

**CITY OF FORT LAUDERDALE  
HOME INVESTMENT PARTNERSHIPS PROGRAM-AMERICAN RESCUE PLAN  
HOME-ARP RENTAL DEVELOPMENT  
PARTICIPATION AGREEMENT  
FIRST ADDENDUM TO THE FY2023 PROGRAM PARTICIPATION AGREEMENT**

**WITH**

**BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC. dba  
BROWARD HOUSING SOLUTIONS**

**THIS ADDENDUM**, with an effective date of **October 2, 2023**, is entered into by and between the **City of Fort Lauderdale**, a Florida municipal corporation, with its principal address located at 101 NE 3<sup>rd</sup> Avenue, Suite 2100, Fort Lauderdale, FL 33301 (City), and **BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC. dba BROWARD HOUSING SOLUTIONS** a Florida non-profit corporation with its principal address located at 305 SE 118th Court, Fort Lauderdale, Florida 33316 (Participant or Broward Housing Solutions or Broward County CDC) (collectively, Parties).

**WHEREAS** the City received \$2,589,019.00 in HOME Investment Partnerships-American Rescue Plan (HOME-ARP) funds from the U.S. Department of Housing and Urban Development (HUD) to provide for the development of affordable housing in the City of Fort Lauderdale for occupancy by individuals and families that meet one of the criteria for qualifying populations as defined in HUD Notice CPD-21-10; and

**WHEREAS** One Million Seventy-One Thousand Two Hundred Fifteen and No/100 Dollars (\$1,071,215.00) of HOME-ARP Rental Funds has been allocated to Participant for the acquisition, operation and maintenance of an affordable rental housing in the City of Fort Lauderdale for occupancy by individuals and families that meet one of the criteria for Qualifying Populations as defined in HUD Notice CPD-21-10 including homeless, at risk of becoming homeless or other populations vulnerable to homelessness; and

**WHEREAS** The Participant is a certified Community Housing Development Organization founded in 1993 and is an eligible developer as defined by HUD regulations at 24 CFR 92.300(3), and the 2013 HOME Final Rule, and the 2012/2013 Appropriations Acts, as amended from time to time, and, as such, Participant has the experience and the staff capacity to develop the proposed affordable housing project in the City of Fort Lauderdale; and

**WHEREAS**, in response to the City's Request for Proposal ("RFP"), the Participant was deemed the most responsive and responsible bidder to acquire and rehabilitate properties located in the City of Fort Lauderdale to house individuals aged fifty-five (55) and older, who are homeless, very low-income, and have mental illness located in the City of Fort Lauderdale and meet the definition of HOME-ARP qualifying population.

**WHEREAS**, on June 6, 2023, the City approved CAM NO. 23-0428 and authorized the City Manager to execute an agreement with Participant and all other documents necessary and incidental there to.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

- I. **RECITALS**: The foregoing recitals are true and correct in all respects and are incorporated herein by reference.
- II. **ADDENDUM**: The purpose of this Addendum is to incorporate into the Participant Agreement the terms and conditions required by American Rescue Plan Act, the Uniform Relocation Assistance Act of 1970 and Real Property Policy Acquisition Policies Act of 1974, in addition to the Displacement, Relocation and Acquisition regulatory requirements of 24 CFR 92.353 and the regulations at 49 CFR Part 24 Subpart B that apply to the acquisition of real property for activity assisted with HOME-ARP Funds and to comply with Section 104(d) of the Housing and Community Development Act of 1974 as amended related to the displacement of any household or individual from the identified property .

Broward County Community Development Corporation, Inc d/b/a Broward Housing Solutions will be the responsible for operations and compliance with all federal laws and authorities pertaining to acquisition, operations of a HOME-ARP affordable housing project. It is mutually understood that title and ownership of the real property being under BHS/JMF Senior Solutions 3, LLC does not release Broward County Community Development Corporation, Inc d/b/a Broward Housing Solutions from any obligations under the executed Participation Agreement and Addendum.

Broward Housing Solutions shall prepare a relocation plan (**Exhibit A**) for the fair and equitable relocation and treatment of residents that do not meet the HOME-ARP qualified population (QP) to receive assistance in moving from the subsidized property. The relocation assistance plan must be fully compliant with the Uniform Relocation Act and all other acts referenced above.

