Micro-Enterprise Assistance Program
District 2
Application for For-Profit Businesses
FY2017-2018

April 9, 2018
APPLICATION PROCESS

If you are interested in applying for the Micro-Enterprise Program, which provides up to $10,000.00 to low to moderate income business owners, then complete the application and grant application forms attached herein.

Make sure that all the forms and documents listed on the “Other Application Items Required” are included with your application package.

Applications must be submitted to the following address:

Neighbors and Neighbors Association, Inc.
2017-2018 Micro-Enterprise Assistance Application
5120 NW 24th Avenue
Miami, Florida 33142
(305)756-0605

Applications will be approved on a first-come, first-ready basis, subject to the availability of funds. Preference will be given to businesses located in the West Grove.

For more information about the program, please visit the City of Miami Department of Community and Economic Development website at [http://www.miamigov.com/communitydevelopment](http://www.miamigov.com/communitydevelopment)
Micro-Enterprise Program Description

The City of Miami Department of Community and Economic Development is accepting applications for the Fiscal Year 2017-2018 Micro Business Enterprise Program. This program is funded with Community Development Block Grant (CDBG) funds and provides for up to $10,000 for qualifying businesses located within the boundaries of District 2 of the City of Miami.

ELIGIBILITY REQUIREMENTS

The following minimum eligibility and criteria must be met for any applicant to be recommended for funding:

1. Must be a for profit business;
2. Business must be a Micro-enterprise as defined below:
3. Operating business having five or fewer employees, one or more of these (employees) owns the business.
   - Business owner must have an income less than or equal to 80% of the area median income, adjusted for family size (see income chart following this section.)
4. Business must be located in the City of Miami, District 2.
5. Applicants must be current in all financial obligations with the City of Miami. The City of Miami will not fund a business owner or a business with outstanding disallowed costs, defaulted loans, debarment actions and/or any other legal encumbrance, regardless of the merits of the submitted application;
6. Business is an equal opportunity employer;
7. Project involves no negative environmental impacts;
8. Applicant must be willing to comply with all regulations, guidelines and policies as they relate to the program;
9. Business owner(s) and/or business have not received assistance under the Micro-Enterprise Assistance program two or more times;

Note: Applications from business owners who have previously participated in the Micro-Enterprise program for two or more years will not be reviewed and the applicant will not be considered for funding.

Income Qualification Table FY 2018:

<table>
<thead>
<tr>
<th>Program</th>
<th>One Person</th>
<th>Two Persons</th>
<th>Three Persons</th>
<th>Four Persons</th>
<th>Five Persons</th>
<th>Six Persons</th>
<th>Seven Persons</th>
<th>Eight Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income - 80% of Median</td>
<td>$44,100</td>
<td>$50,400</td>
<td>$56,700</td>
<td>$62,950</td>
<td>$68,000</td>
<td>$73,050</td>
<td>$78,100</td>
<td>$83,100</td>
</tr>
</tbody>
</table>

FUNDING REQUIREMENTS

1. Business owner must certify it operates a drug-free environment.
2. Business owner must certify it complies with the Americans with Disabilities Act (ADA).
If the applicant fails to demonstrate that these requirements have been met, the application may not be reviewed and the applicant may be disqualified.

**CONTRACT TERM**

Contracts are anticipated to commence on or about May 1st, 2018 and end March 31, 2019.

**REQUIRED DOCUMENTS BY THE CITY**

The following documents, complying with City, State or Federal regulations, must be submitted with all applications. The double asterisk (**) indicates that specific forms are enclosed (see PART FOUR – FORMS).

- Application Cover Sheet **
- Check-Off List for Submitting Documents **
- Completed Grant Application Form. **
- Completed Business Information Form. **
- Completed Uses of Funds Form. **
- Completed Certificate of Low and Moderate Income Status Form. **
- For Corporations, a copy of the organization’s Charter (if applicable), Articles of Incorporation, Amendments to the Articles of Incorporation (if applicable), and By-Laws.
- For Corporations, a completed and signed copy of the current (2018) Certificate of Status from the Florida Department of State, Division of Corporations indicating that the organization has paid for its 2018 Annual Report.
- Copy of Income Tax returns (IRS Form 1040) for the last completed fiscal year for each owner, business partner and/or stockholder. If the owner(s) has filed an extension request to IRS, the applicant must submit the prior year’s IRS Form 1040 and a copy of the Extension Request.
- Names, addresses and professional affiliation of the applicant(s), if applicable.
- Most current UCT-6 and US 941 forms
- Proof of Business Address
- Authorized Representative Statement. **
- Certification of all Funds Received. **
- Certification of Sound Fiscal Management. **
- Declaration of Financial Interests. **
- Certification Regarding Lobbying. **
- Certification Regarding Debarment/Suspension. **
- Sworn Statement on Public Entity Crime. **
- Disability Non-Discrimination Certification. **
- Certification Drug-Free Workplace. **
- Conflict of Interest Statement. **
- Applicant’s Certification Form**

