

FY 2019 CDBG/HOME/ESG

Addendum #1

Please note the originally released FY 2019 CDBG booklet contained the following omissions on pages 35 and 36:

- Tab 10 is omitted
- Scope of Services is omitted

The following corrective action has been taken for the above concerns:

- PHCD has revised pages 35 and 36 of the FY 2019 CDBG booklet to include Scope of Services as Tab 6
- PHCD has revised pages 35 and 36 of the FY 2019 CDBG booklet to reassign W-9 Form as Tab 10

Page 2 and 3 of this addendum contains the updated checklist for download and use as of 10/1/2018.

APPLICATION CHECKLIST

(Tab 2)

**ALL DOCUMENTS MUST BE INCLUDED IN EACH SUBMISSION BINDER.
IN THE ORDER THEY APPEAR IN THE LIST BELOW LABELED BY CORRESPONDING TAB, TITLE
AND NUMBER.**

ALL DOCUMENTS MUST HAVE PAGE NUMBERS

Checklist for General Section

Tab	Document	Required	Page #
1.	Application Cover Sheet	Required	
2.	Application Checklist/Table of Contents	Required	
3.	Application Activity Submission Form	Required	
4.	Application: General Section	Required	
5.	Application: Sub-Section - Public Service (PS), Technical Assistance (TA), Public Facilities and Capital Improvements (PFCI), Micro Enterprise Lending (ML), Business Incubator Assistance Program (BI), Housing (HOU) (Please label and include and include page numbers for each of the sections listed below):	Required	
	Abbreviated Activity Description	Required	
	Detailed Activity Description	Required	
	Activity Location and Description of Service Area (Include interior and exterior pictures of activity location.)	Required	
	Proposed Accomplishments	Required	
	Quarterly Milestones	Required	
	Priority Needs Statement	Required	
	Action Steps	Required	
	Statement of Metropolitan Significance (Only for activities in Entitlement Cities.)	Only If Applicable	
	Public Housing Target Area. (Include name and address of housing complex and client rolls or intake forms.)	Only If Applicable	
6.	Scope of Services – Including Activity Description, Location, Proposed Accomplishments, Clients to be served (if applicable), and Action Steps (See Part II – Attachment 16). Please label and include page numbers for each of the sections above.	Required	
7.	Budget – The applicant shall submit a full and complete total budget including a listing of all funds, which are expected to be utilized as a match or to partially fund the project or program other than the funds that the applicant is requesting in its proposal. In addition, the applicant shall submit written documentation of all anticipated funding sources other than the FY 2019 funds requested. (See Part II, Attachment 15.) Please label and include page numbers for each of the sections listed below.	Required	
	Entity Budget	Required	
	Entity Assets and Liabilities	Required	
	Certified Audit Report – Performed by an independent auditor and/or Certified Financial Statements	Required	
	Detailed Activity Budget	Required	
	Five-Year Operating Pro-Forma	Only If Applicable	
	Sources & Uses Statement for Proposed Activity (See Attachment 15)	Required	
	Leveraged Sources (Award Letters, Signed Affidavits, and/or Letters of Commitment)	Required	

Tab	Document	Required	Page #
8.	RFA Submittal Certification	Required	
9.	Due Diligence Affidavit	Required	
10.	W-9 Form - Request for Taxpayer Identification Number & Certification	Required	
11.	Certification of Accuracy	Required	
12.	Tax Exempt Status Letter - Evidence of the not-for-profit status.	Required	
13.	IRS 990 - Description of the not-for-profit status.	Required	
14.	Governing Board - Names and addresses.	Required	
15.	Current Articles of Incorporation and Corporate Documents - Please label and include page numbers for each of the sections listed below.	Required	
	Articles of Incorporation/Corporate Certification	Required	
	Current Certificate of Good Standing or Certificate of Status – From the State of Florida	Required	
	Business License		
	Partnership Agreement	Only if Applicable	
	Board Resolutions (If applicable)	Only if Applicable	
16.	Current By-Laws	Required	
17.	Contact Information for All Partners – Names of the organizations, individuals and the specific governmental agencies involved in the partnership, to include contact person(s), addresses and telephone numbers for each and their role in the project. Identify not-for-profit versus for-profit organizations and include DUNS numbers for each organization.	Required	
18.	Program Income Agreement with PHCD	Only if Applicable	
19.	Résumés and Organizational Chart	Required	
20.	Appeals or Other Pending Issues	Only if Applicable	
21.	Certificate of Use for Activity Location – PHCD staff will conduct an on-site mandatory inspection to confirm location prior to recommending funding. This documentation is required for businesses located in unincorporated Miami-Dade.	Required	
22.	Activity Summary for MUST Presentations	Required	
23.	Completed Environmental Review Form	Required	