

APPLICATION FORMS

APPLICATION COVER SHEET (Tab 1)

ENTITY / DEVELOPER / APPLICANT INFORMATION

Legal Name: _____

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

Organization's Dun & Bradstreet D-U-N-S # (Required): _____
 To obtain a DUNS #, please call 1.866.705.5711 or visit <http://fedgov.dnb.com/webform>

Developer/Applicant Contact Person: _____ Title: _____

Phone: _____ e-mail: _____

Developer/Applicant Mailing Address: _____

City: _____ State: _____ Zip+4: _____

ACTIVITY INFORMATION

Activity Location/Address: _____

City: _____ State: _____ Zip+4: _____

Activity Title: _____ Category: _____

Activity Description: _____

Please use the following link to answer the questions below: <http://gisims2.miamidade.gov/Cservices/CSReport.asp>

County Commission District (s) where activity is located – *Please circle District number(s) or Countywide*

1 2 3 4 5 6 7 8 9 10 11 12 13 Countywide

County Commission District (s) where clients reside – *Please circle District number(s) or Countywide*

1 2 3 4 5 6 7 8 9 10 11 12 13 Countywide

County Commission District (s) where developer/entity/applicant's business is located – *Please circle District number(s)*

1 2 3 4 5 6 7 8 9 10 11 12 13

Is this Activity located within a Neighborhood Revitalization Strategy Area (NRSA)? Yes / No

If yes, select the appropriate NRSA(s) below:
 Biscayne North _____ Cutler _____ Goulds _____ Leisure City/Naranja _____
 Model City _____ Opa-Locka _____ Perrine _____ South Miami _____ West Little River _____

Participating Municipality: _____ Entitlement City: _____

Low-Mod Area (LMA) Benefit Eligible Block Group(s): _____

Funding Requested: Please provide the total amount of funding requested in the appropriate blank below

Public Service\$ _____ Economic Development \$ _____ Public Facilities/Capital Improvements\$ _____
 Housing \$ _____

Are you applying as a sub-recipient or a developer? (Check appropriate box) _____ Developer _____ Sub-recipient

With my signature below, I attest to the accuracy of the information provided on this cover page. The information above summarizes my RFA 2019 application submission.

Name: _____ Title: _____ Date: _____

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.	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	
7.	RFA Submittal Certification	Required	
8.	Due Diligence Affidavit	Required	
9.	W-9 Form - Request for Taxpayer Identification Number & Certification	Required	

Tab	Document	Required	Page #
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.	Résumés and Organizational Chart	Required	
19.	Appeals or Other Pending Issues	Only if Applicable	
20.	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	
21.	Activity Summary for MUST Presentations	Required	
22.	Completed Environmental Review Form	Required	

Checklist - Public Service

Tab	Document	Required	Page #
1-PS	Narrative Description of Program and Services Provided	Required	
2-PS	Narrative Description of Target Market to be Served	Required	
3-PS	Documentation of Need (e.g., data, statistics, surveys, reports, studies, etc.)	Required	
4-PS	Map of Target Area/Geographic Area to be served	Required	
5-PS	Collaborative Agreements with Service Providers	Required	
6-PS	Site Control Documentation (e.g., deed, lease agreement)	Required	
7-PS	Past Experience	Required	
8-PS	Marketing & Outreach Plan	Required	

Checklist - Technical Assistance to Businesses

Tab	Document	Required	Page #
1-TA	Past Experience	Required	
2-TA	Experience in the NRSAs	Required	
3-TA	Business Development Curriculum	Required	
4-TA	Marketing and Outreach Plan	Required	
5-TA	Business Assistance Capacity	Required	
6-TA	Collaborative Agreements with Service Providers	Required	
7-TA	Training for Green Manufacturing Jobs	Only If Applicable	
8-TA	Training for Green Jobs	Only If Applicable	
9-TA	Client Intake Criteria	Required	

Checklist - Public Facilities and Capital Improvements

Tab	Document	Required	Page #
1-PFCI	Site Control Documentation	Required	
2-PFCI	Feasibility/Market Analysis and Budget	Required	
3-PFCI	Environmental Reviews	Required	
4-PFCI	Past Experience	Required	
5-PFCI	Public Approval Documentation (Land Use, Zoning, Permits, etc.)	Required	
6-PFCI	Infrastructure and Utility Services	Required	
7-PFCI	Construction Project Manager	Required	
8-PFCI	Development Team	Required	

Tab	Document	Required	Page #
9-PFCI	Plans and Renderings	Required	
10-PFCI	Project Status	Required	
11-PFCI	Lease Agreement(s) with prospective Tenants	Required	
12-PFCI	Benefits to Low- and Moderate-Income Persons	Required	
13-PFCI	Activity Timeline	Required	
14-PFCI	LEED Standards	Only If Applicable	

Checklist - Micro Enterprise Lending to Businesses

Tab	Document	Required	Page #
1-ML	Job Creation Plan	Required	
2-ML	Past Experience	Required	
3-ML	Experience in the NRSAs	Required	
4-ML	Collaborative Agreements with Service Providers	Required	
5-ML	Job Creation of Green Manufacturing Jobs	Only If Applicable	
6-ML	Job Creation of Green Jobs	Only If Applicable	
7-ML	Job Creation Agreements	Required	
8-ML	Loan Underwriting Guidelines; Lending Policies and Procedures; Copy of Standard Loan Application	Required	
9-ML	Evidence of Matching/Leveraged Funds	Required	
10-ML	Marketing and Outreach Plan	Required	
11-ML	Business Assistance Capacity	Required	
12-ML	Community Support	Required	

Checklist - Business Incubator Assistance Program

Tab	Document	Required	Page #
1-BI	Collaborative Agreements with Service Providers	Required	
2-BI	Graduation Requirements	Required	
3-BI	Business Assistance Capacity	Required	
4-BI	Past Experience	Required	
5-BI	Training Curriculum	Required	
6-BI	Tenant Selection Criteria	Required	
7-BI	Job Creation for Green Manufacturing Jobs	Only If Applicable	
8-B1	Job Creation for Green Jobs	Only If Applicable	
9-BI	Marketing and Outreach Plan	Required	
10-BI	Corporate Affiliations	Required	

Checklist – Housing

Tab	Document	Required	Page #
1-H	Site Control Documentation	Required	
2-H	Feasibility/Market Analysis	Required	
3-H	Environmental Reviews	Required	
4-H	Past Experience	Required	
5-H	Public Approval Documentation (Land Use, Zoning, Permits, etc.)	Required	
6-H	Infrastructure and Utility Services	Required	
7-H	Construction Project Manager	Required	
8-H	Project Status	Required	
9-H	Lease Agreement(s) with prospective Tenants	Only if Applicable	
10-H	Benefits to Low- and Moderate-Income Persons	Required	
11-H	Activity Timeline	Required	
12-H	LEED Standards	Only If Applicable	
13-H	Community Land Trust Documentation	Only if Applicable	

**APPLICATION ACTIVITY SUBMISSION FORM
(TAB 3)**

ENTITY/APPLICANT: _____

ACTIVITY TITLE: _____

**DATE APPLICATION
SUBMITTED:** _____

**APPLICATION: GENERAL SECTION
(Tab 4)**

ALL INFORMATION IS REQUIRED TO BE CONSIDERED FOR AWARD

ALL APPLICANTS MUST COMPLETE THE GENERAL SECTION AND THE RESPECTIVE SUB-SECTIONS.
THE APPLICATION MAY BE OBTAINED AT THE FOLLOWING LINK: <http://www.miamidade.gov/housing/>

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. HOWEVER THE BY-LAWS SHOULD BE INCLUDED IN ALL THE SUBMITTED BINDERS.

