

MEMORANDUM

Agenda Item No. 14(A)(5)


TO: Honorable Chairman Jose "Pepe" Diaz
and Members, Board of County Commissioners

DATE: July 20, 2021

FROM: Geri Bonzon-Keenan
County Attorney

SUBJECT: Resolution amending Resolution No. R-824-20 to replace the County deed with the revised County deed, attached hereto; revising certain terms set forth in such deed; authorizing the Chairperson or Vice-Chairperson of the Board of County Commissioners to execute the revised County deed; and authorizing the County Mayor to take all action necessary to enforce the provisions set forth in the revised deed

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Kionne L. McGhee.


Geri Bonzon-Keenan
County Attorney

GBK/uw



MEMORANDUM

(Revised)

TO: Honorable Chairman Jose "Pepe" Diaz
and Members, Board of County Commissioners

DATE: July 20, 2021

FROM: 
Gen Bonzon-Keenan
County Attorney

SUBJECT: Agenda Item No. 14(A)(5)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Statement of social equity required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____ to approve
- ☐ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 14(A)(5)
7-20-21

RESOLUTION NO. _____

RESOLUTION AMENDING RESOLUTION NO. R-824-20 TO REPLACE THE COUNTY DEED WITH THE REVISED COUNTY DEED, ATTACHED HERETO; REVISING CERTAIN TERMS SET FORTH IN SUCH DEED; AUTHORIZING THE CHAIRPERSON OR VICE-CHAIRPERSON OF THE BOARD OF COUNTY COMMISSIONERS TO EXECUTE THE REVISED COUNTY DEED; AND AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO TAKE ALL ACTION NECESSARY TO ENFORCE THE PROVISIONS SET FORTH IN THE REVISED DEED

WHEREAS, on August 31, 2020, this Board adopted Resolution No. R-824-20, authorizing the conveyance, pursuant to section 125.38, Florida Statutes, of a total of seven properties that are located in District 9 and within the Homestead Community Redevelopment Area to the Homestead Community Redevelopment Agency ("Agency") for the purpose of developing such properties as a transit-oriented, mixed-use, mixed-income residential and commercial development in accordance with all applicable laws and regulations governing the Community Development Block Grant ("CDBG") program; and

WHEREAS, Resolution No. R-824-20 included a County deed with restrictions that is attached to the resolution as Attachment J, which deed required the Agency to build affordable housing and create jobs for low- to moderate-income people; and

WHEREAS, the creation of jobs and the development of affordable housing for low-income people are activities that are authorized under the Agency's community redevelopment plan approved by this Board, as authorized by chapter 163, part III, Florida Statutes; and

WHEREAS, following the adoption of Resolution No. R-824-20, the Agency declined to accept the County deed approved by this Board and asked that changes be made to the County deed restrictions in order to accommodate the Agency's plans for developing the properties; and

WHEREAS, specifically, the Agency requested that deed restrictions set forth in the County deed be revised in order to: (1) permit the Agency the flexibility to develop the properties as residential, commercial or mixed-use, rather than requiring that the Agency develop the properties as a mixed-use (commercial and residential) development; (2) permit the Agency to meet either the affordable housing national objective or the job creation national objective of the CDBG program, rather than requiring that the Agency achieve both national objectives; (3) extend the time the Agency is required to develop the properties from four years to five years; (4) extend the time the Agency is required to achieve the CDBG national objective from five years to six years; (5) change the time at which the value of the properties is assessed (for the purpose of determining the number of jobs to be created per dollar of CDBG investment) from the time the Agency creates the jobs to the time at which the Agency enters into a development agreement with a developer or a construction contract with a general contractor, which agreement must be executed no later than three years after the deed is recorded; (6) establish that the value of the properties (for the purpose of determining the number of jobs to be created per dollar of CDBG investment) shall be the assessed value of the properties unimproved rather than with improvements; and (7) add a *force majeure* clause to provide extensions of time as to the deadlines in the County deed due to events outside the Agency's control, such as a hurricane, tropical storm or pandemic, but not including the inability to get permits or obtain financing; and

WHEREAS, the revised County deed ("revised deed"), which is attached hereto, also provides for an automatic one-year extension in the event that the environmental review required by the CDBG program takes longer than one year to complete; and

WHEREAS, in accordance with Resolution No. R-365-21 adopted by this Board on April 20, 2021 as set forth in the revised deed, the Agency is required to connect the development to a sanitary sewer system and septic tank use is not permitted; and

WHEREAS, other than revising and replacing the County deed previously approved by this Board, all other requirements set forth in Resolution No. R-824-20 remain unchanged and in full force and effect; and

WHEREAS, this Board has no objections to the revised terms requested by the Agency or to the revised deed; and

WHEREAS, this Board finds that the agency's development of the properties as described in the revised deed would promote the community interest and welfare; and

WHEREAS, this Board desires to approve the conveyance of the properties using the revised deed,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. The foregoing recitals are incorporated in this resolution and are approved.

