-Mod Clientele; (3) Low-Mod Jobs; or (4) Low-Mod Housing. Please indicate which of the following applies to your activity. You may refer to Part II,* ***Attachment 20*** *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 20*** *to answer question. To be eligible for Federal funding, minimum CDBG requirements must be met.*

☐ Yes (5 Pts.) ☐ No (-50 Pts.)

Part V. Geographic Location (Maximum 12 Points)

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

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 5*** *(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 5*** *(Scope of Services);* ***Page #:***

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 through 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 21****.*

29.- Is the activity located in any of the following Entitlement Cities? (-10 Points) *Please select only one below. Note: Funding applications from agencies that proposed 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 that jurisdiction's Consolidated Plan. To be considered an activity of Metropolitan Significance, the proposed activity must have a countywide benefit in which the majority of its past and present beneficiaries are from unincorporated Miami-Dade County and participating jurisdictions. 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 5*** *(Scope of Services);* ***Page #:***

- ☐ City of North Miami
- ☐ City of Miami
- ☐ City of Miami Beach
- ☐ City of Miami Gardens
- ☐ City of Homestead
- ☐ City of Hialeah
- ☐ Florida City
- ☐ N/A (0 Pts.)

30.- Is the activity located in any of the following Participating Municipalities? (5 Pts.)
"Participating municipalities," are cities that have decided to participate in the 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

☐ Yes (5 Pts.) ☐ No

*See Part II, **Attachment 21** 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

Eligible Block Group(s)

☐ Yes ☐ No (-4 Pts.)

33.- Has your agency made a MUST presentation?

If you are 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. ***Failure to make the MUST presentation will result in a reduction of four (4) points to the overall score.***

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 5** (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 5** (Scope of Services); Page # ☐☐☐☐

Name of 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 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 is addressing the identified needs in the NRSA or Charrette areas. Include in* ***TAB 5*** *(Scope of services);* ***Page #:*** ☐☐☐☐

A copy of the NRSA priority needs is found in Part II, ***Attachment 2****. 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 1 (3 Pts.)

☐ C. NO

Part VII. Leveraging (Maximum eight (8) Points)

37.- What is the TOTAL project cost of the proposed activity?
Must provide detailed project budget, see Part II, ***Attachment 19****.*
Include in ***TAB 6*** *(Budget);* ***Page #:*** ☐☐☐☐

38.- Has this activity secured documented funding from other sources? *If needed, provide information on a separate sheet of paper. Must 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 6*** *(Budget);* ***Page #:*** ☐☐☐☐

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

☐ 0-25% Leverage (-8 Pts.) ☐ 26-79% Leverage (4 Pts.) ☐ 80-100% Leverage (8 Pts.)

39.- Is the amount of secured funding for the activity less than $25,000? *DHCD will not consider awarding CDBG funds for any activity that has not secured 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 6*** *(Budget);* ***Page #:*** ☐☐☐☐

☐ Yes (-2 Pts.) ☐ No

Part VIII. Organizational Capacity (Maximum eight (8) 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 17*** *(Résumés and Organizational Chart);* ***Page #:*** ☐☐☐☐

☐ Yes (6 Pts.) ☐ No (-6 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, must submit copy of bank letters describing the delinquency and a brief description on how the delinquency will be cured.*
Include documents in ***TAB 18*** *(Appeals or Other Pending Issues);* ***Page #:*** ☐☐☐☐

☐ Yes (-4 Pts.) ☐ No

42.- Has the agency submitted an acceptable prior year audit report certified by an Independent Auditor? *Include documents in* ***TAB 6*** *(Budget);* ***Page #:*** ☐☐☐☐

☐ A. Not previously funded, or 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 Pts.)

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 2010?

☐ 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 2009 and FY 2010 Monitoring reviews will be verified by DHCD staff.*

☐ Yes (-4 Pts.) ☐ No

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 16*** *(Program Income);*
Page #: ☐☐☐☐

☐ Yes (2 Pts.) ☐ No (-4 Pts.) ☐ N/A (0 Pts.)

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

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

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

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

☐ C. The agency has not met the National Objective. (-4 Pts.)

47.- If the Agency was funded with CDBG funds in FY 2009, did the agency expend at least 80% of the available funding balances by December 31, 2009?

☐ Yes (2 Pts.) ☐ No (-3 Pts.) ☐ Not funded in FY 2009

48.- 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?

☐ A. YES, at least 90% of the CDBG funds have been spent. (3 Pts.)

☐ B. YES, at least 75% to 89% of the CDBG funds have been spent. (2 Pts.)

☐ C. YES, at least 60% to 74% of the CDBG funds have been spent. (1 Pts.)

☐ D. NO, 20% to 59% of the CDBG funds have been spent. (0 Pts.)

☐ E. 1% to 19% of the CDBG funds have been spent. (0 Pts.)

☐ F. Contract was not executed by September 1st, 2010. (0 Pts.)

☐ G. The contract was executed, but no funds have been spent. (-3 Pts.)