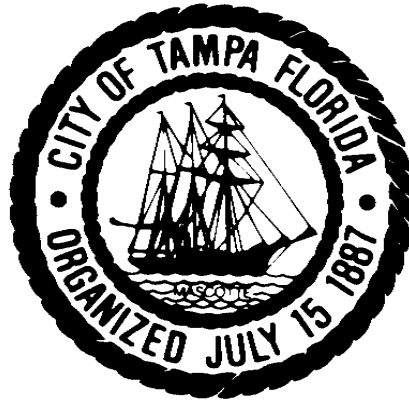


**CHDO Funding Application Cycle  
FY 2017  
City of Tampa – Federal Funding**



**APPLICATION**

Funding Applications are available on-line or please call the Housing and Community Development Division for details (813-274-7954).

**Applications must be delivered no later than 11:59 AM (EST) on  
Monday, July 25, 2016.**

**\*MANDATORY\* TECHNICAL ASSISTANCE WORKSHOPS**

**Robert W. Saunders, Sr. Public Library  
1505 N. Nebraska Ave., Tampa, FL 33602  
July 1, 2016, @ 10:30 AM (EST)**

## INTRODUCTION

The City of Tampa receives an annual allocation from the U.S. Department of Housing and Urban Development (HUD) for the HOME Investment Partnership Community Housing Development Organization (CHDO) program. This application has been designed for all of the above referenced funding sources to be included in the City of Tampa's FY17/PY16 Annual Action Plan as well as the City's current Consolidated Plan.

If an organization wishes to be considered for more than one project, they must submit a separate application for each program/project. If any of the applications are incomplete, they will not be considered. If the organization does not attend the **Mandatory** Technical Workshop for the program in which they are submitting an application for, they will not be considered.

In order to be considered for funding, the applicant must be a 501 © (3) non-profit organization and must have been in business for at least two years.

Application is available for print at <http://www.tampagov.net/housing-and-community-development/request-for-proposals>

### TENTATIVE SCHEDULE OF EVENTS\*

June 24, 2016	Request for Proposal Issued
July 1, 2016	Technical Assistance Workshop
July 8 , 2016	Deadline for Workshop Questions
July 25, 2016	Application Submission Deadline 11:59 AM (EST)
August 3, 2016	Application Review, Site Visits, and Recommendations
August 2016	Applicants are Notified of Funding Awards
August 2016	Post Award Conference
October 1, 2016	Fiscal Year begins. Contract period starts October 1, 2016 to September 20, 2018

\*All dates are subject to change.

# CHDO Funding Application Cycle Application

## I. APPLICATION

### A.1. REQUIRED DOCUMENTS CHECKLIST

Tab **IN ORDER** all required documents attached to the application or put “N/A” if the document is “not applicable.” If thresholds are not met the application will not be reviewed for funding.

#### REQUIRED DOCUMENTS FOR CHDO DESIGNATION

- \_\_\_\_ 1. Proof of ownership or Site Control of appropriate property for CHDO Project
- \_\_\_\_ 2. Completed CHDO Certification Section of attached application-
- \_\_\_\_ 3. CHDO certification Documents required:
  - a) Copy of Charter Documents
  - b) Articles of Incorporation
  - c) By-Laws (up to date)
  - d) Tax Exemption Ruling Certificate from IRS
  - e) Financial Accountability standards
  - f) Resumes of all full time staff
  - g) History of serving community
  - h) Statement of relationship with for-profit entities
  - i) List of Board of Directors and Low income status
  - j) Other documents as required to show CHDO eligibility

#### Application Documents

- \_\_\_\_ 1. Application complete, approved, and signed by Board of Directors and/or designated representative
- \_\_\_\_ 2. Maps showing area served and census tract. Maps may be obtained from the public library, the Property Appraisers database and/or the City’s Planning and Development Department.
- \_\_\_\_ 3. Environmental Justice Plan
- \_\_\_\_ 4. Procedures for selecting contractors/consultants.

## Organizational Documents

- \_\_\_\_ 1. Conflict of Interest disclaimers from **Board Chair and executive management staff members.**
- \_\_\_\_ 2. Organizational Chart with employee names, titles and resumes of:
  - a) Executive Director;
  - b) Fiscal Officer; and
  - c) Project Manager
- \_\_\_\_ 3. IRS Form 990 or Exemption statement
- \_\_\_\_ 4. Proof of General Liability Coverage
- \_\_\_\_ 5. Copy of Sunbiz Agency Report (Page showing Officers, Etc.)






## Financial Documents

- \_\_\_\_ 1. Year to date Financial Statement and most recent Audited Financial Report, Management Letter and Agency Response
- \_\_\_\_ 2. Complete and accurate Fiscal Year 2017 Budget Forms, as attached
- \_\_\_\_ 3. Project Proforma to include sources and uses
- \_\_\_\_ 4. Letters of commitment from other funding sources (Letters should be on official letterhead).

## Construction Documents

- \_\_\_\_ 1. Construction estimates (must show evidence of Davis-Bacon and Section 3 Program requirements were included in bid documents).
- \_\_\_\_ 2. Preliminary designs, photos, blueprints and specifications.
- \_\_\_\_ 3. If providing services or improvements to a facility not owned by the applicant, then submit an executed copy of a long-term lease agreement, minimum of 10 years, and a confirmation letter from owner.
- \_\_\_\_ 4. Include proof of proper zoning and conformance to building and fire codes for an acquired, leased, or improved facility. **Reminder: Projects requiring land use and/or zoning change will not be considered.**
- \_\_\_\_ 5. Construction Project: Goals and Objectives.
- \_\_\_\_ 6. Construction Project Implementation Schedule.