I. APPLICANT INFORMATION

1.	<p>What is the LEGAL NAME of the Applicant or Entity applying for funds? <i>Please provide evidence such as Business License, Incorporation Documents, Certificate of Good Standing, and Certificate of Status from the State of Florida. Include documents in Tab 15 (Articles of Incorporation and Corporate Documents, etc.) Page # _____</i></p>
2.	<p>Applicant or Entity Address. <i>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 # _____</i></p> <p>Street Address: _____</p> <p>City: _____ State: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Zip Code: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Organization TIN # / EIN #: _____</p> <p>Organization Dun & Bradstreet D-U-N-S #: _____</p> <p>D-U-N-S #: is mandatory (To obtain a DUNS #, please call 866- 705-5711)</p>
3.	<p>Applicant or Entity Contact Person. <i>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 # _____</i></p> <p>Contact Person: _____ Title: _____</p> <p>Phone Number: () _____ Fax: () _____</p> <p>E-mail: _____ Website: _____</p>

4. **Activity Title:**

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

Provide an Abbreviated Activity Description statement for the proposed activity. *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. Sample abbreviated description: Construction of an ADA walkway, ADA parking, fencing/landscaping for 50 low/mod 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 6** (Scope of Services). **Page #** _____*

5. **What category are you applying for?** *Select only one below. **Note:** A separate application must be submitted for each category.*

Public Service Public Facilities and Capital Improvements Economic Development

Housing

6. **How many new clients* are you proposing to serve with this funding request?**

Please provide an unduplicated count for the proposed number of clients you will serve. _____

**Public Service projects must indicate a quantifiable increase in level of service if service was funded in prior year.*

7. **Please provide EACH of the following documents, which must adhere to the formats, provided in Part II, Attachment 15.** *Include documents in (Budget). **Page #** _____*

An overall entity budget (including all funding sources) – **Page #** _____

A detailed activity budget – **Page #** _____

A detailed 5-year operating pro-forma – **Page #** _____

8. **How many applications has the entity submitted?** _____

9. **List the activities for which you are applying and the category of funding requested for each application.**

Activity Name	Category (PS, PFCI, ED,HOU)	Amount Requested
1.		\$
2.		\$
3.		\$
4.		\$
TOTAL AMOUNT		\$

10. **Organization Type.** *Please select one.*

Community Based Development Organization (CBDO) County Department

Community Based Organization (CBO) Municipality

Community Development Corporation (CDC) Other

Community Housing Development Organization (CHDO) Community Land Trust

Joint Venture (e.g., LLC, LP, General Partnership)

Faith-based Institution

*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 #** _____*

II. NATIONAL OBJECTIVE AND GEOGRAPHIC LOCATION (10 Bonus Points + 15 Points)

11.	<p>List the primary activity address, i.e., the physical location where project will be administered. <i>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. If necessary, please use a separate sheet of paper and include document in Tab 6(Scope of Services). Page # _____</i></p> <p>Street Address: _____</p> <p>City: _____ State: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Zip Code: <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/></p>
12.	<p>Describe the <u>target population</u> and <u>service area</u> of the proposed activity. <i>Include in Tab 6 (Scope of Services). Page # _____</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
13.	<p>Is the activity located in any of the following Entitlement Cities? <i>Please select only one below. Note: Applicants that propose activities in entitlement jurisdictions or participating municipalities in the State of Florida Small Cities CDBG Program must demonstrate the proposed activity is of Metropolitan Significance and/or is consistent with the high priority needs identified in the County's FY 2013-2017 Consolidated Plan. 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 municipalities. 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 documents in Tab 6 (Scope of Services). Page # _____</i></p> <p> <input type="checkbox"/> City of North Miami <input type="checkbox"/> City of Miami Beach <input type="checkbox"/> City of Homestead <input type="checkbox"/> Florida City <input type="checkbox"/> City of Miami <input type="checkbox"/> City of Miami Gardens <input type="checkbox"/> City of Hialeah </p>
14.	<p>Is the activity located in any of the following Participating Municipalities? <i>"Participating municipalities," are cities that have decided to participate in the County's CDBG program. They include the following cities: (Please select one of the following if applicable) BONUS (10 points)</i></p> <p> <input type="checkbox"/> Biscayne Park <input type="checkbox"/> North Bay Village <input type="checkbox"/> South Miami <input type="checkbox"/> NA <input type="checkbox"/> Coral Gables <input type="checkbox"/> North Miami Beach <input type="checkbox"/> Sweetwater <input type="checkbox"/> El Portal <input type="checkbox"/> Opa-Locka <input type="checkbox"/> Virginia Gardens <input type="checkbox"/> Hialeah Gardens <input type="checkbox"/> Pinecrest <input type="checkbox"/> West Miami </p>
14a.	<p>Indicate if the activity will serve or is located in a Neighborhood Revitalization Strategy Area (NRSA) and/or an Eligible Block Group (EBG).</p> <p> <input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes, within an NRSA or EBG (10 points) <input type="checkbox"/> Yes, within Model City NRSA (15 points) </p> <p><i>See Part II, Attachment 16 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/housing/</i></p>

14b.	<p>If you answered yes to the above question, indicate the area/s that you will serve. (Please select each NRSA area that applies, or specify the Eligible Block Group below.)</p> <p>NRSAs</p> <table border="0"> <tr> <td><input type="checkbox"/> Opa-Locka</td> <td><input type="checkbox"/> Model City</td> <td><input type="checkbox"/> West Little River</td> </tr> <tr> <td><input type="checkbox"/> Perrine</td> <td><input type="checkbox"/> South Miami</td> <td><input type="checkbox"/> Biscayne North</td> </tr> <tr> <td><input type="checkbox"/> Goulds</td> <td><input type="checkbox"/> Leisure City/Naranja</td> <td><input type="checkbox"/> Cutler Ridge</td> </tr> </table> <p>Or Eligible Block Group/s</p> <hr/> <hr/>	<input type="checkbox"/> Opa-Locka	<input type="checkbox"/> Model City	<input type="checkbox"/> West Little River	<input type="checkbox"/> Perrine	<input type="checkbox"/> South Miami	<input type="checkbox"/> Biscayne North	<input type="checkbox"/> Goulds	<input type="checkbox"/> Leisure City/Naranja	<input type="checkbox"/> Cutler Ridge
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15.	<p>Your organization must make a MUST presentation before the community in which the activity is located. Such applicants are <i>required to complete and Submit the “Activity Summary for MUST Presentations,” Refer to page 16 for dates and time; include form listed as Tab 22. Page #_____.</i></p> <p><i>A schedule of the meeting dates has been included in this RFA. Has your entity made a MUST presentation?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>									