Section 2. This Board hereby amends Resolution No. R-824-20 to replace the County deed attached thereto with the revised County deed ("revised deed"), attached hereto as revised Attachment "J", and incorporated herein by reference.

Section 3. Pursuant to section 125.38, Florida Statutes, this Board finds that the development of the properties in the manner described in the revised deed would promote community interest and welfare.

Section 4. Pursuant to section 125.411, Florida Statutes, this Board authorizes the Chairperson or Vice-Chairperson of the Board to execute the revised deed in substantially the form attached hereto. This Board further authorizes the County Mayor or County Mayor's designee to take all action necessary to enforce the provisions set forth in the revised deed.

Section 5. Other than the terms expressly amended by this resolution and the revised deed attached hereto, Resolution No. R-824-20 remains unchanged and in full effect.

The Prime Sponsor of the foregoing resolution is Commissioner Kionne L. McGhee. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Jose “Pepe” Diaz, Chairman	
Oliver G. Gilbert, III, Vice-Chairman	
Sen. René García	Keon Hardemon
Sally A. Heyman	Danielle Cohen Higgins
Eileen Higgins	Joe A. Martinez
Kionne L. McGhee	Jean Monestime
Raquel A. Regalado	Rebeca Sosa
Sen. Javier D. Souto	

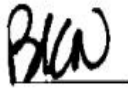
The Chairperson thereupon declared this resolution duly passed and adopted this 20th day of July, 2021. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Brenda Kuhns Neuman

REVISED ATTACHMENT “J”

Instrument prepared by and returned to:

Brenda Kuhns Neuman
Assistant County Attorney
111 N.W. 1st Street, Suite 2810
Miami, Florida 33128

Folio No: 10-7813-048-0130
10-7813-048-0120
10-7813-048-0110
10-7813-031-0170
10-7813-031-0150
10-7813-031-0180
10-7813-031-0030

COUNTY DEED

THIS DEED, made this ____ day of _____, 2021 by **MIAMI-DADE COUNTY**, a political subdivision of the State of Florida, (hereinafter “**County**”), whose address is: Stephen P. Clark Center, 111 N.W. 1 Street, Miami, Florida 33128-1963, and **HOMESTEAD COMMUNITY REDEVELOPMENT AGENCY**, a public body politic and corporate (the “**Agency**”), whose address is 212 NW 1st Ave, Homestead, 33030, or its successors and assigns.

WITNESSETH that the County, for and in consideration of the sum of Ten Dollars and No/100 (\$10.00) to it in hand paid by the Agency, receipt whereof is hereby acknowledged, has granted, bargained, and sold to the Agency, their successors and assigns forever, the following described land lying and being in Miami-Dade County, Florida (hereinafter the “**Properties**”):

As legally described in Exhibit “A” attached hereto and made a part hereof

THIS CONVEYANCE IS SUBJECT TO all zoning, rules, regulations and ordinances and other prohibitions imposed by any governmental authority with jurisdiction over the Properties; existing public purpose utility and government easements and rights of way and other matters of record; taxes for the year of closing and subsequent years and the following restrictions (the “**Deed Restrictions**”):

1. That the Properties shall be used in the community interest and welfare in accordance with section 125.38, Florida Statutes, and in a manner which meets a national objective by completing either one or a combination of eligible activities of the federal Community Development Block Grant (“**CDBG**”) program, which program requirements are set forth in 24 Code of Federal Regulations, Part 570 (the “**CDBG Regulations**”).
 - a. **Project Development Requirements.** The following requirements set forth in this subsection (a) shall be called the “**Project Development Requirements**”. The Agency shall aggregate the Properties and improve them by developing a transit-oriented, residential, commercial, or mixed-use,

mixed-income project (the “**Project**”) according to the criteria for national objectives set forth in 24 C.F.R. § 570.208 (the “**Criteria**”) by either the creation of jobs (as set forth in subsection b below) or by the creation of affordable housing for low- to moderate-income people with incomes not greater than 80 percent of area median income as published by the United States Department of Housing and Urban Development for Miami-Dade County (“AMI”) (as set forth in subsection c below). The Project shall be developed within five (5) years of the recording of this Deed, as evidenced by the issuance of a final Certificate of Occupancy. The Agency shall enter into a development agreement with a developer or enter into a construction contract with a general contractor for the development of the Project within three (3) years of the recording of this Deed. The date of execution of the development agreement or construction contract shall be considered the time of valuation for the purposes of the Deed Restrictions (“**Time of Valuation**”). At the Time of Valuation, the Agency must confirm with the County the number of jobs and/or the number of housing units that will be provided to meet the requirements set forth in this Deed.