The Relocation Plan must meet and fulfill the following objectives

- A. Provide uniform, fair and equitable treatment of persons whose real property is acquired or who are displaced in connection with federally funded projects
- B. Ensure relocation assistance is provided to displaced persons to lessen the emotional and financial impact of displacement
- C. Ensure that no individual or family is displaced unless decent, safe, and sanitary (DSS) housing is available within the displaced person's financial means
- D. Help improve the housing conditions of displaced persons living in substandard housing
- E. Encourage and expedite acquisition by agreement and without coercion
- F. Provide relocation advisory services to displaced tenants and owner occupants
- G. Provide a minimum 90 days written notice to vacate prior to requiring possession

- H. Reimburse for moving expenses
- I. Provide payments for the added cost of renting comparable replacement housing.

Broward Housing Solutions must demonstrate to the City that there are funds available to relocate households in accordance with applicable federal laws and regulations.

Broward Housing Solutions shall complete all required minor repairs to ensure that each unit meets Housing Quality Standards (HQS) prior to occupancy by an eligible HOME-ARP, qualifying population household according to the City's Inspection Report (**Exhibit B**).

Broward Housing Solutions shall provide a cost estimate for the required repairs and shall use a procurement process compliant with 2 CFR 200.320.

Broward Housing Solutions will be reimbursed or City will directly pay for acquisition and rehabilitation and HUD environmental costs not to exceed a combined total of the grant award of One Million Seventy-One Thousand Two Hundred Fifteen and No/100 Dollars (\$1,071,215.00).

Funding under the Agreement shall be disbursed for Acquisition and Rehabilitation as follows:

- A. Acquisition funds in the amount of One Million Twenty-One Thousand Two Hundred Fifteen and No/100 Dollars (\$1,021,215.00) will be made available for acquisition of the Property and will be issued via a wire transfer.
- B. Rehabilitation funds in the amount of Fifty Thousand and No/100 Dollars will be made available and be issued on a cost reimbursement basis after an inspection of the work has been completed by a City designated construction review specialist.

The City's financial obligation shall at no time exceed the amount authorized under the Participation Agreement.

By joining and consenting to this Addendum, BHS/JMF Senior Solutions 3, LLC assumes any and all obligations under the Participation Agreement. Notwithstanding, Broward County CDC is not released from any obligations hereunder".

In all other respects the terms of the original executed participation agreement remain unchanged and in full force and effect.

**[REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]**

IN WITNESS OF THE FOREGOING, the parties have set their hands and seals the day and year first written below.

**WITNESSES:**

**CITY OF FORT LAUDERDALE, a Florida municipal corporation**

*[Handwritten Signature]*  
Signature

Amber Cabrera  
Witness Name – Printed or Typed

*[Handwritten Signature]*  
Signature

Marie E. Joseph  
Witness Name - Printed or Typed

By: *[Handwritten Signature]*  
Susan Grant, Acting City Manager

Date: 6/26/24

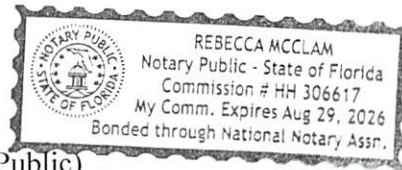
Approved as to form and correctness:  
Thomas J. Ansbro, City Attorney

By: *[Handwritten Signature]*  
Lynn Solomon, Assistant City Attorney  
*Dwayne Spence, Deputy City Attorney*

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 26th day of June, 2024, by Susan Grant, Acting City Manager of the City of Fort Lauderdale, a Florida municipal corporation.

*[Handwritten Signature]*  
(Signature of Notary Public – State of Florida)



*[Handwritten Name]*  
Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

**PARTICIPANT**

**BROWARD COUNTY COMMUNITY  
DEVELOPMENT CORPORATION, INC.  
DBA BROWARD HOUSING SOLUTIONS., a  
Florida non-profit corporation**

**WITNESSES:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
[Witness print name]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
[Witness print name]

By: \_\_\_\_\_  
Chief Executive Officer

Attest:

By: \_\_\_\_\_  
Secretary

(CORPORATE SEAL)

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me, me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 2024, by \_\_\_\_\_ as Chief Executive Officer of BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC., dba BROWARD HOUSING SOLUTIONS., a Florida non-profit corporation.

