

**OFFICE OF CAPITAL IMPROVEMENTS
AUTHORIZED SIGNATURE FORM**

Date:

Grantee:

Contact Name:

Contact Phone & E-mail:

This form certifies the names, titles and signatures of individuals authorized by the Grantee to sign contracts, and requests for; scope changes, budget revisions, advances, reimbursements, and any other requests that may be required by the Board of County Commissioners for the disbursement of funds. These signature authorizations are retained by the Office of Capital Improvements for auditing purposes. Entities are required to submit updates to this list as they become necessary.

Name (please type or print)

Title (please type or print)

Signature

Contracts & Subcontracts

_____	_____	_____
_____	_____	_____
_____	_____	_____

Requests for Scope Changes

_____	_____	_____
_____	_____	_____
_____	_____	_____

Requests for Budget Revisions

_____	_____	_____
_____	_____	_____
_____	_____	_____

Requests for Advances & Reimbursements

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit this form with or before your first request for an advance or reimbursement.

**Office of Capital Improvements
Request for Advance Payment****Date****Grantee****Grantee Vendor Number***(Federal ID Number)***Bond Series / Other****GOB Project Name & GOB Project Number****GOB Project Amount****Amount of Advance Requested****Reason For Requested Amount****Certification**

I hereby certify that this request is in compliance with the Office of Capital Improvements Building Better Communities Bond Program Administrative Rules, Article III Section 1C(8) governing the request for advance payments. I also certify that this advance shall be maintained in a separate interest bearing account, that these funds will not be co-mingled with other funds and that all interest earned will be repaid to the County. I further agree to account for this advance within one (1) year of the approval date, indicated below, and before any subsequent reimbursement requests are submitted.

AUTHORIZED SIGNATURE

DATE

Administrative Use Only

Amount Approved

Authorized Signature

Date

Office of Capital Improvements Report of Interest Earned on Advance
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<i>This form <u>must</u> be submitted with copies of bank statements or certified financial reports from the Grantee that verify the account number, date and amount of deposit, interest rates and total interest earned as of the date of this report.</i>

Grantee	
----------------	--

Bond Series & Other	
--------------------------------	--

GOB Project Name & GOB Project Number	
--	--

Date of Deposit	
------------------------	--

Amount of Deposit	
--------------------------	--

Expenditure To Date	
----------------------------	--

Interest Rate	
----------------------	--

Interest Earned as of _____(Date)	
--	--

Current Balance	
------------------------	--

AUTHORIZED SIGNATURE & TITLE

DATE

PLEASE SUBMIT THIS FORM ON MUNICIPALITIES LETTERHEAD

GOB Reimbursement Request

Date: _____

Office of Capital Improvements
Attn: Roger T. Hernstadt, Director
111 NW 1st Street, Suite 2100
Miami, Florida 33129

Attached please find the required reimbursement forms requesting payment in the amount of
\$_____ for the following:

<u>GOB Project Name & GOB Project Number</u>	<u>Amount</u>

I certify that all the attached documents have not been previously reimbursed or submitted for payment and that all of the expenditures comply with the terms and conditions of the contractual agreement, Miami-Dade County Ordinance 05-47 and the Building Better Communities Bond Program Administrative Rules and have attached our monthly report (Exhibit E) providing the latest project update.

Sincerely,

Authorized Signature/Title

Date

Office of Capital Improvements

Reimbursement Request - Total Project

Grantee:	
GOB Project Name & GOB Project Number:	
Bond Series / Other:	
Request Number:	
Date:	

SCHEDULE					Cost (000's)		Percentage of Work, Funds, and Time Completed		
	(A)	(B)	(C)	(D)	(E)	(F)	* (G)	((F/E) =H)	((D/C)=G)
<i>Milestones</i>	<i>Start Date</i>	<i>Finish Date</i>	<i>Duration In Days</i>	<i>Time Lapsed</i>	<i>Total Project Budget</i>	<i>Actual Spent</i>	<i>% of Work Completed Based on Actual Progress</i>	<i>% of Total Project Budget Spent</i>	<i>% of Time Lapsed</i>
GRAND TOTAL									
Project Status Description									

SIGNATURE & TITLE

DATE

* Column G is an estimate of the work completed and is subjective.

