RESOLUTION NO. 2015-R-89

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA, APPROVING THE APPROPRIATION OF ONE HUNDRED THOUSAND DOLLARS ($100,000.00) FROM THE MAYOR'S CAPITAL IMPROVEMENT ALLOCATION TOWARD THE CREATION OF THE CITYWIDE SINGLE FAMILY HOME BEAUTIFICATION PROGRAM; FURTHER APPROVING THE GUIDELINES FOR THE BEAUTIFICATION PROGRAM; PROVIDING FOR AN EFFECTIVE DATE AND FOR ALL OTHER PURPOSES

WHEREAS, City of North Miami ("City") is desirous of implementing a Single Family Home Beautification Program ("Program") to provide grants up to Ten Thousand Dollars ($10,000.00) towards exterior home repair services to low and moderate income owners of single family homes within the City; and

WHEREAS, the proposed Program will improve the appearance of the exterior façade of deteriorated single family homes within the City by providing repair or replacement services such as: exterior paint of single family structure, replacement of exterior doors, repaving of driveway, replacement of older windows with hurricane impact windows, and replacement of deteriorated fascia, soffits and gutters; and

WHEREAS, City administration wishes to present the Citywide Single Family Home Beautification Program Guidelines attached as Exhibit "1" to the Mayor and City Council for their review and adoption; and

WHEREAS, City administration requests that the Mayor and City Council appropriate One Hundred Thousand Dollars ($100,000.00) from the Mayor's Capital Improvement allocation toward the creation of the Program; and

WHEREAS, the Mayor and City Council believe that the proposed Program funded by the general fund account is in the best interest of the residents of the City and as such, approve the attached 2015 Citywide Single Family Home Beautification Program Guidelines.

NOW THEREFORE, BE IT DULY RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI, FLORIDA:

Section 1. Appropriation of funds for the 2015 Citywide Single Family Home Beautification Program. The Mayor and City Council of the City of North Miami, Florida,

hereby authorize and approve the appropriation of One Hundred Thousand Dollars ($100,000.00) from the Mayor's Capital Improvement allocation toward the creation of the 2015 Citywide Single Family Home Beautification Program.

Section 2. **Creation of a Single Family Home Beautification Program**. The Mayor and City Council of the City of North Miami, Florida, hereby authorize the creation of the 2015 Citywide Single Family Home Beautification Program.

Section 3. **Approval of Single Family Home Beautification Program Guidelines.** The guidelines for the 2015 Citywide Single Family Home Beautification Program attached hereto as "Exhibit 1" are hereby approved.

Section 4. **Effective Date.** This Resolution shall become effective immediately upon adoption.

PASSED AND ADOPTED by a 5 - 0 vote of the Mayor and City Council of the City of North Miami, Florida, this 21st day of September, 2015.

DR. SMITH JOSEPH
MAYOR

ATTEST:

MICHAEL A. ETIENNE, ESQ.
CITY CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

ROLAND C. GALDOS, ESQ.
INTERIM CITY ATTORNEY

SPONSORED BY: MAYOR SMITH JOSEPH, D.O., PHARM. D.

Moved by: Desulme

Seconded by: Galvin

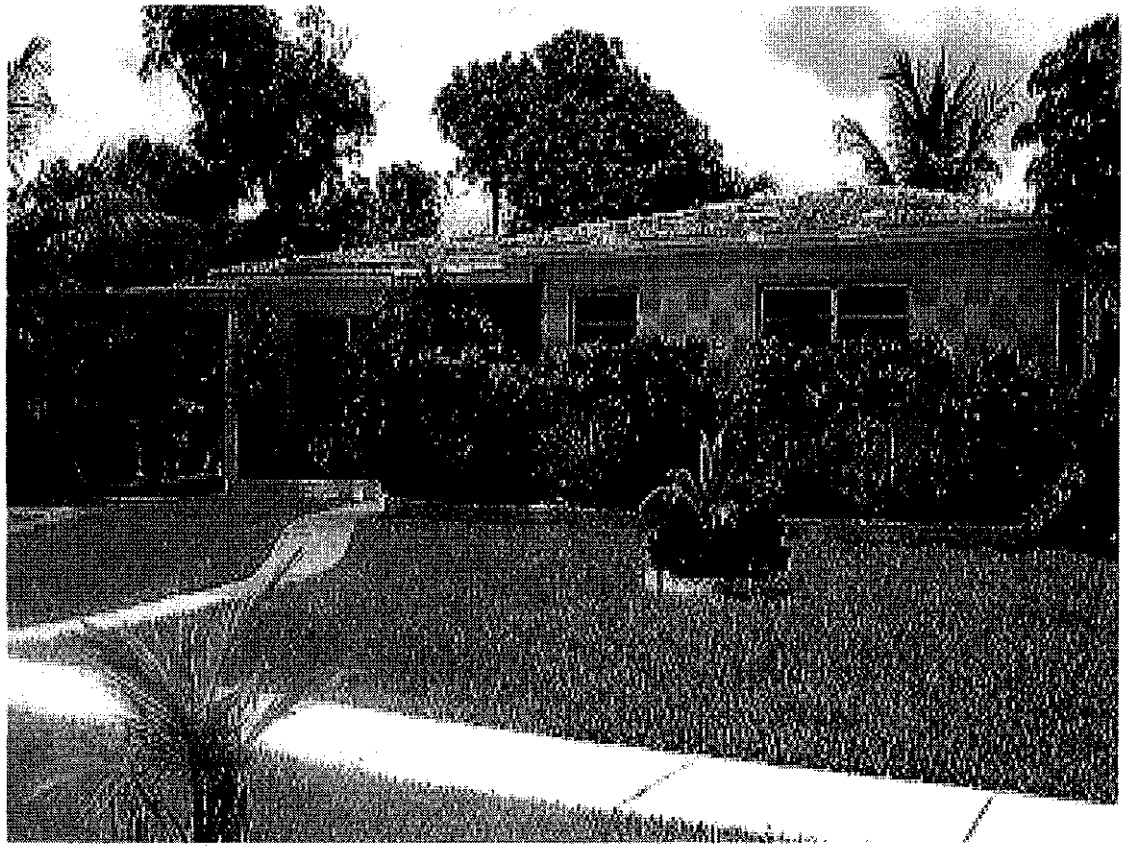
Vote:

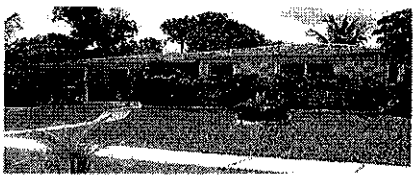
Mayor Smith Joseph, D.O., Pharm. D.	X (Yes)	(No)
Vice Mayor Carol Keys, Esq.	X (Yes)	(No)
Councilman Scott Galvin	X (Yes)	(No)
Councilman Philippe Bien-Aime	X (Yes)	(No)
Councilman Alix Desulme	X (Yes)	(No)

EXHIBIT 'A"

CITY OF NORTH MIAMI 2015 Citywide SINGLE FAMILY HOME BEAUTIFICATION PROGRAM

September 2015





INTRODUCTION

This program guideline outlines specific features, policies and procedures for implementing the City of North Miami's Citywide Single Family Home Beautification Program (SFHBP).