**ENVIRONMENTAL CLEARANCE**

Projects funded with CDBG funds are subject to environmental review under federal regulation, and no funds can be committed and expended until the activity has received an environmental clearance. No exceptions can be made. Contracted work must not commence until a US HUD Release of Grant Conditions or a confirmation of exempt status has been issued for the activity.
OTHER SPECIFICATIONS

1. The application must be submitted in the legal name of the applicant and have an “Active” status in the Florida Department of State, Division of Corporations (i.e. Corporation name as registered with the Florida Department of State, Division of Corporations, business owner, etc.);

2. The business owner or an authorized representative of the corporation who has legal authority to bind the business in contract with the City of Miami or the business owner must sign all the application;

3. Submission of an application shall constitute acknowledgement and acceptance of all terms and conditions contained in this RFA. Acceptance of an application does not constitute a contract and does not obligate the City to award funds;

4. The City may require additional information for the determination of the applicant’s qualifications;

5. Application responses must comply with the requirements detailed in this document. Applications that are incomplete, out of order, have an inadequate number of copies, lack required attachments, or have other content errors or deficiencies may be rejected at the sole discretion of the City. Contextual changes and/or additions to the application after submission will not be accepted.

6. Lack of compliance with legal or administrative submission requirements may lead to disqualification. Applications that are disqualified will not be reviewed nor rated.

7. Expenses have to be allowable, necessary, and reasonable as stipulated in the federal register under 2 CFR 200 for the type of business applying for funding. Not permitted expenditures include but are not limited to the following items:
   - Salaries;
   - Rent;
   - Construction/Rehabilitation;
   - Vehicle Purchases/Leases;
   - Security Deposits;
   - Outstanding Debts or paying off a creditor of the business owner/business (credit card debt, etc.)
   - Late Fees.
   - Providing funds for distribution or payment to the owner, partners, or shareholder of the applicant;
   - Paying off any tax lien or liability.

8. Payments will be made directly to the vendor(s) on behalf of the program participant;

9. All participants may be assigned to work with a Technical Assistance agency;

10. Program participants will be required to attend a business related course approved by the City of Miami. The City may not disburse any funding until this requirement is met. The course fee of $300 will be paid with the participant’s grant funds;

11. Businesses should have all the valid and applicable City of Miami and Miami-Dade County business licenses (occupational license and certificate of use) and any other professional licenses. If the business does not have the appropriate licenses when this contract is executed, then they must be obtained. Applicants can utilize this grant to obtain said licenses. Applicants must provide copies of all these licenses to the Department;
12. All business owners selected to receive this grant must have Duns & Bradstreet number. This number must be provided to the City before grant funds can be released.

13. It is necessary for Applicants to submit documentation showing that they meet to moderate income household requirements listed below. Failure to do so will disqualify applicants from this program;

14. It is necessary for Applicants to submit documentation showing that they have 5 or less employees (including the owner). Failure to do so will disqualify applicants from this program.

15. It is necessary for Applicants to submit documentation showing that the business is located in District 2. Failure to do so will disqualify applicants from this program.

16. It is necessary for Applicant to submit documentation showing how many people live in his/her household. Failure to do so will disqualify applicants from this program.

17. Applicants must have an existing for-profit business already established.
### A. BUSINESS AND OWNER INFORMATION

<table>
<thead>
<tr>
<th>Name of Business:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Business Address:</td>
<td></td>
</tr>
<tr>
<td>City and State: Miami, FL</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Type of Business:</td>
<td>Tax ID #:</td>
</tr>
<tr>
<td>How long have you owned this business:</td>
<td></td>
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<tr>
<td># of Full Time Employees including Business Owner:</td>
<td>Part Time:</td>
</tr>
<tr>
<td>Business Type:</td>
<td></td>
</tr>
<tr>
<td>Name of Business Owner:</td>
<td></td>
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<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>City &amp; Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Duns and Bradstreet #:</td>
<td></td>
</tr>
</tbody>
</table>

### B. HOUSEHOLD COMPOSITION AND INCOME INFORMATION (List all members of household, adults and children, including yourself)

<table>
<thead>
<tr>
<th>Family Member's Name</th>
<th>Relationship</th>
<th>Total Income from All Sources</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Spouse / Significant Other</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Family Annual Gross Income:</td>
<td>$</td>
</tr>
</tbody>
</table>

### C. BUSINESS INCOME AND ASSETS INFORMATION

<table>
<thead>
<tr>
<th>Type of Income/Assets</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income from Business Operations NOT entered under chart B above:</td>
<td>$</td>
</tr>
<tr>
<td>Business Bank Account: Checking</td>
<td>Savings</td>
</tr>
<tr>
<td>Business Bank Account: Checking</td>
<td>Savings</td>
</tr>
</tbody>
</table>
D. BUDGET SUMMARY
If funded by the City in previous fiscal years, specify the amount funded in the space provided.