\_\_\_\_\_  
(Signature of Notary Public – State of Florida)

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**JOINER AND CONSENT**

**BHS/JMF SENIOR SOLUTIONS 3, LLC** a Florida Limited Liability company whose member and manger is **BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION**(“**BROWARD COUNTY CDC**”) JOINS IN AND CONSENTS AS TO THIS PARTICIPATION AGREEMENT AND ADDENDUM AND ACKNOWLEDGES THAT IT, AND ITS SUCCESSORS AND/OR ASSIGNS SHALL BE BOUND BY THE TERMS AND CONDITIONS OF THIS PARTICIPATION AGREEMENT AND ADDENDUM AND AGREES TO ASSUME ALL OBLIGATONS HEREUNDER AND COMPLY WITH THE TERMS AND CONDITONS OF THIS AGREEMENT.

**BHS/JMF SENIOR SOLUTIONS 3, LLC**, a Florida limited liability company

**WITNESSES:**

**By: BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION, INC.**, a Florida not for profit corporation, its Manager

\_\_\_\_\_  
Witness #1 signature

\_\_\_\_\_  
[Witness #1 print or type name]

\_\_\_\_\_  
[Witness #1 address]

By: \_\_\_\_\_  
**Thomas M. Bluth, President**

\_\_\_\_\_  
Witness #2 signature

\_\_\_\_\_  
[Witness #2 print or type name]

\_\_\_\_\_  
[Witness #2 address]

STATE OF FLORIDA:  
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me by means of  physical presence or online notarization, , this \_\_\_\_ day of \_\_\_\_\_ 2024, by Thomas M. Bluth, as President of **BHS/JMF SENIOR SOLUTIONS 3, LLC** a Florida Limited Liability company whose member and manger is **BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION SOLUTIONS**, a Florida non-profit corporation, who is  personally known to me or  have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**EXHIBIT "A"**



## Property Acquisition – Tenant Relocation Policy and Procedure

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**SUBJECT:** Property Acquisition – Tenant Relocation Policy and Procedure

**PURPOSE:** To provide uniform, fair and equitable treatment of individuals whose property is acquired by Broward Housing Solutions or who are displaced in connection with the acquisition of new properties.

**SCOPE:** This procedure applies to the acquisition, rehabilitation, and demolition for all federally-funded projects.

**EFFECTIVE DATE:** July 1, 2023.

**Project Name:** HOME: ARP Rental Development

**Relocation Type:** *(check all that apply)*

Temporary

Permanent

**Applicable Federal Law:** *(check all that apply)*

Uniform Relocation Act (URA) requirements apply

**Agency Responsible for monitoring and Compliance:** HUD Miami Filed office and City of Fort Lauderdale

### **Units**

Number of Current Project units with Existing Tenants: 6

Number of total project units available after project completion: 6

### **Tenants**

Displaced Tenants will be: Relocated to vacant units in other comparable decent safe rental housing

### **PROCEDURE:**

1. All services at Broward Housing Solutions are provided without regard to age, race, religion, color, gender, gender identity and expression, sexual orientation, marital status, national origin or citizenship, mental or physical disability, immigration status, language spoken, political beliefs, or any other preference or personal characteristic, condition, or status or any factor which cannot be lawfully used as a basis for service delivery and in accordance to American Disabilities Act.
2. BHS will ensure that all individuals whose real property is acquired, or who move as a direct result of projects receiving federal funds, are treated fairly and equitably and receive assistance in moving from the property they occupy.