EXHIBIT F

Office of Capital Improvements

Grantee Direct Labor Costs Report

Grantee:	
GOB Project Name & GOB Project Number:	
Bond Series / Other:	
Request Number:	
Billing Period:	

Budget Line Item	Employee Name	Job Classification	# of Hours	Hourly Rate	Total Labor Cost
Planning					
Total Planning Request					
Design					
Total Design Request					
Administration					
Total Administration Request					
Construction/Other					
Total Construction / Other Request					
Grand Totals					
AUTHORIZED SIGNATURE _____			DATE _____		

Office of Capital Improvements

Fixtures, Furniture and Equipment

(See Article III, Section 1 (C)10 of the Administrative Rules)

Grantee:
GOB Project Name & GOB Project Number:
Bond Series / Other:
Request Number:
Billing Period:

[illegible]

AUTHORIZED SIGNATURE & TITLE

DATE _____

Office of Capital Improvements
Project Completion Certificate

Date:

Entity Name

Entity Vendor Number
(Federal ID Number)

Bond Series / Other

GOB Project Name & GOB Project Number

Amount of Final Request

Certification		
<p><i>I hereby certify that the above referenced Building Better Communities Bond Program project was completed in accordance with the contractual agreement between _____ and Miami-Dade County dated _____ and that all expended funds were used in accordance with the Agreement and the Rules.</i></p>		
_____ AUTHORIZED SIGNATURE		_____ DATE
Administrative Use Only		
<p><i>Final Site Review</i></p>		
_____ Date of Final Site Visit	_____ OCI Construction Manager	_____ Date
<p><i>Final Payment Approval</i></p>		
_____ Amount of Final Payment	_____ OCI Fiscal Administrator	_____ Date

**Office of Capital Improvements
Project Completion Certificate**Date: Entity Name

Entity Vendor Number

(Federal ID Number)

Bond Series / Other

GOB Project Name & GOB Project Number

Amount of Final Request **Certification**

I hereby certify that the above referenced Building Better Communities Bond Program project was completed in accordance with the contractual agreement between _____ and Miami-Dade County dated _____ and that all expended funds were used in accordance with the Agreement and the Rules.

AUTHORIZED SIGNATURE_____
DATE**Administrative Use Only***Final Site Review*_____
Date of Final Site Visit_____
OCI Construction Manager_____
Date*Final Payment Approval*_____
Amount of Final Payment_____
OCI Fiscal Administrator_____
Date

Fund Summary Status Report

EXHIBIT J

Grantee:
GOB Project Name & GOB
Project Number:
Bond Series / Other:
Fiscal Year Ending:
Date:

[illegible]

GRANTEE AUTHORIZED SIGNATURE

DATE _____

Auditor's Certification

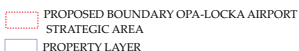
I have obtained the Rules and related policies and procedures (Administrative Rules, Ordinances, Resolutions) and have performed the substantive tests deemed necessary to determine compliance with established policies and procedures. I have also verified that the above is an accurate reflection of expenditures and reimbursements for this audit period.