**For the electronic copy please separate the documents into folders as shown below:**

Name	Date modified	Type	Size
 Application Documents	5/2/2016 5:05 PM	File folder	
 Construction Documents	5/4/2016 12:41 PM	File folder	
 Financial Documents	5/2/2016 5:05 PM	File folder	
 Organization Documents	5/2/2016 5:05 PM	File folder	
 CHDO Documents	5/13/2016 10:37 AM	File folder	

## General Instructions

For funding consideration, all projects must meet the funding source eligibility requirements. Agencies and organizations responding to this Request for Application (RFA) must complete ALL items contained in the funding application. **The original (with attachments), four (4) complete copies, and one (1) electronic copy (complete with attachments)** must be submitted to the address below.

**City of Tampa  
Purchasing Department  
306 East Jackson Street  
2nd Floor  
Tampa, FL 33602**

**APPLICATIONS MUST BE RECEIVED BY 11:59 A.M. EST on Monday July 25, 2016.** The application must be **typed**. The original shall have signatures in **blue ink**. Incomplete applications or applications submitted after the published deadline **will not** be considered. **ALL** questions regarding this RFP after the workshop will be required to be submitted in writing to [qiana.daughtry@tampagov.net](mailto:qiana.daughtry@tampagov.net).

Once submitted, no application may be amended, unless the amendment has been requested by the City. The City, at its sole and absolute discretion, with or without cause, and without liability of any kind to any applicant, reserves the right to accept or reject any and/or all applications either in whole or in part, waive any informalities or irregularities of any applications, cancel this RFP at any time and/or take any action in the best interest of the City. The City's decision in all matters shall be final. The City reserves the right to contact an applicant if additional information is required.

### **Application Content**

- Please keep responses to questions brief and concise.
- All forms need to be submitted in a typed format.
- Each application should be submitted with **one original with attachments, four (4) complete copies and one electronic copy with attachments. For a total of one original and five (5) copies.**
- **Each set of documents MUST be tabbed and in a Three Ring Binder (No staples)**
- Applications should follow the established outline instructions and be submitted in the order specified herein.

### **MANDATORY PUBLIC WORKSHOPS**

Mandatory Public workshops will be held at the locations below. The purpose of the meetings is to review the RFP, clarify submission requirements and answer any questions regarding the application/process. The workshops are mandatory for application submittal. Failure to attend will render an application non-responsive. **Workshop attendance is required.**

**Robert W. Saunders, Sr. Public Library  
1505 N. Nebraska Ave., Tampa, FL 33602  
July 1, 2016, @ 10:30 AM (EST)**

**Following the workshop, questions must be submitted via email and will only be accepted from the person attending the workshop. Questions will be accepted for one week following the workshop, July 8, 2016 at 11:59 AM (EST). All responses will be sent to those in attendance within two weeks following the workshop. ALL questions regarding this RFP after the workshop will be required to be submitted in writing to [giana.daughtry@tampagov.net](mailto:giana.daughtry@tampagov.net).**

**CITY OF TAMPA  
AGENCY INFORMATION  
(Please fill out ALL information)**

Organization or Agency: \_\_\_\_\_ Fed. I.D. # \_\_\_\_\_

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

Contact Person(s): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Fiscal Year: \_\_\_\_\_ Date of Most Recent Audit: \_\_\_\_\_

Data Universal Numbering System (Duns Number): \_\_\_\_\_

System for Award Management (SAM) CAGE Number and SAM expiration date) : \_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION**

**TYPE OF REQUEST? (MARK ONE ONLY)**

**CHDO Certification/New Construction**

Proposed Project Title: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_ Projected # of Persons to be Served: \_\_\_\_\_

Matching Funds: \$ \_\_\_\_\_

In-Kind Contributions: \$ \_\_\_\_\_

Is the program located in a target low-mod area? \_\_\_\_\_ Yes \_\_\_\_\_ No

Location of proposed service/program/project:

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

Census Tract: \_\_\_\_\_

Neighborhood/Area to be served by program/project: \_\_\_\_\_

Does the proposed service/program/project meet one of the following National Objectives?



**CHECK ONE ONLY**

- \_\_\_\_\_ Benefit to low/moderate income persons
- \_\_\_\_\_ Low/moderate area benefit (Attach a map of service area)
- \_\_\_\_\_ Slum/blighted

**CERTIFYING REPRESENTATIVE**

*Person authorized to sign contract, if approved - per the State of Florida's website: [www.sunbiz.org](http://www.sunbiz.org) (Please attach copy from website.) Generally the President, Vice-President, and/or Chief Executive Officer (If other than those listed above, we must have a Corporate Resolution, signed by the Corporate Secretary, specifically bestowing signatory authority to individual signing this application.*

*Sign in **Blue Ink***

To the best of my knowledge and belief, data in this application are true and correct and the governing body of the applicant has duly authorized the document.

**NAME:**

*(Please Print)*

*(Signature)*

**TITLE:**

**DATE SIGNED:**

# CHDO Funding Application Cycle Application

## A. AGENCY BACKGROUND AND CAPACITY ANALYSIS

1. Include a brief history of the organization, including the organization's mission and explanation in carrying out the type of activities proposed in the application.