PURPOSE

The program provides façade grants up to Ten Thousand Dollard ($10,000.00) towards exterior home repair services to low and moderate income owners of single family homes within the City of North Miami. Priority is given to elderly or disabled residents.

In assisting eligible homeowners to make the necessary repairs, the Program seeks to achieve the following overall goals:

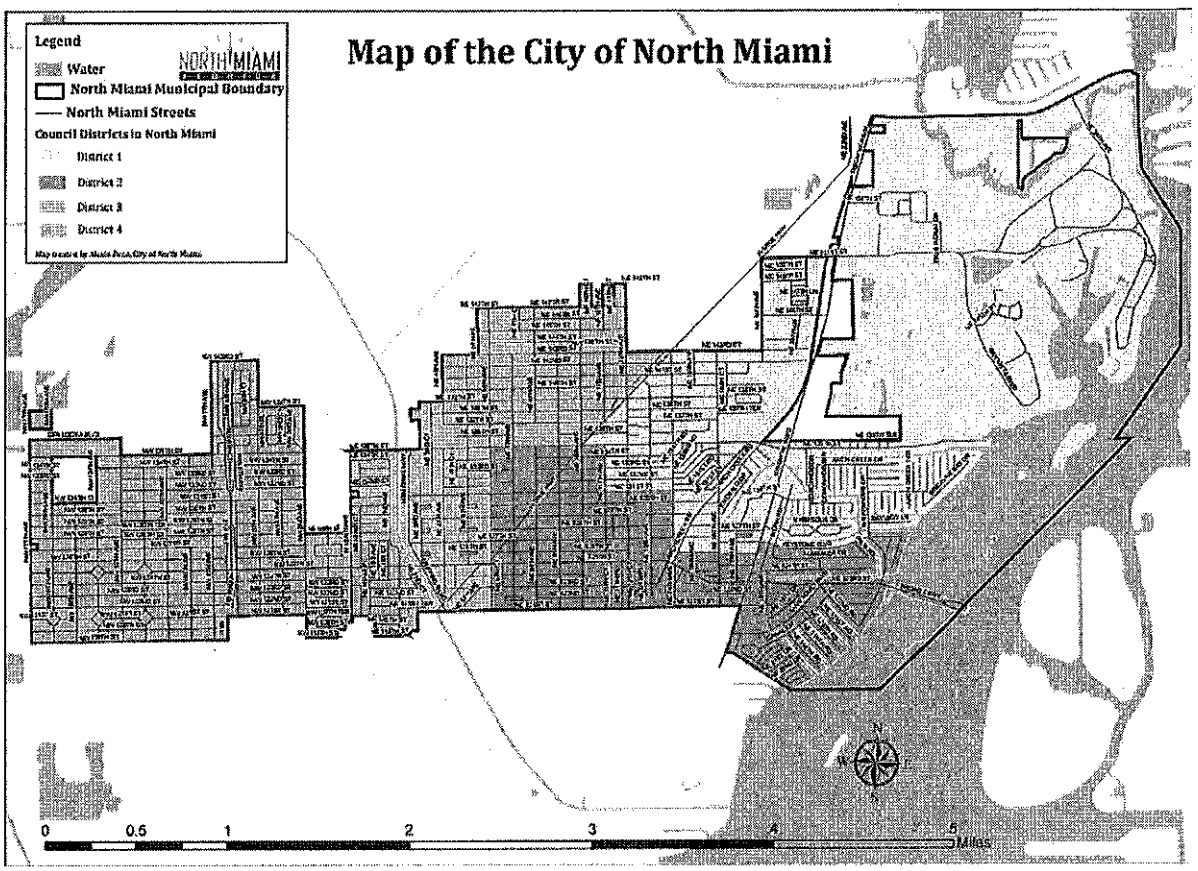
- Preserve and/or upgrade the existing housing stock;
- Reduce presence of lead in pre- 1978 homes;
- Provide and increase the supply of decent, safe and sanitary housing, and eliminate the appearance of slum and blight;
- Maintain or increase property values, and stabilize or increase the tax base;
- Provide opportunities for the local construction industry; and
- Act as a catalyst for other homeowners to make property improvements.

IMPLEMENTATION RESPONSIBILITY & APPROVAL AUTHORITY

The City of North Miami 2015 Citywide Single Family Home Beautification Program (SFHBP) is repair and rehabilitation grant established for the beautification and improvement of single family homes located within the city and will be administered by the City of North Miami's Community Planning and Development Department (CP&D). Program oversight shall be held by the Department's Planning Manager. The day to day program implementation will reside with the Housing Manager who reports directly to the Department Planning Manager. However final approval authority for the Citywide SFHBP grants awarded under this program will be delegated to the Department Planning Manager.

FUNDING SOURCE

Funding for the 2015 Citywide Single Family Home Beautification Program (SFHBP) is being provided through the City of North Miami's General Funds.



I. PROGRAM FEATURES –Citywide SINGLE FAMILY HOME BEAUTIFICATION PROGRAM

A. **INTENT:** The intent of this program is to improve the exterior façade of deteriorated single family homes by providing the following types of repair or replacement services:

- **Exterior painting of single family structure**
- **Replacement of exterior doors**
- **Repaving of driveway**
- **Replacement of older windows with hurricane impact windows**
- **Replacement of deteriorated fascia soffits and gutters**

B. **ELIGIBLE HOMEOWNERS:** The program is open to owner-occupied homeowners residing in the City of North Miami who meet the following criteria:

(i) Applicant must own and occupy the single family homes within the city

(ii) Annual household income must be at or below 80% area median income as follows:

2015 HUD INCOME LIMIT CHART

Household Size	%	1	2	3	4	5	6	7	8	9	10
Miami-Dade Median: $49,900	**80 %**	**$37,950**	**$43,350**	**$48,750**	**$54,1500**	**$58,500**	**$62,850**	**$67,150**	**$71,500**	**$75,824**	**$80,157**

(iii) Priority will be given to households that include the elderly and/or the disabled property owners as funds are available on a first come, first served basis.