- b. **Job Creation Requirements.** The following requirements set forth in this subsection b shall be called the “**Job Creation Requirements**”. If the Agency elects to meet the Criteria through compliance with the Job Creation Requirements, the Agency shall create within six (6) years of the date this Deed is recorded at least one (1) full-time or equivalent permanent job for every \$35,000.00 of value of the Properties (as described below), of which at least 51% shall be filled by or made available to low- to moderate-income employees with incomes not greater than 80 percent of AMI in accordance with the CDBG Regulations (the “**Required Jobs**”).
- i. Because the Project is a mixed-use project, the number of jobs created shall be counted in the aggregate for the Properties.
 - ii. The value of the Properties shall be the assessed value unimproved, as determined by an appraiser satisfactory to the County at the Time of Valuation.
 - iii. The number of jobs required shall be rounded up to the next whole number.
 - iv. By way of example, if the improved Properties at the Time of Valuation have a combined market value of \$500,000.00, then the Agency will be required to show documentation that it created fifteen (15) jobs (\$500,000.00 divided by \$35,000.00 equals 14.28, rounded up makes 15).
 - v. The Required Jobs do not need to be offered directly by the Agency but may be offered by a third party at the request of the Agency. The Agency shall require said third party to complete the Agreement for Financial Assistance/Technical Assistance Services for the Creation of Jobs, attached as part of Exhibit C.
 - vi. If the Agency elects to meet the Criteria through compliance with the

Job Creation Requirements, each Required Job must be held by qualified individuals for a combined period of no less than twelve (12) months. However, it is not required that one individual hold the Required Job for the entire twelve (12) months. Required Jobs may be established by combining the employment periods of any number of employees needed to cover the twelve (12) month period required to meet the definition of a single full-time job. If the Agency elects to meet the Criteria through compliance with the Job Creation Requirements, the Required Jobs must be created prior to the end of the five-year period beginning upon recordation of this Deed. After the twelve (12) month period during which the Required Jobs were held by qualified individuals, the Job Creation Requirements will be satisfied and no additional jobs will be required.

- vii. If the Agency elects to meet the Criteria through the Job Creation Requirements, the Agency shall submit documentation in substantially the form attached hereto as Exhibits B and C to the County to establish compliance with the Job Creation Requirements.
- c. **Affordable Housing Requirements.** The following requirements set forth in this subsection (c) shall be called the “**Affordable Housing Requirements**”. If the Agency elects to meet the Criteria through the Affordable Housing Requirements, the Agency shall develop and set aside the maximum number of housing units permitted by the applicable zoning and building codes for the Properties and shall set aside at least 51 percent of those housing units (the “**Dwelling Units**”) to qualified households with household incomes not greater than 80% of AMI and shall complete and return to the County documentation in substantially the form attached hereto as Exhibit B. If the Agency elects to meet the Criteria through compliance with the Affordable Housing Requirements, the Agency shall complete said requirements within six (6) years of the date this Deed is recorded.
 - i. The Project may be commercial, residential or mixed-use project. The number of Dwelling Units set aside for qualified households shall be counted in the aggregate for the Properties.
 - ii. The Dwelling Units shall remain affordable for a period of 20 years. Affordability shall be determined in accordance with the CDBG program and the CDBG Regulations. If the Agency elects to meet the Criteria through the Affordable Housing Requirements, the Agency shall set the rents of the Dwelling Units in accordance with the CDBG Regulations and in consultation with the County’s Public Housing and Community Development Department (“PHCD”). If the Agency elects to meet the Criteria through the Affordable Housing Requirements, the Agency shall cooperate with PHCD to conduct Compliance Review to determine whether these affordable housing restrictions have been satisfied.
- d. **Sewer Requirements.** In accordance with Resolution No. R-365-21 adopted

by the Board of County Commissioners on April 20, 2021, the Agency is required to connect the Project to a sanitary sewer system, and septic tank use is not permitted.