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Amount Funded and Year</th>
<th>Budget Request FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDBG</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$10,000</td>
</tr>
</tbody>
</table>

E. GEOGRAPHIC DATA
City of Miami Commission District:

☐ DISTRICT 2

F. ACKNOWLEDGEMENT (all applicants)

I, ________________________, as Authorized Representative of the Applicant, state that Applicant understands that if an award is made by the City of Miami to the Applicant in connection with this RFA, Applicant must meet applicable administrative and regulatory rules to meet Federal, State and local codes or other conditions as determined by the City Attorney. I acknowledge that it is the Applicant’s responsibility to be familiar with these requirements prior to accepting the award and commencing contracts negotiations with the City of Miami.

SIGNATURE OF APPLICANT

_________________________________________ DATE: __________________________
Signature of Authorized Representative

_________________________________________ TITLE: __________________________
Name of Authorized Representative
## DOCUMENT CHECK-LIST

<table>
<thead>
<tr>
<th>CHECK</th>
<th>REQUIRED DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grant Application Form (Attached)</td>
</tr>
<tr>
<td></td>
<td>Document Check-List Form (Attached)</td>
</tr>
<tr>
<td></td>
<td>Completed Business Information Form (Attached)</td>
</tr>
<tr>
<td></td>
<td>Completed Uses of Funds Form (Attached)</td>
</tr>
<tr>
<td></td>
<td>For Corporations, a copy of the organization’s Charter (if applicable), Articles of Incorporation, Amendments to the Articles of Incorporation (if applicable), and By-Laws.</td>
</tr>
<tr>
<td></td>
<td>State of Florida Corporate Registration Certificate from the Florida Department of State, Division of Corporations, if applicable.</td>
</tr>
<tr>
<td></td>
<td>Copy of Income Tax returns (IRS Form 1040) for the last completed fiscal year for each owner, business partner and/or stockholder.</td>
</tr>
<tr>
<td></td>
<td>Most current UCT-6 and US 941 Forms</td>
</tr>
<tr>
<td></td>
<td>Proof of Business Address</td>
</tr>
<tr>
<td></td>
<td>Authorized Representative Statement (Attached)</td>
</tr>
<tr>
<td></td>
<td>Certification of all Funds Received</td>
</tr>
<tr>
<td></td>
<td>Certification of Sound Fiscal Management (Attached)</td>
</tr>
<tr>
<td></td>
<td>Declaration of Financial Interests (Attached)</td>
</tr>
<tr>
<td></td>
<td>Certification Regarding Lobbying (Attached)</td>
</tr>
<tr>
<td></td>
<td>Certification Regarding Debarment, Suspension and Other Responsibility Matters (Attached)</td>
</tr>
<tr>
<td></td>
<td>Public Entity Crime Affidavit (Attached)</td>
</tr>
<tr>
<td></td>
<td>Disability Non-Discrimination Certification (Attached)</td>
</tr>
<tr>
<td></td>
<td>Drug Free Workplace Certification (Attached)</td>
</tr>
<tr>
<td></td>
<td>Conflict of Interest Statement</td>
</tr>
<tr>
<td></td>
<td>Applicant Certification Form (Attached)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK</th>
<th>REQUIRED DOCUMENTATION (continuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copy of Drivers License for business owner(s)</td>
</tr>
<tr>
<td></td>
<td>Incorporation Documents, if applicable</td>
</tr>
<tr>
<td></td>
<td>Evidence of Home Address for each owner(s)</td>
</tr>
<tr>
<td></td>
<td>Certificate of Use and/or Business Tax Receipt, if available</td>
</tr>
<tr>
<td></td>
<td>Business Plan, if available</td>
</tr>
</tbody>
</table>

**APPLICANT’S NAME:**

**DATE:**
The following is a list of documentation the City of Miami can accept as evidence that applicant meets the eligibility requirements stipulated in this application. Copies of the documents, when pertinent, should be included with the application.

