



**MICRO-ENTERPRISE ASSISTANCE  
PROGRAM  
FISCAL YEAR 2008-2009  
GRANT APPLICATION  
for FOR-PROFIT BUSINESSES  
IN DISTRICT 2 OR 5  
OF THE CITY OF MIAMI**

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## APPLICATION PROCESS

If you are interested in the Micro-Enterprise Program, which provides up to \$10,000.00 to low to moderate income business owners, then complete the proposal 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.

**Timeline:** The application is due to the City of Miami by **Friday March 14, 2008 at 3:00 P.M.**

Applications must be submitted to the following address:

**City of Miami  
Office of the City Clerk  
2008 Micro Enterprise Assistance Proposal  
3500 Pan American Drive  
Miami, FL 33133**

PROPOSALS SUBMITTED AFTER THE DEADLINE WILL NOT BE ACCEPTED.

Applicant must submit one (1) Original Proposal and two (2) Proposal copies.

**Workshops:** Two workshops will be held to answer questions on this program and application at the following locations:

Workshop 1 Date and Time: Tuesday, February 19, 2008 at 6:00 – 7:30 P.M.  
Location: Frankie Rolle Center, Room 115  
3750 South Dixie Highway, Coconut Grove

Workshop 2 Date and Time: Wednesday, February 20, 2008 at 5:30 – 7:00 P.M.  
Location: Charles Hadley Park, Black Box Theater  
1350 NW 50 Street, Miami

Visit the City of Miami’s website for more information about the City and our programs:

<http://www.miamigov.com/communitydevelopment>

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For assistance in filling out this application, you may also contact the following agencies for technical assistance:

## **District 5**

Neighbors and Neighbors Association, Inc.  
180 NW 62<sup>nd</sup> Street  
Miami, Florida 33150  
(305)756-0605

Fanm Ayisyen Nan Miyami, Inc.  
8325 NE 2<sup>nd</sup> Avenue, Suite 100  
Miami, FL 33138  
(305)756-8050

## **District 2**

Urban Empowerment Corporation  
3672 Grand Avenue  
Miami, FL  
(305)446-3095

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Community Development Block Grant (CDBG) Programs from U.S. HUD are allocated through the 2008-2009 Request for Proposals (RFP) process to businesses located in the City of Miami. Applicants will be able to request assistance under the Micro-enterprise Assistance Grant Program listed in this 2008-2009 Request for Proposals (RFP) package.

## BACKGROUND

Under this category, grantees and other public and private organizations may use Community Development Block Grant (CDBG) funds to facilitate economic development through the establishment, stabilization and expansion of micro-enterprises **(Ref. 570.201(o))**.

## 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- Must be a Micro-enterprise
  - Operating business having five or fewer employees, one or more of these (employees) owns the business
  - OR
  - Business being developed as Micro-Enterprise
    - Person has been screened to determine likelihood of business being developed as micro-enterprise.
- 3- Business owner has to be certified as a member of a low to moderate income household. Priority will be given to owners who reside in the City of Miami.
- 4- Business must be located in the City of Miami, District 2 or 5
- 5- Applicants must be current in all financial obligations with the City of Miami. The City of Miami will not fund an organization or agency with outstanding disallowed costs, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal.
6. **Applications from business owners who have participated in the Micro-Enterprise program for two or more years will not be reviewed and the applicant will not be considered for funding.**

If the applicant fails to demonstrate that these requirements have been met, the proposal may not be reviewed and the applicant may be disqualified.

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## FUNDING REQUIREMENTS

1. Applicant organization must certify it operates a drug-free environment.
2. Applicant organization must certify it complies with the Americans with Disabilities Act (ADA).

If the applicant fails to demonstrate that these requirements have been met, the proposal may not be reviewed and the applicant may be disqualified.

## CONTRACT TERM

Contracts are anticipated to commence on or about October 1, 2008 and to end September 30, 2009. The City of Miami retains the option to renew or extend the agreement with the applicant/business for an additional year, subject to satisfactory performance, available funding, and ongoing community needs.

## 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).

- Proposal 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 Corporation, a completed and signed copy of the current (2007) Certificate of Status from the Florida Department of State, Division of Corporations indicating that the organization has paid for its 2007 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
- 1. Proof of Business Address
  - Authorized Representative Statement. \*\*

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- 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. \*\*
- Certification Compliance with the American with Disabilities Act. \*\*
- Certification Drug-Free Workplace. \*\*
- Conflict of Interest Statement.\*\*

Please Note: On June 9, 1998, the City of Miami Commission passed Resolution NO. 98-581 with a Credit Report clause stating that for each application for a loan from the City of Miami, the City will obtain and analyze credit reports on all property owners (individuals), borrowing entity(ies), as well as principals to determine the credit worthiness of the borrower(s). Any recipient of a grant or loan from the City of Miami as a result of this RFP will be subject to this credit check requirement.