---

---

---

---

---

---

---

---

---

---

2. Describe in detail past project year's results versus goals.

---

---

---

---

---

---

---

---

---

---

3. Provide evidence of your grant administration capabilities, including policies and procedures for financial grant management. Please provide the name of your organization's financial management system/software.

---

---

---

---

---

---

---

---

---

---

**A. AGENCY BACKGROUND AND CAPACITY ANALYSIS (continued)**

4. Detail the staff's experience in working with projects of this type in general and in the proposed service area in particular. If the agency staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs and in working in partnerships with other agencies and/or consultants.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

5. Compliance Issues:

Date of last monitoring? (All monitoring(s) apply, Federal, State and Private) \_\_\_\_\_

Name of Agency(ies) performing it? \_\_\_\_\_

Were there findings? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

---

---

---

---

---

---

---

---

Have findings been resolved? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date Resolved \_\_\_\_\_

**CHDO Funding Application Cycle  
Application**

**B. PROJECT DESCRIPTION AND DELIVERY**

1. Describe the project being proposed.

---

---

---

---

---

---

---

---

---

---

2. Have the following required items for construction projects been completed: construction estimates, preliminary designs, blueprints, specifications, proof of proper zoning and building codes verified?

**Construction Activities**    Yes \_\_\_        No \_\_\_

---

---

3. Describe the development team, experience, capacity and track record of completing similar projects in a timely and efficient manner, while providing high quality workmanship.

---

---

---

---

---

---

---

---

---

---

---

---

---

5. Complete the attached Project Readiness/Program Implementation Schedule (found on pages 15-17).

6. Attach procedure for selecting consultants and/or contractors. These procedures should include Section 3 Contractor selecting criteria.

7. Describe how the project is to be **matched and leveraged with additional financial resources**. How it is to be coordinated with other public agencies, organizations and the community programs to implement enhanced the service area. Attach letters of neighborhood support, collaboration and/or coordination and proof of match and leverage.

---

---

---

---

---

---

---

---

**C. MARKETING**

1. Describe the marketing plan for the project including projected rent/sales price, marketing materials, media (TV, radio, newspaper, etc.), etc.

---

---

---

---

---

---

---

---

2. Describe the project management from completion through rent-up/sell-out?

---

---

---

---

---

---

---

---

**PROJECT PERFORMANCE MEASURES FORM**

**Organization:**

**Project Title:**

The proposed project must be able to be measured according to the following objectives and outcomes. Please (Circle) the appropriate Outcome/Objective on the chart listed below which **best** describes this project.

Outcome	Objective 1: Availability/Accessibility	Objective 2: Affordability	Objective 3: Sustainability
Goal 1: Suitable Living Environment	Enhance Suitable Living Environment Though Improved/New Accessibility	Enhance Suitable Living Environment Though Improved/New Affordability	Enhance Suitable Living Environment Though Improved/New Sustainability
Goal 2: Decent Affordable Housing	Create Decent Housing with Improved/New Availability	Create Decent Housing with Improved/New Affordability	Create Decent Housing with Improved/New Sustainability
Goal 3: Creating Economic Opportunity	Provide Economic Opportunity Through Improved/New Accessibility	Provide Economic Opportunity Through Improved/New Affordability	Provide Economic Opportunity Through Improved/New Sustainability

Outcomes are related to overall project effectiveness. **Outcomes are NOT the number of persons served or the number of service units. Outcomes are the end result of providing the activity or service. Focus on outcomes within the organization’s control, utilize reasonable available data and have conditions that are well defined and measurable.** Examples are: % of seniors who remained in their homes, % clients placed in permanent jobs due to completing the program, or affordable housing units rehabilitated or created.

Describe how participants will benefit from the project.

Outcome #1 to be achieved:

Outcome #1 indicators:

Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.

Outcome #2 to be achieved:

Outcome #2 indicators:

Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.

**PROGRAM/PROJECT IMPLEMENTATION SCHEDULE**

List the key steps or activities required for implementation of the proposed program. Check the month(s) in which each step or activity will occur.

Implementation Steps	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.
Step 1:												
Step 2:												
Step 3:												
Step 4:												
Step 5:												

**PROJECT DESCRIPTION AND DELIVERY (continued)**  
**CONSTRUCTION**  
**PROGRAM/PROJECT IMPLEMENTATION SCHEDULE**

List the key steps or activities required for the construction of the project. Check the month(s) in which each step or activity will occur.

Implementation Steps	Oct.	Nov.	Dec.	Jan.	Feb.	Mar,	Apri l	May	June	July	Aug.	Sept.			
Step 1: Review & Approved by Community Development Staff															
Step 2: Advertisement															
Step 3: Pre- bid Meeting															
Step 4: Bid Opening															
Step 5: Pre- Construction Meeting															
Step 6: Construction Contract Execution date															
Step 7: Construction start date															



Step 8: Construction end date																
-------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**CHDO Funding Application Cycle  
Fiscal Year 2016 - 2017  
Application**

**CONFLICT OF INTEREST DISCLOSURE FORM**

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction <sup>(1)</sup> or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity...either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

City Council Member       Officer       Executive Management Staff  
 Staff (associated with delivery of program)

2. City position held \_\_\_\_\_

3. Are you a business partner of any City of Tampa employee(s), member of City Council or member of the City of Tampa's Housing and Community Development Division (HCD)? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please state the name of the City employee(s) and the Department, City Council Member(s) or HCD employee.