III. HIGH PRIORITY NEEDS (15 Points)

16.	<p>Does this activity meet one or more of the COUNTY’s high priority needs listed in the FY 2013-2017 Consolidated Plan? <input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (7 points) Include in Tab 6 (Scope of Services). Page # _____</p> <p>If “Yes,” please indicate by category below:</p> <p>Public Service</p> <table border="0"> <tr> <td><input type="checkbox"/> Crime Prevention</td> <td><input type="checkbox"/> Children, Youth, and Families</td> <td><input type="checkbox"/> Elderly Services</td> </tr> <tr> <td><input type="checkbox"/> County Wide Services</td> <td><input type="checkbox"/> Special Needs Population</td> <td><input type="checkbox"/> Children & Adults with Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Homeless Persons</td> <td><input type="checkbox"/> Migrant Farm Workers</td> <td><input type="checkbox"/> Persons living with HIV/AIDS</td> </tr> <tr> <td><input type="checkbox"/> Refugees, Immigrants, and New Entrants</td> <td></td> <td><input type="checkbox"/> Tech Assistance to Businesses</td> </tr> </table> <p>Economic Development</p> <table border="0"> <tr> <td><input type="checkbox"/> Small Business Lending</td> <td><input type="checkbox"/> Small Business Incubators</td> <td><input type="checkbox"/> Special Economic Development</td> </tr> </table> <p>Public Facilities and Capital Improvement</p> <table border="0"> <tr> <td><input type="checkbox"/> Improve Street/Roadways</td> <td><input type="checkbox"/> Expand Open Spaces</td> <td><input type="checkbox"/> Improve Parking & Landscaping</td> </tr> <tr> <td><input type="checkbox"/> Improve Parks</td> <td><input type="checkbox"/> Construct/Upgrade Community Centers</td> <td><input type="checkbox"/> Housing</td> </tr> </table>	<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Children, Youth, and Families	<input type="checkbox"/> Elderly Services	<input type="checkbox"/> County Wide Services	<input type="checkbox"/> Special Needs Population	<input type="checkbox"/> Children & Adults with Disabilities	<input type="checkbox"/> Homeless Persons	<input type="checkbox"/> Migrant Farm Workers	<input type="checkbox"/> Persons living with HIV/AIDS	<input type="checkbox"/> Refugees, Immigrants, and New Entrants		<input type="checkbox"/> Tech Assistance to Businesses	<input type="checkbox"/> Small Business Lending	<input type="checkbox"/> Small Business Incubators	<input type="checkbox"/> Special Economic Development	<input type="checkbox"/> Improve Street/Roadways	<input type="checkbox"/> Expand Open Spaces	<input type="checkbox"/> Improve Parking & Landscaping	<input type="checkbox"/> Improve Parks	<input type="checkbox"/> Construct/Upgrade Community Centers	<input type="checkbox"/> Housing
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<input type="checkbox"/> Improve Parks	<input type="checkbox"/> Construct/Upgrade Community Centers	<input type="checkbox"/> Housing																				
17.	<p>Does the activity address a NRSA high priority need and/or a high priority need identified in the County’s FY 2013-2017 Consolidated Plan? <i>To obtain points for this question, applicants must provide a brief narrative of how the proposed activity will address an identified need and how services will be provided in a NRSA. Include in Tab 6 (Scope of Services). Page #_____</i></p> <p><i>A copy of the NRSA Priority Needs levels is found in Part II, Attachment 5.</i></p> <p><input type="checkbox"/> No, does not address an eligible NRSA high priority need. (0 points)</p> <p><input type="checkbox"/> Yes, addresses an eligible NRSA high priority need listed in the FY 2013-2017 Consolidated Plan. (8 points)</p>																					

IV. TRACK RECORD (20 or 25 Points)

18.	<p>a. If currently or previously funded by PHCD, did the entity meet program objectives of previous projects? <i>Please include supporting documentation in Tab 5 (Supporting documents are those required as proof that National Objectives were met, including: Income verifications, employee rosters, job creation forms, intake forms, progress reports, maps and relevant census data).</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (11 points)</p> <p>b. Has the entity submitted timely and acceptable progress reports for all previously funded projects?</p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p> <p>c. Did the entity fully spend awarded monies of any open or previously funded projects?</p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p>
19.	<p>a. If not previously funded by PHCD, has the entity successfully implemented a grant-funded program/project performing the activity for which funds are sought? <i>Please include supporting documentation in Tab 5.</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p> <p>b. Does the entity have previous experience with receiving grant funds and meeting program objectives?</p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p> <p>c. Did the entity fully spend awarded monies of any open or prior grant funded projects?</p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p> <p>d. Does the entity have any unresolved issues with any open or prior grant funded projects?</p> <p><input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes (0 points)</p>
20.	<p>If currently funded by PHCD and the activity has received program income, has PHCD approved the entity's use of program income for this project? <i>Examples of program income are loan repayments, property sales, rental income, fees charged for services, interest earned on revolving loans, loan payments. Acceptable documentation: PHCD approval letter to use program income for project. Include in Tab 18 (Program Income). Page # _____</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
21.	<p>How many years has your entity provided the proposed service or activity? <i>Please include supporting documentation in Tab 5.</i></p> <p><input type="checkbox"/> Less than 2 years (3 points) <input type="checkbox"/> 2 to 4 years (4 points)</p> <p><input type="checkbox"/> 5 to 10 years (6 points) <input type="checkbox"/> More than 10 years (8 points)</p>

V. PROJECT BUDGET/SOURCES AND USES

22.	<p><i>Include supporting documents in Tab 7 (Budget). Page # _____</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">CDBG</th> <th style="width: 20%; text-align: center;">Other Sources</th> <th style="width: 10%; text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Budget</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Salaries</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contractual Services</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Direct Services</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>a. What percentage of your total budget is allocated to salaries? _____</p> <p>b. What percentage of your total budget is allocated to contractual services? _____</p> <p>c. What percentage of your total budget is allocated to direct services? _____</p>		CDBG	Other Sources	Total	Budget				Salaries				Contractual Services				Direct Services								Total			
	CDBG	Other Sources	Total																										
Budget																													
Salaries																													
Contractual Services																													
Direct Services																													
Total																													
23	<p>Does your entity have current partnerships or collaborative efforts with other service providers in the area you are proposing to serve? (Acceptable documentation: Copy of fully executed legally binding agreement or letter of commitment). <i>Please include budget documentation in Tab 7 (Budget).</i></p>																												

	<input type="checkbox"/> Have current partnership/collaborative agreements with multiple service providers <input type="checkbox"/> Have current partnership/collaborative agreements with one (1) service provider <input type="checkbox"/> Have no partnership/collaborative agreements
23a	<p>If the proposed activity includes partnerships or collaborative efforts with other service providers in the area, describe how the coordination and/or collaboration will not duplicate services for the targeted population? (Acceptable documentation: Full, detailed project scope, see Part II, Attachment 15 for appropriate samples.)</p> <input type="checkbox"/> No duplication of services will occur. Partners will provide complementary services <input type="checkbox"/> Duplication of Services will occur <input type="checkbox"/> N/A
24.	<p>How many clients will you serve with the requested CDBG funds? _____</p> <p>Based on your proposed budget, what is your annual cost per client? \$ _____</p> <p>*If your project is not fully funded, PHCD will prorate the number of clients to be served using the unit cost per client indicated above and your 2019 CDBG award amount.</p>

TOTAL POINTS: _____

TECHNICAL ASSISTANCE TO BUSINESSES

(Tab 5)

I. ORGANIZATIONAL CAPACITY (34 Points)

1.	<p>Please check all services that will be provided</p> <p>Service (0.5-point for each Yes)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1. Assistance with business start-up basics</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2. Networking activities with other business professionals</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>3. Marketing assistance</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>4. Business Plan Writing/Development</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>5. Assistance with accounting/financial management</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>6. Assistance with securing funding, i.e., loans, grants</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>7. Technology assistance and software training</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>8. Assistance with business regulatory compliance</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	1. Assistance with business start-up basics	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Networking activities with other business professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Marketing assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Business Plan Writing/Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Assistance with accounting/financial management	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Assistance with securing funding, i.e., loans, grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Technology assistance and software training	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Assistance with business regulatory compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Assistance with business regulatory compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No																
2.	<p>How many businesses can you serve on an annual basis? <i>Please provide proof such as a list of businesses served in the prior year. Include in Tab 5-TA (Business Assistance Capacity). Page # _____</i></p> <p><input type="checkbox"/> 19 or less (0 points) <input type="checkbox"/> 20 - 35 (5 points) <input type="checkbox"/> 36 - 49 (10 points) <input type="checkbox"/> 50 or more (15 points)</p>																
3.	<p>Does the applicant have current executed agreements with other service providers to enhance the delivery of services to clients who are clearly defined in the proposal? <i>Please attach copies. Include in Tab 6-TA (Collaborative Agreements with Service Providers). Page # _____</i></p> <p><input type="checkbox"/> No agreements (0 points) <input type="checkbox"/> 1- 2 current agreements (4 points) <input type="checkbox"/> 3 - 4 current agreements (5 points)</p>																
4.	<p>Can the applicant demonstrate proven success with providing Technical Assistance to Businesses? <i>In order to receive points, please include supporting documentation in Tab 1-TA (Past Experience). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>																
5.	<p>How many businesses have successfully secured business loans from your program? _____ <i>Include in Tab 1-TA (Past Experience)</i></p> <p><input type="checkbox"/> 1 - 20 (0 points) <input type="checkbox"/> 21 - 40 (1 point) <input type="checkbox"/> 41 - 60 (3 points) <input type="checkbox"/> 61 or more (5 points)</p>																

