

RESOLUTION No. 2007-176-682

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AUTHORIZING THE CITY MANAGER TO EXECUTE AN AMENDMENT TO THAT CERTAIN CONTRACT WITH MIAMI-DADE COUNTY'S OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT FOR COMMERCIAL FAÇADE IMPROVEMENTS EXTENDING THE TIME FOR COMPLETION OF THE PROJECT FROM DECEMBER 31, 2007, THROUGH DECEMBER 31, 2008; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, on July 25, 2007, the City of Miami Gardens entered into an Agreement with Miami-Dade County's Office of Community and Economic Development ("OCED") for commercial façade improvements to be completed for eligible businesses within the City, and

WHEREAS, the original contract amount was \$100,000.00 but this amount was later increased to \$145,000.00, and

WHEREAS, due to delays, it will be necessary to amend the contract term to permit the façade improvements to be completed,

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AS FOLLOWS:

Section 1. ADOPTION OF REPRESENTATIONS: The foregoing Whereas paragraphs are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

Section 2. AUTHORIZATION: The City Council of the City of Miami Gardens hereby authorizes the City Manager to execute an amendment to that certain Agreement dated July 25, 2007, with OCED and to extend the same for a period of one

Resolution No. 2007-176-682

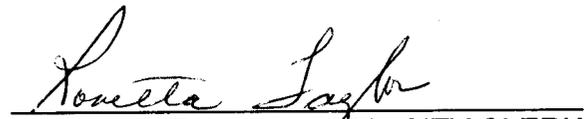
year until December 31, 2008 provided that said Agreement shall be reviewed and approved by the City Attorney.

Section 3. EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS AT ITS REGULAR MEETING HELD ON DECEMBER 12, 2007.


SHIRLEY GIBSON, MAYOR

ATTEST:


RONETTA TAYLOR, CMC, CITY CLERK

PREPARED BY: SONJA KNIGHTON DICKENS, ESQ.
City Attorney

SPONSORED BY: DANNY CREW, CITY MANAGER

MOVED BY: Councilwoman Pritchett
SECONDED BY: Vice Mayor Watson

VOTE: 6-0

Mayor Shirley Gibson	<u> x </u> (Yes)	<u> </u> (No)	
Vice Mayor Barbara Watson	<u> x </u> (Yes)	<u> </u> (No)	
Councilman Melvin L. Bratton	<u> x </u> (Yes)	<u> </u> (No)	
Councilman Oscar Braynon, II	<u> </u> (Yes)	<u> </u> (No)	Not present
Councilman Aaron Campbell	<u> x </u> (Yes)	<u> </u> (No)	
Councilwoman Sharon Pritchett	<u> x </u> (Yes)	<u> </u> (No)	
Councilman André Williams	<u> x </u> (Yes)	<u> </u> (No)	

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270396_1.DOC

City of Miami Gardens

1515-200 NW 167th Street
Miami Gardens, Florida 33169



Mayor Shirley Gibson
Vice Mayor Barbara Watson
Councilman Melvin L. Bratton
Councilman Oscar Braynon II
Councilman Aaron Campbell Jr.
Councilwoman Sharon Pritchett
Councilman André Williams

Agenda Cover Page

Date: **December 12, 2007**

Fiscal Impact: No Yes

(If yes, explain in Staff Summary)

Funding Source: OCED (Miami Dade County)

Contract/P.O. Requirement: Yes No

Sponsor Name/Department: **Community Development**

Public hearing

Ordinance

1st Reading

Advertising requirement:

Quasi-Judicial

Resolution

2nd Reading

Yes No

RFP/RFQ/Bid # N/A

Title

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AUTHORIZING THE CITY MANAGER TO EXECUTE AN AMENDMENT TO THAT CERTAIN CONTRACT WITH MIAMI-DADE COUNTY'S OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT FOR COMMERCIAL FAÇADE IMPROVEMENTS EXTENDING THE TIME FOR COMPLETION OF THE PROJECT FROM DECEMBER 31, 2007, THROUGH DECEMBER 31, 2008; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

Staff Summary

Background

On July 25, 2007, a contract was executed between the City of Miami Gardens and Miami Dade County's Office of Community and Economic Development (OCED) for commercial façade improvements to be completed on eligible businesses in the City. The original amount of the contract was for \$100,000, but this amount was later increased to \$145,000.

Initially, project completion delays centered on the cooperation of the original three (3) businesses selected. The City's Community Development Department has subsequently been able to identify an eligible property and a cooperative property

K-15) CONSENT AGENDA
Amendment to contract for Commercial
Façade Improvements

owner. At this point, the plans for the façade improvement have been completed and are being reviewed by the City's building department. At the same time, we are soliciting bids for the proposed repair work from qualified general contractors.

The current contract expires on December 31, 2007. In order for the City to complete this project, it is necessary to amend the contract (amendment to be provided by OCED) and extend the contract period.

Recommendation

City staff recommends the approval of the attached resolution amending the original agreement which authorizes the City Manager to execute the forthcoming amendment document which will extend the contract thru December 31, 2008.

**AMENDMENT THREE TO THE FY 2005 CDBG CONTRACT
BETWEEN
MIAMI-DADE COUNTY
AND
THE CITY OF MIAMI GARDENS**

The FY 2005 CDBG Contract between Miami-Dade County and The City of Miami Gardens, executed on July 29, 2005, is amended as follows:

Article III, the County Agrees, is amended to read:

Subject to the availability of funds, to pay for contracted activities according to terms and conditions contained within this amendment in an amount not to exceed \$145,000.

Attachment A is amended as indicated in Attachment A.

Attachment B is amended as indicated in Attachment B.

Attachment E is amended as indicated in Attachment E.

Effective Date

This Amendment, effective December 31, 2007, extends the contract period, and alters the format of the contract and subsequent amendments thereto.

a. This contract shall begin on January 1, 2005. Any costs incurred by the Contractor prior to this date will not be reimbursed by the County.

b. This contract shall expire on December 31, 2008. Any costs by the Contractor beyond this date will not be reimbursed by the County.

Except for the changes enumerated above, all other provisions of the agreement shall remain in full force and effect.