2. **Extensions of Time.** The County may, in its sole and absolute discretion, extend the deadlines set forth in this Deed upon the Miami-Dade County Board of County Commissioners finding it necessary to grant such an extension. In order for any notice of extension of time to be effective, it shall:
 - a. Be given by the County Mayor or the County Mayor's designee prior to the event of the reverter; and
 - b. Be evidenced by the preparation of a letter executed by the County Mayor or the County Mayor's designee giving such extension and specifying the new time frame in which the Agency must complete the requirements. The letter by the County shall be conclusive evidence upon which any party may rely that the condition of the reverter has been extended to such date as specified in said notice of extension. If no notice of extension is recorded and (i) the Agency has not entered into a development agreement with a developer or entered into a construction contract with a general contractor for the development of the Project within three (3) years from the date of recording this Deed, (ii) a certificate of occupancy is not issued within five (5) years from the date of recording this Deed, (iii) the sewer requirements set forth in section 1(d) are not met at the time a certificate of occupancy is issued, or (iv) the Agency has failed to meet the Criteria through compliance with the Job Creation Requirements or Affordable Housing Requirements within six (6) years from the date of recording this Deed, any party may rely upon the fact that the reverter has occurred and that title has reverted to the County.

- c. **Force majeure.** Non-performance or delayed performance shall be excused to the extent that performance is rendered impossible or delayed by a Force Majeure Event. A Force Majeure Event shall mean: any causes beyond a party's reasonable control, including, but not limited to, a strike, fire, earthquake, explosion, hurricane or tropical storm, flood, terrorism, hostility, revolution, civil commotion, pandemics, epidemics, local disease outbreaks, public health emergencies, quarantines, casualty, the unavailability of labor, acts of God, or other similar reason, providing that the party claiming the existence of a Force Majeure Event delivers written notice to the other party of such event within 30 calendar days of the commencement of such event. Notwithstanding the foregoing, any potentially excused delays or interruptions in timely satisfying performance hereunder due solely to a timely noticed and properly claimed and bona fide Force Majeure Event shall be temporary, and full and timely satisfaction of all applicable performance obligations hereunder shall resume as soon as practicable after the Force Majeure Event precluding proper performance has ended, abated, or subsided to the extent that performance is no longer precluded. The following shall not constitute a Force Majeure Event: foreseen or foreseeable events or conditions; delay in, or refusal by, a governmental authority in granting a permit; delays in obtaining or the inability to obtain or close on financing. In no event shall a delay due to a Force Majeure Event last longer than six months.
3. **Environmental Review.** In the event that the environmental review required by the CDBG Regulations takes longer than one year from the date of recording this Deed to complete, all deadlines set forth in this Deed shall automatically be extended one year.
4. The Agency shall not assign or transfer its interest in the Properties or in this Deed absent consent of the Miami-Dade Board of County Commissioners. Notwithstanding this restriction, the County Mayor or County Mayor's designee may, upon written request from the Agency and in the County Mayor or County Mayor's designee's sole and absolute discretion, issue a written consent for the Properties to be transferred by an instrument which shall contain the deed restrictions set forth in this Deed to another person or entity who will comply with the deed restrictions set forth in this Deed. Notwithstanding the foregoing, the County acknowledges that transfers or assignments to the City of Homestead will not require any prior approvals from the Miami-Dade Board of County Commissioners and the Agency shall only be required to notify the Miami-Dade County Board of County Commissioners of the transfer.
5. Notwithstanding any transfer of the Properties, the Agency shall monitor compliance of the Deed Restrictions set forth herein and shall enforce these Deed Restrictions as to any owner or occupant of the Properties until the Deed Restrictions are satisfied.
6. The Agency shall pay real estate taxes and assessments on the Properties or any part thereof when due. The Agency shall not suffer any levy or attachment to be made, or any material or mechanic's lien, or any unauthorized encumbrance or lien to attach which lien is not satisfied or bonded off within thirty (30) days of filing

of the lien, provided, however, that the Agency may encumber the Properties with any mortgage(s) in favor of any institutional lender for the purpose of financing any hard costs or soft costs relating to the construction of the Project in an amount(s) not to exceed the value of the improvements as determined by an appraiser. Any such lien or encumbrance shall be subordinate to the Deed Restrictions and the County's reversionary interest.

7. If in the sole discretion of the County, the Property ceases to be used solely for the purpose set forth in Section 1 herein, or if the Agency fails to satisfy the Deed Restrictions described in Section 1 herein in the manner and within the timeframes set forth therein, or if the Agency ceases to exist prior to complying with the Deed Restrictions, or if any term of this Deed is not complied with, title to the subject Property shall revert to the County, at the option of the County; provided however that if the failure of the Agency to comply with any term of this Deed is of a nature that may be corrected, the County will provide the Agency notice of the non-compliance and shall allow the Agency sixty (60) days to comply with the terms of this Deed prior to exercising any reverter rights. In the event of such reverter, the Agency shall immediately deed the Property back to the County, and the County shall have the right to immediate possession of such the Property, with any and all improvements thereon, at no cost to the County. The effectiveness of the reverter shall take place immediately upon notice being provided by the County, regardless of the deed back to the County by the Agency. The County retains a reversionary interest in the Property, which right may be exercised by the County in accordance with this Deed. Upon such reversion, the County may file a Notice of Reversion evidencing same in the public records of Miami-Dade County.
8. All conditions and restrictions set forth herein shall run with the land, and shall be binding on any subsequent successors, assigns, transferees, and lessees, of any interest, in whole or in part, in the Properties.