(iv) Home must not have violations or liens; unless violations can be resolved by program assistance.

(v) Applicants should not have participated in any prior Beautification program funded by the city.

C. **Terms of Assistance:** Financial assistance through the Citywide Single Family Home Beautification Program shall be structured as a grant to the property owner.

D. Eligible Property: In order to be considered to receive assistance the homeowner and the property must meet the following conditions:

- Property must be substandard and in poor condition
- Property must be located within the City of North Miami.
- Property must be Single Family and entirely used for residential purposes with the unit occupied by the applicant. Property must be zoned residential use.
- Property must not be bank owned.
- Applicant's property tax obligation must be current at the time of application to the program.
- Property must be Homestead

- Repairs must be the following :
  a) Exterior paint of single family structure
  b) Replacement of exterior doors
  c) Repaving of driveway
  d) Replacement of older windows with hurricane impact windows,
  e) Replacement of fascia and/or soffits and gutters

E. **Eligible Program Costs:** The following expenses shall be regarded as eligible costs under this program:

- Labor, materials, and other costs associated with the beautification of the property.
- Program advertising

F. Technical Assistance: – Technical assistance will be provided to homeowners in the form of services including inspections, work write-ups, specification preparation, bid solicitation, construction payment reviews and processing, and any other staff assistance needed to implement the Citywide SFHBP.

G. **Conflict Of Interest:**

All applicants from the City of North Miami area that receive general funds from the Citywide Single Family Home Beautification Program must comply with the conflict of interest provisions set forth in the City of North Miami Code Of Ordinances Article XI Conflict of Interest and Code of Ethics. The conflict of interest provisions apply to the award of any contracts or agreements and the selection of contractors to provide the labor under the program. The purpose of the regulations is to ensure that the policies and procedures adopted for the activity will ensure fair treatment of all parties. It will also ensure that no employees, agent, consultant, or official will have no undue influence regarding the award of contracts or benefits under the SFHBP.

Staff will ensure the effective administration of the program through the following Conflict of Interest process:

- Applicant and contractor will indicate on the application their relationship with the City, any employees of the City, board members or Councilmember;
- If indicated, staff will process an internal Conflict of Interest determination with the City Attorney's Office; Staff will simultaneously post the applicant's/contractor's name and request on channel 77, the City's designated newspaper and the City's website
- The City Attorney's office will process the determination consistent with Article XI Conflict of Interest and Code of Ethics Provision of the City's Code of Ordinances.

II APPLICATION AND APPROVAL PROCESS – Citywide SINGLE FAMILY HOME BEAUTIFICATION PROGRAM:

- **Preliminary Application Review:** Upon submittal of an application to the Housing Division, (See **Exhibit "B"**). Applicants shall be processed on a "first come, first served" basis upon submission of a complete application packet and all required supporting documentation. An interview shall be conducted with each applicant wishing to participate in

the program. The interview shall take place at CP&D's office located 12400 NE 8th Ave, North Miami, Fl. 33161.

- During the interview CP&D shall advise the applicant of the program's guidelines and the steps involved in the "Citywide **single family home beautification program**". Based upon the information provided, income eligibility will be determined and if is determined that applicant meets the applicable income threshold, an appointment for initial inspection of the property will be made.
- **Self Certification of Income:** Applicants will complete a self certification affidavit of annual income (See **Exhibit "C"**). The affidavit must be notarized.

- **Income Review:** The total income of all members of the household will be reviewed to establish whether the applicant's annual household income, by household size, is at or below the applicable established income limit. If the total household income exceeds the applicable established income limits, the application will be rejected and assistance denied.
- **Verification of Age:** Where at least one of the property owner applicants is 62 years of age or older, a verification of their age shall be documented through furnishing an original birth certificate, drivers license, or Florida identification card.

- **Initial Inspection:** An initial inspection will be conducted by the Department's Housing Inspector, along with the owner of the property, to assess the condition of the house to determine if requested repair of or replacement is necessary and feasible.

- **Determination of Necessity and Feasibility:** The initial inspection report shall be used to determine the necessity and feasibility of rehabilitation. If the following is determined, the report shall note that rehabilitation is not approved and be recommended for denial of assistance:
    - no deficiencies are found
    - the deficiencies are of a minor nature such that the cost of correction is $1,000 or less. The applicant shall be advised that the program is not intended to assist in correcting minor deficiencies that arise which can be addressed through routine maintenance.
    - If the cost of rehabilitation exceed the program guidelines
    - If the cost of rehabilitation does not exceed the program guidelines but the cost of repairs exceeds 50% of the value of the structure to be rehabilitated, the property would not qualify for assistance.

- **Work Write-Up Preparation:** The Housing Inspector prepares a detailed work write up and construction specifications to address deficiencies identified. The Inspector also prepares a preliminary cost

estimate to determine if the application is financially feasible. Upon completion of the work write-up, the Housing Inspector shall discuss the specifications with the Housing Coordinator and the applicant. The applicant will then be asked to sign the work write up indicating that they have reviewed the inspector's report and understand the scope of the work to be performed on the property. The applicant will also be advised that no changes will be made to specifications unless subsequently required by the City's housing or building code. In addition, the applicant shall be advised that no agreements or change orders should be made between the applicant and the selected contractor. By signing the work write-up, the applicant also authorizes CP&D staff to obtain bids for the work to be done.

- **Application Approval Process:** Along with income eligibility information and construction cost estimates and having determined that the application is feasible; the Housing Coordinator underwrites the project and submits a recommendation for approval to Housing Manager who subsequently submits to the CP & D Manager for final approval. A closing is then scheduled at which applicable agreement and any other applicable documents are executed. If no approval is recommended, a letter is sent to the applicant informing him or her of the City's decision and stating the reasons for the denial.

- **Contractor Selection:** After the application has been approved, purchasing staff will select a contractor from the list of pre-qualified, licensed general contractors who responded to the City's Request for Qualification (RFQ) or Information for Bid (IFB) and are on the City's approved General Contractor's List. Only licensed general contractors who responded to the City's formal RFP for price quotes and have been approved and pre-qualified by the City are allowed to participate in the program. All Contractors will be required to complete a contractor application (See **Exhibit "D"**) to include proof of general contractor license, occupational license, proof of workers compensation and liability insurance.