Progress Reports

The Contractor shall submit a status report using the form attached hereto as Attachment C, "Progress Report," as it may be revised by OCED, which shall describe the progress made by the Contractor in achieving each of the objectives and action steps identified in Attachment A, "Scope of Services."

The Contractor shall ensure that OCED receives each report in triplicate (or as indicated) no later than April 10 2005, July 10, 2005, October 10, 2005, January 10, 2006, April 10 2006, July 10, 2006, October 10, 2006, January 10, 2007, April 10 2007, July 10, 2007, October 10, 2007, January 10, 2008 , April 10 2008, July 10, 2008, October 10, 2008 and January 10, 2009.

Annual Report (Fourth Quarter Progress Report)- The Contractor shall submit a cumulative status report (hereinafter referred to as “Annual Report”) using the “Progress Report” specified in Article XVIII, Paragraph 2 above, which shall describe the progress made by the Contractor in achieving each of the objectives identified in Attachment A during the previous year. The “Annual Report” must cover the fiscal year of January 1, through December 31, and shall be received annually by OCED no later than January 10 of each year this contract is in effect.

This Amendment and all its attachments are hereby made a part of the Agreement.

IN WITNESS THEREOF the parties agree to the mutual covenants herein contained and have caused this three (3) page Amendment to the Contract to be executed on their behalf this 12th day of Feb. 2008

CONTRACTOR:

MIAMI-DADE COUNTY

City of Miami Gardens

BY:

[Signature]

NAME: Danny O. Crew

TITLE: City Manager

DATE: 12-18-07

BY:

NAME:

TITLE:

DATE:

Witnesses:

BY:

(Signature)

Type or Print Name

BY:

(Signature)

Type or Print Name

BY: *[Signature]*

NAME: George M. Burgess

TITLE: County Manager

ATTEST

BY:



[Signature]

TITLE: Clerk, Board of County Commissioners

Approved as to form and Legal Sufficiency

[Signature]
Assistant County Attorney

Date

2/5/08

Federal ID Number: 11-3695944

Resolution #: R-160-05

Contractor's Fiscal Year Ending Date: September 30

CORPORATE SEAL:

CONTRACT IS NOT VALID UNTIL SIGNED AND DATED BY BOTH PARTIES

U.S. Department of Housing & Urban Development
 CPD Consolidated Plan
 Listing of Proposed Projects

ATTACHMENT A

Project ID/ Local ID	Project Title/Priority/ Objective/Description	HUD Matrix Code/Title/ Citation/Accomplishments	Funding Sources
0350	CITY OF MIAMI GARDENS FACADE RESTORATION PROG	17C -I Building Acquisition, Construction, Rehabilitation	CDBG ESG HOME HOPWA TOTAL
20051155 CITYWVG	Economic Development	570.203(a) 3 Jobs	\$100,000 \$145,000 \$0 \$0 \$0
	Commercial revitalization program designed to improve and rehab 17 businesses located along the NW 27 Ave corridor and NW 183 Street corridor in the City of Miami Gardens.		
	Help the Homeless? Help those with HIV or AIDS?	No No	
	Eligibility: Subrecipient: Location(s):	Start Date: 01/01/05 Completion Date: 12/31/05	
	570.208(a)(4) - Low / Mod Jobs Local Government Addresses		

SCATTERED SITES, MIAMI GARDENS, FL

Total Other Funding \$0

SCOPE OF SERVICES
 FY 2006 CDBG
 01/01/2005 - 12/31/2007

ATTACHMENT "A"

AGENCY NAME
 ACTIVITY
 FUNDING SOURCE

AMOUNT:

TOTAL ACTIVITY COSTS: \$145,000

ACCOMPLISHMENT UNITS
 PROPOSED ACCOMPLISHMENT UNITS

TYPE:

24 Originally, only 17 businesses were going to be assisted

24

QUARTER	ACTION STEP CATEGORY	CUMULATIVE PERCENTAGE OF COMPLETION	CUMULATIVE QUARTERLY SERVICES/UNIT/ BUSINESS	CUMULATIVE PROPOSED PAYMENT/UNIT	CUMULATIVE PERCENTAGE OF REIMBURSEMENTS	CUMULATIVE SERVICES/UNIT/ BUSINESS/ADJUSTMENTS	CUMULATIVE REIMBURSEMENTS
1 ST 2005	Outreach	0%	0	\$0	0%		
2 ND 2005	Draft Work Program Tasks Public Participation and Application Form	0%	0	\$0	0%		
3 RD 2005	Select businesses to participate in program Obtain Environmental Clearances on Sites. Submit to CCEd for Approval approved Applications	0%	0	\$500,000	0%		
4 TH 2005	Draft Design Criteria						

SCOPE OF SERVICES
 FY 2006 CDBG
 01/01/2005 - 12/31/2007

ATTACHMENT "A"

AGENCY NAME:
 ACTIVITY:
 FUNDING SOURCE:

AMOUNT:
 TOTAL ACTIVITY COSTS:
 ACCOMPLISHMENT UNITS
 PROPOSED ACCOMPLISHMENT UNITS
 TYPE:

\$145,000

24 Originally, only 17 businesses were going to be assisted
 24

QUARTER	ACTION STEP CATEGORY	CUMULATIVE PERCENTAGE OF COMPLETION	CUMULATIVE QUARTERLY SERVICES UNITS CLIENTS	CUMULATIVE PROJECTED EXPENDITURE	AGENCY QUARTERLY ACCOMPLISHMENTS	CUMULATIVE SERVICES UNITS REIMBURSEMENTS	CUMULATIVE REIMBURSEMENTS
1 ST 2006	Complete draft design Criteria Prepare Bid documents for A/E Firm	100%	APPROVED	\$ 500,000			
2 ND 2006	Select A/E firm Review preliminary design for facade improvements Draft Agreements with Business for Creation of 3 Jobs	100%	APPROVED	\$ 500,000			
3 RD 2006	Present Design to Businesses Draft Agreements with Business for Creation of 3 Jobs	100%	APPROVED	\$ 8,000,000			
4 TH 2006	Submit Agreement to OCED for Approval Outreach for new Businesses Execute agreements between business and city						