Upon receiving proof of compliance with all of the Deed Restrictions listed above, the County shall furnish the Agency with an appropriate instrument acknowledging satisfaction with all Deed Restrictions listed above. Such satisfaction of Deed Restrictions shall be in a form recordable in the Office of the Clerk of the Circuit Court of Miami-Dade County, Florida.

This grant conveys only the interest of the Miami-Dade County and its Board of County Commissioners in the Properties herein described and shall not be deemed to warrant the title or to represent any state of facts concerning the same.

IN WITNESS WHEREOF Miami-Dade County has caused these presents to be executed in its name by its Board of County Commissioners acting by the Chairperson of the Board, the day and year aforesaid.

(OFFICIAL SEAL)

ATTEST:

HARVEY RUVIN, CLERK

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Chairperson or Vice-Chairperson

Approved for legal sufficiency:

By: _____
Brenda Kuhns Neuman
Assistant County Attorney

The foregoing was authorized by Resolution No. _____ approved by the Board of
County Commissioners of Miami-Dade County, Florida, on the day of , 20____.

IN WITNESS WHEREOF, HOMESTEAD COMMUNITY REDEVELOPMENT AGENCY, a public body politic and corporate, has caused this document to be executed by their respective and duly authorized representative on this _____ day of _____, 2021, and it is hereby approved and accepted.

Witness/Attest

By:_____
Name:_____
Title:_____

Witness/Attest

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this_____ day of _____, 2021, by _____ as _____ of Homestead Community Redevelopment Agency on behalf of Homestead Community Redevelopment Agency.

Signature

Printed Name
Notary Public, State of Florida

☐ Personally Known or ☐ Produced Identification
Type of Identification Produced

EXHIBIT A

Folio	Legal Description
10-7813-048-0130	NELSONS ADDN PB 1-94 PARCELS 18-16-03 & 05 AKA LOT 15 LESS S14.5FT & LOT 16 LESS N5.5FT
10-7813-048-0120	NELSON S ADDN PB 1-94 S14.5FT OF LOT 15 & N5.5FT OF LOT 16
10-7813-048-0110	NELSONS ADDITION PB 1-94 PARCEL 18-16-02 AKA E1/2 OF LOT 13 & ALL LOT 14 LESS N10FT FOR R/W
10-7813-031-0170	NOBLES ADDITION PB 1-190 LOT 28 LESS S3FT FOR RD AKA PARCEL #18-17-02
10-7813-031-0150	13 57 38 NOBLES ADDITION PB 1-190 LOTS 25-26 & 27 LESS S3FT FOR RD
10-7813-031-0180	NOBLES ADDITION PB 1-190 PARCEL 18-17-03 AKA LOTS 29-30-31
10-7813-031-0030	NOBLES ADDITION PB 1-190 LOT 3

EXHIBIT B

General CDBG Intake Eligibility Form



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

GENERAL CDBG INTAKE ELIGIBILITY FORM

LIMITED INCOME (LMI) LIMITED CLIENTELE (LMC) / LIMITED JOBS (LMJ) / LIMITED HOUSING (LMH)

NAME:		PHONE:																																														
ADDRESS:		ZIP:																																														
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic																																																
Race (Please check the race category which applies to you):																																																
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<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> American Indian/Alaskan Native & White																																														
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other: Multi Racial																																														
<input type="checkbox"/> American Indian or Alaskan Native & Black/African American																																																
<table border="1"> <thead> <tr> <th>List Yourself and all Other Persons Occupying Home</th> <th>Relationship</th> <th>Gender</th> <th>Age</th> <th>Employed?</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Self</td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>6.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>7.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>8.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>				List Yourself and all Other Persons Occupying Home	Relationship	Gender	Age	Employed?	1.	Self			<input type="checkbox"/> Yes <input type="checkbox"/> No	2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	6.				<input type="checkbox"/> Yes <input type="checkbox"/> No	7.				<input type="checkbox"/> Yes <input type="checkbox"/> No	8.				<input type="checkbox"/> Yes <input type="checkbox"/> No
List Yourself and all Other Persons Occupying Home	Relationship	Gender	Age	Employed?																																												
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INCOME VERIFICATION DATA