1. **Proof of Income** - Copy of most recent income tax return for each owner (form must be signed), and if applicable:
   - Social Security Statement/Pension Statement
   - Section 8 certification
   - AFDC / Food Stamp Authorization Statement
   - Disability Statements
   - School registrar information showing free or reduced meal status (for the current school year)

2. Most recent business income tax return;
3. City of Miami Certificate of Use;
4. City of Miami Business Tax Receipt;
5. Miami-Dade County Business Tax Receipt;
6. **Proof that business has 5 or less employees**: One of the following documents must be submitted to demonstrate that business has 5 or fewer employees (including owner):
   - Copy of Payroll
   - Copy of UCT6 – State Unemployment Return
   - Copy of US 941 – Federal Quarterly Payroll Tax Forms
   - Miami-Dade County Business Tax Receipt

7. **Business Location**: One of the following documents must be submitted to demonstrate the location of the business:
   - Current Lease Agreement
   - Utility Statement not more than 90 days old for the business
   - City of Miami and/or Miami-Dade County Certificate of Use or Business Tax Receipt

8. **Proof that business is a for-profit entity**: One of the following documents must be submitted to demonstrate that the business is a for-profit:
   - State of Florida Corporate Registration
   - Business Income Tax Return
   - Schedule C of IRS form 1040
   - Miami-Dade County Business Tax Receipt
   - City of Miami Business Tax Receipt and/or Certificate of Use

9. **Proof of household members**: One of the following documents must be submitted to demonstrate household members living with the owner.
   - Copy of one of the items listed in the Proof of Income section
   - Unemployment Statement
   - Copy of valid driver’s license or any other government issued identification with the proper address.
BUSINESS INFORMATION FORM

1. Business Description: ____________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. Proposed service/product/industry (give a physical description): ______________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. Business Goals: __________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. Please describe how this grant will be used: _______________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Timeline for achievement of business goals: _________________

6. List of Employees (including owner):

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

7. Do you have a Business Plan? □ No □ Yes, please include copy

8. Do you have a City of Miami Business Tax Receipt? □ No □ Yes, please include copy

9. Do you have a City of Miami Certificate of Use? □ No □ Yes, please include copy

10. Do you have a Miami-Dade County Business Tax Receipt? □ No □ Yes, please include copy
USE OF FUNDS FORM

USE OF FUNDS: Please describe in detail how this funding will be utilized. All expenditures must be reasonable, allowable and necessary for the type of business requesting the funding.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVENTORY (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>EQUIPMENT (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>MARKETING (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>BUSINESS LICENSE (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>INSURANCE (EXCLUDING VEHICLE) (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>UTILITIES (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>BUSINESS COURSE (COST $300)</td>
<td>$300.00</td>
</tr>
<tr>
<td>SUPPLIES (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td>OTHER (PLEASE DESCRIBE)</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
AUTHORIZED REPRESENTATIVE STATEMENT

Provide the name(s) and telephone number of the person(s) who has been designated the responsibility within the following areas, if applicable:

<table>
<thead>
<tr>
<th>POSITION</th>
<th>NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman of the Board</td>
<td></td>
<td></td>
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<tr>
<td>Executive Director</td>
<td></td>
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<tr>
<td>Project Director</td>
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<td></td>
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<tr>
<td>Affirmative Action Officer</td>
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<td></td>
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<tr>
<td>Personnel Officer</td>
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<tr>
<td>Fiscal Management Officer</td>
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</tbody>
</table>

1. **PERSON(S) AUTHORIZED TO SIGN CHECKS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>NAME</th>
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<tbody>
<tr>
<td>TITLE:</td>
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<tr>
<td>TELEPHONE:</td>
<td>TELEPHONE:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
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2. **PERSON(S) AUTHORIZED TO SIGN DISBURSEMENT PACKAGES**

<table>
<thead>
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<th>NAME</th>
<th>NAME</th>
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<tbody>
<tr>
<td>TITLE:</td>
<td>TITLE:</td>
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<tr>
<td>TELEPHONE:</td>
<td>TELEPHONE:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
<td>SIGNATURE:</td>
</tr>
</tbody>
</table>

3. **PERSON(S) AUTHORIZED TO SIGN CONTRACTS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>TITLE:</td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>TELEPHONE:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
<td>SIGNATURE:</td>
</tr>
</tbody>
</table>

DATE: ____________________________
CERTIFICATION OF ALL FUNDS RECEIVED

(Non-Housing Development Applications Only)

This certifies that _______________________________ operates on a fiscal year, which
(Name of Business)
ends on _______________________________. This further certifies that the financial records (audited) (un-
audited) of _______________________________ for the year ended _______________________________ 
(Name of Business)

reflect the following, as related to federal and non-federal awards:

A. All Funds Received.

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Contract Period</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

B. Total Applicant Funding: $ __________________________

The undersigned certify that the above information is complete and accurate, to the best of their knowledge, and that the City of Miami, Department of Community and Economic Development, will be notified, should this information be determined to be different.