SCOPE OF SERVICES
 FY 2006 CDBG
 01/01/2005 - 12/31/2007

ATTACHMENT "A"

AGENCY NAME:
 ACTIVITY:
 FUNDING SOURCE:

AMOUNT:
 TOTAL ACTIVITY COSTS:
 ACCOMPLISHMENT UNITS
 PROPOSED ACCOMPLISHMENT UNITS
 TYPE:

\$145,000

24 Originally, only 17 businesses were going to be assisted
 24

QUARTER	ACTION STEP CATEGORY	CUMULATIVE PERCENTAGE OF COMPLETION	CUMULATIVE QUARTERLY SERVICES UNIT CLIENTS	CUMULATIVE PROJECTED PAYMENT LEVEL	ACTUAL QUARTERLY ACCOMPLISHMENTS	CUMULATIVE PERCENTAGE OF REIMBURSEMENTS	CUMULATIVE QUARTERLY SERVICES UNITS REIMBURSEMENTS
1 ST 2007	Present Design to Business selected bid documents for OCED approval select contractor	100%	APPROVED	APPROVED			
2 ND 2007	Award funds to successful proposer construction conference with contractors and OCED process	100%	APPROVED	APPROVED			
3 RD 2007	Start Construction Monitor Construction	100%		\$ 2,600,000			
4 TH 2007	Monitor Construction Davis Bacon Construction of Completion	100%		\$ 100,000.00			

City of Maimi Gardens
CDBG 2005
Budget
January 1, 2005 to December 31, 2007

Code	Description	Facade
I.	PERSONNEL SERVICES	\$ -
II.	CONTRACTUAL SERVICES	\$ 75,000
III.	OPERATING EXPENSES	\$ 1,000
IV.	COMMODITIES	\$ -
V.	CAPITAL OUTLAY	\$ 69,000
	TOTALS	\$ 145,000

**City of Maimi Gardens
CDBG 2005
Budget
January 1, 2005 to December 31, 2007**

Code	Description	Facade
	<u>PERSONNEL SERVICES</u>	
4010	Salaries	
4012	Fica	
4013	Retirement	
4014	Group Health Insurance	
4016	Workmans compensation Insurance	
4017	Unemplyment Compensation	
	<u>CONTRACTUAL SERVICES</u>	
21010	External Annual Audit	
21030	Other Professional	\$ 75,000
23210	General Liability Insurance	
25511	Payments to Lessors	
	<u>OPERATING EXPENSES</u>	
31130	Memberships	
31410	Legal Ads and Pub	\$ 1,000
31440	Employment Ads	
31510	Outside Printing	
	<u>COMMODITIES</u>	
41010	Motor Fuel	
47010	Office Supplies	
47020	Office Equip Less	
47022	Furniture	
49310	Clothing and Uniforms	
	<u>CAPITAL OUTLAY</u>	
60664	Target Assistance	\$ 69,000
61642	Computer Equipment	
	Totals	\$ 145,000



ATTACHMENT B-1
INDEMNIFICATION AND INSURANCE REQUIREMENTS
FOR CONSTRUCTION AND MAJOR
REHABILITATION ACTIVITIES

Contractor shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Contractor or its employees, agents, servants, partners principals or subcontractors. Contractor shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Contractor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Contractor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

The Contractor shall furnish to Miami-Dade County, c/o Office of Community and Economic Development, 140 West Flagler Street, Suite #1000, Miami, Florida 33130, Certificate(s) of Insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- A. Worker's Compensation Insurance for all employees of the Contractor as required by Florida Statute 440.
- B. Public Liability Insurance on a comprehensive basis in an amount not less than \$500,000 combined single limit per occurrence for bodily injury and property damage. **Miami-Dade County must be shown as an additional insured with respect to this coverage.**
- C. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than \$500,000 combined single limit per occurrence for bodily injury and property damage.
- D. Completed Value Builder's Risk Insurance on an "All Risk" basis in an amount not less than one hundred (100%) percent of the insurable value of the building(s) or structure(s). The policy shall be in the name of Miami-Dade and the Contractor.
- E. Professional Liability Insurance in the name of design professional for this project, in an amount not less than \$250,000 with the deductible per claim, if any, not to exceed 10% of the limit.

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

The company must be rated no less than "B" as to management, and no less than "Class V" as to financial strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent, subject to the approval of the County Risk Management Division.

or

The company must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized to Do Business in Florida" issued by the State of Florida Department of Insurance and are members of the Florida Guaranty Fund,

Certificates will indicate no modification or change in insurance shall be made without thirty (30) days in advance notice to the certificate holder



PROGRESS REPORT

FY 2007

*Select Quarter	(✓)
1 st JAN-MAR	
2 nd APR-JUN	
3 rd JUL-SEP	
ANNUAL REPORT	

PART 1: Activity Information

- 1. Agency Name: _____
- 2. Project Title: _____
- 3. Activity Name: _____
- 4. Category: _____
- 5. Activity Address: _____
- 6. Commission District: _____
- 7. Activity Description: _____
- 8. IDIS No.: _____
- 9. Source: _____
- 10. Grantee Activity #: _____
- Funded Amount: _____
- 11. Matrix Code: _____
- 12. Index Code: _____
- 13. National Objective: _____

ENTER YES (Y) OR NO (N) FOR QUESTIONS 14 TO 17

- 14. Help Prevent Homelessness?: _____
- 15. Help Those With HIV/AIDS?: _____
- 16. Primarily Help Persons With Disabilities?: _____
- 17. Generate Program Income?: _____

INDICATE ALL THAT APPLY WITH "X" FOR QUESTIONS 18 TO 24

- 18. Section 108: _____
- 19. One-For-One Replacement: _____
- 20. Displacement: _____
- 21. Float Funded: _____
- 22. Special Assessment: _____
- 23. Revolving Loan Fund: _____
- 24. Favored Activity: _____

- 25. Float Principal Balance: _____
- 26. Indicate if the activity is located in CDFI Area or Strategy Area C/S: _____
- 27. Area Identifier: _____
- 28. Unliquidated Obligations: _____