3. Upon acquisition of a new property, BHS will provide each resident with a General Information Notice informing the resident that they may be displaced due to the recent acquisition of the property.
4. BHS will also provide each resident with information about Broward Housing Solutions' programs and services.
5. BHS will assess each resident to determine program eligibility including verifying the following:
  - a. All potential participants meet the HOME ARP qualifying population as defined in HUD CPD Notice 21-10 including homeless, at risk of homelessness, or other populations vulnerable to homelessness.
  - b. *Mental Illness*: Residents must have a diagnosed Severe and Persistent Mental Illness (SPMI) and supporting documentation to substantiate this diagnosis.
  - c. *Case Management*: Residents must have an assigned Mental Health Case Manager by a provider agency approved by the Florida Department of Children and Families.
  - d. *Age*: Residents must be 55 years of age or older.
  - e. *Low-Income*: Residents must meet the low income limits established by the U.S. Department of Housing and Urban Development.
  - f. *Independent*: Residents must demonstrate their ability to live independently and approved by a case manager.
6. If a resident is determined ineligible for Broward Housing Solutions' (BHS) Permanent Supportive Housing Program, BHS will provide each resident with the following Relocation Advisory Services:
  - a. Support and guidance to help the resident determine their needs and preferences
  - b. Explanation of available relocation assistance if applicable
  - c. Referrals to comparable housing
  - d. Counseling and guidance on rights under the Fair Housing Act
  - e. Referrals for other supportive services (Supportive counseling, case management, financial assistance...etc.)
  - f. Information on other federal and state programs offering assistance
  - g. Supportive counseling and other assistance to minimize hardship in adjusting to relocation
7. BHS will provide the resident with a minimum 90 days written notice to vacate the unit prior to requiring possession
8. BHS will collaborate with a variety of resources to ensure that non-eligible residents occupying the units are transitioned out in a compassionate and strategic manner.
9. BHS will work closely with third-party landlords that BHS has an established relationship with, and community-based organizations including but not limited to Broward County's Housing Options Solutions and Supports division and Broward Behavioral Health Coalition to identify alternative housing options.

#### **RELOCATION PLAN:**

1. Upon notification of being awarded federal funding for acquisition, rehabilitation, or demolition, Broward Housing Solutions will create a relocation plan that will describe the way the displacement of tenants will be handled. The plan will include the following information:
  - a. A description of the rehabilitation/acquisition project with a description of how many tenants might need to be "temporarily relocated" and/or the possibility of tenants who might be "permanently displaced".

- b. A list of the characteristics of the households to be displaced, including the race/ethnicity of those to be displaced, income ranges, and a description of how individuals with special needs will be cared for.
- c. A budget identifying anticipated relocation expenses as well as sources and uses of funds.
- d. A project schedule identifying the various stages from the beginning through the end of the displacement-causing activities.
- e. A list of all addresses of the occupied buildings.
- f. A description of available resources, including information on affordable housing options in the area.
- g. A description of what measures will be taken to help displaced individuals who may be hard to house because of family size, economic status or social problems.
  - i. BHS will include information on tenants who may require the use of “last resort housing measures” in order to provide them with the required replacement housing on a timely basis.
- h. A list of social and/or supportive service agencies that will be given as referrals to the tenants, as appropriate.
- i. A sample of the General Information Notice sent to the tenants who will be impacted as a result of the rehabilitation/acquisition
- j. A description of the services that will be provided during the temporary relocation including: the type of services, the amount of assistance, the timing, and the housing units that will be used for the temporary housing
- k. A description of the organization that will be providing the relocation services, including information about their level of experience and history working with relocation and the URA regulation.
- l. Description of the records to be maintained.

**RELOCATION DOCUMENTATION:**

BHS will maintain the following documentation:

1. Evidence of timely written notice to all tenants of displacement, including copies of all notices provided to tenants.
2. Evidence that tenants have been informed of their eligibility for relocation assistance and available benefits, including copies of all notices provided to tenants.
3. Evidence of timely receipt of new lease at suitable alternative housing.
4. Evidence of relocation plan benefits paid to displaced tenants, including reimbursement for reasonable out-of-pocket expenses.

**\*\*Note:** Team BHS Senior Management review and update all BHS SOP on an annual basis at the start of each fiscal year, or when changes occur requiring an update, for training and distribution to staff and residents if applicable.

Approved by: Amanda MacCormack Date: 7/1/2023

*Amanda MacCormack, Chief Program Officer*

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## General Information Notice

(Date)

Dear Current Resident,

Broward County Development Corporation, d/b/a Broward Housing Solutions is interested

in (acquiring, rehabilitating, demolishing) the property you currently occupy at (address)\_\_\_\_\_ for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the\_\_\_\_\_ program.