The assistance you receive is determined in part by the size of your household and your income. All income and assets will require verification before eligibility will be granted. Income includes all money coming into the household from all persons over 18 years old. Wages, salaries, tips, commissions; Self-employment income; Retirement, Survivor, or Disability pensions; Social Security or Railroad retirement; Supplemental Security Income, Aid to Families with Dependent Children (AFDC), Temporary Assistance to Needy Families (TANF), Food Stamps, or other public assistance, or public welfare programs; Interest, dividends, net rental income, or income from estates or trusts; and any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, alimony, and child support must be disclosed.

Household Member	Source of Income	Gross Monthly Amount Received
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Income Eligibility Acceptable Documentation: Copy of Pay Stubs (from previous employer), Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF) Official Printout/letter, Food Stamp Official Printout/letter, Letter confirming amount of unemployment benefits received, proof of child support or alimony, proof of SSA/SSI or Veteran's Benefits, or proof of retirement income. **MUST ATTACH A COPY OF DOCUMENTS – NO EXCEPTIONS.**

I, the undersigned applicant, do hereby authorize _____ to verify my personal records, including wages, pensions, and investments. It is understood that this authorization is granted for the sole purpose of certifying my eligibility for federal financial assistance, and that all information acquired in this regard will remain confidential.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Signature of Applicant

Date





PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

GENERAL CDBG INTAKE ELIGIBILITY FORM

CDBG INCOME ELIGIBILITY	24 CFR 570.208	
Activity classified under family size and income	24 CFR 570.208(a)(2)(i)(B)	24 CFR 570.506(b)(3)(iii)
Activity is classified based on income eligibility requirements that restrict it exclusively to low- and moderate-income persons	24 CFR 570.208(a)(2)(i)(C)	24 CFR 570.506(b)(3)(iii)

DEFINITIONS / 24 CFR 570.3

Family means all persons living in the same household who are related by birth, marriage or adoption.

Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Income. For the purpose of determining whether a family or household is low- and moderate-income under subpart C of this part, grantees may select any of the three definitions listed below for each activity, except that integrally related activities of the same type and qualifying under the same paragraph of 570.208(a) shall use the same definition of income. The option to choose a definition does not apply to activities that qualify under 570.208(a)(1) (Area benefit activities), except when the recipient carries out a survey under 570.208(a)(1)(vi). Activities qualifying under 570.208(a)(1) generally must use the area income data supplied to recipients by HUD. The **three definitions** are as follows:

(i) Annual income as defined under the Section 8 Housing Assistance Payments program at 24 CFR 813.106 (except that if the CDBG assistance being provided is homeowner rehabilitation under 570.202, the value of the homeowner's primary residence may be excluded from any calculation of Net Family Assets); or

Estimate the annual income of a family or household by projecting the prevailing rate of income of each person at the time assistance is provided for the individual, family, or household (as applicable).

Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

Low- and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD.

Low- and moderate-income person means a member of a family having an income equal to or less than the Section 8 low-income limit established by HUD. Unrelated individuals will be considered as one-person families for this purpose.

Low-income household means a household having an income equal to or less than the Section 8 very low-income limit established by HUD.

Low-income person means a member of a family that has an income equal to or less than the Section 8 very low-income limit established by HUD. Unrelated individuals shall be considered as one-person families for this purpose.

INSTRUCTIONS FOR IMPLEMENTING AGENCY

You must first seek third party verification. This is a verification that is received directly from the source of income. The request can be by mail, fax, or email. It must be clearly evidenced that it was received from the source.

FY 2020 INCOME LIMITS Effective April 1, 2020

Area Median Income (AMI): \$59,100				Please check the appropriate family size and income.			
✓	Family Size	✓	Extremely Low (30% of Median)	✓	Very Low (50% of Median)	✓	Low (80% of Median)
<input type="checkbox"/>	1	<input type="checkbox"/>	\$19,200	<input type="checkbox"/>	\$32,000	<input type="checkbox"/>	\$51,200
<input type="checkbox"/>	2	<input type="checkbox"/>	\$21,950	<input type="checkbox"/>	\$36,600	<input type="checkbox"/>	\$58,500
<input type="checkbox"/>	3	<input type="checkbox"/>	\$24,700	<input type="checkbox"/>	\$41,150	<input type="checkbox"/>	\$65,800
<input type="checkbox"/>	4	<input type="checkbox"/>	\$27,400	<input type="checkbox"/>	\$45,700	<input type="checkbox"/>	\$73,100
<input type="checkbox"/>	5	<input type="checkbox"/>	\$30,680	<input type="checkbox"/>	\$49,400	<input type="checkbox"/>	\$78,950
<input type="checkbox"/>	6	<input type="checkbox"/>	\$35,160	<input type="checkbox"/>	\$53,050	<input type="checkbox"/>	\$84,800
<input type="checkbox"/>	7	<input type="checkbox"/>	\$39,640	<input type="checkbox"/>	\$56,700	<input type="checkbox"/>	\$90,650
<input type="checkbox"/>	8	<input type="checkbox"/>	\$44,120	<input type="checkbox"/>	\$60,350	<input type="checkbox"/>	\$96,500