## 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. Project work must not commence until a US HUD Release of Grant Conditions or a confirmation of exempt status has been issued for the Project.

## OTHER SPECIFICATIONS

1. The proposal must be submitted in the legal name of the applicant (ie. Corporation name as registered with the Florida Department of State, Division of Corporations, business owner, etc.)
2. The corporate seal (if applicable) must be stamped or affixed on the original proposal.
3. An authorized representative of the corporation who has legal authority to bind the organization in contract with the City of Miami or the business owner must sign proposals.
4. The City may require additional information for the determination of the applicant's qualifications.
5. Submission of a proposal shall constitute acknowledgement and acceptance of all terms and conditions contained in this RFP. *Acceptance of a proposal does not constitute a contract and does not obligate the City to award funds.*
6. Proposal responses must comply with the requirements detailed in this document. Proposals that are incomplete, out of order, have an inadequate number of copies, lack required attachments, or have other content errors or deficiencies may be

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- rejected. Contextual changes and/or additions to the proposal after submission will not be accepted.
7. Lack of compliance with legal or administrative submission requirements may lead to disqualification. Applications that are disqualified will not be reviewed and rated.
  8. Proposal responses must comply with the requirements detailed in this document. Proposals 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. Contextual changes and/or additions to the proposal after submission will not be accepted.
  9. Expenses have to be allowable, necessary, and reasonable as stipulated in the Office of Management and Budget Circular A-122 (OMB A-122) for the type of business applying for funding. Not permitted expenditures include but are not limited to the following items:
    - Salaries
    - Construction/Rehabilitation
    - Vehicle Purchases/Leases
    - Security Deposits
    - Outstanding Debts
    - Late Fees
  10. Payments will be made directly to the vendor(s) on behalf of the program participant.
  11. All participants will be assigned to work with a Technical Assistance agency.
  12. Program participants are required to attend a business related course approved by the City of Miami.
  13. 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.
  14. Applications will be evaluated and recommended to participate in the micro-enterprise grant program by a three person (non City staff) committee.

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

## Eligible Population for Services

Eligibility for the Micro-Enterprise program is based on income. Business owners with low and moderate income households qualify for this program. Those levels are defined as incomes equal to or less than the U.S. HUD Rental Subsidy Program (Section 8) low-income or very low-income limits established by HUD annually. The FY 2007 Table for Section 8 follows:

	Program	One Person	Two Persons	Three Persons	Four Persons	Five Persons	Six Persons	Seven Persons	Eight Persons
MIAMI-DADE FY2007 Median Family Income: \$45,200	Extremely Low Income - 30% of Median	12,450	14,250	16,000	17,800	19,200	20,650	22,050	23,500
	Very Low Income - 50% of Median	20,750	23,700	26,700	29,650	32,000	34,400	36,750	39,150
	Low Income - 80% of Median	33,200	37,950	42,700	47,450	51,250	55,050	58,850	62,650

16. 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.
17. It is necessary for Applicants to submit documentation showing that the business is located in the City of Miami. Failure to do so will disqualify applicants from this program.
18. 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.

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## Grant Application Form

### I. Personal Information

***Applicant must complete this section for: (1) each owner (2) each business partner (3) each stockholder***

Name of Business Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Drivers License #: \_\_\_\_\_

U.S. Citizen  Yes  No

Length of Time at Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Months

Do you \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Other

Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord #: (\_\_\_\_\_) \_\_\_\_\_

How many people do you live with? (Spouse, children, relatives, friends) \_\_\_\_\_

Do you have a personal savings or checking account? Checking  Savings

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Savings

Balance: \$ \_\_\_\_\_ Checking

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

## Grant Application Form

### II. Business Information

Is this a new Business  Yes  No

Legal Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Website: \_\_\_\_\_ (if applicable)

Monthly Business Rent Payment: \$ \_\_\_\_\_

Business Landlord Name: \_\_\_\_\_

Business Landlord #: (\_\_\_\_\_) \_\_\_\_\_

How long have you owned the business: \_\_\_\_ Yrs. \_\_\_\_ Months

Number of Employees (Including Owner): \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Ownership:  Sole Proprietor  Corporation  Partnership  
 Limited Liability Corporation (LLC)  Other \_\_\_\_\_