II. SOUNDNESS OF APPROACH (26 Points)

1.	<p>How many years of experience does the applicant have providing Technical Assistance to Businesses? <i>Provide a description of projects that are similar to the proposed activity. Points to be determined by PHCD. Include in Tab 1-TA (Past Experience). Page # _____</i></p> <p><input type="checkbox"/> 0 to 2 years (1point) <input type="checkbox"/> 3 to 5 years (2 points) <input type="checkbox"/> 6 to 9 year (3points) <input type="checkbox"/> 10 or more years (5 points)</p>
2.	<p>Does the applicant have at least five (5) years of experience in providing Technical Assistance services within any of the nine (9) Neighborhood Revitalization Strategy Areas (NRSAs) in Miami-Dade County? <i>Provide proof, such as signed client intake forms, client addresses, loan closing documents, etc. Tab 1-TA (Experience in NRSAs). Page # _____</i></p> <p><input type="checkbox"/> less than 1 year (0 points) <input type="checkbox"/> 1 to 4 years (3 points) <input type="checkbox"/> 5 or more (5 points)</p>
3.	<p>Does the applicant have well defined Business Development Curriculum for the proposed service? <i>Must provide proof to receive points. Include in Tab 3-TA (Business Development Curriculum). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
4.	<p>Does applicant have documented community support for the proposed activity? <i>If yes, please provide evidence of support ,such as a resolution from a NRSA Community Advisory Committee (CAC), community letters of support, or other documented support from the community. Include in Tab 6-TA (Community Support). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 point)</p>

5.	<p>Does the applicant have well defined mandatory intake criteria? <i>Must provide proof to receive points. Include in Tab 9-TA (Client Intake Criteria). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (4 points)</p>
6.	<p>Does the applicant have a comprehensive Marketing and Outreach Plan for promoting the proposed activity? <i>In order to receive points, please provide a copy. Include in Tab 4-TA (Marketing and Outreach Plan). Page # _____</i></p> <p><input type="checkbox"/> Marginal (1 point) <input type="checkbox"/> Moderate (2 points) <input type="checkbox"/> Comprehensive (4 points)</p>

III. POLICY PRIORITIES (8 Points)

1.	<p>Will the activity provide training for manufacturing jobs for low- and moderate-income persons in the production of products that will result in gains in energy efficiency or the use of alternative energy sources recognized as leading to the net reduction in carbon emissions? <i>Provide a list of the proposed job titles and projected salaries, along with a one page written description about the proposed project and how it will create jobs. Include in Tab 7-TA (Training for Green Manufacturing Jobs). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
2.	<p>Will this activity provide training for low- and moderate-income persons in such areas as weatherization, or sales/distribution/marketing/installation and repair of solar energy systems or high efficiency appliances; construction and/or design of energy efficient structures; design, manufacture and servicing of electric, hybrid or biodiesel vehicles; and recycling of discarded materials? <i>Provide a list of the proposed job titles and projected salaries along with a one page written description about the proposed project and how it will create jobs. Include in Tab 8-TA (Training for Green Jobs). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p>

**PUBLIC FACILITIES AND CAPITAL IMPROVEMENTS (PFCI)
(Tab 5)**

I. ORGANIZATIONAL CAPACITY (30 Points)

1.	<p>Does the entity have the technical capacity to carry out the proposed activity? <i>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 PHCD. Include in Tab 4-PFCI (Résumés and Organizational Chart). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (15 points)</p>
2.	<p>Has the entity submitted an acceptable prior year independent financial audit report and/or Certified Financial Statements prepared by a Certified Public Accountant (CPA) in accordance with Generally Accepted Accounting Principles (GAAP)? <i>Include in (Budget Tab 2 PFCI). Page # _____</i></p> <p><input type="checkbox"/> A. Entity has unresolved audit findings/concerns (0 points) <input type="checkbox"/> B. Entity has not submitted a prior year external audit report. (0 points) <input type="checkbox"/> C. Entity has submitted all required audits with findings/concerns resolved (15 points)</p>

II. PRE-DEVELOPMENT (15 Points)

1.	<p>Has public approval, such as land use, zoning, permitting and variances been obtained to the carry out the project? <i>Please provide evidence such as Governmental clearance documentation or permits. Include in Tab 5-PFCI (Public Approval Documentation). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
2.	<p>Does the project site have access to infrastructure and utility services? <i>(i.e., water and sewer connections, roadway access, and electrical service) If yes, provide utility bills or letters from appropriate agencies. If no, please explain plans for the the appropriate infrastructure for the site and provide copies of the plans. Include in Tab 6-PFCI (Infrastructure and Utility Services). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
3.	<p>Is there an executed agreement with a qualified construction project manager for this project? <i>Please provide evidence such as a copy of the executed agreement between the construction project manager and owner/recipient, including copy of résumé. Note: the construction project manager cannot be employed by the general contractor or be an employee of the G.C. Include in Tab 7-PFCI (Construction Project Manager). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>

III. SHOVEL READY (35 Points)

1.	<p>Construction plans and specifications have been completed and approved by all appropriate local agencies. <i>Please provide proof. Include in Tab 9-PFCI (Plans and Renderings). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (10 points)</p>
2.	<p>Full funding of construction phase is committed (minus the gap funding requested). <i>Please provide proof, such as commitment letters, written underwriting report. Include in Tab 2-PFCI (Budget). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
3.	<p>Construction is ready to start pending the selection and award of the general contractor within sixty (60) calendar days from the CDBG contract execution date with Miami-Dade PHCD.</p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
4.	<p>Will the proposed project be completed in 24 months or less from the CDBG contract execution date with Miami-Dade County? <i>Please provide project timeline. Include in Tab 13-PFCI (Activity Timeline). Page # _____</i></p>

	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (10 points)
5.	Does the proposed project comply with the US Green Building Council's LEED green building rating system for New Construction and Major Renovations? <i>Please provide certification. Include in Tab 14-PFCI (LEED Standards). Page # _____</i> <input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)

ECONOMIC DEVELOPMENT: MICRO-ENTERPRISE LENDING

(Tab 5)