___________________________________  __________________________
Business Owner Name Typed or Printed Signature

_________________________  __________________________
Date
CERTIFICATION OF SOUND FISCAL MANAGEMENT

I, ____________________________, as the Owner, of ________________________________
(Business)

acknowledge that as a condition of receiving funds from the City of Miami, have the need to establish and maintain sound financial and fiscal controls and management systems.

I hereby certify that ________________________________ (Business) has established internal controls which are adequate to safeguard the assets of the agency, monitor the accuracy and reliability of accounting data, promote operating efficiency and insure compliance with prescribed policies and procedures.

________________________________________
Signature (Business Owner) Date

The foregoing instrument was acknowledged before me this _______ day of __________, 20____ by ________________________________ who is personally known (name of person whose signature is being notarized) to me or who produced __________________________ as identification, and who did/did not take an oath. (Type of Identification)

NOTARY PUBLIC:

______________________________  __________________________ my commission expires _______
(Signature) (Print Name) SEAL
DECLARATION OF FINANCIAL INTERESTS

1. Do you have any past due financial obligations with the City of Miami?

   Single Family Housing Loans YES NO
   Multi-Family Housing Rehab YES NO
   CDBG Commercial Loan Project YES NO
   U.S. HUD Section 108 Loan YES NO
   Other HUD Funded Programs YES NO
   Others (liens, fines, loans, occupational licenses, etc.) YES NO

   If YES, please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Do you have any past due financial obligations with Miami Capital Development, Inc. (MCDI)?

   YES NO

   If YES, please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Are you a relative of or do you have any business or financial interests with any elected City of Miami Official, City of Miami Employee, or Member of the City’s Advisory Boards?

   YES NO

   If YES, please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Any false information provided on this application will be reason for rejection and disqualification of your project-funding request to the City of Miami.

The answers to the foregoing questions are correctly stated to the best of my knowledge and belief.

_________________________________________________________ DATE: ____________
Name and Title of Authorized Representative

_________________________________________________________ DATE: ____________
Signature of Authorized Representative
City of ________________________________

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this _______ day of ____________, 20 _____ by ______________________________ who is personally known (name of person whose signature is being notarized) to me or who produced ________________ as identification, and who did/did not take an oath. (Type of Identification)

NOTARY PUBLIC:

______________________________  ______________________________
(Signature)  (Print Name)

my commission expires ________

SEAL
CERTIFICATION REGARDING LOBBYING
Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

(3) This undersigned shall require that the language of this certification be included in the award documents for “All” sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a pre-requisite for making or entering into this transaction imposed by Section 1352, Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

_______________________________________________________________
Name of Applicant

_______________________________________________________________
Print name of Certifying Official

_______________________________________________________________  ________________________
Signature of Certifying Official                          Date
City of ______________________________________

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this ______ day of __________, 20 _____ by ___________________________________ who is personally known (name of person whose signature is being notarized) to me or who produced __________________________ as identification, and who did/did not take an oath. __________________________ (Type of Identification)

NOTARY PUBLIC:

_________________________ __________________________ my commission expires ______
(Signature) (Print Name)

SEAL
CERTIFICATION REGARDING DEBARMENT, SUSPENSION & OTHER RESPONSIBILITY MATTERS

PRIMARY COVERED TRANSACTIONS

1. The applicant certifies to the best of its knowledge and belief, that it and its principals:

   a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

   b. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or falsification or destruction of records, making false statements, or receiving stolen property;

   c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1.b of this certification; and

   d. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall submit an explanation to the City of Miami.

________________________________________
Applicant/Business

________________________________________
Print Name of business owner

________________________________________   ________________
Signature of Certifying Official             Date
City of ____________________________

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this ______ day of __________, 20 ___ by __________________________________ who is personally known (name of person whose signature is being notarized) to me or who produced ____________________ as identification, and who did/did not take an oath. (Type of Identification)

NOTARY PUBLIC:

______________________________  ______________________________  my commission expires ______
(Signature)                    (Print Name)                 

SEAL
SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).

FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to ________________________________

By ________________________________________________________________
(Print this individual’s name and title)

for ________________________________________________________________
(Print name of entity submitting statements)

Whose business address is _____________________________________________

and whose Federal Employer Identification Number (FEIN) is ________________

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: ________________________________

2. I understand that a “public entity crime” as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or no contest.

4. I understand that an “affiliate” as defined in paragraph 287.133(1)(a), Florida Statutes, means:

a. A predecessor or successor of a person convicted of public entity crime; or

b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

____________________________
Signature

The foregoing instrument was acknowledged before me this _______ day of ____________, 20_____ by
______________________________ who is personally known (name of person whose signature is being notarized) to me or who produced ______________________ as identification, and who did/did not take an oath. (Type of Identification)

NOTARY PUBLIC:

___________________________  ________________________  my commission expires ________ 
(Signature)                       (Print Name)
DISABILITY NON-DISCRIMINATION CERTIFICATION

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies that it is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed above including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction in the following laws:


The foregoing requirements shall not pertain to contracts with the United States or any department or agency thereof, the State of any political subdivision or agency thereof or any municipality of this State.