PART 2: Area Benefit Information (complete this part if the national objective is LMA)

- 1. Percent of Low/Mod in Service Area: _____
- 2. Survey or Census Tract determination? (S/C): _____
- 3. Census Tract: _____
- 4. Block Groups: _____

RT 3: Direct Benefit Information (complete this part if the National Objective is LMC, LMH, LMJ)

- 1. Counts by Households or Persons? (H/P): _____
- 2. Total Number Benefiting from the Activity: _____
- 3. Number of Female Headed Households: _____
- 4. Number of persons served in Entitlement Area: _____
- 5. Number of persons served outside of Entitlement Area: _____
- 6. Method of Verification by the Agency: _____
- 7. Presumed Benefit? (Y/N): _____
- 8. Nature/Location? (Y/N): _____
- 9. Nature/Location Narrative: _____

Direct Benefit by Race/ Ethnic Category		
Note: The beneficiary information must be cumulative total from program start date.		
Racial Categories	Total	Percent of Hispanic
White		
Black or African American		
Asian		
American Indian/ Alaskan Native		
Native Hawaiian / Other Pacific Islander		
American Indian/ Alaskan Native & White		
Asian & White		
Black African American & White		
American Indian or Alaskan Native & Black African American		
Other Multi-Racial		
Totals		

Direct Benefit by Income Category			
MOD	LOW	EXTREMELY LOW	TOTAL

RT 4: Slum/Blight Area Information (complete this part if the National Objective is SBA)

- Boundaries: _____
- Percentage of Deteriorated Buildings: _____
- 3. Public Improvement/Condition: _____
- Slum/Blight Designation Year: _____

RT 5: Job Creation/Retention Information (complete this part if the National Objective is LMJ)

e 1

	Interest Rate	Amortization Period	Amount
Direct Loan			
Deferred Payment			
Grant			
Other			

Table 2- Job Creation/Retention Information

Type	Total Job Count-Full Time Job	Total Job Count -Full Time-Low/Mod	Total Hours Part time	Total Hours-Part Time- Low/Mod	Percent of Low/Mod Jobs
Expect to Create					
Expect to Retain					
Actually Created					
Actually Retained					

ART 6: CDBG Multi-unit Activity Set Up and Completion Information(for LMH activities)

Table 1

Units	Total	Occupied	Occupied Low/Mod
# of Units at Start			
# of Units expected at Completion			
# of Units actually Completed			

Table 2

Type	Authorized Costs	Actual Costs
CDBG		
Other		
Total		

RT 7: Displacement Information (complete this part if displacement has occurred)

Type	Census Tract Or City	White	Black	Hispanic	Asian/Pacific	American Indian/Alaskan
Displaced from						
Remaining In						
Relocated To						

T 8: Replacement Information (complete this part if One-for One Replacement has occurred)

Type	Demolished/Converted Address	Replacement Address
# of Bedrooms		
Agreement executed date		
Available Date		

T 9: Activity Status/Accomplishments Information (complete this part for all types of activities)

Activity Status (Circle One): 1. Cancel 2. Completed 3. Underway

Activity is considered to be completed when it meets the National Objective and after all the funds are drawn)

Proposed Accomplishment Type: _____ **3.** Proposed # of Accomplishment Unit/s: _____

Actual Accomplishments Type: _____ **5.** Actual # of Accomplishment unit/s during the year: _____

Environmental Assessment Code: _____ **7.** Create Program Income? (Y/N): _____

Accomplishment narrative for the Current Program Year (Please make sure that accomplishments during the current year are only included. Maximum 6 lines)

Blank lined area for accomplishment narrative.

By signing below I, _____, verify that the information in this report is accurate and that appropriate records have been maintained.

Prepared By: _____ Date: _____

Reviewed By: _____ Date: _____

FOR OCED USE ONLY

Verified for completeness and accuracy by:

Contract Officer: _____ Date: _____

Planner: _____ Date: _____

CMM Section Supervisor: _____ Date: _____

Planning Section Supervisor: _____ Date: _____

Division Director: _____ Date: _____

Admin. Support Staff: _____ IDIS UPDATE: _____

QUARTERLY PROGRESS REPORT INSTRUCTIONS**PART 1. ACTIVITY INFORMATION**

Agency Name: Enter the Name of the Agency

Project Title: Agency Acronym and the Title of the Project (60 characters maximum)

Activity Name: Agency Acronym and the name of the activity (40 characters maximum)

Category: Enter the Category of the activity (e.g. Housing, Public Service, Ecc. Dev etc.)

Activity Address: Enter the complete address of the location where the activity is taking place

Commission District: Enter the Commission District # where the activity is taking place

Activity Description: Enter brief description of the activity (120 characters maximum)

DIS No.: Enter IDIS No. of the activity.

Source: Enter the funding source (e.g. HOME 95).

Grantee Activity #: Enter the Grantee Activity No.(E.g. B.00.020.235)

Matrix Code: HUD Code applicable to the activity.

Index Code: Enter the Index Code from FAMIS

National Objective: Enter the National Objective applicable to the activity.

Help Prevent Homelessness?: Enter Y if the purpose of the activity is to prevent homelessness; otherwise enter N.

Help those with HIV/AIDS?: Enter Y if the purpose of the activity is to help persons with HIV/AIDS; otherwise enter N.

Primarily Help Persons With Disabilities?: Enter Y if the purpose of the activity is primarily help persons with disabilities; otherwise enter N.

Generate Program Income?: Enter Y if this activity is expected to generate Program Income; otherwise enter N.

Section 108: Enter X if this activity is funded in whole or in part using proceeds from loans guaranteed under Section 108.

One for one Replacement: Enter X if this activity is a One-For-One Replacement Activity

Displacement: Enter X if this activity involve a displacement activity

Float Funded: Enter X if this activity is a Float Funded activity

Special Assessment: Enter X if this activity is a public improvement activity for which a special assessment will be levied.

Revolving Fund: Enter X if this activity is funded through a revolving fund.