I. ORGANIZATIONAL CAPACITY (45 Points)

1.	<p>Does the entity have experience as a Community Development Financial Institution (CDFI), Revolving Loan Fund, or Micro/Small Business Lender serving small businesses? <i>Provide a list of businesses that have been assisted by the entity during the past two (2) years. Please identify name and address of business; name and phone number of principal/owner. Include in Tab2-ML (Past experience).</i> Page # _____</p> <p><input type="checkbox"/> 0 to 4 years (0 points) <input type="checkbox"/> 5 to 7 years (3 points) <input type="checkbox"/> More than 7 years (10 points)</p>
2.	<p>Has the entity secured matching, or leveraged lending capital, including grants and loans from other sources, which funds are, or will be, available to the entity for the purpose of providing loans to qualifying applicants? Private sources may include banks, credit unions, corporations, foundations, pension funds, private individuals, and other philanthropies. <i>(Leveraged matching funds may represent grant or loan funds raised by, or committed to, the applicant within the 12 months preceding the date of submission of the FY 2019 RFA application, and are expected to be available at the time of CDBG contract execution.) Include copies of funding commitments for Matching Funds in Tab 9-ML (Evidence of Matching/Leveraged Fund). Page #_____.</i></p> <p><input type="checkbox"/> Less than 25% matching funds committed from non-governmental funding sources (0 points) <input type="checkbox"/> 26% to 50% matching funds committed from non-governmental funding sources (1 point) <input type="checkbox"/> 51% to 75% matching funds committed from non-governmental funding sources (2 points) <input type="checkbox"/> 76% to 100% matching funds committed from non-governmental funding sources (5 points) <input type="checkbox"/> Entity has secured at least a 1:1 commitment of matching funds from non-governmental funding sources (5 points)</p> <p>Note: Up to 20% of the matching funds may be in the form of Earned Income from the prior year's operations.</p>
3.	<p>Does the applicant have at least five (5) years of experience providing Economic Development Micro Lending services within any of the nine Neighborhood Revitalization Strategy Areas (NRSAs) or Eligible Block Groups in Miami-Dade County? <i>Provide a list of businesses that have been assisted by the entity during the past two (2) years. Please identify name and address of business; name and phone number of principal/owner; Commission District; NRSA or Eligible Block Group where business is located. The maps are also included in Part II, Attachment 16. Include in Tab 3-ML (Experience in NRSAs). Page # _____</i></p> <p><input type="checkbox"/> less than 1 year (0 points) <input type="checkbox"/> 1 to 4 years (2 points) <input type="checkbox"/> 5 or more (5 points)</p>
4.	<p>Will the proposed activity create a minimum of one permanent full-time equivalent (FTE) job per \$35,000 awarded? <i>Pursuant to HUD Regulation, 24 CFR 570.208(a)(4), at least 51% of the jobs created must employ low-to-moderate income persons.</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
5.	<p>Does the entity have written contractual job hiring agreements (see Attachment 3) with businesses that the entity is proposing to assist? <i>To be eligible for funding under the Microenterprise Lending category, applicants must provide contractual job hiring agreements. Please provide copies of the executed agreement. The agreement must include appropriate language to ensure that no job pirating has occurred. Include in Tab 7-ML (Contractual Job Creation Agreements). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p>
6.	<p>Does entity have documented community support for the proposed activity? <i>If yes, please provide written evidence of support, such as a resolution from a NRSA Community Advisory Committee (CAC), letters or other documented forms of community support. Include in Tab 12-ML (Community Support). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p>
7.	<p>Does the entity have a comprehensive lending policies and procedures? <i>Must provide proof to receive points. Include in Tab 8-ML (Loan Underwriting Guidelines; Lending Policies and Procedures). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
8.	<p>Does the entity have a comprehensive Marketing and Outreach Plan for promoting the proposed activity? <i>In order to receive points, please provide a copy of supporting documentation. Include in Tab 10-ML (Marketing and Outreach Plan). Page # _____</i></p> <p><input type="checkbox"/> Marginal (1 point) <input type="checkbox"/> Moderate (2 points) <input type="checkbox"/> Comprehensive (3 points)</p>

9.	<p>Can the applicant demonstrate proven success with a Micro Lending Program? <i>In order to receive points, please include supporting documentation in Tab 2-ML (Past Experience). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p>
10.	<p>How many businesses have successfully secured business loans from your program? _____ <i>Include in Tab 2-ML (Past Experience)</i></p> <p><input type="checkbox"/> 1-20 (0 points) <input type="checkbox"/> 21-40 (1 point) <input type="checkbox"/> 41-60 (2 points) <input type="checkbox"/> 61 or more (5 points)</p>

II. SOUNDNESS OF APPROACH (15 Points)

1.	<p>Does the entity have well defined loan program participation criteria? <i>Must provide proof to receive points. Include in Tab 8-ML (Lending Policies and Procedures). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p>
2.	<p>Does the entity have current executed agreements with other service providers to enhance the delivery of services to clients that are clearly defined in the proposal? <i>Please attach copies. Include in Tab 4-ML (Collaborative Agreements with Service Providers). Page # _____</i></p> <p><input type="checkbox"/> No agreements (0 points) <input type="checkbox"/> 1-2 current agreements (3 points) <input type="checkbox"/> 3-4 current agreements (4 points)</p>
3.	<p>How many businesses can you serve on an annual basis? <i>Please provide proof such as a list of businesses served in the prior year. Include in Tab 11-ML (Business Assistance Capacity). Page # _____</i></p> <p><input type="checkbox"/> 10 or less (0 points) <input type="checkbox"/> 11 -20 (1 point) <input type="checkbox"/> 21-30 (3 points) <input type="checkbox"/> 30 or more (4 points)</p>
4.	<p>Does the entity have a well-developed strategy for creating jobs in a Micro enterprise environment? <i>Include in Tab 1-ML (Job Creation Plan). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p>
5.	<p>How many documented jobs has the entity assisted with creating in the past 3 years? <i>Include in Tab 2-ML (Past Experience). Page # _____</i></p> <p><input type="checkbox"/> 0 to 4 (0 points) <input type="checkbox"/> 5 to 7 (2 points) <input type="checkbox"/> More than 7 (3 points)</p>
6.	<p>How many jobs will this activity create? Total number of jobs _____</p> <p><i>Provide a one page written description of how the proposed project will create jobs. Include a description of the types of jobs that will be created and the estimated salaries. Include in Tab 1-ML (Job Creation Plan). Page # _____</i></p>

II. POLICY PRIORITIES (8 Points)

1.	<p>Will the activity provide training and job creation for manufacturing jobs for low- and moderate-income persons in the production of products that will result in gains in energy efficiency or the use of alternative energy sources recognized as leading to the net reduction in carbon emissions?</p> <p><i>Provide a list of the proposed job titles and projected salaries, along with a one page written description of the proposed project and how it will create jobs. Include in Tab 5-ML (Job Creation in Green Manufacturing Jobs). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
2.	<p>Will this activity provide training and job creation for low- and moderate-income persons in such areas as weatherization, or sales/distribution/marketing/installation and repair of solar energy systems or high efficiency appliances; construction and/or design of energy efficient structures; design, manufacture and servicing of electric, hybrid or biodiesel vehicles; and recycling of discarded materials?</p> <p><i>Provide a list of the proposed job titles and projected salaries along with a one page written description of the proposed project and how it will create jobs. Include in Tab 6-ML (Job Creation in Green Jobs). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p>

ECONOMIC DEVELOPMENT: BUSINESS INCUBATOR ASSISTANCE PROGRAM (Tab 5)