- **Agreements:** Upon approval of the City Attorney's Office, CP&D staff shall prepare the pertinent documents for execution and shall coordinate the date for signing with other parties. As pre-requisite to closing, CP&D must receive any updated information from the general contractor such as licensing, insurance, etc. as applicable. The signing shall be conducted by CP&D's Housing Staff who shall review all documents with the owner prior to execution. All owners of record, regardless of their location, must execute the agreement. Staff shall ensure that the documents are executed and recorded.

- **Construction:** Repairs will begin after a Notice to Proceed has been issued by the appropriate Housing staff. During the renovation phase, progress inspections will be conducted by the City's Housing Inspector with reports made to the Housing Manager.

- **Payments:** Payments to Contractors will be recommended for approval by the Housing Inspector and the Owner. Said payments will be reviewed by the Housing Manager and CP & D Manager before submission for payment through the City's Purchase Order process.

  Files: Relevant Housing staff creates a file containing the completed and signed application, with documentation, for each property owner seeking assistance.

III APPLICATION FORM – SINGLE FAMILY BEAUTIFICATION PROGRAM

Information Required:

- Name of applicant, co-applicant(s), and any other household members residing at the property (whether related to the property owner or not) and relationship to property owner(s)
- Address of property and telephone number.
- Social security numbers, dates of birth of applicant(s) and ages of other household members.
- Employment information on all household members except for resident full-time student dependents and minors (if applicant is unemployed, date unemployment began and type of work done before).
- All other income for the household including but not limited to wages, salaries, pensions, social security, disability, unemployment, self employment, rental income, interest dividends, and income derived from assets.
- Assets including but not limited to bank accounts, stocks, bonds, equity in real estate, and owned cars, boats, mobile homes, etc…
- Monthly housing expenses including mortgage payments of principal and interest where debt was incurred for housing purposes only (first, second, or other mortgage), real estate taxes, special assessments, fire and extended coverage insurance (hazard insurance).

IV APPLICATION PACKETS– SINGLE FAMILY BEAUTIFICATION PROGRAM

Application Packet: The following is a list of the minimum information required at the time of application:

- Completed Citywide Single Family Home Beautification Program Application requesting basic information for eligibility purposes and program requirements
- Social Security and /or Pension Award Letter(s)
-

- Picture ID of property owner(s)
- Property taxes verification
- Current three (3) consecutive pay stubs or
- Last two years (consecutive) of Federal Tax Returns, all schedules, W-2's and 1099's
- Birth Certificate (if applicable)

- Custody or Adoption agreement (if applicable).
- Alimony, Child support payment records (if applicable)
- Warranty Deed

  Documentation of other income (AFDC check stub, Award of retirement benefits, etc.).
- Declaration page of current year Home Owners Insurance policy.
-
- Other information as required.

V. MISCELLANEOUS:

Program Monitoring and Compliance: Projects receiving assistance through the Citywide Single Family Home Beautification Program (SFBP) shall be monitored by Housing staff to ensure compliance with applicable regulations and recordkeeping requirements.

Applicant Information: Information submitted by the applicant or gathered by Housing staff is reviewed for consistency. If the information appearing on various documents is consistent, the application is in compliance. If the information is not consistent, then the application is not in compliance and the applicant will be required to correct inconsistencies or provide explanations or clarifications. Failure to provide consistency or clarification shall result in the possible rejection of the application and denial of assistance.

Insurance Coverage Review: Housing staff will review insurance records for the property to determine that sufficient hazard insurance coverage exists that is at least equal to the total loans outstanding on the property. The insurance records shall be endorsed to include the City of North Miami as a loss payee and a mortgagee. The property will be considered in compliance if the required insurance coverage and policy endorsements are included. If insurance coverage is not in compliance, the applicant may achieve compliance by obtaining the required coverage. If the homeowner is unable to obtain insurance coverage, the City may assist the homeowner in obtaining adequate insurance for a period up to one (1) year.

Termination of Funding: Termination of funding may be undertaken by CP&D during the rehabilitation process if:

- Refusal of initial inspection

- The applicant refuses or fails to allow the rehabilitation work to commence within thirty (30) days from contract award.
- The applicant refuses or fails to allow reasonable access to complete the rehabilitation after commencement.
- The applicant refuses to authorize payments to contractors associated with the project deemed payable by CP&D staff.

Notice shall be given to the applicant of such termination and/or acceleration, as appropriate, with follow-up action by the City Attorney's office where necessary. For question about the program applicants shall contact the Community Planning and Development Dept. at (305) 893-6511 or by logging on to www.northmiamifl.gov

Application #_____

Intake Date: _____

EXHIBIT "B"

COMMUNITY PLANNING & DEVELOPMENT DEPARTMENT

12400 N.E. 8th Avenue
North Miami, Florida 33161
Telephone (305) 893-6511 – Fax (305) 895-4074

CITYWIDE HOME BEAUTIFICATION PROGRAM APPLICATION

☐ Exterior Paint ☐ Exterior Doors ☐ Driveway Repaving ☐ Hurricane Impact Windows ☐ Fascia/Soffit/Gutters

APPLICANT

First Name:	Last Name:	Middle Initial
Address:		
City: State: Zip Code		
Home Phone:	Work Phone:	Cell Phone:

SPOUSE / CO-APPLICANT

First Name:	Last Name:	Middle Initial
Home Phone:	Work Phone:	Cell Phone:

EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) $	Pay Rate: $

EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) $	Pay Rate: $

1) Are you a City of North Miami Employee Yes ☐ No ☐

If yes, what department _____

2) Are you related to a City employee, North Miami elected official, or any City Board member; or have a business relationship with a City Employee, North Miami Elected Official, or any City Board member?

Yes ☐ No ☐

If yes, name of relative and relationship to relative or identify with whom you have a business relationship.

_____

_____

3) Are you a Consultant, Agent or Contractor? Yes ❑ No ❑

HOUSEHOLD INFORMATION

(Must include ALL household members.)

	Name	Date of Birth	Social Security Number	Relationship to Applicant
1				Applicant
2				
3				
4				
5				
6				
7				
8				

OTHER SOURCES OF INCOME

(For **ALL** household members 18 and over)

List employment, child support, alimony, social security pensions, unemployment and/or Workers Compensation, etc.

