

PREVIOUS CONTRACTUAL RELATIONSHIP FORM

MIAMI-DADE COUNTY HOMELESS TRUST

1. Has the applicant had any previous contractual relationship to provide similar services to those proposed?
 Yes No

If Yes, please provide the following information (use additional sheets, if needed)

NAME OF CONTRACTING ENTITY	CONTRACT YEAR	CONTRACT AMOUNT	SCOPE OF SERVICES

2. Has there been any previous monitoring reports for the contracts above? Yes No

If Yes, review the last issued monitoring report from each funding organization and on a separate page, summarize any major areas of non-compliance.

3. Please request and attach the following information for each funding organization identified in #1 above (responses to be provided on agency letterhead on a separate page):
- a. Summary of agency’s experience with the applicant (contract performance)
 - b. Were invoices submitted on time and were they accurate?
 - c. Did payments need to be expedited due to cash flow problems?
 - d. Has management and staff been stable (i.e. high or low turnover rate)?
 - e. Would you continue to contract with the applicant?
 - f. Are there any issues the Homeless Trust should be aware of?