I. ORGANIZATIONAL CAPACITY (45 Points)

1.	<p>Is the business incubator a member of the National Business Incubation Association (NBIA)? <i>Provide proof. Include in Tab 10-BI (Corporate Affiliations). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>																																	
2.	<p>Has the Business Incubator collaborated with the Small Business Administration (SBA) Small Business Development Centers or other collaborative partnerships? <i>Must provide proof to receive points. Include in Tab 10-BO (Corporate Affiliations). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p>																																	
3.	<p>How many workstation desks are available at the incubator? <i>Select one.</i></p> <p><input type="checkbox"/> 1-5 (0 points) <input type="checkbox"/> 6-10 (1 point) <input type="checkbox"/> 11-15 (2 points) <input type="checkbox"/> 16-20 (3 points) <input type="checkbox"/> 20 or more (5 points)</p>																																	
4.	<p>How many businesses can you serve on an annual basis? <i>Must provide proof. Include in Tab 3-BI (Business Assistance Capacity). Page # _____</i></p> <p><input type="checkbox"/> 4 or less (0 points) <input type="checkbox"/> 5 -10 (2 point) <input type="checkbox"/> 11-20 (5 points)</p>																																	
5.	<p>How many years has the organization been a business incubator? <i>Must provide proof to receive points. Include in Tab 4-BI (Past Experience). Page # _____</i></p> <p><input type="checkbox"/> 3-5 years (1 point) <input type="checkbox"/> 6 or more years (5 points)</p>																																	
6.	<p>Does the applicant have a comprehensive training curriculum? <i>In order to receive points please provide a copy. Include in Tab 5-BI (Training Curriculum). Page # _____</i></p> <p><input type="checkbox"/> Marginal (1 point) <input type="checkbox"/> Moderate (2 points) <input type="checkbox"/> Comprehensive (4 points)</p>																																	
7.	<p>Does the applicant have a comprehensive Marketing and Outreach Plan for promoting the proposed activity? <i>In order to receive points, please provide a copy. Include in Tab 9-BI (Marketing and Outreach Plan). Page # _____</i></p> <p><input type="checkbox"/> Marginal (1 point) <input type="checkbox"/> Moderate (2 points) <input type="checkbox"/> Comprehensive (4 points)</p>																																	
8.	<p>Can the applicant demonstrate proven success with a Business Incubator Assistance Program? <i>In order to receive points, please provide a copy. Include in Tab 4-BI (Past Experience). Page # _____</i></p> <p>How many businesses have successfully completed and/or graduated from your program?</p> <p><input type="checkbox"/> 1-20 (0 points) <input type="checkbox"/> 21-40 (1 point) <input type="checkbox"/> 41-60 (2 points) <input type="checkbox"/> 61-80 (3 points) <input type="checkbox"/> 80 or more (5 points)</p> <p>How many Business Plans have you successfully assisted with that translated into a successful outcome for the client you were serving? (i.e. access to capital or a business loan)</p> <p><input type="checkbox"/> 1-20 (0 points) <input type="checkbox"/> 21-40 (1 point) <input type="checkbox"/> 41-60 (2 points) <input type="checkbox"/> 61-80 (3 points) <input type="checkbox"/> 81 or more (4 points)</p>																																	
9.	<p>Please check all services to be provided</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Service</th> <th style="text-align: right; width: 70%;">(.5 point each Yes)</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>1. Assistance with business startup basics</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>2. Networking activities with other business professionals</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>3. Marketing assistance</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>4. Business plan writing/development</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>5. Telephone/Receptionist</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>6. Assistance with accounting/financial management</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>7. Assistance with securing funding, i.e., loans, grants</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>8. Conference room/meeting space</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>9. Technology assistance and software training</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>10. Assistance with business regulatory compliance</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </tbody> </table>	Service	(.5 point each Yes)		1. Assistance with business startup basics	<input type="checkbox"/> Yes <input type="checkbox"/> No		2. Networking activities with other business professionals	<input type="checkbox"/> Yes <input type="checkbox"/> No		3. Marketing assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		4. Business plan writing/development	<input type="checkbox"/> Yes <input type="checkbox"/> No		5. Telephone/Receptionist	<input type="checkbox"/> Yes <input type="checkbox"/> No		6. Assistance with accounting/financial management	<input type="checkbox"/> Yes <input type="checkbox"/> No		7. Assistance with securing funding, i.e., loans, grants	<input type="checkbox"/> Yes <input type="checkbox"/> No		8. Conference room/meeting space	<input type="checkbox"/> Yes <input type="checkbox"/> No		9. Technology assistance and software training	<input type="checkbox"/> Yes <input type="checkbox"/> No		10. Assistance with business regulatory compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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10. Assistance with business regulatory compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	

II. SOUNDNESS OF APPROACH (20 Points)

1.	<p>Does the applicant have current executed agreements with a network of critical business service providers to enhance the delivery of services to clients? <i>Please attach copies. Include in Tab 1-BI (Collaborative Agreements with Service Providers). Page # _____</i></p> <p><input type="checkbox"/> No agreements (0 points) <input type="checkbox"/> 1-2 current agreements (3 points) <input type="checkbox"/> 3-4 current agreements (5 points)</p>
2.	<p>Does the incubator program have a formal benchmark graduation policy, including a review of company revenues, staffing levels and time in the program? <i>Must provide proof to receive points. Include in Tab 2-BI (Graduation Requirements). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
3.	<p>Does the incubator program have well defined tenant selection criteria? <i>Must provide proof to receive points. Include in Tab 6-BI (Tenant Selection Criteria). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (5 points)</p>
4.	<p>How many documented jobs has the entity assisted with creating in the past 3 years? <i>Include in application Tab 4-BI (Past Experience). Page # _____</i></p> <p><input type="checkbox"/> 0 to 4 (0 points) <input type="checkbox"/> 5 to 7 (2 points) <input type="checkbox"/> More than 7 (5 points)</p>

III. POLICY PRIORITIES (5 Points)

1.	<p>Will the activity provide training and job creation for manufacturing jobs for low and moderate income persons in the production of products that will result in gains in energy efficiency or the use of alternative energy sources recognized as leading to the net reduction in carbon emissions? <i>Provide a list of the proposed job titles and projected salaries, along with a one page written description about the proposed project and how it will create jobs. Include in Tab 7-BI (Job Creation for Green Manufacturing Jobs). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (3 points)</p>
2.	<p>Will this activity provide training and job creation for low and moderate income persons in such areas as weatherization, or sales/distribution/marketing/installation and repair of solar energy systems or high efficiency appliances; construction and/or design of energy efficient structures; design, manufacture and servicing of electric, hybrid or biodiesel vehicles; and recycling of discarded materials? <i>Provide a list of the proposed job titles and projected salaries along with a one page written description about the proposed project and how it will create jobs. Include in Tab 8-BI (Job Creation for Green Jobs). Page # _____</i></p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (2 points)</p>

Note: PHCD staff will visit each proposed business incubator to confirm the above information and determine if the site meets program requirements.

HOUSING

1.	<i>Is activity located in area with more than 51% low and moderate income persons</i> (20 points)	
	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes (20 points)	
2.	<i>County subsidy including any previously awarded Surtax, CDBG, SHIP, HOME, NSP, GOB, ESG, or other County resources and funding requested in current application on a per unit basis?</i> (10 points)	
	<input type="checkbox"/> less than or equal to \$35,000 (10 points) <input type="checkbox"/> \$35,001 - \$45,000 (7 points) <input type="checkbox"/> \$45,001 - \$50,000 (5 points) <input type="checkbox"/> greater than \$50,001 (0 points)	
3.	Experience of Development Team. Evidence must be based on RFA submittal. Units completed with Certificate of Occupancy. (15 points)	
	<input type="checkbox"/> More than 250 units (15 points) <input type="checkbox"/> 249-150 units (9 points) <input type="checkbox"/> 149-50 units (6 points) <input type="checkbox"/> Less than 50 units (3 points)	
4.	Experience of Development Team newly constructing and/or rehabilitating homeownership units? Units completed with Certificate of Occupancy. Evidence must be based on RFA submittal. (15 points)	
	<input type="checkbox"/> More than 100 units (15 points) <input type="checkbox"/> 25-100 units (9 points) <input type="checkbox"/> 5-24 units (6 points) <input type="checkbox"/> Less than 5 units (3 points)	
5.	Construction Features and Amenities? Does the Development commit to providing Green Certification?(10 points) If so, provide evidence (it will be a contractual requirement).	
	<input type="checkbox"/> Green Certified (LEED, FGBC, NGBS, Energy Star, etc. (10 points) <input type="checkbox"/> 10 or more features, including at least 3 energy efficient (7 points) <input type="checkbox"/> 5 or more features, including at least 2 energy efficient (3 points)	
	TOTAL POINTS EARNED: _____	
	BONUS POINTS ONLY (18 points)	
	<input type="checkbox"/> Located within 1/2 mile of public transportation (provide proof) (5 points) <input type="checkbox"/> Access to recreation and health facilities (within one mile) (5 points) <input type="checkbox"/> Addresses Ordinance 14-56 (Disability Set Aside) (5 points) <input type="checkbox"/> Community Land Trust non-profit documentation (3 points)	
	TOTAL BONUS POINTS EARNED: _____	MAXIMUM POINTS: _____

RFA SUBMITTAL CERTIFICATION

Please complete the certification below:

If this application is approved for funding, the organization agrees to comply with all required Federal, state, and local laws and regulations. The organization confirms that it is fully capable of fulfilling the obligations as stated in this proposal and in any attachments or documents included with this application.

