



North Miami CRA  
FY 2009-10

Request For Proposals  
for  
Socio-Economic & Business Development  
Programs and Services

North Miami Community Redevelopment Agency  
615 N.E. 124<sup>th</sup> Street  
North Miami, Florida 33161  
305-899-0272

[www.NorthMiamiCRA.org](http://www.NorthMiamiCRA.org)

November 2, 2009

## **APPLICATION INSTRUCTIONS FOR PROPOSAL FORMS**

In order to apply for CRA funds, it is necessary to complete the attached application and forms. If you are approved to receive a contract with the CRA it will be necessary to complete a Work Program and Budget Summary.

**Please note that in order to submit an application for funding consideration, applicants must have a positive track record of having provided services to residents and/or businesses within the CRA district boundaries and/or the City of North Miami for at least the past 12 months.**

**The following guidance is provided to applicants relative to this RFP:**

- A. Respondents shall thoroughly examine and be familiar with the RFP specifications. Failure of any Respondent to receive or examine this document shall in no way relieve any Respondent of obligations pertaining to this RFP or the subsequent contract.
- B. Any modifications from the stated terms and conditions may result in the rejection of the proposal as not being responsive to this RFP.
- C. Delivering the proposal to the CRA on or before the specified date and time will be solely and strictly the responsibility of the Respondent. The CRA will in no way be responsible for delays caused by the United States Postal Service, or other courier services, or a delay caused by any other occurrence. Submittals by telephone, email or fax will not be accepted.
- D. The response deadline shall be strictly observed. Under no circumstances will a proposal delivered after the date/time specified be considered. Such RFPs will be returned to the Respondent unopened.
- E. The CRA reserves the right to reject a proposal of any Respondent who has previously failed in the proper performance of a contract or to deliver on time other contracts similar in nature, or who in the opinion of the CRA, is not in the position to perform properly.
- F. Federal, state, county and local laws, ordinances, rules and regulations that in any manner affect the items covered herein apply. Lack of knowledge by the Respondent will in no way be a cause for relief from responsibility.
- G. No successful Respondent may assign any portion of the contractual agreement between the parties without prior written authorization by the CRA, which authorization may be withheld by the CRA in its sole discretion.
- H. Changes to the RFP may be made by and at the sole discretion of the CRA. Please note that any changes to the RFP will be posted to the CRA website.

**Submission of RFP Responses:**

One (1) bound original and one (1) unbound complete duplicate copy of each proposal in response to this RFP must be submitted on or before 4 p.m. EDT on Wednesday, November 18, 2009 to:

Mr. Tony E. Crapp, Sr., Executive Director  
North Miami Community Redevelopment Agency  
615 N.E. 124<sup>th</sup> Street  
North Miami, Florida 33161  
Phone: 305-899-0272

Please note that proposals received after this date and time will not be considered. In addition, the CRA reserves the right to reject any and all proposals, to waive any informalities or irregularities in any proposals received, to solicit new proposals or take any other such action that may be deemed to be in the best interest of the CRA.

**Questions, Additional Information:**

Respondents, their agents and/or associates shall refrain from contacting or soliciting, directly or indirectly, any member of the North Miami CRA Board, North Miami CRA Advisory Committee, the CRA Attorney or the employees of the CRA regarding the RFP during the selection process, which commences on the RFP Issue Date and ends upon the approval of funding recommendations by the CRA Board. Failure to comply with this provision may result in disqualification of the respondent. All requests for clarifications or additional information must be made in writing and submitted by 4 p.m. on Thursday, November 5, 2009 to:

Mr. Tony E. Crapp, Sr., Executive Director  
North Miami Community Redevelopment Agency  
615 N.E. 124 Street  
North Miami, Florida 33161  
Phone (305) 899-0272  
Fax (305) 899-9376  
[Crapp@NorthMiamiCRA.org](mailto:Crapp@NorthMiamiCRA.org)

All such requests and CRA responses will be made available to all potential respondents through their posting on the CRA's website at [www.NorthMiamiCRA.org](http://www.NorthMiamiCRA.org) by approximately Monday, November 9, 2009

Instructions for the application appear on the page before the form. In some cases, the description in the instructions indicates “self-explanatory.”

