

RFA CHECKLIST

MIAMI-DADE COUNTY HOMELESS TRUST

Application Activity: CE SSO-SO SSO TH PSH PSH to TH Transition

PROVIDER NAME: _____

PROJECT NAME: _____

PLEASE PREPARE RESPONSES IN THE ORDER PROVIDED BELOW.

ITEMS ON PAGE 1 APPLY TO ALL APPLICANTS.

ITEMS ON PAGE 2 ONLY APPLY TO APPLICANTS WHO DID NOT SUBMIT A FY24 NOFO APPLICATION.

*FOR HOMELESS TRUST STAFF USE

SECTION	INFORMATION (required format)	APPLIES TO	Staff Initials	*
RFA CHECKLIST	ATTACHMENT 2 (MW)	ALL		
PROJECT APPLICATION	ATTACHMENT 4 (MW)	ALL		
NEW PROJECT BUDGET DETAIL	ATTACHMENT 5 (ME)	ALL		
CERTIFICATE OF CONSISTENCY FORM 2991	ATTACHMENT 7 (PDF)	ALL		
MOST RECENT APR FROM HMIS "REPORTS" TAB (ENTIRE REPORT) OR LIKE REPORT FOR MOST RECENT FISCAL YEAR	Generated by Respondent (PDF)	ALL		
MOU WITH OTHER SERVICE PROVIDERS – WHEN APPLICABLE	Generated by Respondent (PDF)	ALL		
SUPPORTIVE SERVICE AGREEMENT (CONTRACT, OCCUPANCY AGREEMENT, LEASE, OR EQUIVALENT)	Generated by Respondent (PDF)	ALL TH & PSH		
FACILITY LICENSING – WHEN APPLICABLE	Generated by Respondent (PDF)	ALL TH		
FINANCING COMMITMENTS OR LEASE COMMITMENTS	Generated by Respondent (PDF)	ALL Renewal		
<u>LEASE COMMITMENTS</u>	<u>Generated by Respondent</u>	<u>ALL Transition</u>		
MATCH	ATTACHMENT 13 (ME)	ALL		
MATCH COMMITMENT LETTERS	Generated by Respondent (PDF)	ALL		
RFA APPLICATION ATTESTATION & CERTIFICATION PAGE	ATTACHMENT 12 (PDF)	ALL		
APPLICANT ASSURANCES CERTIFICATIONS FORM 424-B	ATTACHMENT 14 (PDF)	ALL		
HUD 426 INDIRECT COSTS	PENDING HUD RELEASE ATTACHMENT 8 (PDF)	Applicants seeking Indirect Cost allocations		
CERTIFICATION FOR OPPORTUNITY ZONE PREFERENCE POINTS	ATTACHMENT 3 (PDF)	Applicants with New projects in Opportunity Zones		

KEY

*	FOR HOMELESS TRUST STAFF USE
MW	MICROSOFT WORD
ME	MICROSOFT EXCEL
PDF	"PORTABLE DOCUMENT FORMAT" A FILE FORMAT THAT PROVIDES AN ELECTRONIC IMAGE OF TEXT OR TEXT AND GRAPHICS THAT LOOKS LIKE A PRINTED DOCUMENT AND CAN BE VIEWED, PRINTED, AND ELECTRONICALLY TRANSMITTED
COPS	CHANGE OF PROJECT SPONSOR

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MIAMI-DADE COUNTY HOMELESS TRUST

SECTION	INFORMATION	APPLIES TO	Staff Initials	*
<p>Proof of eligibility.</p> <p>(1) Tribes located in Miami-Dade County may submit a letter of support from one of their tribal leaders.</p> <p>(2) FL State, Miami-Dade County or any of it's municipalities may submit a letter verifying the applicant is an arm of government that is signed by their Governor/Mayor, Manager, Department Head, or someone authorized to enter into agreements on behalf of the State/City/County or their SAM's registration.</p> <p>(3) Non-For-Profit entities may submit a copy of:</p> <ul style="list-style-type: none"> • <i>Florida Sunbiz registration</i> • <i>Corporation</i> • <i>Trademarks</i> • <i>Limited Partnerships</i> • <i>Limited Liability Company</i> • <i>Limited Liability & General Partnerships</i> • <i>Fictitious Business Name(s), if required</i> • IRS letter 147C, verifying your business name and FEIN or any other preprinted IRS form issued by the IRS identifying your business name and FEIN <p>Note: Miami-Dade County will confirm the validity of Certificates with the applicable state authority. <u>Certificates must show non-profit status.</u> For companies located in Florida and registered with the Florida Department of State, Division of Corporations, the company's Federal Employer Identification Number (FEIN) must be posted on the Florida Division of Corporation's website. To confirm that your FEIN is posted, visit the State website at www.sunbiz.org Under "Document Search", press "Inquire by Name" or "Inquire by Federal Employer Identification Number (FEIN)" to produce the corresponding report. If your company's Federal Employer Identification Number (FEIN) is not posted, contact the Florida Department of State, Division of Corporations and request that your company FEIN be added to your file posted on the web. Requests must be provided on your company's letterhead and reference the document number assigned when your company was registered. Submit your request via email at corp@dos.state.fl.us, or contact the agency at 1-850-245-6052 for additional information.</p>	Generated by Respondent (PDF)	First time applicants		
BOARD OF DIRECTORS LISTING	Generated by Respondent (PDF)	First time applicants		
INDEPENDENT AUDIT OF FINANCIAL STATEMENTS	Generated by Respondent (PDF)	First time applicants		
<p>W-9 Request for Taxpayer ID Number and Certification, or one of the following:</p> <ul style="list-style-type: none"> • W-8ECI Form Certificate of Foreign Person's Claim for Exemption from Withholding on Income Effectively Connected With the Conduct of a Trade or Business in the United States. Obtain a form and instructions from www.irs.gov • W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. Obtain a form and instructions from www.irs.gov • W-8EXP Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding. Obtain a form and instructions from www.irs.gov • W-8IMY Certificate of foreign Intermediary, Foreign, Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding. Obtain a form and instructions from www.irs.gov 	ATTACHMENT 11 (PDF)	First time applicants		
AFFIDAVITS				
A. MIAMI-DADE COUNTY AFFIDAVITS	ATTACHMENT 9 (PDF)	First time applicants		
B. PREVIOUS CONTRACTUAL RELATIONSHIP FORM	ATTACHMENT 10 (PDF)	First time applicants		
D. CERTIFICATION FOR A DRUG-FREE WORKPLACE	ATTACHMENT 17 (PDF)	First time applicants		