As a duly authorized representative of this organization, I submit this application to Miami-Dade County and verify that the information herein is true, accurate, and complete.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

APPLICANT: _____

DATE: _____

FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA
COUNTY OF MIAMI-DADE COUNTY

Sworn to (or affirmed) and subscribed before me this ____ day of ____, 20__, by
_____ (name of person making statement).

(NOTARY SEAL)

Signature of Notary Public-State of Florida) _____

(Name of Notary Typed, Printed, or Stamped) _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
DUE DILIGENCE AFFIDAVIT**

Applicant Name:	
Address:	
Telephone Number:	

Pursuant to Miami-Dade County Resolution No. R-630-13, the undersigned certifies, to the best of his or her knowledge and belief, that:

1. Within the past five (5) years, neither the Entity nor its directors, partners, principals, members or board members:
 - i. Have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
 - ii. Have been cited by a funding source for non-compliance or default under a contract;
 - iii. Have been a defendant in a lawsuit based upon a contract with a funding source;
 - iv. Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any County program.

Please list any matters which prohibit the Entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

This is certified by my signature:

Applicant's Signature Print Name Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____,
20__ by _____. He/she is personally known to me or has presented
 _____ *as identification number: _____.*

(Print or Stamp of Notary): Expiration Date: _____

Notary Public – State of _____ Notary Seal:



This material is available in an accessible format upon request.

CD/60/31516

CERTIFICATION OF ACCURACY

I HEREBY CERTIFY THAT THIS PROPOSAL IS COMPLETE, AS INDICATED ABOVE, AND THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

ENTITY/APPLICANT _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA
COUNTY OF MIAMI-DADE COUNTY

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
_____ (name of person making statement).

(NOTARY SEAL)

Signature of Notary Public-State of Florida) _____
(Name of Notary Typed, Printed, or Stamped) _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

ACTIVITY SUMMARY FOR “MUST” PRESENTATION

(For All Applicants)

Please submit one (1) form for each **NEW** proposed activity by via fax at **786-469-2230**, or via e-mail at **CommunityDevelopmentServices@miamidade.gov**. ALL APPLICANTS MUST DO MUST PRESENTATIONS IN THE NRSA WHERE THEIR ACTIVITY IS LOCATED. IF IT IS A COUNTY-WIDE ACTIVITY, THE MUST PRESENTATION SHOULD BE MADE AT THE COUNTY-WIDE MUST PRESENTATION AT THE OTV OFFICES. FOR ACTIVITIES LOCATED IN THE CUTLER BAY OR NORTH MIAMI NRSA, THE MUST PRESENTATION SHOULD ALSO BE MADE AT THE OTV LOCATION.

ENTITY/APPLICANT NAME: _____

CONTACT PERSON (NAME AND TITLE): _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

ENTITY/APPLICANT DUNS NUMBER: _____

E-MAIL: _____

ENTITY/APPLICANT ADDRESS: _____

ACTIVITY TITLE: _____

TYPE OF ACTIVITY: _____

<input type="checkbox"/> ECONOMIC DEVELOPMENT	<input type="checkbox"/> PUBLIC SERVICE
<input type="checkbox"/> PUBLIC FACILITIES & CAPITAL IMPROVEMENTS	<input type="checkbox"/> HOUSING

LOCATION OF ACTIVITY (ADDRESS OR FOLIO NUMBER): _____
CITY: _____ STATE _____ ZIP: _____

ACTIVITY DESCRIPTION Provide an Abbreviated Activity Description statement about your proposed project (**Who, What, When, Where, Why, and How**). An example of a good abbreviated description is: Construction of an ADA walkway, ADA parking, fencing/landscaping for 50 low/mod income Alzheimer’s clients in an adult day care program located in the Model City NRSA, 123 Main Street, in Commission District 3.

LIST THE COMMISSION DISTRICTS THE ACTIVITY WILL SERVE (1 thru 13): _____

LIST THE NAME(S) OF THE NRSA(s) TO BE SERVED BY THIS ACTIVITY _____

LIST THE FUNDING SOURCES REQUESTED:

CDBG

AMOUNT OF FUNDS REQUESTED FOR FY2019:

--

TOTAL ACTIVITY COST:

--

Infrastructure and Zoning Forms

Verification of infrastructure and zoning must be current within a period of one year of application submittal date.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - ELECTRICITY

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Electricity is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining electric service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make electricity available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to electric service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name		_____ Address
_____ Print or Type Title		
		_____ Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and if is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or "white-out," or if it is scanned, imaged, altered, or re-typed, the Applicant will fail to meet threshold. The certification may be photocopied.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE – SEWER CAPACITY AND PACKAGE TREATMENT

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Sewer Capacity, Package Treatment is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining the specified waste treatment service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make this service available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to this service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

Signature	Date (mm/dd/yy)	Name of Entity Providing Service
Print or Type Name	Address	
Print or Type Title	Telephone Number (including area code)	

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and it is inappropriately signed, no points will be awarded.

If this certification contains corrections or “white-out,” or if it is scanned, imaged, altered, or re-typed, the Applicant will fail to meet threshold. The certification may be photocopied.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - ROADS

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Existing paved roads provide access to the proposed Development or paved roads will be constructed as part of the proposed Development.
2. There are no impediments to the proposed Development using the roads other than payment of impact fees or providing curb cuts, turn lanes, signalization, or securing required final approvals and permits for the proposed Development.
3. The execution of this verification is not a granting of traffic concurrency approval for the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to road usage, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name	_____ Address	
_____ Print or Type Title	_____ Telephone Number (including area code)	

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and it is inappropriately signed, no points will be awarded.

If this certification contains corrections or "white-out," or if it is scanned, imaged, altered, or re-typed, the Applicant will fail to meet threshold. The certification may be photocopied.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE - WATER

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Potable water capacity is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining potable water other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure
3. To the best of our knowledge, no variance or local hearing is required to make potable water available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to potable water, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name	_____ Address	
_____ Print or Type Title	_____ Telephone Number (including area code)	

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and it is inappropriately signed, no points will be awarded.

If this certification contains corrections or "white-out," or if it is scanned, imaged, altered, or re-typed, the Applicant will fail to meet threshold. The certification may be photocopied.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE – INTERNET

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned service provider confirms that on or before _____:
Date (mm/dd/yyyy)

1. Internet is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining internet service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make internet available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to internet service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the forgoing information is true and correct.

_____ Signature	_____ Date (mm/dd/yy)	_____ Name of Entity Providing Service
_____ Print or Type Name	_____ Address	
_____ Print or Type Title	_____ Telephone Number (including area code)	

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this development and if is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or "white-out," or if it is scanned, imaged, altered, or re-typed, the Applicant will fail to meet threshold. The certification may be photocopied.

**VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT
PAGE I OF 2**

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above reference Development site was conducted by the undersigned environmental firm as of _____.
(Date of Phase I ESA - mm/dd/yyyy)

Such Phase I ESA meets the standards of ASTM Practice # E-1527-05.

Check all that apply in Items 1, 2, and 3 below:

1. If the Phase I ESA is over 12 months old from the Application Deadline for this Application, has the site's environmental condition changed since the date of the original Phase I ESA?

Yes No

If "Yes", to demonstrate the condition of the site, the signatory must answer question (1) or (2) below:

(1) an updated to the original Phase I ESA was prepared on _____
(Date-mm/dd/yyyy)

(Date of update must be less than 12 months old from the Application Deadline to receive points.)

(2) a new Phase I ESA was prepared on _____
(Date-mm/dd/yyyy)

Note: PHCD will consider a current Phase II ESA, if applicable, to be a substitute for the updated Phase I ESA or new Phase I ESA.