Financial Records Kept:  Professional Accounts  Regular Records  
 Some Records  No Records Kept

Do you have a Business Bank Account?  Yes  N

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Balance: \$ \_\_\_\_\_

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## Grant Application Form

### III. Financial Information

***Applicant must complete this section for: (1) each owner (2) each business partner (3) each stockholder***

**Name of Business Owner:** \_\_\_\_\_

How much are your monthly business sales? \$ \_\_\_\_\_

How much are your monthly business expenses\* \$ \_\_\_\_\_

\*For example: rent/mortgage, business loans, credit cards, materials/inventory, marketing, insurance, employees, utilities, and other expenses

List all your sources of personal income:

- a. Monthly Salary from the Business \$ \_\_\_\_\_
- b. Monthly Income from salary/wages \$ \_\_\_\_\_
- c. Other sources of monthly income\*\* \$ \_\_\_\_\_

How Many individuals live in your Household: \_\_\_\_\_

Please provide evidence that all the all these individuals live in your household.  
(For example: school record, driver license, utility bill, etc.)

List all sources of personal income for all individuals living in your household:

- d. Monthly Income of spouse \$ \_\_\_\_\_
- e. Monthly Income of other household members \$ \_\_\_\_\_
- f. Other sources of monthly income\*\* \$ \_\_\_\_\_

\*\*For example: wages, social security, SSI, pension, tips, workmen compensation, alimony, child support, disability, rental income, subsidies and other public assistance, etc.

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How much are your monthly household expenses? \$ \_\_\_\_\_

(For example: rent, personal loans, credit cards, food, transportation, utilities, insurance, education, childcare, medical expenses, recreation, etc.)

How much is your monthly debt payment for your home? \$ \_\_\_\_\_

(Loans: auto, personal, business, student, mortgage, home equity, etc.)

Do you own other assets?       No       Yes, please complete the list below

Stocks \$ \_\_\_\_\_

Bonds \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Vehicles \$ \_\_\_\_\_

Boats \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

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## City of Miami – Department of Community Development Certification of Low and Moderate Income Status

### PARTICIPANT INFORMATION

**Business Name:** \_\_\_\_\_

Application Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Participant's Gender, Ethnicity, & Race (for HUD reporting purposes)

GENDER
<input type="radio"/> Male
<input type="radio"/> Female

ETHNICITY
<input type="radio"/> Hispanic
<input type="radio"/> Non-Hispanic

RACE	
<input type="radio"/> White	<input type="radio"/> American Indian/Alaskan Native
<input type="radio"/> Black/African American	<input type="radio"/> Native Hawaiian/Other Pacific Islander
<input type="radio"/> Asian	<input type="radio"/> Black/African American & White
<input type="radio"/> Other Multi-Racial	<input type="radio"/> Asian & White

**Number of Household Members:** \_\_\_\_\_ (Including participant) - **REQUIRED**

### INCOME INFORMATION (List all members of household, adults and children)

Family Member's Name	Type of Income	Amount	Times per Year	Total
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

**Family Annual Gross Income**..... \$ -

INCOME ELIGIBILITY
<input type="radio"/> Extremely Low Income (<30%) <input type="radio"/> Very Low Income (>30% but <50%) <input type="radio"/> Low/Mod Income (>50% but <80%)

### CLIENT CERTIFICATIONS

- I agree with the Family Annual Gross Income amount set forth above.
- I certify that the information provided to determine my eligibility for participation in the Micro-Enterprise Program is true and correct to the best of my knowledge. I certify that I have fully disclosed all sources of my income and all sources of income received by members of my household. I further understand that any false information provided in connection with this application may be grounds for disqualification from this program. I hereby acknowledge that I am receiving assistance under a U.S. HUD-funded program and that Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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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.