	Name	Wage/Salaries Include Tips, Commission And Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						

MORTGAGE INFORMATION

1ST Mortgage Lender:_____ 800 Customer Service No.:_____	Loan No.:_____ Payment Amount:_____ Next payment due date:_____
2nd Mortgage Lender:_____ 800 Customer Service No.:_____	Loan No.:_____ Payment Amount:_____ Next payment due date:_____

PROPERTY INSURANCE NOTE: Agent can fax copy of policy **Declarations** page to **305 895-4074** – Attn: Housing Division
Homeowners Insurance: _____ (Y/N) Flood Insurance: _____ (Y/N) Windstorm Insurance _____ (Y/N)

IMPORTANT INFORMATION

1. Does your property have more than one living unit? Yes ❑ No ❑
2. Is there any code violation on your property? Yes ❑ No ❑
3. Do you or your co-applicant have any liens with the City of North Miami? Yes ❑ No ❑

If you answered "YES" to Question 1, your property is not eligible for assistance.
If you answered "YES" to Question 2, attach a copy of the code violation.
If the answer is "YES" to Question 3, your property may not be eligible for funding under this Program

AVERAGE MONTHLY HOUSEHOLD EXPENSES: (FOR EVERYONE IN YOUR HOME WHO PAYS THE FOLLOWING)

Water: $	Phone: $	Car Payments: $	Debt: $
Cell Phones: $	Cable TV: $	FPL: $	Car Insurance: $

Mortgages: $	Other: $	(Please provide details below)

3. Have you recently filed a claim with your insurance carrier? ☐ Yes ☐ No
   Have you filed a claim with FEMA ☐ Yes ☐ No
   If yes, do you expect to receive a check for damages and/or repairs? ☐ Yes ☐ No

Applicant
Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Divorced ☐ Separated
Citizen / Resident Alien: ☐ Yes ☐ No
Sex: ☐ Male ☐ Female

Spouse / Co-applicant
Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Divorced ☐ Separated
Citizen / Resident Alien: ☐ Yes ☐ No
Sex: ☐ Male ☐ Female

Race / National Origin:
☐ Black not Hispanic Origin ☐ White not Hispanic Origin ☐ Hispanic ☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native ☐ Other (Specify)

AUTHORIZATION TO VERIFY INFORMATION
This is authorization for the City of North Miami to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that (1) verification or re-verification of any information contained in this application may be made by the City of North Miami from any source named in this application, as well as banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of North Miami may make copies of this application for distribution to any party with which (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original; (3) the property will be occupied as the applicant's primary residence.

AGREEMENT
The undersigned understands that the intent of this application is for the purpose of pre-qualifying only and does not guarantee acceptance or approval, and no commitment is hereby made on the part of either the applicant or the City of North Miami. We further understand that all information and documents provided with, and in association with this application, are public records, and as such are subject to the State of Florida's public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application. Any property assisted under this program will not be used for any illegal or restricted purposes, and will be used solely as my/our principal residence.

Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application, and liability in any legal action brought against me/us by the City. The City of North Miami is hereby authorized to verify any of the above information and to inspect the property prior to approval. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of North Miami.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.

PRIVACY ACT NOTICE
This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective grant or loan client under its Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida's public records laws.

Applicant's Name	Applicant's Signature	Date
Co-Applicant's Name	Co-Applicant's Signature	Date

INCOME SELF CERTIFICATION AFFIDAVIT

1. **Head of Household**: Are you the head of the household? ☐ Yes ☐ No

2. Have you recently filed a claim with your insurance carrier? ☐ Yes ☐ No
   If yes, do you expect to receive a check for damages and/or repairs? ☐ Yes ☐ No

3. **Household Size and Total Annual Household Income:**
   A. Circle the total number of people in your household (in the first column)
   B. On the line corresponding to your household size, check the income range that includes your household's annual income.

A. Household Size (circle one)	B. Total Household Income: (for your household size, check the box that corresponds to your household's total annual income - check only one box)		
1	☐ $14,300 or less (ELI)	☐ $23,800 or less	☐ $38,100 or less (LI)
2	☐ $16,350or less	☐ $27,200 or less	☐ $43,550 or less
3	☐ $18,400 or less	☐ $30,600 or less	☐ $49,000 or less
4	☐ $20,400 or less	☐ $34,000 or less	☐ $54,400 or less
5	☐ $22,050 or less	☐ $36,750 or less	☐ $58,800 or less
6	☐ $23,700 or less	☐ $39,450 or less	☐ $63,150 or less
7	☐ $25,300 or less	☐ $42,200 or less	☐ $67,500 or less
8 or more	☐ $26,950 or less	☐ $44,900 or less	☐ $71,850 or less

☐ Check here if your income does not fall into any of the income ranges corresponding with your household size.

4. **Do you receive income from any of the following sources?**
   ☐ **Unemployment** ☐ **General Assistance /Welfare** ☐ **Social Security**
   ☐ **Food Stamps** ☐ **Medic-Aid** ☐ **Other:** _____

5. **Race** (Check only one):
   ☐ **American Indian/Alaskan Native** ☐ **Asian** ☐ **White** ☐ **Native Hawaiian/Pacific Islander**
   ☐ **Asian & White** ☐ **Black/African American** ☐ **American Indian/Alaskan Native & White**
   ☐ **Black/African American & White** ☐ **American Indian/Alaskan Native & Black/African American**
   ☐ **Other Multi-Racial** (specify):_____
   ☐ **Hispanic Ethnicity** (you must also check one of the racial categories if you select this category)
   ☐ **Male** ☐ **Female** ☐ **62 years or older** (Check if you are 62 years or older)

Name: _____

Street Address: _____ **City:** _____ **Zip Code:** _____

I hereby certify that the above information is true and correct to the best of my knowledge.
I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

_____ _____
Applicant Signature **Date**

_____ _____
Co-applicant Signature **Date**

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing Mortgage was acknowledged before me this _____ day of _____, 20_____

by _____, who is/are personally known to me, or who has produced the following:

_____ as identification and who did not take an oath.

This instrument prepared by:
City Attorney

_____
Typed/ Printed Name:

City of North Miami
776 N.E. 125th Street, North Miami, FL 33161

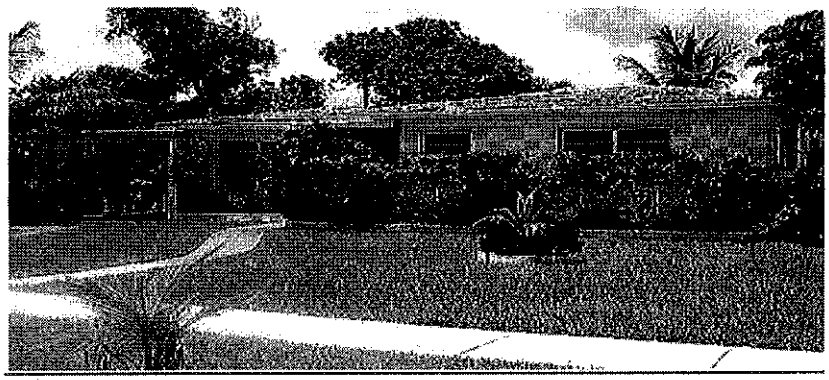
Title: Notary Public, State of Florida

NORTH MIAMI
FLORIDA

Community Planning & Development
12400 NE 8th Avenue, North Miami, Florida 33161-0850
(305) 895-9825