4. Are you an immediate family member of any City of Tampa employee(s), member of City Council or employee of HCD?  
NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please state the name of the City employee(s) and the Department, City Council Member(s) or HCD employee and the relationship.

Signature: \_\_\_\_\_ Name (Please Print): \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_ Date: \_\_\_\_\_

---

**CHDO Funding Application Cycle  
Fiscal Year 2016 - 2017  
Application**

**RESOLUTION**

At a meeting held on the following date \_\_\_\_\_, the Executive Committee/Board of Directors of the following agency: \_\_\_\_\_ passed the following resolution:

The Board of Directors authorizes the application for and use of funds from the City of Tampa's Planning and Development Department, Housing and Community Development Division for activities described in the application and, if awarded funds, shall implement the activities in a manner to ensure compliance with all applicable federal and local laws and regulations.

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Board President

\_\_\_\_\_  
Telephone Number

**Sample Corporate Resolution**  
**CORPORATE RESOLUTION CERTIFICATION**

The undersigned Secretary of \_\_\_\_\_, a Florida non-profit corporation (“Corporation”), does hereby certify that the following Resolution was adopted by the corporation at a meeting of the Board of Directors of the Corporation held on \_\_\_\_\_, 20\_\_.

**RESOLVED** that \_\_\_\_\_, the \_\_\_\_\_ of the Corporation is hereby authorized and empowered to execute on behalf of the Corporation any and all documents, contracts and/or grant agreements between the City of Tampa and the Corporation (“Authority”).

**FURTHER RESOLVED** that in addition and without limiting the foregoing, that the Authority of the Corporation be, and hereby is, authorized to take or cause to be taken, such further action, and to execute and deliver or cause to be delivered, for in the name and on behalf of the Corporation, all such instruments and documents as the Authority may deem appropriate in order effectuate any documents or instruments executed in accomplishment of any action or actions authorized as stated herein shall be deemed to be conclusive approval thereof by this Corporation and the binding act and obligation of this Corporation.

**DATED:** \_\_\_\_\_

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

An **Environmental Impact Statement (EIS)** is a document prepared to describe the effects for proposed activities on the environment. "Environment," in this case, is **defined** as the natural and physical environment and **the relationship of people with that environment**. It describes the positive and negative **environmental** effects of a proposed action.

Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Program: \_\_\_\_\_

Location(s) of Activity (if different): \_\_\_\_\_

*(Attach service area map)*

---

Population to be served:

Positive Impact on the Community:

Negative Impact on the community: (i.e. parking, trash, loitering, noise, construction, demolition, etc.):

Mitigation of negative Impact:

What is the process/policy for dealing with complaints?

Has your organization received any neighborhood complaints concerning programs offered in the past? Yes \_\_\_ No \_\_\_ If yes, how were neighborhood concerns addressed?

**SUB-CONTRACTING FORMS AND PAYMENT FORM**



**Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive**

**Page 1 of 4 – DMI Solicited/Utilized Schedules  
City of Tampa – Schedule of **All Solicited** Sub-(Contractors/Consultants/Suppliers)  
(FORM MBD-10)**

Contract No.: 16-P-00584 Contract Name: CHDO Funding Application Cycle FY2017/PY2016  
 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Federal ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check applicable box(es). Detailed Instructions for completing this form are on page 2 of 4.

- No Firms were contacted or solicited for this contract.**
- No Firms were contacted because:** \_\_\_\_\_
- See attached list of additional Firms solicited and all supplemental information (List must comply to this form)**  
**Note: Form MBD-10 must list ALL subcontractors solicited including Non-minority/small businesses**

NIGP Code Categories: Buildings = 909, General = 912, Heavy = 913, Trades = 914, Architects = 906, Engineers & Surveyors = 925, Supplier = 912-77

S = SLBE W=WMBE O = Neither	Company Name Address Phone, Fax, Email	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic AF AM = Asian Am. NF NM = Native Am. CF CM = Caucasian	Trade or Services  NIGP Code (listed above)	Contact Method L=Letter F=Fax E=Email P=Phone	Quote or Response Received Y/N

Failure to Complete, Sign and Submit  
this form with your Bid or Proposal  
Shall render the Bid Non-Responsive  
(Do Not Modify This Form)

It is hereby certified that the information provided is an accurate and true account of contacts and solicitations for sub-contracting opportunities on this contract.

Signed: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive**  
**Forms must be included with Bid / Proposal**



## Page 2 of 4 – DMI Solicited/Utilized

### Instructions for completing The Sub-(Contractors/Consultants/ Suppliers) Solicited Form (Form MBD-10)

**This form must be submitted with all bids or proposals.** All subcontractors (regardless of ownership or size) solicited and subcontractors from whom unsolicited quotations were received must be included on this form. The instructions that follow correspond to the headings on the form required to be completed. **Note:** Ability or desire to self-perform all work shall not exempt the prime from Good Faith Efforts to achieve participation.

- **Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business and/or doing business as (dba) if applicable.
- **Address.** The physical address of your business.
- **Federal ID.** FIN. A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Firms were contacted or solicited for this contract.** Checking the box indicates that a pre-determined Subcontract Goal or Participation Plan Requirement was not set by the City resulting in your business not using subcontractors and will self-perform all work. If during the performance of the contract you employ subcontractors, the City must pre-approve subcontractors. Use of the “Sub-(Contractors/Consultants/Suppliers) Payments” form (MBD Form-30) must be submitted with every pay application and invoice. **Note:** Certified SLBE or WMBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors.
- **No Firms were contacted because.** Provide brief explanation why no firms were contacted or solicited.
- **See attached documents.** Check box, if after you have completed the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/documentation relating to the form. All DMI data not submitted on the MBD Form-10 must be in the same format and have all requested data from MBD Form-10 included.