- The following documents can be used to demonstrate income eligibility for business owner(s) and/or members of household:
  2. Social Security Statement
  3. Medicaid Cards
  4. Section 8 certification
  5. AFDC / Food Stamp Authorization Statement
  6. Bank Statement showing direct deposit amount (not older than 90 days)
  7. Pay stubs (not older than 90 days)
  8. Employer Statement / Letter (not older than 90 days). If statement is not in the name of client, a letter must be attached stating that client resides on the stated premises.
  9. Latest Individual Income Tax Return Form (IRS Form 1040 with attachments)  
*(must be provided for business owner(s))*
  
- The following documents can be used to demonstrate that the business is a for-profit business:
  1. State of Florida Corporate Registration
  2. Business Income Tax Return
  3. Schedule C of IRS form 1040
  4. Miami-Dade County Business Tax Receipt
  5. City of Miami Business Tax Receipt and/or Certificate of Use
  
- The following documents can be used as to demonstrate that business has 5 or fewer employees (including owner):
  8. Copy of Payroll
  9. Copy of UCT6 – State Unemployment Return
  10. Copy of US 941 – Federal Quarterly Payroll Tax Forms
  11. Miami-Dade County Business Tax Receipt
  12. City of Miami Business Tax Receipt and/or Certificate of Use
  
- The following documents can be used to identify the individuals who the business owner(s) are household members:
  1. School registrar information showing meal qualification status (for the active school year)
  2. Copy of a valid Driver's License or Florida Identification card clearly displaying current address
  3. A utility bill (not older than 90 days)  
*If the utility bill(s) are NOT in the name of the client, a non-notarized letter from the person whose name is shown on the utility bill stating that the client resides on said premises is required.*

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## BUSINESS INFORMATION FORM

1. Business Description: \_\_\_\_\_

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2. Proposed service/product/industry (give a physical description): \_\_\_\_\_

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3. Business Goals: \_\_\_\_\_

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4. Please describe how this grant will be used: \_\_\_\_\_

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5. Timeline for achievement of business goals: \_\_\_\_\_

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6. List of Employees (including owner):

**NAME**

**TITLE**

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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

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## USES OF FUNDS FORM

**USES OF FUNDS:** Please describe in detail how this grant will be utilized in expenses that are reasonable, allowable and necessary for the business.

Inventory/Supplies <i>(Please Describe)</i>		\$
Equipment <i>(Please Describe)</i>		\$
Marketing <i>(Please Describe)</i>		\$
Business Licenses <i>(Please Describe)</i>		\$
Insurance (Excluding Vehicle) <i>(Please Describe)</i>		\$
Rent <i>(Please Describe)</i>		\$
Utilities <i>(Please Describe)</i>		\$
Business Course <i>(Please Describe)</i> \$250 if you have not completed any course for this program \$350 if you completed the first course for this program		\$
Other <i>(Please Describe)</i>		\$
Other <i>(Please Describe)</i>		\$
Other <i>(Please Describe)</i>		\$
	<b>TOTAL</b>	\$

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

## EVALUATION CRITERIA

The applications will be evaluated based on how complete and detailed the responses are to each question; all requested information and supporting document are included, the City of Miami Consolidated Plan and the District Priorities. All applications will be subject to the following scoring and evaluation criteria:

<b>MICRO-ENTERPRISE GRANT PROGRAM RATING SHEET</b>	<b>MAXIMUM POINTS</b>
<b>1. Business Owner(s) meets low to moderate income requirements (maximum points – 50)</b>	
A. Applicant listed all sources of income for the business owner(s)	<b>10</b>
B. Applicant provided evidence of the income sources for the business owner(s)	<b>10</b>
C. Applicant listed all the members of his/her household for the business owner(s)	<b>10</b>
D. Applicant provided evidence that these individuals live in his/her household	<b>10</b>
E. Applicant provided income information for all the members of his/her household	<b>10</b>
<b>2. Location of the Business (maximum points - 16)</b>	
A. Applicant provided evidence that Business is located in the City of Miami District 2	<b>5</b>
B. Applicant provided evidence that Business is located in the City of Miami District 5	<b>5</b>
C. Applicant provided evidence that business owner resides in the City of Miami	<b>6</b>
<b>3. Number of Employees (maximum points - 15)</b>	
A. Applicant provided evidence of the number of employees in the business	<b>10</b>
B. Applicant listed the names of the employees	<b>5</b>
<b>4. Business Information (maximum points - 24)</b>	
A. Applicant provided clear business description	<b>4</b>
B. Applicant stated business goals	<b>4</b>
C. Applicant clearly described how grant will be used	<b>4</b>
D. Uses of funds appear reasonable, allowable and necessary for the business as described in the application	<b>6</b>
E. Was this business and/or business owner(s) previously funded under the Micro-Enterprise Program	
a. Only one time	<b>6</b>
b. Two time or more	<b>IMMEDIATELY DISQUALIFIED</b>
<b>MAXIMUM Points Available</b>	<b>105</b>
<b>MINIMUM Required Points for Recommendation</b>	<b>74</b>