### Proposal Forms

Application

Instructions for Forms I – VI

Forms I – VI

Part I – Applicant Information

Part II – Service Area Information

Part III – Proposal Description

Part IV – Monitoring and Evaluation Procedures

Part V – Auditing Requirements

Part VI – Documentation Requirements

Certification

Form 1 – Budget Summary

Form 2 – Personnel Budget

Form 3 – Non-Personnel Budget

Form 4 – Funding Overview

Form 5 – Work Program

If you need more space to provide information, please attach additional forms or sheets as necessary.

## **INSTRUCTIONS – APPLICATION**

### **Part I: Applicant Information**

Applicant: Identify the organization that is responsible for administering this project.

Address: Provide the current street address of where the service is provided.

Applicant Contact: Provide the name of the director or coordinator in charge of this project.

Phone Number: Provide the telephone number of the applicant contact person.

Fax Number: If you have a fax machine, please provide the fax number.

E-mail Address: If your organization is Internet connected, please provide your e-mail address.

Requested CRA FY 2009-10 funding: Indicate the amount of funds you are requesting from CRA funds for your proposal.

When was the organization established: Indicate the year that your organization was established.

Provide a detailed description of the program(s) and/or service(s) that the organization has provided to residents and/or businesses within the CRA District boundaries and/or the City of North Miami for at least the past 12 months: Provide a detailed description and attach information regarding the program and/or service provided.

## **Part II: Service Area Information**

Address: Self-explanatory

Describe how your proposed project, program or activity will provide benefits to the CRA district boundaries: Please note that CRA funds cannot be used to fund proposals that will provide services or benefits outside of the CRA district boundaries. A proposal providing services or benefits outside of the CRA district boundaries must have funding from a source(s) in addition to CRA funds.

The CRA is planning to allocate funds in an amount up to \$250,000 to fund socio-economic & business development programs and services that are consistent with the adopted CRA Redevelopment Plan as amended ( a copy of the Redevelopment Plan is available for review at [www.NorhMiamiCRA.org](http://www.NorhMiamiCRA.org)). Proposed programs and services should not duplicate those that are being provided by the CRA directly or through existing contractual relationships. Please note that pursuant to funding allocations that have been made by the CRA to organizations during fiscal years FY 2007-08 and FY 2008-09 and the approval of those allocations by Miami-Dade County, the CRA has funded the following eligible activities: an academic internship program that includes a summer employment and training component; small business information & referral services, small business development workshops, and employment & career fairs; small business and micro-enterprise lending, financial literacy and technical assistance; and educational and social activities for at-risk youth.

As additional guidance to applicants regarding eligible CRA activities, please be advised and note that Section 163.387 of State of Florida Statutes provides that moneys in the redevelopment trust fund of a Community Redevelopment Agency may be expended from time to time for undertakings of a community redevelopment agency as described in the community redevelopment plan for the following purposes, including, but not limited to:

- (a) Administrative and overhead expenses necessary or incidental to the implementation of a community redevelopment plan adopted by the agency.
- (b) Expenses of redevelopment planning, surveys, and financial analysis, including the reimbursement of the governing body or the community redevelopment agency for such expenses incurred before the redevelopment plan was approved and adopted.
- (c) The acquisition of real property in the redevelopment area.

(d) The clearance and preparation of any redevelopment area for redevelopment and relocation of site occupants within or outside the community redevelopment area as provided in s. 163.370.

(e) The repayment of principal and interest or any redemption premium for loans, advances, bonds, bond anticipation notes, and any other form of indebtedness.

(f) All expenses incidental to or connected with the issuance, sale, redemption, retirement, or purchase of bonds, bond anticipation notes, or other form of indebtedness, including funding of any reserve, redemption, or other fund or account provided for in the ordinance or resolution authorizing such bonds, notes, or other form of indebtedness.

(g) The development of affordable housing within the community redevelopment area.

(h) The development of community policing innovations.