Excluded Activity: Enter X if this activity is an economic development activity that is of important national interest and therefore may be excluded from the aggregate public benefit calculation.

Float Principal Balance: Enter the Float principal balance if this is a float funded activity

Indicate if the activity is located in CDFI Area or Strategy Area: Enter C or S depending upon whether this activity is located in Community Development Financial Institution (CDFI) or a Neighborhood Revitalization Strategy Area.

Area Identifier: If you entered C or S in the previous field, enter the Area Identifier.

Unliquidated Obligation: Enter the amount of orders placed. Contracts and grants awarded, goods and services received, and similar transactions for which expenditure has not been reported as of the end of the reporting period.

2. AREA BENEFIT INFORMATION

Percent of Low/Mod in service area: Enter the percentage of low/mod persons in the service area.

Survey or Census Tract determination: Enter the method by which the percentage of low/mod in the service area was determined. Enter S for Survey and C for Census.

Census Tract: Enter the Census Tract for the LMA Service Area.

Block Groups: Enter the Block Groups associated with the Census Tract.

3. DIRECT BENEFIT INFORMATION (complete this part if the National Objective is LMC, LMH or LMJ)

Benefits by Households or Persons? (H/P): Enter P for LMC or LMJ activity and H for LMH activity.

Total Number Benefiting from Activity: Enter the total number of persons benefiting from the activity.

Number of Female Headed Households: Enter the total number of female Headed Households. This field is not applicable to LMC or LMJ activities.

Number of persons served in Entitlement Area: Enter the total number persons served in Entitlement Area

Number of persons served outside of Entitlement Area: Enter the total number of persons served outside of the Entitlement Area.

Method of verification by the Agency: Enter the method used by the Agency in determining the number of persons served inside or outside of the Entitlement Area.

Presumed Benefit? (Y/N): Enter Y if this activity is designed to exclusively serve a category of persons presumed by HUD to be low/mod income. Please note that presumed benefit groups are limited to: abused children, battered spouses, elderly persons, disabled adults, illiterate adults, persons living with AIDS, homeless and Migrant Farm Workers. This field is not applicable to LMH or LMJ activities.

Nature/Location: Enter Y if the activity is considered low/mod because of the nature of the activity and the place it is being carried out. This field is not applicable to LMH and LMJ activities.

Nature/Location Narrative: Enter a description of how the Nature/Location of the activity benefits a limited clientele, at least 51% of whom are low/mod income.

T 4: SLUM/BLIGHT AREA INFORMATION (complete this part if the national objective is SBA)

Boundaries: Enter a description of the boundaries of slum/blight area (180 characters maximum)

% of deteriorated buildings: Enter the percentage of buildings that were deteriorated when the area was designated as slum/blight.

Public Improvement/Condition: Enter a brief description identifying each type of improvement located within the area and its condition at the time the area was designated slum/blight(40 characters maximum).

Slum/Blight Designation Year: Enter the year the area was designated as slum/blight.

T 5: JOB CREATION/RETENTION INFORMATION (complete this part if the National Objective is LMJ)

1: Direct or Deferred Payment Loan Information: If CDBG assistance for a job creation/retention activity is provided in the form of a loan, enter the Interest Rate, Amortization Period and the Amount.

CDBG Grant Amount: If CDBG is being used to provide assistance in a form other than a direct or deferred loan, enter the amount provided for this activity.

2: Enter the information about jobs expected to create, expected to retain, actually created and actually retained.

T 6: CDBG MULTI-UNIT ACTIVITY SET UP AND COMPLETION INFORMATION

1: Enter details of # of units at start, # of units expected at completion and # of units actually completed

2: Enter the details of costs associated with the activity.

T 7: DISPLACEMENT INFORMATION

Enter the requested displacement information in the table

T 8: REPLACEMENT INFORMATION

Enter the relevant information in the table regarding Replacement as a result of this activity.

T 9: ACTIVITY STATUS/ACCOMPLISHMENTS INFORMATION (complete this part for all types of activities)

Activity Status: Circle 1, 2 or 3. Please note that an activity is considered to be completed once it meets its national objective and all the funds are drawn from IDIS.

Proposed Accomplishment Type: Enter 1=People, 4=Households, 8=Businesses, 9=Organizations, 10=Housing Units, 11=Public Facilities, 12=Jobs.

Proposed # of accomplishment Unit/s: Enter the proposed # of units to be accomplished.

Actual accomplishment type: Enter the actual accomplishment type.

Actual # of accomplishment units during the year: Enter the actual units accomplished.

Environmental Assessment Code: Enter A=Exempt, C=Completed, D=Underway

State Program Income: Enter Yes or No.

SECTION II: FISCAL INFORMATION

GENERAL INSTRUCTIONS

This portion of the report must include only OCED funds and expenditures covered by your organization's contract with OCED. This section of the report covers fiscal activities from the beginning of the contract date through the cut-off date covered by the report.

BUDGET AND EXPENDITURES**APPROVED BUDGET**

For each category, list the amount of funds allocated in the most recent approved OCED budget for your contracted activity.

PROJECTED

List the project expenditures through the cut-off date of the report for each of the budget categories.

REIMBURSED

List the contract expenditures that OCED has reimbursed to your organization through the cut-off date of the report.

ACTUAL

List ALL the contract expenditures, whether or not they have been reimbursed by the County, OCED that your agency incurred through the cut-off date of the report.

**PROJECTED EXPENDITURES
FOR NEXT REPORTING
PERIOD**

List all the expenditures that your organization anticipates will be incurred in the implementation of the contracted activities through the end of next reporting period.

**PROJECTED CUMULATIVE
EXPENDITURES BY THE END
OF CONTRACT PERIOD**

List all expenditures that your organization anticipates will be incurred in the implementation of the contracted activities through the end of the contracted period.

SECTION II: FISCAL INFORMATION

PART A: BUDGET AND EXPENDITURES

INSTRUCTIONS: Complete the chart for the entire amount covered by the agreement.