AUDITOR'S SIGNATURE

COMPANY NAME

DATE _____

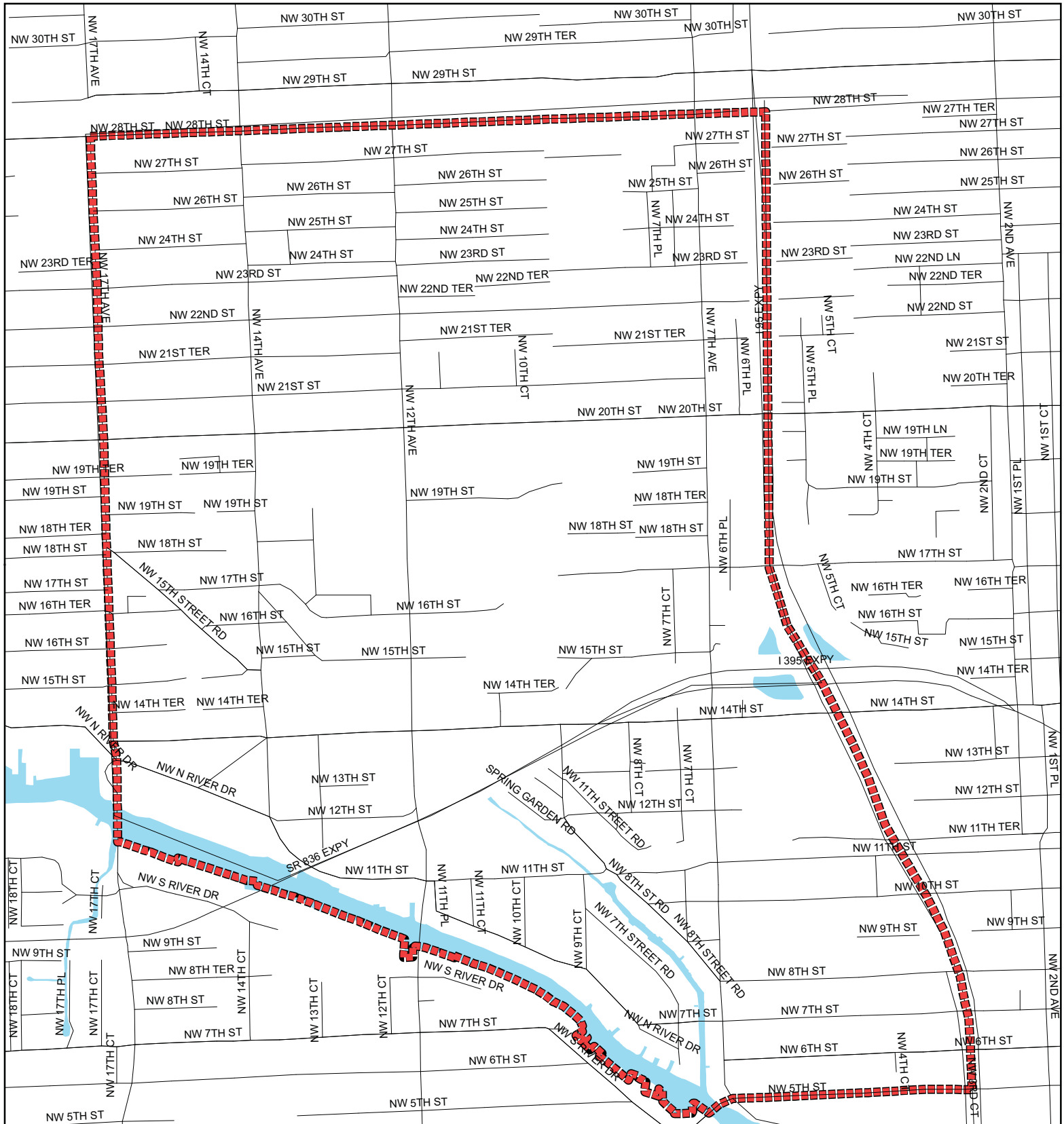
Office of Capital Improvements**Bank Account Disclosure Form****Bond Series A****Grantee:** _____**GOB Project Name:** _____**GOB Project Number:** _____**Name Of Bank In Which Grant
Funds Will Be Deposited:** _____**Account Number:** _____**Person(s) Authorized To Withdraw Funds Or To Write Checks:****Name:** _____ **Title:** _____**Name:** _____ **Title:** _____**Name:** _____ **Title:** _____**AUTHORIZED SIGNATURE & TITLE****Print Name****DATE**