The following instructions are for information of any and all subcontractors solicited.

- **“S” = SLBE, “W” = WMBE.** Enter “S” for firms Certified by the City as Small Local Business Enterprises and/or “W” for firms Certified by the City as either Women/Minority Business Enterprise; **“O” = Non-certified others.**
- **Federal ID.** FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification and payment of the contractor/subcontractor.
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials** indicate the trade, service, or materials provided by the subcontractor. NIGP codes aka “National Institute of Governmental Purchasing” are listed at top section of document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with letter the method(s) of soliciting for bid.
- **Quote or Resp. (response) Rec’d (received) Y/N.** Indicate “Y” Yes if you received a quotation or if you received a response to your solicitation. Indicate “N” No if you received no response to your solicitation from the subcontractor. Must keep records: log, ledger, documentation, etc. that can validate/verify.

If additional information is required or you have questions, please contact the Equal Business Opportunity Program - Minority and Small Business Development Office at (813) 274-5522.



**Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive**

**Page 3 of 4 – DMI Solicited/Utilized Schedules  
City of Tampa – Schedule of **All To-Be-Utilized** Sub-(Contractors/Consultants/Suppliers)  
(FORM MBD-20)**

Contract No.: 16-P-00584 Contract Name: CHDO Funding Application Cycle FY2017/PY2016  
 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Federal ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check applicable box(es). Detailed Instructions for completing this form are on page 4 of 4.

**See attached list of additional Firms Utilized and all supplemental information (List must comply to this form)**

**Note: Form MBD-20 must list ALL subcontractors To-Be-Utilized including Non-minority/small businesses**

**No Subcontracting/consulting (of any kind) will be performed on this contract.**

**No Firms are listed to be utilized because:** \_\_\_\_\_

NIGP Code General Categories: Buildings = 909, General = 912, Heavy = 913, Trades = 914, Architects = 906, Engineers & Surveyors = 925, Supplier = 912-77

Enter "S" for firms Certified as Small Local Business Enterprises, "W" for firms Certified as Women/Minority Business Enterprise, "O" for Other Non-Certified

S = SLBE W=WMBE O =Neither	Company Name Address	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic Am. AF AM = Asian Am. NF NM = Native Am. CF CM = Caucasian	Trade, Services, or Materials  NIGP Code Listed above	\$ Amount of Quote. Letter of Intent (LOI) if available	Percent of Scope or Contract %
Federal ID	Phone, Fax, Email				

Failure to Complete, Sign and Submit  
this form with your Bid or Proposal  
Shall render the Bid Non-Responsive.  
(Do Not Modify This Form)

**Total ALL Subcontract / Supplier Utilization \$ \_\_\_\_\_**  
**Total SLBE Utilization \$ \_\_\_\_\_**  
**Total WMBE Utilization \$ \_\_\_\_\_**  
**Percent SLBE Utilization of Total Bid/Proposal Amt. \_\_\_\_\_% Percent WMBE Utilization of Total Bid/Proposal Amt. \_\_\_\_\_%**

It is hereby certified that the following information is a true and accurate account of utilization for sub-contracting opportunities on this Contract.

Signed: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive**  
**Forms must be included with Bid / Proposal**





## Page 4 of 4 DMI – Solicited/Utilized

### Instructions for completing The Sub-(Contractors/Consultants/ Suppliers) to be Utilized Form (Form MBD-20)

**This form must be submitted with all bids or proposals. All subcontractors (regardless of ownership or size) projected to be utilized must be included on this form.** Note: Ability or desire to self-perform all work shall not exempt the prime from Good Faith Efforts to achieve participation.

**Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.

- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business and/or doing business as (dba) if applicable.
- **Address.** The physical address of your business.
- **Federal ID.** FIN. A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Subcontracting/consulting (of any kind) will be performed on this contract.** Checking box indicates your business will not use subcontractors when no Subcontract Goal or Participation Plan Requirement was set by the City, but will self-perform all work. When subcontractors are utilized during the performance of the contract, the “Sub-(Contractors/Consultants/Suppliers) Payments” form (MBD Form-30) must be submitted with every pay application and invoice. Note: certified **SLBE or WMBE firms** bidding as Primes **are not exempt** from outreach and solicitation of subcontractors, including completion and submitting Form-10 and Form-20.
- **No Firms listed To-Be-Utilized.** Check box; provide brief explanation why no firms were retained when a goal or participation plan requirement was set on the contract. Note: mandatory compliance with Good Faith Effort outreach (GFCEP) requirements applies (MBD Form-50) and supporting documentation must accompany the bid.
- **See attached documents.** Check box, if after completing the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/documentation relating to the scope/value/percent utilization of subcontractors. Reproduce copies of MBD-20 and attach. All data not submitted on duplicate forms must be in the same format and content as specified in these instructions.

The following instructions are for information of Any and All subcontractors To Be Utilized.