CATEGORY	CUMULATIVE EXPENDITURES THROUGH END OR CURRENT REPORTING PERIOD			ACTUAL	PROJECTED EXPENDITURES FOR NEXT REPORTING PERIOD	PROJECTED CUMULATIVE EXPENDITURE BY END OF CONTRACT PERIOD
	APPROVED BUDGET	PROJECTED	REIMBURSED			
PERSONNEL						
CONTRACTUAL						
OPERATING COSTS						
COMMODITIES						
CAPITAL OUTLAY						
TOTALS						

PART B: PROGRAM INCOME USAGE

1. Does this activity generate Program Income? Yes: _____ No: _____
2. If Yes, indicate the amount generated this quarter. \$ _____
3. Projected use of Program Income (Respond only if #1 is answered "Yes")

SECTION III: MINORITY BUSINESS ENTERPRISE DATA

SPECIFIC INSTRUCTIONS

NAME OF CONTRACTOR/ SUBCONTRACTOR OR VENDOR, ADDRESS, AND TELEPHONE NUMBER:	Enter this information only once on each report for each firm receiving funds through your organization's contract with OCED.
VENDOR ID #:	Enter the Employer Number that I.R.S. has assigned to the Vendor/Subcontractor. Each vendor must have unique identifier.
PRIME CONTRACTOR ID #:	Enter the Employer Number that I.R.S. has assigned to the Prime Contractor as a unique identifier. This information must be provided for each vendor listed.
RACE/ETHNIC GROUP:	Enter the numeric code (1 through 6) that identifies the racial/ethnic background of the owner(s) and controller(s) of 51% of the business. If 51% of the business is not controlled by any single racial or ethnic group, then enter the code that seems most appropriate. The codes are listed at the bottom of the form.
TYPE OF TRADE:	Enter the numeric code that best describes the contractor's/subcontractor's/vendor's services. The codes are mentioned in the front of this page.
AMOUNT OF CONTRACT/ SUBCONTRACT OR PURCHASE:	Enter the total amount expended for goods, services, supplies, and/or construction costs for each vendor, contract and subcontract. In cases where commodities or equipment purchases comprise the majority of the expenditures for the period, then combine all expenses for the reported period.
TOTAL:	Enter the total amount of dollars expended on goods, services, supplies, and/or construction for all contracts, subcontracts, and purchases that occurred during the reporting period.
AFRICAN AMERICAN CHART	
NUMBER OF CONTRACTORS, SUBCONTRACTORS, OR VENDORS	Enter number of African American firms that transacted business with your organization during the reporting period. This information must be reported for organizations with at least 51% African American ownership or control.
TOTAL DOLLARS AWARDED:	Enter the total dollars paid to African American firms during the reporting period.
PERCENTAGE OF TOTAL ACTIVITY:	Enter the percentage of total dollars received by African American firms from funds expended by your organization during the reporting period.

RT THREE – SUMMARY – Indicates the efforts made to direct the employment and other economic opportunities created by HUD financial assistance for housing and community development programs, to the greatest extent possible, toward low – and very low-income persons, particularly those who are recipients of government assistance for housing. (Check all that apply.)

- Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contracts with community organizations and public or private agencies operating within the metropolitan area (or metropolitan country) in which the Section 3 covered program or project is located, or similar.
- Participated in a HUD program or other program which promotes the training or employment of Section 3 Residents.
- Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
- Coordinated with Youth build Programs administered in the metropolitan area in which the Section 3 covered project is located.

Other, describe below.

SECTION IV: U.S. HUD SECTION 3 REPORT

omic Opportunities for Low & Very Low-Income Persons in Connection with Assisted Projects

AGENCY NAME: _____ PROJECT NAME: _____

AGENCY ADDRESS: _____ CONTRACT AMOUNT: \$ _____

PERIOD REPORTED: QTR 1 2 3 4
(CIRCLE ONE)

REPORT REVIEWED/APPROVED BY: _____ TELEPHONE #: _____
(SIGNATURE)

SECTION ONE – EMPLOYMENT & TRAINING – To be completed for each project and submitted quarterly to OCED by April 15, May 15, October 15 and January 15.

CATEGORY	A Total New Hires (Total of Column G. 1/5)	B Total New Hires who are Section 3 Residents	C % of New Hires that are Section 3 Residents (B/A)	D Total Employee Trainee Hours worked	E Total Employee Trainee Hours Worked by Section 3 Residents	F % of Employee Trainee Hours Worked by Section 3 Residents (E/D)	G RACIAL/ETHNIC CODES				
							1 White Amer.	2 African Amer.	3 Native Amer.	4 Hispanic Amer.	5 Asian or Pacific Amer.
PROFESSIONAL											
TECHNICIAN											
CE/											
LOCAL											
CONSTRUCTION											
TRADE											
)											
DE:											
DE:											
DE:											
DE:											
DE:											
ER:											
AL:											

SECTION TWO – SUBCONTRACTS AWARDED – for goods and services associated with this project.

TYPE OF CONTRACT	A Total \$ Amount of Contracts Awarded	B Total \$ Amount of Contracts Awarded to Section 3 Businesses	C % B TO A	D NUMBER OF SECTION 3 BUSINESSES RECEIVING CONTRACTS BY RACIAL/ETHNIC IDENTIFICATION					
				1 White American	2 African American	3 Native American	4 Hispanic American	5 Asian-Pacific American	6 Hasidic Jew
CONSTRUCTION									
CONSTRUCTION									

**MIAMI-DADE
OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT (OCED)**

INFORMATION FOR ENVIRONMENTAL REVIEW FORM

INSTRUCTIONS: Per 24 CFR Part 58, the purpose of the environmental review procedures is to foster the implementation of environmentally compatible activities. As a grant or loan recipient, Miami-Dade County will not fund projects that will negatively impact clients, communities, or the environment.