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## DOCUMENT CHECK-LIST

<b>REQUIRED DOCUMENTATION</b>	
	Proposal Cover Sheet (Attached)
	Document Check-List Form (Attached)
	Completed Grant Application Form (Attached)
	Completed Business Information Form (Attached)
	Completed Uses of Funds Form (Attached)
	Completed City of Miami – Department of Community Development Completed Certification of Low and Moderate Income Status (Attached)
	Conflict of Interest Form (Attached)
	Applicant Certification Form (Attached)
	Certification of Sound Fiscal Management (Attached)
	Declaration of Financial Interests (Attached)
	Certification Regarding Lobbying (Attached)
	Certification Regarding Debarment, Suspension and Other Responsibility Matters (Attached)
	Public Entity Crime Affidavit (Attached)
	Disability Non-Discrimination Certification (Attached)
	Drug Free Workplace Certification (Attached)
	Authorized Representative Statement (Attached)
	State of Florida Corporate Registration Certificate, if applicable
	Most current UCT-6 and US 941 Forms

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REQUIRED DOCUMENTATION (continuation)	
	Personal Income Tax Documents (Form 1040 with attachments) for last fiscal year
	Copy of Drivers License for business owner(s)
	Incorporation Documents, if applicable
	Evidence of Business Address
	Evidence of Home Address for each owner(s)
	Evidence of Address for each household member
	Evidence that business is for-profit
	Evidence of business owner(s) income
	Certificate of Use and/or Business Tax Receipt, if available
	Business Plan, if available

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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## PROPOSAL COVER SHEET FY 2008 - 2009

CITY OF MIAMI DEPARTMENT OF COMMUNITY DEVELOPMENT  
(MICRO-ENTERPRISE PROGRAM)

### A. IDENTIFYING DATA

Name of Organization	
Address	
City & Zip Code	
Tax ID #	
Authorized Representative	
Contact Person	
Telephone Number	
Fax Number	
E-mail Address	

### B. BUDGET SUMMARY

If funded by the City in FY 2007, specify the amount funded in the space provided.

Funding Source	Amount Funded FY 2006	Budget Request FY 2007
CDBG		
TOTAL		

### C. FUNDING CATEGORY

ECONOMIC DEVELOPMENT

### D. ECONOMIC DEVELOPMENT ACTIVITIES

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**E. GEOGRAPHIC DATA**

City of Miami Commission District(s) :

- DISTRICT 2
- DISTRICT 5

**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 RFP, 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**

\_\_\_\_\_  
Signature of Authorized Representative

DATE: \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Representative

TITLE: \_\_\_\_\_

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## 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 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.

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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

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## CERTIFICATION OF SOUND FISCAL MANAGEMENT

I, \_\_\_\_\_ as the Owner, of \_\_\_\_\_, acknowledge  
(Organization)

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

\_\_\_\_\_

(Organization)

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 (Executive Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Chief Fiscal Officer)

\_\_\_\_\_  
Date

---

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who  
(name of person whose signature is being notarized)

produced \_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

## DECLARATION OF FINANCIAL INTERESTS

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

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

If YES, please explain:

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

YES  NO

If YES, please explain:

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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:

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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.

\_\_\_\_\_  
Name and Title of Authorized Representative

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

DATE: \_\_\_\_\_

City of \_\_\_\_\_

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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STATE OF FLORIDA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who  
(name of person whose signature is being notarized)

produced \_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## 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.

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Name of Applicant

---

Print name of Certifying Official

---

Signature of Certifying Official

---

Date

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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City of \_\_\_\_\_

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who  
(name of person whose signature is being notarized)

produced \_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## 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 proposal 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/proposal 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.

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Applicant/Agency

---

Print Name of Certifying Official

---

Signature of Certifying Official

---

Date

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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City of \_\_\_\_\_

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who  
(name of person whose signature is being notarized)

produced \_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## 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 nolo contendere.
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

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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

City of \_\_\_\_\_ STATE OF FLORIDA

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_ by

\_\_\_\_\_ who is Personally known to me \_\_\_\_\_

Or who produced identification - \_\_\_\_\_  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)                      \_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## 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 Americans with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104, Stat. 327, 42 U.S.C. 12101-12213 and 47, U.S.C. Sections 325 and 611 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications, and Title V, Miscellaneous Provisions; The Rehabilitation Act of 1973, 29 U.S.C. Section 794; The Federal Transit Act, as amended 49 U.S.C. Section 1612; The Fair Housing Act as amended 42 U.S.C. Section 3601-3631.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by

\_\_\_\_\_ as \_\_\_\_\_  
(Name of person whose signature is being notarized) (Title)

of \_\_\_\_\_ known to me to be the person described herein,  
(Name of corporation/company)

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

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## 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

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Print Name

STATE OF \_\_\_\_\_

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ As \_\_\_\_\_  
(name of signature being notarized) (title)

of \_\_\_\_\_  
(name of corporation/company)

known to me to be the person described herein, or who produced \_\_\_\_\_  
(Type of Identification)

as identification, and who did/ did not take an oath.