EXHIBIT "C"

CITYWIDE SINGLE FAMILY HOME BEAUTIFICATION PROGRAM



INCOME SELF CERTIFICATION AFFIDAVIT

1. **Head of Household**: Are you the head of the household? ☐ Yes ☐ No

2. Have you recently filed a claim with your insurance carrier? ☐ Yes ☐ No
   If yes, do you expect to receive a check for damages and/or repairs? ☐ Yes ☐ No

3. **Household Size and Total Annual Household Income:**
   A. Circle the total number of people in your household (in the first column)
   B. On the line corresponding to your household size, check the income range that includes your household's annual income.

A. Household Size (circle one)	B. Total Household Income: (for your household size, check the box that corresponds to your household's total annual income - check only one box)		
1	☐ $14,300 or less (ELI)	☐ $23,800 or less (VLI)	☐ $38,100 or less (LI)
2	☐ $16,350or less	☐ $27,200 or less	☐ $43,550 or less
3	☐ $18,400 or less	☐ $30,600 or less	☐ $49,000 or less
4	☐ $20,400 or less	☐ $34,000 or less	☐ $54,400 or less
5	☐ $22,050 or less	☐ $36,750 or less	☐ $58,800 or less
6	☐ $23,700 or less	☐ $39,450 or less	☐ $63,150 or less
7	☐ $25,300 or less	☐ $42,200 or less	☐ $67,500 or less
8 or more	☐ $26,950 or less	☐ $44,900 or less	☐ $71,850 or less

☐ Check here if your income does not fall into any of the income ranges corresponding with your household size.

4. **Do you receive income from any of the following sources?**
   ☐ **Unemployment** ☐ **General Assistance /Welfare** ☐ **Social Security**

ق **Food Stamps** ق **Medic-Aid** ق **Other:** _____

5. **Race** (Check only one):
ق **American Indian/Alaskan Native** ق **Asian** ق **White** ق **Native Hawaiian/Pacific Islander**
ق **Asian & White** ق **Black/African American** ق **American Indian/Alaskan Native & White**
ق **Black/African American & White** ق **American Indian/Alaskan Native & Black/African American**
ق **Other Multi-Racial** (specify):_____
ق **Hispanic Ethnicity** (you must also check one of the racial categories if you select this category)
ق **Male** ق **Female** ق **62 years or older** (Check if you are 62 years or older)

Name: _____

Street Address: _____ **City:** _____ **Zip Code:** _____

I hereby certify that the above information is true and correct to the best of my knowledge.
I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

_____ _____
Applicant Signature **Date**

_____ _____
Co-applicant Signature **Date**

COUNTY OF MIAMI-DADE

The foregoing Mortgage was acknowledged before me this _____ day of _____, 20____ by

_____, who is/are personally known to me, or who has produced the following: _____ as identification and who did not take an oath.

This instrument prepared by:

City Attorney
City of North Miami
776 N.E. 125th Street, North Miami, FL 33161

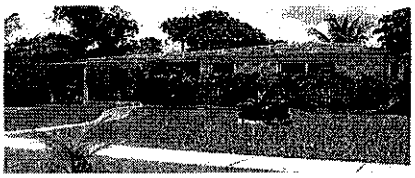
_____
Typed/ Printed Name:
Title: Notary Public, State of Florida

NORTH MIAMI
FLORIDA

Community Planning & Development
12400 NE 8th Avenue, North Miami, Florida 33161-0850
(305) 895-9825

EXHIBIT "D"

CITYWIDE SINLGE FAMILY HOME BEAUTIFICATION PROGRAM



CONTRACTOR APPLICATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE #: _____ 2ND CONTACT_____

OFFICERS AUTHORIZED TO EXECUTE DOCUMENTS: Name:_____Title: _____

Name:_____Title: _____

1. *Are you a City of North Miami Employee* *Yes ☐* *No ☐*

If yes, what department _____

2. *Are you related to a City employee, North Miami elected official, or any City Board member?* *Yes ☐* *No ☐*

*If yes, name of relative and relationship to relative*_____

ARE YOU BONDED? _____ BY WHOM: _____ AMOUNT$_____

CONTRACTOR'S FEDERAL ID# _____ SOCIAL SECURITY # _____

HOW LONG IN BUSINESS: _____ (YRS.) (LICENSED MINIMUM TWO (2) YEARS.)

GENERAL CONTRACTORS (GC) LICENSE NUMBER (#): (ATTACH COPY OF LICENSE AND OCCUPATIONAL LICENSE):_____

1. INDICATE REGISTERED ARCHITECT (S) OR ENGINEER (S) RETAINED:

_____ _____

_____ _____

CERTIFICATION NUMBER _____ NAME _____

3. ARE YOU LICENSED TO PERFORM INSPECTIONS AND APPRAISALS OF SINGLE FAMILY HOMES AND/OR COMMERCIAL PROPERTY? ☐ YES ☐ NO

CERTIFICATION NUMBER _____ NAME _____

4. FOR PURPOSES OF DETERMINING ANY POSSIBLE CONFLICTS OF INTEREST, ALL BIDDERS MUST DISCLOSE IF ANY CITY OF NORTH MIAMI EMPLOYEE IS ALSO AN OWNER, OR EMPLOYEE OF YOUR BUSINESS.

INDICATE EITHER "YES" (A CITY EMPLOYEE IS ALSO ASSOCIATED WITH YOUR BUSINESS), OR "NO". IF YES, GIVE PERSON (S) NAMES (S) AND POSITION (S) WITH YOUR BUSINESS.