Part I. AGENCY AND PROJECT DETAIL

1. Indicate Funding Source:

- | | | |
|---|-------------------------------|----------------------------------|
| <input type="checkbox"/> CDBG | <input type="checkbox"/> HOME | <input type="checkbox"/> HOPE VI |
| <input type="checkbox"/> HOMELESS (SRO/SHP) | <input type="checkbox"/> EDI | <input type="checkbox"/> BEDI |

2. Indicate Fiscal Year: FY 20 _____

3. Name of Subrecipient/Agency: _____

4. Name of Proposed Activity: _____

5. Location (Address with City, ST and Zip) of Activity or Project:

6. Site Folio Number(s):

7. Commission District(s): _____

8. Direct Contact information of loan/grant recipient:

Name:			
Address:			
City:	State:	Zip:	
Phone:		Fax:	

9. Detailed description of activity or project:

10. What is the purpose of the activity or project? For example, Public Service, Economic Development, Historic Preservation, Capital Improvement, Housing, etc.

11. What is the status of activity or project? For example, Pre-Development Phase, Rehab/Construction Underway, Rehab/Construction Completed, etc.

Part II. PROJECT OUTCOME

Will the activity or project result in the following?

YES	NO	
		1. Change in use
		2. Sub-surface alteration (i.e. excavations)
		3. New construction
		4. Renovation or demolition
		5. Site improvements (utilities, sidewalk, landscaping, storm drainage, parking areas, drives, etc.)
		6. Building improvements (windows, doors, etc.)
		7. Displacement of persons, households or business
		8. Increase in population working or living on site
		9. Land acquisition
		10. Activity in 100-year floodplain
		11. A new nonresidential use generating at least 1,375,000 gallons of water or 687,500 gallons of sewage per day.
		12. Use requiring operating permit (i.e. for hazardous waste, pretreatment of sewage, etc.)
		13. A sanitary landfill or hazardous waste disposal site
		14. Tree removal or relocation
		15. Street improvements
		16. The impounding of more than 10 acre feet of water (e.g. digging a lake or diverting or deepening of a body of water).

Part III. SITE SPECIFIC INFORMATION

1. Land Use:

Describe the existing and proposed land use:

- Existing?

- Proposed?

2. Site Plan:

Does the proposed activity include a new structure(s) or site improvements on a site of one (1) acre or more?

YES NO

If yes, a site plan must be provided. Project(s) will not be environmentally reviewed without a site plan.

3. Photographs:

Does the activity include new construction, renovation or rehabilitation?

YES NO

If yes, photographs must be provided of each side (front, rear and sides) of the structure(s) proposed for assistance and the buildings on the adjacent lots. The photographs shall be identified by address. In addition, provide for each existing structure on the site, the following information:

- Existing structure(s) on site? YES NO
- Estimated age of structure(s)? _____

4. Value of Improvements:

Does the proposed activity include rehabilitation or renovation of structure(s)?

YES NO

If yes, what is the estimated cost of rehabilitation or renovation? _____

What is the amount sought for funding? _____

In addition, indicate if the estimated value of the improvement represents:

- 0 to 39.9 percent of the market value of the structure(s)
- 40 to 49.9 percent of the market value of the structure(s)
- 50 to 74.9 percent of the market value of the structure(s)
- 75 percent or more of the market value of the structure(s)

5. Phase I Environmental Audits:

Does the proposed activity involve the transfer of any property, new construction, major renovations of 75% or more of the structures' market value, or a securing of a loan for nonresidential parcel?

YES NO

If yes, a copy of Phase I Environmental Audit certified to Miami-Dade County must be submitted to determine the likely presence of either a release or threatened release of hazardous substance.

An audit is a review of a site and adjacent properties and involves preparing a history of ownership, land use and zoning for the last 50 years; researching environmental records for information on hazardous waste sites, hazardous facilities, solid waste/landfill facilities and underground storage tanks (available through the Department of Environmental Regulations and Management (DERM), Florida Department of Environmental Protection (FDEP) and U.S. Environmental Protection Agency (EPA)); and site inspection for physical evidence of contamination such as damaged vegetation or stains in the soil.

Has a Phase I been performed? YES NO

6. Environmental Health Information:

- If a residential site, and the activity includes or involves rehabilitation, has it been inspected for defective paint surfaces?

YES NO

If yes, please submit the results.

- Have any child under the age of seven at the site been tested for elevated levels of lead in the body?

YES NO

If yes, please submit the results.

7. Other Site Information:

	YES	NO
1. Flood insurance required?		
2. Public water available on site?		
3. Public sewer available on site?		
4. Children under 7 years of age residing on site or relocating to site (including day care facility)?		
5. Hazardous waste disposal facility?		
6. Storage of hazardous materials on site?		
7. Abandoned structure(s) on site?		

Part IV. SUPPLEMENTAL REQUIRED DOCUMENTS

Required Submittal Documents:

1. For all projects: **Submit** street/plat maps that depict location of property in the County and/or City with the location or lot clearly pointed out.
2. For new construction projects: **Submit** a scope of service, an itemized budget, and a site plan.
3. For housing/building rehabilitation projects only: **Submit** a scope of service, an itemized budget describing the major components of the rehabilitation program planned, and a photograph of the property.
4. For historic properties, include: **Submit** photographs of the property, and a description of any adjacent historic properties that may be affected by your activity.

Part V. CERTIFICATION

I certify to the accuracy of the information provided. I understand that all funded activities must have an approved environmental review clearance prior to the commencement of projects. I clearly understand that any omitted and/or incorrect information will delay the initiation of the environmental review process by the OCED staff. As such, I am aware that omitted information could delay the commencement of my organization's project. I understand all approved environmental reviews are valid for one (1) year maximum.