### **Part III: Proposal Description**

A. Narrative Summary of the Project – Self-explanatory

B. The examples below show how to use the model to summarize programs:

	<b>Problem*</b>	<b>Intervention Activity/ies**</b>	<b>Expected Outcome***</b>
Ex	Eliminate physical conditions of blight or blighting influences	<input type="checkbox"/> Commercial Façade Improvement Grant Program	Elimination of blighting conditions on commercial building facades, improved building appearance and attractiveness for potential customers

\* A “problem” is a redevelopment goal and/or objective/strategy that a program addresses. A program may address more than one problem.

\*\* An “intervention activity” is a course of action that addresses a problem. There may be several intervention activities per problem.

\*\*\* “Expected Outcome” is an outcome of an intervention activity. There may be several outcomes per intervention activity.

C. If the project is currently in operation

1. Indicate the year that your specific project began operation.

2. Self-explanatory

3. Identify other financial, physical, and human resources in the community being used to supplement agency resources, such as creating a referral system involving public and private agencies or sharing the use of facilities, staff, and databases

D. Access to other support services. Self-explanatory

#### **Part IV: Monitoring and Evaluation Procedures**

Self-explanatory

#### **Part V: Auditing Requirements**

Self-explanatory

#### **Part VI: Requirements**

The boxes next to the list of required items should be checked when you attach them to your application, to insure that all required documentation is included. If funding is approved, the other items will be required before contract execution.

#### **Certification**

Certification: Self-explanatory

**NOTE: To ensure maximum consideration for your proposal, please fill out all the forms in accordance with the application instructions and submit the proposal on or before the date and time as specified.**

## Evaluation Criteria

Proposals submitted in response to this RFP will be evaluated on the basis of the scoring of the proposals as to the criteria delineated below.

<b>Criteria</b>	<b>Scoring</b>
<p><u>Technical Submission:</u> Evaluation based on the applicant's response to the RFP's Proposal Requirements with particular emphasis on the response to Parts II and III of the proposal requirements.</p>	Up to a maximum of 60 points
<p><u>Experience and Past Performance:</u> Evaluation based on the experience of the applicant, including the length of time in business/operation and experience in undertaking projects of similar complexity as the one for which funds are being requested.</p>	Up to a maximum of 15 points
<p><u>Cost Reasonableness and Effectiveness:</u> The proposed project, program or activity will be evaluated in terms of (1) its impact on the identified redevelopment goal and/or objective/strategy; and (2) its implementation costs and funding request relative to financial and human resources. Evaluation will include the cost incurred per person or per unit and the justification for a particular level of funding.</p>	Up to a maximum of 10 points
<p><u>Matching Contributions:</u> Points will be awarded based on the ratio of the amount of other funding included in the proposal budget to the amount of CRA funds requested.</p>	Up to a maximum of 10 points as follows:  1-1 or above.....10 points .75 - 1.....7 points .50 - 1.....5 points .25 - 1.....3 points Less than .25.....0 points
<p><u>Project Readiness:</u> Points will be awarded based on the project commencement date. Ready to begin immediately means the project can start by January, 2010</p>	Up to a maximum of 5 points as follows:  Ready to begin immediately.....5 points 3 to 4 months.....3 points 5 to 6 months.....1 point More than 6 months.....0 points
<b>TOTAL</b>	<b>Maximum of 100 Points</b>



**Part II: Service Area Information**

Address of organization providing the service: \_\_\_\_\_

Describe in specific detail how your proposed project, program or activity will provide benefits to the CRA district that are consistent with the CRA Redevelopment Plan and cite the specific Redevelopment Plan goal(s) and/or objective(s)/strategy(ies) that the proposal addresses:

### **Part III: Proposal Description**

In a clear and concise manner, provide a brief narrative summary of the project, its scope, problems addressed, and results anticipated:

B. Provide a summary of the project using the Problem/Intervention/Activity/Expected Outcome model: (include additional pages if necessary)

	<b>Problem</b>	<b>Intervention Activity/ies</b>	<b>Expected Outcome(s)</b>
1.			
2.			
3.			
4.			

C. *If* the specific project is currently in operation,

1. When did the project begin operation? \_\_\_\_\_
2. Specifically describe the project's prior accomplishments.
3. Are there other financial, physical and human resources in the community being leveraged?

D. Please explain how access to a comprehensive array of social, academic, occupational, and other support services related to the program objectives will be provided through collaboration with public and private agencies, referral systems, shared locations, or another approach.