- **Federal ID.** FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **“S” = SLBE, “W” = WMBE.** Enter “S” for firms Certified by the City as Small Local Business Enterprises and/or “W” for firms Certified by the City as Women/Minority Business Enterprise; **“O” = Non-certified others.**
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials (NIGP code if Known)** Indicate the trade, service, or material provided by the subcontractor. Abbreviated list of NIGP is available at <http://www.tampagov.net/mbd> “Information Resources”.
- **Amount of Quote, Letters of Intent** (required for both SLBEs and WMBEs).
- **Percent of Work/Contract.** Indicate the percent of the total contract price the subcontract(s) represent. For CCNA only (i.e. Consultant A/E Services) you must indicate subcontracts as percent of total scope/contract.
- **Total Subcontract/Supplier Utilization.** – Provide total dollar amount of all subcontractors/suppliers projected to be used for the contract. (Dollar amounts may be optional in CCNA depending on solicitation format).
- **Total SLBE Utilization.** Provide total dollar amount for all projected SLBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Total WMBE Utilization.** Provide total dollar amount for all projected WMBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Percent SLBE Utilization.** Total amount allocated to SLBEs divided by the total bid/proposal amount.
- **Percent WMBE Utilization.** Total amount allocated to WMBEs divided by the total bid/proposal amount.

If additional information is required or you have questions, please contact the Equal Business Opportunity Program - Minority and Small Business Development Office at (813) 274-5522.

# City of Tampa – DMI Sub-(Contractors/Consultants/Suppliers) Payments

[ ] Partial [ ] Final

(FORM MBD-30)

Contract No.: 16-P-00584 Contract Name: CHDO Funding Application Cycle FY2017/PY16

Contractor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Federal ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

GC Pay Period: \_\_\_\_\_ Payment Request/Invoice Number: \_\_\_\_\_ City Department: \_\_\_\_\_

Total Amount Requested for pay period: \$ \_\_\_\_\_ Total Contract Amount (including change orders): \$ \_\_\_\_\_

Type of Ownership - (F=Female M=Male), BF BM = African Am., HF HM = Hispanic Am., AF AM = Asian Am., NF NM = Native Am., CFCM = Caucasian S = SLBE

Type	Company Name Address Phone & Fax	Total Sub Contract Or PO Amount	Amount Paid To Date	Amount To Be Paid For This Period
Trade/Work Activity			Amount Pending Previously Reported	Sub Pay Period Ending Date
<input type="checkbox"/> Sub			\$	\$
<input type="checkbox"/> Supplier				
Federal ID				
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**(Modifying This Form or Failure to Complete and Sign May Result in Non-Compliance)**

Certification: I hereby certify that the above information is a true and accurate account of payments to sub – contractors/consultants on this contract.

Signed: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

DMI form 30 (rev. 10/01/12)

**Note: Detailed Instructions for completing this form are on the next page**



## Instructions for completing The DMI Sub-(Contractors/Consultants/ Suppliers) Payment Form (Form MBD-30)

This form must be submitted with all invoicing or payment requests where there has been subcontracting rendered for the pay period. If applicable, after payment has been made to the subcontractor, “Waiver and Release of Lien upon Progress Payment”, “Affidavit of Contractor in Connection with Final Payment”, or an affidavit of payment must be submitted with the amount paid for the pay period. The following will detail what data is required for this form. The instructions that follow correspond to the headings on the form required to be completed. **(Modifying or omitted information from this form my result in non-compliance).**

- **Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.
- **W.O.#** If the report covers a work order number (W.O.#) for the contract, please indicate it in that space.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business.
- **Address.** The physical address of your business.
- **Federal ID.** A number assigned to a business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **Pay Period.** Provide start and finish dates for pay period. (e.g. 05/01/13 – 05/31/13)
- **Payment Request/Invoice Number.** Provide sequence number for payment requests. (ex. Payment one, write 1 in space, payment three, write 3 in space provided.)
- **City Department.** The City of Tampa department to which the contract pertains.
- **Total Amount Requested for pay period.** Provide all dollars you are expecting to receive for the pay period.
- **Total Contract Amount (including change orders).** Provide expected total contract amount. This includes any change orders that may increase or decrease the original contract amount.
- **Signed/Name/Title/Date.** This is your certification that the information provided on the form is accurate.
- **See attached documents.** Check if you have provided any additional documentation relating to the payment data. Located at the bottom middle of the form.
- **Partial Payment.** Check if the payment period is a partial payment, not a final payment. Located at the top right of the form.
- **Final Payment.** Check if this period is the final payment period. Located at the top right of the form.

The following instructions are for information of any and all subcontractors used for the pay period.

- **(Type) of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business or SLBE.
- **Trade/Work Activity.** Indicate the trade, service, or material provided by the subcontractor.
- **SubContractor/SubConsultant/Supplier.** Please indicate status of firm on this contract.
- **Federal ID.** A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Total Subcontract Amount.** Provide total amount of subcontract for subcontractor including change orders.
- **Amount Paid To Date.** Indicate all dollars paid to date for the subcontractor.
- **Amount Pending, Previously Reported.** Indicate any amount previously reported that payments are pending.
- **Amount To Be Paid for this Period.** Provide dollar amount of dollars requested for the pay period.
- **Sub Pay Period Ending Date.** Provide date for which subcontractor invoiced performed work.

*Forms must be signed and dated or will be considered incomplete. The company authorized representative must sign and certify the information is true and accurate. Failure to sign this document or return the document unsigned can be cause for determining a company is in non-compliance of Ordinance 2008-89. If any additional information is required or you have any questions, you may call the Minority Business Development Office at (813) 274-5522.*



## City of Tampa Official Letter of Intent

(Form MBD-40)

A Letter of Intent is required for each WMBE/SLBE listed on the Schedule of Subcontractors to be Utilized (MBD 20 Form). Letter of Intent must be signed by both the Bidder/Service Provider and WMBE/SLBE firm.