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## AUTHORIZED REPRESENTATIVE STATEMENT

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

<u>POSITION</u>	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
Chairman of the Board	_____	_____
Executive Director	_____	_____
Project Director	_____	_____
Affirmative Action Officer	_____	_____
Personnel Officer	_____	_____
Fiscal Management Officer	_____	_____

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

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

### 2. PERSON(S) AUTHORIZED TO SIGN DISBURSEMENT PACKAGES

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

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

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

DATE: \_\_\_\_\_

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## 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 proposal/bid will render the vendor non-responsible and the proposal non-responsive. If the vendor or authorized agent omits, misrepresents or falsifies material information required by the Affidavit, the vendor shall be rendered non-responsible and the proposal bid non-responsive, and if a proposal 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 proposal, or if no bid or proposal 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 proposal may render the bid or proposal non-responsive. Additionally, if the bidder or proposer materially omits, misrepresents or falsifies information required by the Affidavit, the bid or proposal shall be non-responsive, and the bidder or proposer non-responsible; 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 proposal, 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 proposal 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 Proposal or proposed contract is otherwise recommended for award, staff shall forward same to the City Commission.

F. If the bid or proposal 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 proposal Shall be rejected as non-responsive, or the proposed contract shall not be awarded.

### DISCLOSURE AFFIDAVIT

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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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:

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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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.

By \_\_\_\_\_, 20\_\_\_\_\_  
Signature of Affiant                      Date

SUBSCRIBED AND SWORN TO (or affirmed) before me this

By \_\_\_\_\_, He/She is Affiant personally known to me or has

presented \_\_\_\_\_ as identification.  
Type of Identification

\_\_\_\_\_  
Signature of Notary Serial Number

\_\_\_\_\_  
Print or Stamp Name of Notary Expiration Date

Notary Public \_\_\_\_\_ Notary Seal  
State

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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## Frequently Asked Questions

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

Please visit the City of Miami's website:

([www.ci.miami.fl.us/planning/pages/services/maps.asp](http://www.ci.miami.fl.us/planning/pages/services/maps.asp))

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?**

Economic Development Programs, please refer to the Code of Federal Regulation, Title 24, Part 570, Sections 570.200 thru 570.209 (24 CFR 570.200, 24 CFR 570.201, 24 CFR 570.202, 24 CFR 570.203, 24 CFR 570.204, 24 CFR 570.205, 24 CFR 570.206, 24 CFR 570.207, 24 CFR 570.208, 24 CFR 570.209).

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

Link to 24CFR570 (Public Service/Economic Development):

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=aaa0221eae22b903d39834db16c74278&tpl=/ecfrbrowse/Title24/24cfr570\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=aaa0221eae22b903d39834db16c74278&tpl=/ecfrbrowse/Title24/24cfr570_main_02.tpl)

Link to 24CFR576 (Emergency Shelter Grant)

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=8c1dd95e83a1b4995615e3580bcbdf4c&rgn=div5&view=text&node=24:3.1.1.3.8&idno=24>

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

Link to OMB Circular A -122 - Cost Principles for Non-Profit Organizations

[http://www.whitehouse.gov/omb/circulars/a122/a122\\_2004.html](http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html)

Link to OMB Circular A -110 - Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations

<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

Link to OMB Circular A -133 – Audits of States, Local Governments and Non-Profit Organizations

<http://www.whitehouse.gov/omb/circulars/a133/a133.pdf>

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

Incomes levels are defined as income equal to 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 2007 are included on page 8 of this RFP. The business owner has to qualify under these guidelines.

# MICRO ENTERPRISE GRANT ASSISTANCE PROGRAM

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*7. Who needs to sign the proposal?*

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://ci.miami.fl.us/communitydevelopment/ConPlan/index.htm>

*10. What is a Neighborhood Development Zone?*

These are distressed neighborhoods within the City of Miami which are in most need of assistance. Maps of these neighborhoods can be found in the Five Year Consolidated Plan.