2. If there are one or more existing buildings on the proposed site, the presence or absence of asbestos or asbestos containing materials and lead-based paint must be addressed either as a part of the Phase I ESA or as a separate report. The signatory must indicate which of the following (item a. or b.) applies:

- a. the Phase I ESA referenced above addresses the presence or absence of asbestos or asbestos containing materials and lead-based paint; or
- b. separate report(s) addressing the presence or absence of asbestos or containing materials and lead-based paint have been prepared and the undersigned has reviewed the separate report(s). Such separate report(s) may or may not be incorporated by reference in the Phase I ESA.

**VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT
PAGE 2 OF 2**

3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials lead-based paint, radon gas, soil or ground water contamination, etc.) on the proposed site, the signatory must indicate which of the following (Item a, b, or c.) applies:
- a. environmental safety conditions on the site require remediation and a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate report; or
 - b. a Phase II ESA is required or recommended. The firm that performed the Phase II ESA, even if it is the same firm that prepared the Phase I ESA, MUST complete and execute the Phase II ESA Verification.; or
 - c. although environmental safety conditions exist on the site, no remediation or further action is required or recommended.

CERTIFICATION

I certify that the foregoing information is true and correct.

Authorized Signature	Date (mm/dd/yyyy)	Name of Firm that Performed the Phase I ESA
Print of Type Name of Signatory	Address of Environmental Firm (street address, city, state)	
Print of Type Name of Signatory	Telephone Number Including Area Code	

This certification must be signed by a representative of the firm that performed the Phase I ESA for the proposed Development location. If this certification contains corrections or "white-out," or if it is scanned, imaged, altered or re-typed, the Application will fail to meet threshold. The certification may be photocopied.

PHASE I ENVIRONMENTAL SITE ASSESSMENTS MUST BE CERTIFIED TO MIAMI-DADE COUNTY.

VERIFICATION OF ENVIRONMENTAL SAFETY PHASE II ENVIRONMENTAL SITE ASSESSMENT

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

As a representative of the firm that performed the Phase II Environmental Site Assessment (ESA), I certify that:

1. A Phase II ESA of the above reference Development location was required or recommended by the Phase I ESA. The Phase II ESA was conducted by the undersigned environmental firm as of _____ in accordance with ASTM Practice # E-1903-97(2002).
(Date of Phase II ESA – mm/dd/yyyy)

If the phase II ESA is over 12 month old from the Application Deadline for this Application has the site's environmental condition changed since the date of the Phase II ESA?

Yes No

If "Yes", to demonstrate the condition of the site, an update to the original Phase II ESA was prepared on _____
(Dated of Phase II ESA - mm/dd/yyyy*)

** Date of the update to Phase II ESA, as stated above, must be within the last 12 months to receive points.*

2. If the Phase II ESA disclosed potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, soil or groundwater contamination, etc.) on the proposed site, a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared either as a part of the Phase II ESA or as a separate report. (Must be attached)

CERTIFICATION

I certify that the foregoing information is true and correct.

Authorized Signature

Date (mm/dd/yyyy)

Name of Firm that Performed
the Phase II ESA

Print of Type Name of Signatory

Address of Environmental Firm
(street address, city, state)

Print of Type Name of Signatory

Telephone Number Including Area Code

This certification must be signed by a representative of the firm that performed the Phase II ESA for the proposed Development location. If this certification contains corrections or "white-out," or if it is scanned, imaged, altered, or re-typed, the Application will fail to meet threshold. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION THAT
DEVELOPMENT IS CONSISTENT WITH ZONING AND LAND USE
REGULATIONS**

Name of Development: _____

Development Location: _____

(At a minimum, provide the address assigned by the United States Postal Services, including the address number, street name and city, or if the address has not yet been assigned, provide the street name, closest designated intersection and city.)

The undersigned Local Government official confirms that:

1) The number of units (not buildings) allowed for this development site (if restricted) is: _____ and/or

If a Planned Urban Development (PUD), the number of units (not buildings) allowed per development site is: _____ or

If not a PUD and development site is subject to existing special use or similar permit, number of units allowed for this development site is: _____; and

2) The zoning designation for the referenced Development site is _____; and

3) The intended use is consistent with current land use regulations and the referenced zoning designation or, if the Development consists of rehabilitation, the intended use is allowed as a legally non-conforming use. To the best of my knowledge, there are no additional land use regulation hearings or approvals required to obtain the zoning classification or density described herein. Assuming compliance with the applicable land use regulations, there are no known conditions, which would preclude construction or rehabilitation (as the case may be) of the referenced Development on the proposed site.

CERTIFICATION

I certify that the City/County of _____ has vested in me the authority
(Name of City/County)

To verify consistency with local land use regulations and the zoning designation specified above or, if the Development consists of rehabilitation, the intended use is allowed as "legally non-conforming use" and I further certify that the foregoing information is true and correct.

Signature

Date (mm/dd/yyyy)

This certification must be signed by the applicable city's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to comprehensive planning and zoning, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail to meet threshold.

If this certification contains corrections or 'white-out,' or if it is scanned, imaged, altered, or re-typed, the Application will fail to meet threshold. The certification may be photocopied.

I.O. No.: 4-132
 Ordered: 9/17/2015
 Effective: 10/01/2015

MIAMI-DADE COUNTY
 IMPLEMENTING ORDER

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT FEE SCHEDULE

AUTHORITY:

Sections 1.01, 2.02 and 5.02 of the Miami-Dade County Home Rule Charter.

POLICY:

This Implementing Order provides a schedule of fees for services and programs provided by the Public Housing and Community Development Department.

PROCEDURE:

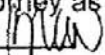
The administration of this Implementing Order is designated to the Director of the Public Housing and Community Development Department, who will be responsible for the collection of fees and the delivery of the required services. The Director shall review the contents of the implementing order annually and, if appropriate, make recommendations to the Board of County Commissioners for revisions or adjustments.

FEE SCHEDULE:

The fee schedule adopted by this Implementing Order is attached hereto and made a part hereof. This official fee schedule is also filed with and subject to the approval of the Board of County Commissioners and on file with the Clerk thereof. Fees charged by the Public Housing and Community Development Department shall be the same as those listed in the official fee schedule on file with the Clerk of the County Commission.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT SERVICE RATE SCHEDULE		
Fee Name	Current Fee (FY 2014-15)	Proposed Fee (FY 2015-16)
Loan Set Up Fee for Single Family Homes	\$100	\$100
Loan Set Up Fee for Development Projects	\$200	\$200
Satisfaction of Mortgage	\$50	\$50
Subordination Agreements	\$50	\$50
Fresh Start Agreement/ Forbearance	\$50	\$50
Mortgage Modifications	\$100	\$100
Force Placed Insurance	\$25	\$25
Monthly Servicing Fee	\$25 (per Month)	\$25 (per Month)
Partial Release	\$50	\$50
Origination Fee (Homebuyer loans, except for HOME-funded loans)		\$400
Construction Inspection Fee		\$1,500
Contract Extension/Modification Fee (multi-family development loans only)		\$2,500

This Implementing Order is hereby submitted to the Board of County Commissioners of Miami-Dade County, Florida.

Approved by the County Attorney as
 to form and legal sufficiency 

Miami-Dade County
Mayor Carlos A. Gimenez

BOARD OF COUNTY COMMISSIONERS

Esteban L. Bovo, Jr.
Chairman

Audrey M. Edmonson
Vice Chairwoman

Barbara J. Jordan
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Daniella Levine Cava
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District 10

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Joe A. Martinez
District 11

Eileen Higgins
District 5

José “Pepe” Diaz
District 12

Rebeca Sosa
District 6

Esteban L. Bovo, Jr.
District 13

Xavier L. Suarez
District 7

Harvey Ruvín
Clerk of Courts

Pedro J. Garcia
Property Appraiser

Abigail Price-Williams
County Attorney