**Part VI – Requirements**

The items listed below must be provided with your proposal submissions.

- List of Officers and Board of Directors
- By-laws and Charter
- Articles of Incorporation
- IRS Not-for-profit designation
- 2008 Form 990 or other return for non-profit or corporate return for a for-profit
- Other requirements specific to programs. (It is critical that you refer to the application booklet under the “Other Information” category to determine any additional requirements.)

The items listed below will be required prior to final contract approval.

- Approved Work Program and Budget
- Identification of project staff
- Identification of office space and lease agreement
- Workers compensation and general liability insurance
- Signature Authorization
- Organizational Chart
- Signed contract
- Other requirements specific to CRA funds

**Certification**

I hereby certify, as Chief Executive Officer, that the information provided in this application is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title (type or print)

**INSTRUCTIONS**  
**Proposed Budget Summary – Form 1**

The purpose of this form is: 1) to summarize, by item of expenditure, the total budget of a program or project to be funded in whole or in part with CRA funds and 2) to specify the total cost charged to the CRA funds and the total cost charged to other matching or supplemental funding sources.

This is a preliminary budget and is not binding. However, it is important that you comprehensively determine the expenses for this proposed project. Please show both the expenses that will be paid for with CRA funds and those that will be paid for with other funding sources. Numbers should be rounded to the nearest dollar.

- A. Applicant – Self-explanatory.
- B. Program – Self-Explanatory.
- C. Contract Term – Indicate beginning (month/day/year) and ending (month/day/year) of contract period.
- D. FY 2009-10 CRA Funds Requested – Indicate the amount of CRA funds requested for this project for the period beginning January 1, 2010 and ending September 30, 2010.
- E. Project Summary – Columns (1) and (2): Item of expenditure.

**Personnel Costs** – salaries and fringe benefits, stipends, overtime, salary adjustments.

**Operating/Technical Costs** – i.e., publications, rental of property, rental of equipment/services, repair/maintenance of property, repair/maintenance of equipment, insurance, utilities, telephone, local transportation, postage, advertising.

**Materials and Supplies** – stationery, tools, materials and supplies.

**Professional and Technical Services** – consultants/subcontractors.

**Equipment Costs** – office machinery, furniture and furnishings, equipment.

**Insurance** – The CRA has established minimum insurance requirements for applicants awarded funds. If all insurance requirements have not been met, the CRA will withhold reimbursement from an applicant until such requirements are met. The types of insurance required include worker's compensation; general liability; and automobile liability.

**Column (2): CRA Funding** – Summarize by budget line item the requested CRA FY 2009-10 budget allocation for this program or project.

**Column (3): Other Funding** – Summarize by budget line item the share of the project’s cost which will be funded with supplemental public or private funds.

**Column (4): Total Cost** – Add columns (2) and (3) to derive the amount of the total budget for the program or project.

F. Percentage of Total Project Costs Paid by Other Funding Source – Column 2 divided ( $\div$ ) by Column 3.

## Proposed Budget Summary for Year 2009 – Form 1

A. Applicant \_\_\_\_\_

C. Contract Term, From \_\_\_\_\_ to \_\_\_\_\_

B. Program \_\_\_\_\_

D. Requested FY 2009-10 Allocation \_\_\_\_\_

### E. Project Budget

Column 1	Column 2	Column 3	Column 4
Item of Expenditure	CRA Funding	Other Funding (\$)	Total Cost (\$)
Personnel			
Fringe Benefits			
Operating/Technical			
Professional and Technical Services			
Materials and Supplies			
Equipment			
Other (please specify)			
Other (please specify)			
<b>TOTAL</b>			

Note: The entire budget for this project must be shown. This is a preliminary budget, and is not binding. However it is important that you comprehensively determine the expenses for this proposed project. Please show both the expenses that will be paid for with CRA funds and those that will be paid for from other funding sources.

F. Percentage of total project costs paid by Other Funding Sources: \_\_\_\_\_%

**INSTRUCTIONS**  
**PERSONNEL BUDGET – FORM 2**

The purpose of this form is to estimate the total personnel costs the applicant expects to incur in operating its FY 2009-10 project, and to provide a brief summary of job responsibilities for each budgeted position.