YES _____ NAME (S) AND POSITION (S) _____ NO_____

5. LIST OF SUPPLIERS AND ADDRESS: (add additional sheets, if necessary)

_____

_____

_____

_____

6. LIST PROPOSED SUBCONTRACTORS AND CLASSIFICATION OF WORK THAT YOU MAY NOT BE PERFORMING DIRECTLY. (Add additional sheets if necessary)

CLASSIFICATION OF WORK	NAME AND ADDRESS OF SUBCONTRACTOR
_____	_____
_____	_____
_____	_____
_____	_____

7. LIST AT LEAST THREE (3) SUCCESSFUL **RESIDENTIAL PROJECTS** WITHIN THE LAST TWO (2) YEARS; PROVIDE OWNER NAME, ADDRESS, NATURE OF PROJECT, DAYTIME TELEPHONE #.

_____	_____
_____	_____
_____	_____

8. LIST AND OUTLINE ALL PRIOR EXPERIENCE, IF ANY, WITH **STATE HOUSING INITIATIVE PARTNERSHIP (SHIP) FUNDS,** PROVIDE CITY'S NAME, ADDRESS, NATURE OF PROJECT, AND TELEPHONE #. (Add additional sheets if necessary)

_____

_____

_____

_____

9. LIST AND OUTLINE ALL PRIOR EXPERIENCE, IF ANY, WITH **COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDS,** PROVIDE CITY'S NAME, ADDRESS, NATURE OF PROJECT, AND TELEPHONE #. (Add additional sheets if necessary)

_____

_____

_____

_____

_____

10. BUSINESS REFERENCE: (BANKS, SUPPLIERS, etc.)

_____ _____

_____ _____

_____ _____

11. List Lines of Credit or other Sources for Financing Rehabilitation projects.

_____ _____

_____ _____

_____ _____

_____ _____

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION LISTED ABOVE.

_____

SIGNATURE OF APPLICANT

_____

DATE

MINORITY CERTIFICATION STATUS

Dear Business Owner:

If you are a minority and/or woman owned business please complete and return this form. This information will assist us in identifying your Minority and/or Woman Owned Business in our database for future procurement and contracting opportunities with the City of North Miami.

This form is not intended to certify your firm. It will be used internally for information purposes only.

ETHNIC GROUP STATUS: Specify the ethnic group and percentage of ownership of the person(s) who owns and controls (management & operational) 51% or more of the firm.

AFRICAN-AMERICAN MALE _____%	ASIAN-AMERICAN MALE _____%
FEMALE _____%	FEMALE _____%
HISPANIC-AMERICAN MALE _____%	NATIVE-AMERICAN MALE _____%
FEMALE _____%	FEMALE _____%
CAUCASION FEMALE _____%	

DEFINITIONS:

African-American – any black individual of the racial groups of Africa: **Asian American** – persons whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, India, Pakistan and Bangladesh, **Hispanic-American** – persons of Spanish or Portuguese culture including origins in Mexico, South America, Central America, or the Caribbean Islands; or **Native-American** – persons having origins in any of the original peoples of North America, **Caucasian Female**, women that are not included in the above categories.

Are you currently certified as a minority contractor? ____ With what agency (s) _____

_____

Comments:_____

_____

Firm Name _____

FEI # _____

Signature _____ Date _____

THIS FORM MUST BE COMPLETED BY LICENSED CONTRACTOR/QUALIFIER

Company Name: _____
Registered with the State of Florida (SUNBIZ)

Name of Licensed Contractor/Qualifier: _____
Registered with the Florida Department of Business & Professional Regulation

OFFICERS AUTHORIZED TO EXECUTE DOCUMENTS

Name	Title
Contact #	Email
Name	Title
Contact #	Email

OFFICERS AUTHORIZED TO SIGN FOR CHECKS

Name	Title
Contact #	Email
Name	Title
Contact #	Email

OFFICERS AUTHORIZED TO APPLY FOR PEMITS:
(If not the QUALIFIER)

Name	Title
Contact #	Email
Name	Title
Contact #	Email

I certify that all the foregoing information is accurate. Furthermore, I authorize the above-named individuals to perform duties stated.

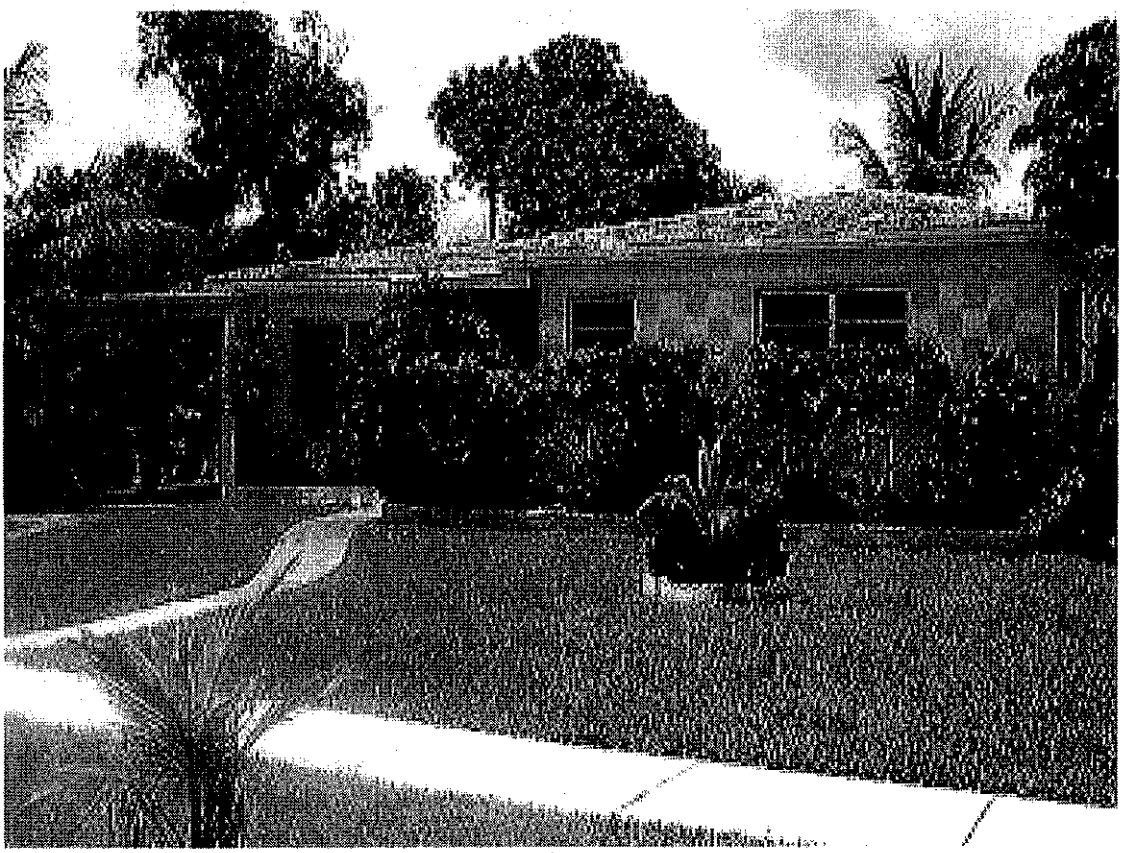
_____ _____
Qualifier's Signature Date

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of_____, _____, by _____, who is personally known to me, or who has produced the following: _____ as identification.