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/17/51712/V3

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REQUIRED DOCUMENTATION FOR INCOME VERIFICATION

If an agency has an activity that has been classified as Low-Mod Clientele (LMC), Low-Mod Jobs (LMJ), or Low-Mod Housing (LMH), the agency will be required to obtain information from low-to-moderate income households/persons in order to verify income eligibility. Please note that income eligibility is determined based on household income and size. Below is a list of acceptable documentation to confirm income eligibility. It is important to note that all funded agencies will be responsible to maintain such documentation on file for five years after the Public Housing and Community Development (PHCD) has informed the agency through an official close out/report or letter that activity is closed.

- **Client's Paycheck Stubs, Social Security Insurance (SSI) Checks, TANF (Temporary Assistance for Needy Families) checks, or other public assistance checks** – A photocopy should be made of the two (2) most recent pay period check stubs, benefit checks received by the client, or the notification of electronic transfer;
- **SSI, SSD, Food Stamp, or Other Benefit Cards/IDs** – If the cards indicate the income level of the client, a photocopy of the card can document income;
- **W2 Form or Tax Return Form** – A photocopy of the client's W2 form from his/her most current employer for wages earned or a photocopy of the client's most recent tax return form may document income;
- **SSI and TANF Letters of Notification of Benefits** – Social Security and the Department of Children and Families issue letters of notification of benefits to clients informing them of their approval for benefits and the amounts of the benefits to be received. A photocopy of these letters will be sufficient proof of income;
- **Other benefit notification letters** may be acceptable if they indicate the client's income level (e.g., Social Security Administration, Medicaid, Medicare, Food Stamps, etc);
- **Letter of acceptance from the school lunch program**

HUD INCOME LIMITS FOR MIAMI-DADE COUNTY

FY 2020 U.S. HUD INCOME LIMITS for Miami-Dade County Effective April 1, 2020			
Area Median Income (AMI): \$ 59,100	EXTREMELY LOW (30% of Median)	VERY LOW (50% of Median)	LOW (80% of Median)
FAMILY SIZE	LESS THAN:	VERY LOW	GREATER THAN:
1 person	\$19,200	\$32,000	\$51,200
2 persons	\$21,950	\$36,600	\$58,500
3 persons	\$24,700	\$41,150	\$65,800
4 persons	\$27,400	\$45,700	\$73,100
5 persons	\$30,680	\$49,400	\$78,950
6 persons	\$35,160	\$53,050	\$84,800
7 persons	\$39,640	\$56,700	\$90,650
8 persons	\$44,120	\$60,350	\$96,500

New tables are published yearly by USHUD and will be provided to the Agency when available.

Exhibit C
CDBG Job Creation Forms



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

AGREEMENT FOR FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOBS

In order to receive the various forms of Financial/Technical Assistance available through _____, businesses must enter into an Agreement to **make "available"** and to "document" the job creation for the benefit of low and moderate-income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) **Make available** 51% of the resulting jobs to low- and moderate-income individuals.
- 2) Provide a list of the job titles of the permanent jobs expected to be created, which **will be available to** low/moderate-income individuals and which jobs require special skills or education and which are part-time, if any;
- 3) Provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) Maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) Complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that _____ will not provide all the assistance requested by your business until action is executed.

(Agreed By) Signature of Applicant

Date

Duns Number – Required/Mandatory
(To obtain a DUNS #, PLEASE CALL 1-866-705-5711)

Intake Office (Name of Agency)

Date

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AMCD/___/62112



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT JOB CREATION VERIFICATION (ELIGIBLE BLOCK GROUP)

THE COMPANY IN WHICH YOU ARE APPLYING FOR EMPLOYMENT HAS RECEIVED FEDERAL ASSISTANCE. THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

To determine if the business and/or employee is located and/or lives in an eligible block group please visit:

<https://gisweb.miamidade.gov/communityservices/>

Instructions: Type the activity address into the blank space under Community Services. At the bottom of the screen click on the tab titled "Demographics". Click on the "Business Incentive" tab. Next, click (\$) symbol in upper right corner and reenter activity address. On the right of the page, business incentives will appear, click on **Community Development Block Group** or **Enterprise Zone**.