Employer Identification Number – The Internal Revenue Service (IRS) assigns a 9-digit identification number to every organization employing one or more individuals. Indicate the applicant's number in the space provided. Should an agency have questions concerning its identification number, please call the IRS.

Personnel Budget for FY 2009-10 (See example provided on the form)

**Column (1): Position Title** – List all positions (even those for which the salary will be paid exclusively from a non-CRA funding source) that will be funded under this project during Year 2009.

**Columns (2) and (3): Number and Rate** – For each position listed in Column (1) indicate the number of employees to be funded and the corresponding salary rates (either annually or hourly). If there are different rates for the same position, list the rates one under another.

**Column (4): % of Time Spent on Project** – Oftentimes an employee spends only a fraction of his or her time on a project because they are engaged in other projects that the non-profit organization is operating. Please indicate for each employee to be funded in FY 2009-10 the percentage (%) of time that will be spent on this project.

**Column (5): CRA Share of Total Cost** – For each position listed, please indicate the amount of total salary cost to be paid with CRA funds.

**Column (6): Total Cost** – To determine the total salary cost for each position, multiply Column (3) by Column (2) for each position/rate. Then multiply this amount by the percentage of time to be spent on the project (Column 4) and put the final amount in Column (6).

**Column (7): Brief Summary of Job Responsibilities** – Describe briefly the duties and responsibilities associated with each position listed in Column (1).

**Line (8): Positions/Salaries Subtotals** – Add the number of positions to be funded for this project and indicate the number at the bottom of Column (2). Also subtotal Columns (5) and (6) to derive respectively the CRA share of total cost and the total salary cost.

Fringe Benefits – These taxes and contributions, along with certain fringe benefits that an applicant may wish to offer its employees are eligible to be paid for with CRA funds. The share of fringe costs to be borne by CRA funds must be reasonably proportional to the share of the salary costs borne by CRA funds. Please estimate these various costs on the form where indicated.

**Line (9): F.I.C.A.** – Federal Insurance Contribution Act tax, otherwise known as the Social Security Tax and the Medicare Tax.

**Line (10): State Unemployment Insurance** – In Columns (5) and (6) show respectively the share of this total to be borne by CRA and the total State Unemployment Insurance cost.

**Line (11): State Worker’s Compensation Insurance** – This insurance is computed at a rate determined by the employee’s type of business or organization. In Columns (5) and (6) show respectively the share of this total to be borne by CRA and the total State Worker’s Compensation Insurance cost.

**Lines (12-13): Other** – Please list any other employer expenses or benefits the agency will offer its employees.

**Line (14): Subtotal Fringe Benefits** – Add Lines (9) through (13) to obtain the total fringe benefits (Account number .0044).

**Line (15): Total Personnel Costs** – Add Lines (8) and (14) in both Column (5) and (6) to obtain both the CRA Share of the total costs and the Total Personnel Costs for the project.

A. Applicant \_\_\_\_\_

C. IRS I.D. # \_\_\_\_\_

B. Program \_\_\_\_\_

D. Personnel Budget Allocation for Year 2009

Position/Title (1)	No. (2)	Rate (\$) (3)	% of Time Spent (4)	CRA Share (\$) (5)	Total Cost (\$) (6)	Brief Summary of Job Responsibilities (7)
<i>Example: Assistant Program Director</i>	<i>1</i>	<i>\$28,000</i>	<i>60%</i>	<i>\$11,200</i>	<i>\$16,800</i>	<i>Assists the program director in assessing client needs, preparing a marketing plan, and preparing vouchers</i>
(8) Totals						

E. Estimated Fringe Benefits and Total Personnel Costs

Type of Fringe Benefit	CRA Share (\$)	Total Cost (\$)	Please show calculation below:
(9) F.I.C.A. (9a) Social Security Tax (9b) Medicare Tax			
(10) State Unemployment Insurance			
(11) Workers Compensation			
(12) Other (please list)			
(13) Other (please list)			
(14) Total Fringe Benefits (Add Lines 9-13)			
(15) Total Personnel Costs (Line 8 plus Line 14)			

**INSTRUCTIONS**  
**NON-PERSONNEL BUDGET – FORM 3**

The purpose of this form is to estimate and justify the non-personnel line item amounts shown on the Budget Summary (Form 1).