_____
Typed/Printed Name
Title: Notary Public, State of Florida

CONTRACTOR'S GUIDE



For

The City of North Miami

INTRODUCTION

The City of North Miami provides opportunities for qualified General Contractors to bid on housing rehabilitation projects that are carried out in support of City sponsored programs for rehabilitation assistance for property owners within the city limits. All participating contractors must satisfy certain eligibility criteria as outlined in these guidelines.

Additionally, interested contractors that submit required credentials can be pre-qualified and placed on the City's Approved Contractor List. Those contractors on the approved list are eligible to be referred to program participants for selection of award of rehabilitation construction projects.

I. THE CONTRACTOR APPROVAL PROCESS

All contractors must submit the following information documents to the City of North Miami's Housing Division for review and approval.

1. Contractor Application (attached)
2. Signature Verification Sheet (attached)
3. Request for Verification of Account (attached)
4. General Contractor's License
5. Occupational License (Miami-Dade County or North Miami)
6. Proof of Workman's Compensation and Liability Insurance
   - ❖ Workman's Compensation with coverage of up to $250,000
   - ❖ Liability Insurance with coverage of up to $200,000

Upon preliminary approval, the contractor will be scheduled for an interview with the Housing Division Staff.

Those contractors that are approved can (at their request) be placed on the City of North Miami's Approved Contractor List for referral for participation in Housing Assistance Programs.

II. THE BIDDING PROCESS

Procedures For Preparing Invitation To Bid

1. Once the property is approved for rehabilitation, a "request for inspection" will be sent to the Housing Program Inspector/Rehabilitation Specialist.

2. After reviewing the inspection report (work write-up) with cost estimates, the City of North Miami's Housing Division will prepare/provide specifications for each rehabilitation project.

3.The Housing Division will contact all qualified contractors via a notice, advising them of the pending

projects. The bid package will be made available and will include:

- ➢ Letter of Invitation summarizing the biding process and the responsibilities of the contractor.
- ➢ Approved Bid Specifications.
- ➢ Quotation Documentation
- ➢ Scope of Work Acceptance Form and return envelope.

Each contractor must formally accept the scope of work to be preformed, by signing this form and return it to the City of North Miami's Housing Division in the envelope enclosed.

A contractor may be limited to bid on new projects based on their demonstrated ability and capacity to handle multiple projects. Furthermore, no contractor will hold more than two contracts simultaneously.

Submitting the Bid

The qualified contractors must submit their quotes to Housing Division by the deadline date specified in the quotation document and the letter of invitation. When bids are submitted they are Date and Time Stamped. **Absolutely no bid will be considered anytime after the stated deadline**.

All bids submitted that address the proposed scope of work will be evaluated. However, only chosen bids that provide cost estimates within + or – 10% of the Rehabilitation Specialist's estimated budget will be eligible for selection for award of the rehabilitation contract. The City's Housing Division will award to the lowest responsive bidder. However, if bids are relatively close in dollar amount, the City's Housing Division may issue the award to the contractor with the most productive and conducive relationship.

III. THE REHABILITATION PROCESS

The Agreement

The rehabilitation process will be culminated by a contractual agreement between the homeowner, the contractor and the City of North Miami. The Housing Division will issue the Notice to Proceed and monitor compliance to the contract until completion.

Prior to any construction, the contractor must display the City of North Miami rehabilitation sign in front of the property.

Upon completion of construction, the Housing Inspector will complete a contractor's performance evaluation, which will be placed in our permanent records.

Requesting Housing Inspections/Inspection Request Procedure

All requests for inspections and/or questions that require a response from our Rehabilitation Specialist must be made directly through the City's Housing Division. Specifically, the following procedure is to be observed:

- **All inspection requests are to be delivered/faxed to Housing Division (see Inspection Request form attached).**
- **The Rehabilitation Specialist will schedule the inspection date and time and an inspection schedule will be faxed to the contractor.**

NOTE: The contractor must have a completed inspection form ready for the Rehabilitation Specialist at the scheduled time.

Requesting Payment

In accordance with the executed Agreement, the Contractor must also submit…

- An Original Invoice on Contractor Letter Head
- A permit history printout
- Payment Request Packet

- A permit history printout can be obtained in the Building & Zoning Department.
- The payment request packet is supplied by the Housing Division and consists of the following items:

- Releases of Lien; Warrantees and Guarantees
- Contractor's Payment Request
- Homeowner(s) Payment Authorization
- Subcontractor's List
- Contractor's Payment Request Worksheet
- Certificate of Completion **(The Certificate of Completion is only required with the final payment request.)**

Prior to submitting the payment request packet a Housing Inspection must have been conducted by the Housing Program Inspector/Rehabilitation Specialist. At the inspection site, the contractor must have available, the documents from the payment request packet that requires the Rehabilitation Specialist's signature:

1) Contractor's Payment Request
2) Certificate of Completion

Once **ALL** the necessary documents are submitted for payment, the request will be processed for payment.

Change Orders

A Change Order delineates any modification in the scope of work. The modification might be relatively minor or incorporate major changes, but a Change Order must be executed for any deviation, addition, or deletion made to the original job specifications. It must be a written document, approved and signed by all parties, including the City of North Miami, prior to the work being undertaken.

The scope of work in the Change Order should be consistent with the standards of the original work write-up and must include the cost of the changes.

Since Change Order requests add to the cost of a rehab project, they should be held to a minimum and only those changes necessary for proper job completion will be considered. Any additional costs incurred as a result of a Change Order can be covered by:

- Deleting work that is not required by code
- Use of contingency reserves if any
- Borrower provides additional funds
- Contractor absorbs additional costs

NOTE: All inspection requests for change orders must be in writing on company letterhead stationery along with the itemized pricing of the payment request. *Pictures MUST be submitted along with the inspection request.* Remember, payment request will not be processed unless the written consent of the Rehabilitation Specialist and the approval of the City have been given for the work under the Change Order.