________________________________________  ______________________________________
Print Name  Signature

STATE OF __________________________

COUNTY OF_____________________

The foregoing instrument was acknowledged before me this _______ day of _________, 20 _____ by ___________________________ who is personally known (name of person whose signature is being notarized) to me or who produced __________________________ as identification, and who did/did not take an oath.  

(Type of Identification)

NOTARY PUBLIC:

_________________________  __________________________  my commission expires _______
(Signature)  (Print Name)

SEAL
DRUG FREE WORKPLACE CERTIFICATION

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies that it will provide a drug-free workplace program by:

(1) Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror’s workplace, and specifying the actions that will be taken against employees for violations of such prohibition;

(2) Establishing a continuing drug-free awareness program to inform its employees about:
   (i) The dangers of drug abuse in the workplace;
   (ii) The Bidder’s policy of maintaining a drug-free workplace;
   (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(3) Giving all employees engaged in performance of the Contract a copy of the statement required by subparagraph (1);

(4) Notifying all employees, in writing, of the statement required by subparagraph (1), that as a condition of employment on a covered Contract, the employee shall:
   (i) Abide by the terms of the statement; and
   (ii) Notify the employer in writing of the employee’s conviction under a criminal drug statute for a violation occurring in the workplace no later than five (5) calendar days after such conviction;

(5) Notifying City of Miami government in writing within ten (10) calendar days after receiving notice under subdivision (4) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;

(6) Within thirty (30) calendar days after receiving notice under subparagraph (4) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
   (i) Taking appropriate personnel action against such employee, up to and including termination; or
   (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and

(7) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraph (1) through (6).

____________________________________________________  ________________________________
Signature                                              Print Name
DRUG FREE WORKPLACE CERTIFICATION

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies that it will provide a drug-free workplace program by:

(8) Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror’s workplace, and specifying the actions that will be taken against employees for violations of such prohibition;

(9) Establishing a continuing drug-free awareness program to inform its employees about:
   (i) The dangers of drug abuse in the workplace;
   (ii) The Bidder’s policy of maintaining a drug-free workplace;
   (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(10) Giving all employees engaged in performance of the Contract a copy of the statement required by subparagraph (1);

(11) Notifying all employees, in writing, of the statement required by subparagraph (1), that as a condition of employment on a covered Contract, the employee shall:
   (i) Abide by the terms of the statement; and
   (ii) Notify the employer in writing of the employee’s conviction under a criminal drug statute for a violation occurring in the workplace no later than five (5) calendar days after such conviction;

(12) Notifying City of Miami government in writing within ten (10) calendar days after receiving notice under subdivision (4) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;

(13) Within thirty (30) calendar days after receiving notice under subparagraph (4) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
   (i) Taking appropriate personnel action against such employee, up to and including termination; or
   (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and

(14) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraph (1) through (6).

____________________________________  ____________________________________
Signature                                Print Name
STATE OF _______________________
COUNTY OF __________________ _____
The foregoing instrument was acknowledged before me this _______ day of ____________, 20 _____ by __________________________________ who is personally known (name of person whose signature is being notarized) to me or who produced __________________________ as identification, and who did/did not take an oath. ___________________________________ (Type of Identification)

NOTARY PUBLIC:

____________________________________  __________________________ my commission expires ______
(Signature)  (Print Name)

SEAL
CONFLICT OF INTEREST FORM

Vendors shall be familiar and comply with all applicable conflict of interest legal requirements including Florida's Code of Ethics for Public Officers, Chapter 112, Part III, Florida Statutes. The City of Miami ("City") will not contract or transact business with a vendor, and any contract with a vendor shall be void, if a conflict of interest under State or local laws occurs and neither an exemption nor opportunity to waive the conflict exists, or an opportunity to waive the conflict exists but the City does not waive it. If a conflict of interest is waivable, the City shall have the sole authority to waive the conflict.

DISCLOSURE:
Vendors must complete and submit the attached Conflict of Interest Disclosure Affidavit. The Affidavit must be signed by an officer of the corporation if the vendor is a corporation or by an authorized individual if the business is other than a corporation, and notarized by notary public. The Vendor may disclose any additional information in the Affidavit regarding the existence or appearance of a conflict of interest under state or local laws. Whenever a vendor is in doubt as to the applicability state or local conflict of interest law as to itself, the vendor may submit to the Office of the City Attorney a full written statement of the facts and questions the vendor has, and the Office of the City Attorney shall render an opinion to the vendor. The failure to complete and submit the Affidavit with the application/bid will render the vendor non-responsive and the application non-responsive. If the vendor or authorized agent omits, misrepresents or falsifies material information required by the Affidavit, the vendor shall be rendered non-responsive and the application bid non-responsive, and if a application bid is selected forward and/or contract negotiation and execution, the selection of the vendor and any executed contract shall be void.