- A. Self-explanatory.
- B. Self-explanatory
- C. Self-explanatory
- D. FY 2009-10 Non-Personnel Budget (see example on the form)

**Columns (1): Item of Expenditure** – List the account descriptions on the Budget Summary (Form 1) which are applicable to this project

**Column (2): CRA Share of Cost** – Indicate the share of the total cost listed in Column (3) that will be paid from CRA funds.

**Column (3): Total Cost** – Indicate the total amount of funds budgeted for each item of expenditure specified in Column (1).

**Column (4): Line Item Description and Justification** – Each amount of budgeted funds listed in Column (3) must be justified. Please show all calculations. Include quantities and unit costs wherever possible.

A. Applicant \_\_\_\_\_

B. Program \_\_\_\_\_

C. Non-Personnel Allocation for Year 2009

Item of Expenditure	CRA Share of Cost (\$)	Total Cost (\$)	Line Item Description and Justification (Please show justifications for Total Cost and CRA Share)
(1)	(2)	(3)	(4)
<i>Example: Postage</i>	\$572	\$750	<i>CRA will pay for two mailings of newsletter (2 x 400 copies @ 32¢ = \$256) and one mailing of promotional pamphlet (275 copies @ \$1.15 = \$316). Incidental postage (\$178) will be paid with other share.</i>
TOTAL			

**INSTRUCTIONS**  
**APPLICANT FUNDING OVERVIEW – FORM 4**

The purpose of this form is to serve as a readily available record of each FY 2009-10 applicant's CRA and City of North Miami funding history and total current funding sources.

- A. Self-explanatory
- B. Self-explanatory
- C. Self-explanatory
- D. CRA and City Funding History – The applicant should identify all funds awarded to your agency by the CRA and City of North Miami over the past five years, including projections for FY 2009-10.
- E. Self-explanatory

A. Applicant \_\_\_\_\_ B. Program \_\_\_\_\_

C. Applicant's total organization-wide budget for 2009-10 \_\_\_\_\_

D. CRA and City Funding History: Account for all funds awarded to your agency by the CRA and the City of North Miami over the past five years, including projections for FY 2009-10.

Funding Year	CRA	City of North Miami	Total
2005-06			
2006-07			
2007-08			
2008-09			
2009-10			
TOTAL			

E. Other Funding Sources: List all public grants (excluding CRA), private grants, and any other funding for this specific project for FY 2009-10

Funding Source	Date received/expected	Total Amount Awarded (\$)
TOTAL		

**INSTRUCTIONS**  
**Work Program – Form 5**

This form summarizes what the applicant plans to accomplish through the CRA funded project and how it relates to the CRA's redevelopment plan. The program activities, deliverables and measures provide a basis for planning the work program, understanding the applicant's work, and for evaluating the program's efficiency and effectiveness.

- A. Self-explanatory
- B. Self-explanatory
- C. Self-explanatory
- D. Self-explanatory
- E. Work Program

**Program Activities** – List activities that will be carried out to fulfill the program. Should match intervention activities from Application Part III.

**Program Outcomes** – List the service or product being delivered. Should match deliverables from Application Part III.

**FY 2009-10 Planned Program Deliverables** – Provide the projected outcomes in numbers for each identified by quarter and total.

**Performance Measures** – Please consider the following process based performance measures: mission, cost, speed of service delivery, customer/resident satisfaction. See attached example of process based performance measures. Work closely with your departmental contact to determine the performance measures.

**Total Unduplicated Clients/Units** – Total, by each quarter and for the entire year, the number of clients and/or units which will be assisted by this project. If the same clients/units are duplicated in the detail, please reflect only unduplicated client/units.

A. Applicant \_\_\_\_\_

B. Project/Program Name \_\_\_\_\_

C. Proposed Work Program for FY 2009-10

Program	List activities which will be carried out to fulfill program	Outcomes	2009 Planned Program Deliveries by Quarter and Total				Performance Measures
			1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	
Total Unduplicated Clients/Units							