Print Name

Signature

Title

Date

Name of Organization or Corporation

Unless otherwise indicated, return completed form and attachments to:

Community Development Division Director
 Office of Community and Economic Development
 140 West Flagler Street, Suite 1000
 Miami, Florida 33130

TYPES OF ACTIVITIES AND ENVIRONMENTAL GUIDELINES TRIGGERED:

Type of Activity	EXEMPT*	CENST**	CEST***	EA****
Economic Development				
New Construction				X
Rehab			X ¹	X ²
Non-Construction/Expansion		X		
Housing				
Single Family Rehab			X	
Multi-Family Rehab			X ¹	X ²
New Construction				X
Homeownership Assistance		X		
Affordable Housing Pre-Dev.		X		
Capital Improvement				
Handicapped Access			X	
Public Facilities			X ¹	X ²
Infrastructure			X ¹	X ²
Public Services				
Employment	X			
Crime Prevention	X			
Child Care	X			
Youth or Senior Services	X			
Supportive Services		X		

Type of Publication	No Public Notice/No RROF	No Public Notice/No RROF	No Public Notice/No RROF (No Statutory Requirement Triggered) <i>Or</i> Publish NOI/RROF (Statutory Requirement Triggered)	Publish FONSI and NOI/RROF

Estimated Time Frame (Excluding Triggered Statutes)	30-45 Days	30-45 Days	45-90 Days	90 Days Minimum

X¹ If for continued use and change in density (or size) of less than 20%

X² Change in density (or size) of more than 20%

- * Exempt Exempt Activities
- ** CENST Categorically Excluded and Not Subject to 58.5
- *** CEST Categorically Excluded Subject to 58.5
- **** EA Environmental Assessment (Format II)

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 of the funds other than Federal appropriated funds have been paid or will be 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. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreement in excess of \$100,000) and that all subrecipients shall certify and disclose accordingly.
4. 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 prerequisite 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.

By: _____
(Signature of Authorized Representative)

Print: DANNY CREW, CITY OF MIAMI GARDENS
(Print Name of Firm and Authorized Representative)

Title: _____

Date: _____



Project Name
Project Cost
Entity

Miami-Dade County
Carlos Alvarez
Mayor

Board of County Commissioners
Bruno A. Barreiro
Chairman
Barbara J. Jordan
Vice-Chairwoman

Barbara J. Jordan
District 1
Dorrian D. Rolle
District 2
Audrey Edmonson
District 3
Sally A. Heyman
District 4
Bruno A. Barreiro
District 5
Rebeca Sosa
District 6
Carlos A. Gimenez
District 7

Katy Sorenson
District 8
Dennis C. Moss
District 9
Sen. Javier D. Souto
District 10
Joe A. Martinez
District 11
Jose "Pepe" Diaz
District 12
Natacha Seijas
District 13

Harvey Ruvin
Clerk of the Circuit and County Courts
George M. Burgess
County Manager
Murray A. Greenberg
County Attorney



Over 25 Years of Strengthening Miami-Dade County

Sign

The sign (s) shall be made of 3/4 inch thick marine plywood, newly painted and lettered in accordance with professional outdoor sign painting standards as to layout, symmetry, proportion, clarity and neatness with the use of weather-resistant colors and materials. The Contractor shall place the sign (s) securely braced and mounted. All materials shall be provided by the Contractor and the sign(s) shall remain in the property of the Owner at the completion of the contract.

Sign Support

The sign shall be free standing, prominently displayed as directed by OCED representative, and supported by two 4"x4"x10' pressure treated timbers securely fastened to the rear of the sign and sunk 4' below grade. Clearance from the bottom of the sign to the ground shall be 1'.

2' 0"

4' 0"

2' 0"

4' 0"

City of Miami Gardens

1515-200 NW 167th Street
Miami Gardens, Florida 33169



Mayor Shirley Gibson
Vice Mayor Barbara Watson
Councilman Melvin L. Bratton
Councilman Aaron Campbell Jr.
Councilman Oliver Gilbert III
Councilwoman Sharon Pritchett
Councilman André Williams

Agenda Cover Page

Date: July 23, 2008

Fiscal Impact: No X Yes

(If yes, explain in Staff Summary)

Funding Source: N/A 1st Reading

Contract/P.O. Requirement: Yes No

Sponsor Name/Department: **Danny Crew, City Manager**

Public hearing

Ordinance

2nd Reading

Advertising requirement:

Quasi-Judicial

Resolution X

Yes X No

RFP/RFQ/Bid # N/A

Title

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AUTHORIZING THE ACCEPTANCE OF \$700,000.00 in 2005 DISASTER RECOVERY FUNDS FROM MIAMI-DADE COUNTY'S OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT; AUTHORIZING THE CITY MANAGER TO TAKE WHATEVER STEPS ARE NECESSARY TO RECEIVE THE FUNDING; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

Staff Summary

Background

Community Development Block Grant (CDBG) *Disaster Recovery* funding was made available to the state of Florida by the U.S. Department of Housing and Urban Development, pursuant to the Military Construction Appropriations and Emergency Hurricane Supplemental Appropriations Act (Federal Register - Docket No. F.R.-5051-N-01, Volume 71, Number 29). Florida received \$82,904,000 for affected communities. Congress allocated the funding to assist in recovery from federally declared disasters that occurred between July 10, 2005 and October 24, 2005. Congress directed that the funds go "to areas facing the greatest need".

The allocated funds were to be administered thru the state's Department of Community Affairs (DCA). The DCA would in turn enter into agreements with the 16 counties affected by the 2005 hurricane season. Each of these counties would then enter into sub-recipient agreements with the municipalities that reside within them. The amount of funds allocated to each municipality was

determined thru a competitive application process based on the eligibility of the projects submitted.

The City of Miami Gardens was awarded an initial allocation of \$375,000 as a result of its initial application to Miami Dade County. During the course of the administration of the contract, the County determined that the City of Miami Gardens' "project" was moving efficiently and spending their allocated funds in an expedient manner, compared to other municipalities. City staff suggested that additional funds be awarded and the County requested that a formal letter of request be submitted. A letter was submitted to the County requesting an additional \$700,000 in *Disaster Recovery* Funds that were recaptured from underperforming projects. Approval of the additional allocation was approved by the Board of County Commissioners at their meeting of June 3, 2008.

The resolution accepting the initial allocation of \$375,000 was approved by City Council on May 23, 2007 (Reso. #2007-85-592). The attached resolution requests Council's approval to authorize the acceptance of the additional \$700,000 and authorize the City Manager to execute the amendment to the agreement between Miami Dade County and the City of Miami Gardens originally executed on June 15, 2007. The approval of this resolution would bring the total amount of Disaster Recovery Program Funds to \$1,075,000.

Recommendation

City staff recommends the approval of the attached resolution authorizing the acceptance of the additional \$700,000 and authorizing the City Manager to execute the amendment to the agreement between Miami Dade County and the City of Miami Gardens.