(Must attach map printout, copy of a valid driver's license and one (1) of the following: utility bill (e.g., FPL or Water and Sewer bill), or school records.)

Name of Eligible Block Group #: _____

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of Employee: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Hire: _____ Were you unemployed prior to taking your job? ☐ Yes ☐ No

Does your employer offer employer sponsored health care benefits? ☐ Yes ☐ No

Please check the box next to the job title that best describes your position:

- | | | |
|---|---|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Laborer (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft work (skilled) | <input type="checkbox"/> Service workers |

Job Title: _____ Full Time: ☐ Yes ☐ No If part-time, number of hours: _____ / wk

DEMOGRAPHIC INFORMATION

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Racial Category (select one below):

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other: Multi Racial |
| <input type="checkbox"/> American Indian or Alaskan Native & Black/African American | | |

Total Family Size (Please circle one): 1 2 3 4 5 6 7 8

Total Family Size Income: \$ _____

NOTE: EMPLOYER MUST INCLUDE A COPY OF THE ABOVE EMPLOYEE'S FIRST PAY STUB – NO EXCEPTIONS.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Employee's Name (Print/Type)

Employee's Signature

Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
JOB CREATION VERIFICATION (NON-ELIGIBLE BLOCK GROUP)**

THE COMPANY IN WHICH YOU ARE APPLYING FOR EMPLOYMENT HAS RECEIVED FEDERAL ASSISTANCE. THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Name of Employee: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Date of Hire: _____ Were you unemployed prior to taking your job? ☐ Yes ☐ No
Does your employer offer employer sponsored health care benefit? ☐ Yes ☐ No

Please check the box next to the job title that best describes your position:

- | | | |
|---|---|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Laborer (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft work (skilled) | <input type="checkbox"/> Service workers |

Job Title: _____ Full Time: ☐ Yes ☐ No If part-time, number of hours: _____ / wk

DEMOGRAPHIC INFORMATION

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Racial Category (select one below):

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other: Multi Racial |
| <input type="checkbox"/> American Indian or Alaskan Native & Black/African American | | |

Total Family Size (Please circle one): 1 2 3 4 5 6 7 8

Total Family Size Income: \$ _____

NOTE: EMPLOYER MUST INCLUDE A COPY OF THE ABOVE EMPLOYEE'S FIRST PAY STUB – NO EXCEPTIONS.



Please see reverse side for family size and household income.





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
JOB CREATION VERIFICATION (NON-ELIGIBLE BLOCK GROUP)**

FY 2021 INCOME LIMITS Effective April 1, 2021

Area Median Income (AMI): \$61,000				Please check the appropriate family size and income.			
<input type="checkbox"/>	Family Size	<input type="checkbox"/>	Extremely Low (30% of Median)	<input type="checkbox"/>	Very Low (50% of Median)	<input type="checkbox"/>	Low (80% of Median)
<input type="checkbox"/>	1	<input type="checkbox"/>	\$19,000	<input type="checkbox"/>	\$31,650	<input type="checkbox"/>	\$50,650
<input type="checkbox"/>	2	<input type="checkbox"/>	\$21,700	<input type="checkbox"/>	\$36,200	<input type="checkbox"/>	\$57,850
<input type="checkbox"/>	3	<input type="checkbox"/>	\$24,400	<input type="checkbox"/>	\$40,700	<input type="checkbox"/>	\$65,100
<input type="checkbox"/>	4	<input type="checkbox"/>	\$27,100	<input type="checkbox"/>	\$45,200	<input type="checkbox"/>	\$72,300
<input type="checkbox"/>	5	<input type="checkbox"/>	\$31,040	<input type="checkbox"/>	\$48,850	<input type="checkbox"/>	\$78,100
<input type="checkbox"/>	6	<input type="checkbox"/>	\$35,580	<input type="checkbox"/>	\$52,450	<input type="checkbox"/>	\$83,900
<input type="checkbox"/>	7	<input type="checkbox"/>	\$40,120	<input type="checkbox"/>	\$56,050	<input type="checkbox"/>	\$89,700
<input type="checkbox"/>	8	<input type="checkbox"/>	\$44,660	<input type="checkbox"/>	\$59,700	<input type="checkbox"/>	\$95,450

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Employee's Name (Print/Type)

Employee's Signature

Date

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



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