Economic Development Fund: Civic Center/Medical District Strategic Area

EXHIBIT L - 2

MIAMI-DADE COUNTY, FLORIDA



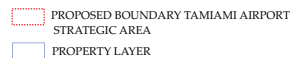
0 0.5 Miles



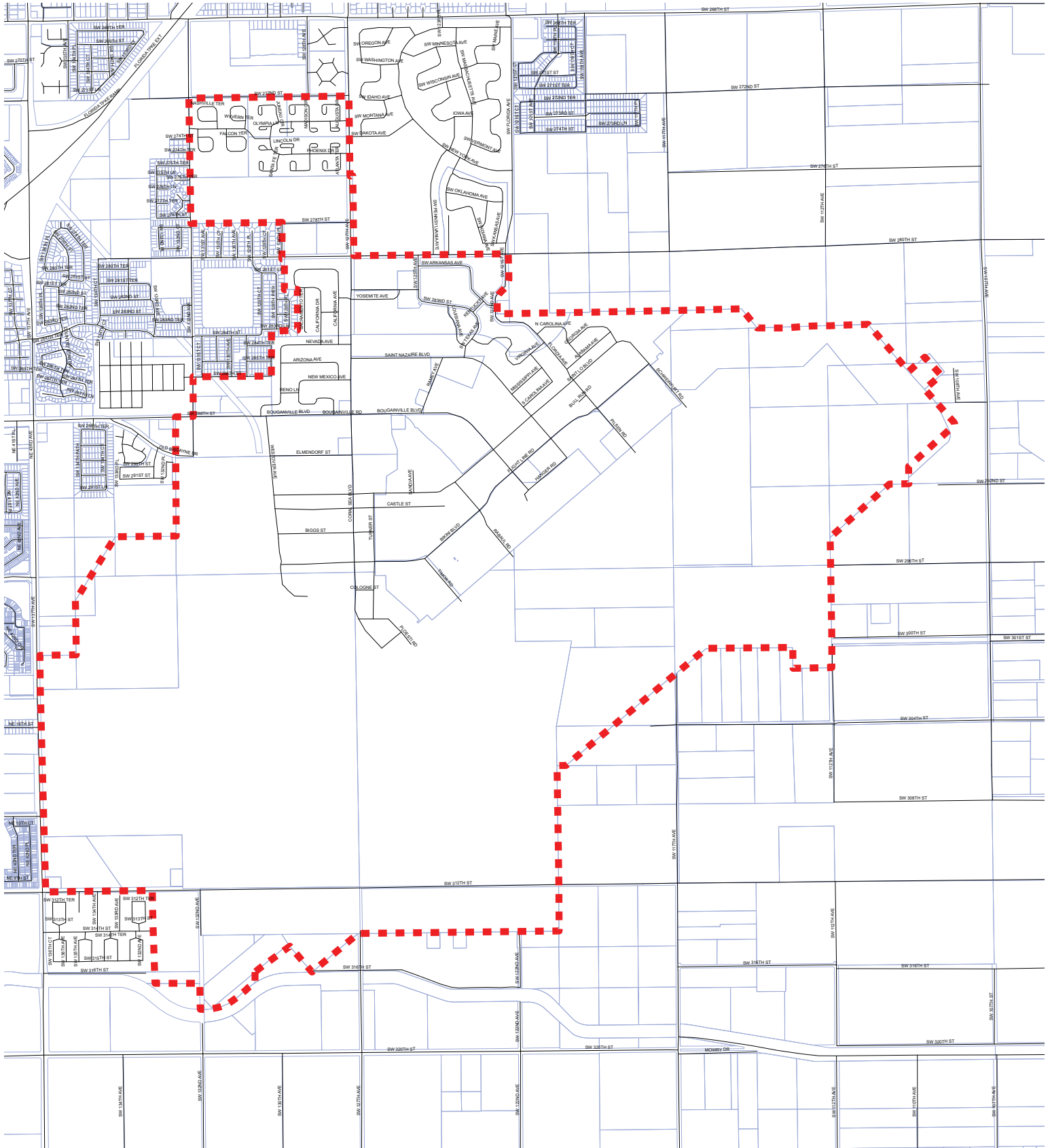
DEPARTMENT OF PLANNING & ZONING
PLANNING RESEARCH SECTION

November 17, 2009





ECONOMIC DEVELOPMENT FUND: HOMESTEAD AIR RESERVE BASE STRATEGIC AREA MIAMI-DADE COUNTY, FLORIDA



PROPOSED HOMESTEAD AIR RESERVE BASE STRATEGIC AREA
 PROPERTY LAYER