POLICY:
The City shall transact business in accordance with all Conflict of Interest and Code of Ethics Ordinances.

PROCEDURE:
A. All persons, corporations, partnerships, firms or other business entities transacting business with the City shall be familiar and comply with local and state conflict of interest laws, ordinances, policies or directives (hereinafter "conflict of interest law").
B. The City will not contract or transact business with a person, corporation, partnership, firm or other business entity in the event of a conflict of interest -under state or local law if:
   (1) neither an exemption nor opportunity to waive the conflict of interest exists; or
   (2) an opportunity to waive the conflict exists, but the City does not waive it. If a conflict of interest is waivable, the City Commission shall have the sole Authority for waiving it.
C. Each person, corporation, partnership, form or other business entity transacting business with the City having a commercial value of $25,000.00 or more, including without limitation construction and procurement transactions, shall complete and submit to the City, the Disclosure Affidavit at the time of submission of a bid or application, or if no bid or application is submitted, prior to transacting business with the City.
   (1) Failure to complete and submit the Disclosure Affidavit at the time of submission of the bid or application may render the bid or application non-responsive. Additionally, if the bidder or proposer materially omits, misrepresents or falsifies information required by the Affidavit, the bid or application shall be non-responsive, and the bidder or proposer non-responsive; provided that if a contract was awarded, the contract shall be void.
   (2) If a transaction does not involve an invitation to bid or request for application, the failure to complete and submit the Disclosure Affidavit prior to transacting business with
the City, may void the contract. Additionally, if the contracting party materially omits, misrepresents or falsifies information required by the Affidavit, the contract shall be void.

D. Whenever any person is in doubt as to the applicability of conflict of interest law to himself or herself or his or her company, that person may submit to the Office of the City Attorney a full written statement of the facts and questions he or she has. The Office of the City Attorney shall render an opinion to that person.

E. If the bid or application or proposed contract creates a conflict of interest which is exempted under state or local law or is eligible for a waiver of a conflict of interest, and the bid or Application or proposed contract is otherwise recommended for award, staff shall forward same to the City Commission.

F. If the bid or application or the proposed contract is not eligible for a waiver of a conflict of interest and is not otherwise exempted from conflict of interest law, the bid or application Shall be rejected as non-responsive, or the proposed contract shall not be awarded.

DISCLOSURE AFFIDAVIT

I______________________________, being first duly sworn, state:

The full legal name and business address of the person or entity contracting or transacting business with the City of Miami are:

The business is formed as a:

_____ corporation
_____ limited partnership
_____ general partnership
_____ sole proprietorship
_____ other

(if other, please explain) __________________________________________

The business was formed or incorporated in the following year and state:

The business is registered in the following state(s): __________________________

I. FOR CORPORATIONS:
   A. The following trustees, advisory board members or purchasing agents of the City or their spouses or children are officers or directors of the corporation:
   B. The following trustees, advisory board members or purchasing agents of the City or their spouses or children or any combination thereof hold directly or indirectly more than 5% but less than 10% ownership in the corporation's stock:
   C. The following trustees, advisory board members or employees of the City or their spouses, children or parents hold directly or indirectly 10% or more of the ownership in the corporation's stock:
D. The following trustees, advisory board members or employees of the City are employees of or in a contractual relationship with the corporation:

II. FOR PARTNERSHIPS, FIRMS OR OTHER BUSINESS ENTITY (excluding corporations)
   1. The following trustees, advisory board members or purchasing agents of the City or their spouses or children are partners, officers or proprietors:
   2. The following trustees, advisory board members or purchasing agents of the City or their spouses or children or any combination thereof own, directly or indirectly, more than 5% but less than 10% of the firm, partnership or other business entity:
   3. The following trustees, advisory board members or employees of the City or their spouses, children or parents own, directly or indirectly, 10% or more of the firm, partnership, or other business entity:
   4. The following trustees, advisory board members or employees of the City are employees of or in a contractual relationship with the firm, partnership or other business entity.

III. FOR INDIVIDUALS
   1. The individual seeking to contract or to transact business with the City is a trustee, advisory board member or employee of the City or the spouse, child or parent of a trustee, advisory board member or employee of the City:
   2. The following trustees, advisory board members or employees of the City are employees of or in a contractual relationship with the individual:

IV. SUPPLEMENTAL INFORMATION:
   NOT USED

V. REQUEST FOR LEGAL OPINION:
   Wherever the Bidder is in doubt as to the applicability of state or local conflict of interest law as to him or herself, the Bidder may submit to the Office of the City Attorney a full written statement of the facts and questions the Bidder has; and the Office of the City Attorney shall render an opinion to the Bidder.