The purpose of this notice is to inform you that you may be displaced as a result of the proposed project. This notice also serves to inform you of your potential rights as a displaced person under a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). You may be eligible for relocation assistance and payments under the URA, if the proposed project receives HUD funding and if you are displaced as a result of acquisition, rehabilitation or demolition for the project.

Please note the following:

- This is **not** a notice to vacate the premises.
- This is **not** a notice of relocation eligibility.

If you are determined to be eligible for relocation assistance in the future, you may be eligible for:

1. Relocation advisory services including help to you find another place to live;
2. At least 90 days advance written notice of the date you will be required to move;
3. Payment for your moving expenses; and
4. Replacement housing payments to enable you to rent, or if you prefer to purchase, a comparable replacement home.

You will also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered. The enclosed HUD brochure, "Relocation Assistance To Tenants Displaced From Their Homes" provides an explanation of this assistance and other helpful information.

*(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)*

Please be advised that you should continue to pay your rent and meet any other obligations as specified in your lease agreement. Failure to do so may be cause for eviction. If you choose to move or if you are evicted



305 Southeast 18th Court  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 • Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@BrowardHousingSolutions.org](mailto:info@BrowardHousingSolutions.org)

prior to receiving a formal notice of relocation eligibility you will not be eligible to receive relocation assistance. It is important for you to contact us before making any moving plans.

Again, this is not a notice to vacate the premises and does not establish your eligibility for relocation payments or assistance at this time. If you are determined to be displaced and are required to vacate the premises in the future, you will be informed in writing. In the event the proposed project does not proceed or if you are determined not to be displaced, you will also be notified in writing.

If you have any questions about this notice or the proposed project, please contact:

Amanda MacCormack, Chief Program Officer

Email: [amandam@browardhousingsolutions.org](mailto:amandam@browardhousingsolutions.org)

Phone Number: 954-764-2809

Sincerely,

Amanda MacCormack, Chief Program Officer

## Notice of Relocation Eligibility

Dear \_\_\_\_\_: On the following date \_\_\_\_\_, Broward Housing Solutions notified you of proposed plans to convert the property you currently occupy at (address) \_\_\_\_\_ for a project which could receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the HOME- ARP Affordable Rental Housing Project. On \_\_\_\_ (date) \_\_\_\_\_, the project was approved and will receive federal funding.

**It has been determined that you will be displaced by the project. To carry out the project, it will be necessary for you to move.**

- This is your Notice of Eligibility for relocation assistance.
- The effective date of your relocation eligibility is \_\_\_\_\_. (Insert date of Initiation of Negotiations, see 49 CFR 24.2(a)(15) or applicable HUD program regulations)

Since you are being displaced in connection with this federally funded project, you will be eligible for relocation assistance and payments calculated under either:

1. Section 104(d) of the Housing and Community Development Act of 1974, as amended (section 104(d)), or
2. The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).

*(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance under the URA, unless such ineligibility would result in exceptional and extremely unusual hardship to a qualifying spouse, parent, or child. All persons seeking URA relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)*

You do not need to move now. You will be provided with advance written notice of the date by which you will be required to move. This date will be no than 90 days from the date comparable replacement housing has been made available to you.

The relocation assistance to which you are entitled includes:

- Relocation Advisory Services. Including counseling and other assistance to help you find another home and prepare to move.
- Security Deposit and Credit Checks. (Security deposit assistance is not available under the URA). Under section 104(d) we can pay the cost of any security deposit required to rent a decent, safe and sanitary replacement dwelling. Payment of credit check costs is eligible under both URA & 104(d).
- Payment for Moving Expenses. You may choose:
  - 1) A payment for your actual, reasonable moving and related expenses (including refundable or non-refundable utility deposits), or

- 2) A fixed moving payment in the amount of \$1,350 based on the URA Fixed Residential Moving Cost Schedule, or
  - 3) A combination of both (where reasonable and necessary).
- Replacement Housing Payment. You may be eligible for a replacement housing payment to rent or buy a replacement home. The payment is based on several factors, including your current housing costs, the cost of a comparable replacement dwelling and your household income. Broward Housing Solutions (BHS) will provide you with a detailed explanation on how your replacement housing payment was calculated.