**Bid/Proposal/Contract Number:** \_\_\_\_\_

**Bid/Proposal/Contract Name:** \_\_\_\_\_

**A. To be completed by the Bidder/Service Provider**

Name of Bidder: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**B. To be completed by WMBE/SLBE**

Name of WMBE/SLBE: \_\_\_\_\_

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

Contract Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**C. Identify the scope of work to be performed or item(s) to be supplied by the WMBE/SLBE. On unit price bids, identify to which bid line item the WMBE/SLBE's work scope or supply corresponds:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Cost of work to be performed by WMBE/SLBE:** \_\_\_\_\_

**E. Cost of work to be performed by WMBE/SLBE as a percent of total City contract amount:** \_\_\_\_\_

**Bidder/Proposer certifies that it intends to utilize the WMBE/SLBE listed above, and that the work described above is accurate. Bidder/Proposer will provide City with copy of the related subcontract agreement and/or purchase order prior to commencement of the WMBE/SLBE's work. The WMBE/SLBE firm certifies that it has agreed to provide such work/supplies for the amount stated above.**

Bidder/Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title

WMBE/SLBE Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title

Rev. 10/12/12 MBD 40

## Official Letter of Intent Instructions

**City of Tampa**  
**Equal Business Opportunity Program**

The Official Letter of Intent must be submitted to the soliciting department within ten (10) work days of the bid opening, prior to award. Not providing all letters of intent within the prescribed time frame may be cause to delay award or declare the bid to be non-responsive.

**Bid/Proposal/Contract Number**- Please provide bid/proposal/contract number provided by City of Tampa procuring department.

**Bid/Proposal/Contract Name** – Please provide bid/proposal/contract name provided by City of Tampa procuring department.

**To be Completed by the Bidder/Service Provide** – Please provide prime contractor or main bidders detailed company information as indicated.

**To be completed by the WMBE/SLBE** – Please provide WMBE/SLBE subcontractor detailed company information as indicated.

**Bidder is to Identify the scope of work to be performed or item(s) to be supplied by the WMBE/SLBE. On unit price bids identify, which bid line item the WMBE/SLBE's scope of work or supply corresponds**  
– Please provide details of the services or supplies the WMBE/SLBE will provide.

**Cost of work to be performed by WMBE/SLBE** – Provide agreed upon estimate of work or supplies total price (Unit prices are accepted if specific quantities have yet to be determined).

**Bidder/Proposer** – Signature of authorized agent for the prime contractor or main bidder with date signed.

**WMBE/SLBE firm** – Signature of authorized agent for the WMBE/SLBE subcontractor or supplier with date signed.

**Contract Confirmation** – A copy of the executed subcontract agreement and/or purchase order with the WMBE/SLBE must be filed with the City of Tampa immediately upon execution and/or prior to commencement of work by WMBE/SLBE.

# Procurement Guidelines To Implement Minority & Small Business Participation

## Underutilized WMBE Primes by Industry Category

<b>FORMAL PROCUREMENT</b>	Construction	Construction- Related	Professional	Non-Professional	Goods
	Black	Asian	Black	Black	Black
	Hispanic	Native Am.	Hispanic	Asian	Hispanic
	Native Am.	Woman	Asian	Native Am.	Asian
	Woman		Native Am.		Native Am.
			Woman		Woman

## Underutilized WMBE Sub-Contractors / Sub-Consultants

<b>SUB WORK</b>	Construction	Construction- Related	Professional	Non-Professional	Goods
	Black	Black	Black	Black	Black
		Asian	Hispanic	Asian	Asian
		Native Am.	Asian	Native Am.	Native Am.
		Woman	Native Am.		Woman
			Woman		

### Policy

The Guidelines apply to formal procurements and solicitations. WMBE participation will be narrowly-tailored.

### Index

- Black = Black/African-American Business Enterprise
- Hispanic = Hispanic Business Enterprise
- Asian = Asian Business Enterprise
- Native Am. = Native American Business Enterprise
- Woman = Woman Business Enterprise (Caucasian)

### Industry Categories

**Construction** is defined as: new construction, renovation, restoration, maintenance of public improvements and underground utilities.

**Construction-Related Services** are defined as: architecture, professional engineering, landscape architecture, design build, construction management services, or registered surveying and mapping.

**Professional Services** are defined as: attorney, accountant, medical doctor, veterinarian, miscellaneous consultant, etc.

**Non-Professional Services** are defined as: lawn maintenance, painting, janitorial, printing, hauling, security guard, etc.

**Goods** are defined as: all supplies, materials, pipes, equipment, machinery, appliances, and other commodities.

### MBD Form-70

**END OF SUBCONTRACTING FORMS AND PAYMENT FORM**

**CHDO CERTIFICATION**  
**CITY OF TAMPA - Division of Housing and Community Development**  
**CHDO APPLICATION ONLY**

**I. CHDO STATUS**

If the applicant is applying for CHDO certification, documentation of each of the following items must be provided as attachments or that item will be deemed incomplete. All applicants seeking CHDO funding must mark the appropriate response. If the applicant is unable to answer one of the questions using the responses provided, they are not eligible to receive CHDO funding. **Incomplete applications will not be considered for CHDO status.**

**1. LEGAL STATUS**

A. The nonprofit organization is organized under State or local laws, as evidenced by:

Charter  Articles of Incorporation

B. No part of its net earnings are to the benefit of any member, founder, contributor, or individual, as evidenced by:

Charter  Articles of Incorporation

C. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986, as evidenced by:

501(c)(3) or (4) Certificate from the IRS  Is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue code, as evidenced by a group exemption letter from the IRS that includes the CHDO.

D. Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people, as evidenced by a statement in the organization's:

Charter  Articles of Incorporation  
 By-Laws  Resolutions

**2. CAPACITY**

A. Conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems", as evidenced by:

a notarized statement by the president or chief financial officer of the organization  a certification from a Certified Public Accountant  
 a HUD approved audit summary

B. Has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:

- resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with CHDO funds
- contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization

C. Has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:

- a statement that documents at least one year of experience in serving the community
- for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community

**\*\*The CHDO or its parent organization must be able to show one year of serving the community prior to the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided), such as, developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the president or other official of the organization.**

### 3. ORGANIZATIONAL STRUCTURE

A. Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization's:

- By-Laws  Charter
- Articles of Incorporation

**\*\*Under the HOME program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole state).**

B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, development, and management of affordable housing projects, as evidenced by:

- By-Laws  Resolutions
- written statement of operating procedures approved by the governing body



- C. A CHDO may be chartered by a State or local government, but the following restrictions apply: (1) the State or local government may not appoint more than one-third of the membership of the organization's governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) no more than one-third of the governing board members are public officials (including any employees of the City of Tampa), as evidenced by the organization's:

By-Laws  Charter  
 Articles of Incorporation

- D. If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:

By-Laws  Charter  
 Articles of Incorporation

**4. RELATIONSHIP WITH FOR-PROFIT ENTITIES**

- A. The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:

By-Laws  a Memorandum of Understanding (MOU)

- B. A Community Housing Development Organization may be sponsored or created by a for-profit entity, however both of the following items must be true:

the for-profit entity's primary purpose does not include the development or management of housing, as evidenced in the for-profit organization's By-Laws  
 the CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in the CHDO's (select one):

By-Laws  Charter  
 Articles of Incorporation

## CHDO BOARD OF DIRECTORS

**Please provide CHDO board members name and home address. Indicate residents that are low-income or live in a low-income neighborhood.**

<b>Board Member</b>	<b>Address</b>	<b>Public Official (Yes/No)</b>	<b>Low Income (Yes/No)</b>	<b>Low Income Area (Yes / No)</b>

(Enter board member name, income or resident low-income location (51% low/mod))  
(No more than 1/3 of the board members may be public government officials)

# Certification of Low-Income Representation

Board Member Name: \_\_\_\_\_

I hereby certify that I am a current member in good standing of the governing board of \_\_\_\_\_ and that I represent the interests of low-income families in this organization's targeted service area. I have checked below the manner in which I meet the qualification as a low-income representative:

- I qualify as a low-income resident under the HOME Program definition. The gross annual income of my household of \_\_\_\_\_ people is at or below the City of Tampa area median income limit of \$\_\_\_\_\_.
- I live in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD), which is part of the CHDO's targeted service area. **The Census tract data must be attached to this certification.**
- I \_\_\_\_\_ am \_\_\_\_\_ an \_\_\_\_\_ elected \_\_\_\_\_ representative \_\_\_\_\_ of \_\_\_\_\_ City/County, which is part of the CHDO's service area. **The meeting minutes that document the election of the member must be attached to this Certification.**

If the applicant is representing a low-income neighborhood organization, please attach a copy of the signed resolution from the neighborhood organization naming the individual as its representative on the CHDO's Board of Directors.

By signing and dating this Certification, I hereby certify that I meet the low-income representation characteristic checked above.

Board Member Signature Date

Board President Signature Date

**APPLICANT VALIDATION**  
**CITY OF TAMPA-** Division of Housing and Community Development  
**HOME CHDO APPLICATION**

The Undersigned hereby acknowledges and certifies to the City of Tampa Division of Housing and Community Development (the "City"), individually and on behalf of the Applicant as part of this Application for HOME CHDO set-aside funds in the amount of \$\_\_\_\_\_ for the development of \_\_\_\_\_ housing units.

The applicant certifies the following:

1. The information contained in the Application, including all statements and certifications attached hereto, is true and correct and has been prepared with due diligence. The Applicant has an affirmative duty to notify the City about any changes to the information contained in the Application or to the Applicant. The Applicant knows of no facts or circumstances that would threaten or adversely affect the Development and cause the information in the Application to be incorrect or misleading. The City or its agents may make verification of information contained in the Application at any time.
2. The Applicant agrees to indemnify and hold harmless the City, its members, officers, employees and agents, from and against, any and all claims, suits, damages, costs and expenses arising out of the City's review of and decisions with regard to the Application. City analysis and review of the Application and related documentation is for its own purposes. A grant commitment does not exist until the City has issued an Award Letter and the Applicant has accepted such letter.
3. Misleading information or misrepresentation contained in the Application may result in the termination of the underwriting/approval process, a revocation of grant approval and/or prohibition from participation in City programs.
4. The Contract Documents when entered into by the City and the Applicant shall supersede all discussions, negotiations and agreements about the Application.
5. The execution and delivery of the Application and this document is duly authorized and binding on the Applicant.

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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Name of Executive Director

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Name of Board President