The foregoing instrument was acknowledged before me this ______ day of __________, 20 ___ by ____________________________ who is personally known (name of person whose signature is being notarized) to me or who produced ______________________ as identification, and who did/did not take an oath.  

(TYPE OF IDENTIFICATION)

NOTARY PUBLIC:
_________________________ ___________________________ my commission expires _______
APPLICANT’S CERTIFICATION FORM

PROGRAM: City of Miami Micro Enterprise Program
FUNDING AMOUNT: Up to $10,000.00

APPLICANT: ____________________________________

The undersigned certifies that:

1. APPLICANT acknowledges that the grant will be funded by Community Development Block Grant (CDBG) funds. APPLICANT certifies that, insofar as they may be applicable, the Applicant will comply with the Copeland Anti-Kickback Act, Contract work Hours and Safety-Standards Act, Lead-Based Poisoning Act and other related acts, as applicable.

2. APPLICANT accepts to operate in accordance with 24 CFR 84.

3. APPLICANT shall comply with all applicable provisions of 24 C.F.R. Part 570 and shall carry out each activity in compliance with all applicable federal laws and regulations described therein.

4. APPLICANT shall maintain current documentation that its activities are CDBG eligible in accordance with 24 C.F.R., Part 570.

5. APPLICANT agrees to retain the records for a period of three (4) years from the completion of the work program.

6. APPLICANT shall permit the Department of Community and Economic Development (“CD”) and other persons duly authorized by CD to inspect all Agreement Records, facilities, goods, and activities of APPLICANT which are in any way connected to the activities undertaken pursuant to the grant.

7. In the event CD does not receive funds to finance this work program from its funding source, or in the event that CD’S funding source de-obligates the funds allocated to fund this program, CD may terminate this funding upon not less than twenty-four (24) hours prior notice in writing to APPLICANT.

8. APPLICANT agrees to enforce the execution of the following Certifications from all Contractors employed by APPLICANT:

   a) CERTIFICATION REGARDING LOBBYING
   b) CERTIFICATION REGARDING DEBARMENT, SUSPENSION & OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS
   c) SWORN STATEMENT PURSUANT TO SECTION 287.133(3) (A). FLORIDA STATUTES ON PUBLIC ENTITY CRIME
   d) DISABILITY NON-DISCRIMINATION CERTIFICATION
   e) DRUG FREE WORKPLACE CERTIFICATION

APPLICANT:

__________________________________
Authorized Representative

__________________________________
Date
Frequently Asked Questions

1. Can you provide a map of the Commission Districts?

Please visit the City of Miami’s http://miamigov.com/planning/maps.html and click on the map entitled Commission Districts.

2. Does Certification of Funds Received apply to all applicants? What period does it cover?

All applicants must submit the Certification of Funds Received, even if no moneys were received in the last fiscal year of the agency.

3. Can you provide a cross-reference of the HUD regulations for Economic Development?


4. Can you provide the web-site for the above mentioned regulations?

Link to 24CFR570 (Public Service/Economic Development):
https://www.law.cornell.edu/cfr/text/24/part-570

5. Can you provide the web-site for the Office of Management and Budget (OMB) Circulars?

Link to 2 CFR 200 – Subpart E - Cost Principles for Non-Profit Organizations
https://www.law.cornell.edu/cfr/text/2/part-200/subpart-E

Link to 2 CFR 200 – Subpart D - Post Federal Awards Requirements
https://www.law.cornell.edu/cfr/text/2/part-200/subpart-D

Link to 2 CFR 200 – Subpart F – Audit Requirements
https://www.law.cornell.edu/cfr/text/2/part-200/subpart-F

6. What is the maximum income to qualify for the Micro-enterprise program?

Incomes levels are defined as income equal to as or less than the US HUD Rent Subsidy Program low-income or very low income limits established by HUD annually. The income levels for the FY 2017-2018 are included on page 3 of this RFP. The business owner has to qualify under these guidelines.

7. Who needs to sign the application?

The Authorized Representative as determined by the Board of Directors OR the business owner.

8. What triggers a HUD environmental review?

Projects funded with CDBG funds are subject to environmental review under federal regulation. Projects must not commence until a US HUD Release of Grant conditions or a confirmation of exempt status has been issued for the project.

9. Is there a link to the Five Year Consolidated Plan?

Yes, the Consolidated Plan can be found on the City of Miami website at http://www.miamigov.com/communitydevelopment/pages/Reports/