Enclosed are brochures entitled, "Relocation Assistance to Tenants Displaced From Their Homes" (for URA) and "Relocation Assistance to Persons Displaced from Their Homes (Section 104(d))." Please read these brochures carefully. They explain your rights and some things you must do to obtain relocation payments under the URA or section 104(d). For example, to obtain a replacement housing payment under the URA, you must move to a decent, safe and sanitary replacement dwelling within one (1) year after you vacate your present home.

Please note that all replacement housing must be inspected in order to ensure it is decent, safe and sanitary before any replacement housing payments are made. Replacement housing payments cannot be provided for a dwelling that is not decent, safe and sanitary.

BHS will assist you with your move to a new home and help ensure that you preserve your eligibility for all relocation payments to which you may be entitled. In order to help you fully participate in the relocation process, reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency. Please let BHS know if you need auxiliary aides, written translation, oral interpretation, or other assistance in order to fully participate in the relocation process.

As a friendly reminder, please do not move or commit to the purchase or lease of a replacement dwelling before we have a chance to further discuss your eligibility for relocation assistance.

If you have any questions about this letter and your eligibility for relocation assistance and payments, please contact Broward Housing Solutions (BHS) at 954-764-2800 or [info@browardhousingsolutions.org](mailto:info@browardhousingsolutions.org).



## Tenant Relocation Plan

HOUSING OPPORTUNITIES FOR BROWARD'S MENTAL  
HEALTH COMMUNITY  
500 SE 17<sup>th</sup> Street, Suite #101  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingsolutions.org](mailto:info@browardhousingsolutions.org)

**Project Name:** HOME: ARP Rental Development

**Project Purpose:**

To help meet the needs of low income, vulnerable seniors, Broward Housing Solutions will be acquiring the following properties to convert the units to affordable Permanent and Supportive Housing:

- 1245 NW 5th, Fort Lauderdale, FL, 33311
- 1209 NW 5<sup>th</sup>, Fort Lauderdale, FL, 33311
- 1040 NW 5<sup>th</sup>, Fort Lauderdale, FL, 33311

**Relocation Type:** *(check all that apply)*

- Temporary
- Permanent

**Applicable Federal Law:** *(check all that apply)*

- Uniform Relocation Act (URA) requirements apply
  1. BHS will provide a general information notice
  2. BHS will provide a notice of relocation eligibility
  3. BHS will provide a 90-day notice informing each tenant that they will be required to move.
- Section 104(d) requirements apply
  1. BHS will create and follow a Residential Anti-displacement and Relocation Assistance Plan (RARAP)
  2. BHS will provide relocation assistance to displaced lower-income individuals
  3. BHS will replace, on a one-for-one basis, lower-income units

**Agency Responsible for monitoring and Compliance:** HUD Miami Filed office and City of Fort Lauderdale

**Unit Description**

- Number of current Project units with existing tenants: 6
- Number of total rental units available after Project completion: 6
- Number of Project units anticipated to require temporary relocation: 0





## Tenant Relocation Plan

HOUSING OPPORTUNITIES FOR BROWARD'S MENTAL  
HEALTH COMMUNITY  
500 SE 17<sup>th</sup> Street, Suite #101  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingsolutions.org](mailto:info@browardhousingsolutions.org)

Number of Project units anticipated to require permanent relocation: 6

### Tenant Description

*Address: 1040 NW 5<sup>th</sup>, Fort Lauderdale, FL, 33311*

Unit #1

Household Income: Gross Monthly \$4,520.00

Household/Family Size: 4 people

Unit #2

Household Income: Gross monthly \$3,600.00

Household/Family Size: 2 people

*Address: 1245 NW 5<sup>th</sup>, Fort Lauderdale, FL, 33311*

Unit #1

Household Income: Gross monthly \$6,854.90

Household/Family Size: 2 people

Unit #2

Household Income – Currently unemployed – Getting rent payment assistance

Household/Family Size: 3 (1 baby and 1 child with autism) Single mom.

*1209 NW 5<sup>th</sup>, Fort Lauderdale, FL, 33311*

Unit #1

Household Income \$4,900.00

Household/Family Size: 4 people

Unit #2

Household Income: \$3,710.00



## Tenant Relocation Plan

HOUSING OPPORTUNITIES FOR BROWARD'S MENTAL  
HEALTH COMMUNITY  
500 SE 17<sup>th</sup> Street, Suite #101  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingsolutions.org](mailto:info@browardhousingsolutions.org)

Household/Family Size: 3 people

**Displaced tenants will be:** *(check all that apply):*

- Relocated to vacant units within the Project (if applicable)
- Relocated to vacant units in other comparable decent, safe, and sanitary replacement housing
- Given Housing Choice Vouchers (Section 8)
- Other (specify):

### Project Schedule

1. Broward Housing Solutions (BHS) will provide each tenant with a general information notice within 5 business days from the approval of the Relocation Plan by the city of Fort Lauderdale. The notice will be either personally served or mailed via certified mail.
2. BHS will make attempts to meet with all current residents within 10 business days from the approval of the Relocation Plan by the city of Fort Lauderdale.
  - a. BHS will conduct a personal interview with each household in order to determine each household's specific relocation needs and determine if the client is eligible for BHS' Permanent Supportive Housing Program
3. Within 30 days of the acquisition of the property, BHS will determine which tenants will be retained as a BHS Client and which clients will need to be relocated.
4. BHS will provide each tenant that will need to relocate with a Notice of Relocation Eligibility.
5. Each resident that will be required to relocate will be provided with a 90 day to notice to relocate.
  - a. All current leases will be honored.
6. BHS will offer each household eligible for relocation assistance at least three comparable replacement unit. This replacement unit must be currently available to the permanently displaced household and must be inspected by a qualified person who is knowledgeable of local housing code in order to determine that it is decent, safe, and sanitary.
  - a. When more than one comparable replacement unit is offered to a household, the unit that is most representative of the displacement unit will be used in establishing the replacement housing payment.
7. BHS will provide relocation advisory and supportive services to help each resident identify replacement housing and navigate community resources.
8. Each permanently displaced household will receive payment for moving expenses/replacement housing expenses
  - a. Replacement housing payments are based on two figures:
    - 1) The base monthly rent paid by the tenant prior to being relocated, and
    - 2) A monthly rent and estimated average monthly utility cost of the final unit. Once these figures are determined, the base monthly rent is subtracted from the monthly rent and estimated average utility cost. The result of this calculation is



## Tenant Relocation Plan

HOUSING OPPORTUNITIES FOR BROWARD'S MENTAL  
HEALTH COMMUNITY  
500 SE 17<sup>th</sup> Street, Suite #101  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingolutions.org](mailto:info@browardhousingolutions.org)

- multiplied by forty-two (42) months. This final figure is the amount to be received by the household and not to exceed a maximum amount of \$5,250.00.
- b. The base monthly rent is the lesser of:
    - 1) A less-than-80%AMI household's actual monthly rent and estimated average monthly utility cost at the dwelling from which the household is being displaced; or
    - 2) Thirty percent of the gross household income (this figure is to be used for households).
  - c. The monthly rent and estimated average monthly utility costs is the lesser of:
    - 1) The monthly rent and estimated average monthly utilities for the comparable replacement dwelling; or
    - 2) The monthly rent and estimated average monthly utility costs for the unit actually occupied by the displaced household.
  - d. If the household's replacement housing exceeds the maximum amount of \$5,250, then the household would be considered to be in "housing of last resort." Housing of last resort may involve the use of replacement housing payments that exceed the URA maximum amounts. Housing of last resort may also involve the use of other methods of providing comparable decent, safe, and sanitary housing within a person's financial means.

### Permanent Displacement Expenses

Estimated number of households to be permanently displaced: 6

Total Estimated Moving Expense: TBD

Total Estimated Housing Payments: TBD

### Description of Services

Broward Housing Solutions will provide each resident with the following relocation advisory and supportive services:

- a. Support and guidance to help each resident determine their needs and preferences
- b. Explanation of available relocation assistance if applicable
- c. Referrals to comparable housing
- d. Counseling and guidance on rights under the Fair Housing Act
- e. Referrals for other supportive services (Supportive counseling, case management, financial assistance...etc.)
- f. Information on other federal and state programs offering assistance
- g. Supportive counseling and other assistance to minimize hardship in adjusting to relocation

### Affordable Housing Resources



## Tenant Relocation Plan

HOUSING OPPORTUNITIES FOR BROWARD'S MENTAL  
HEALTH COMMUNITY  
500 SE 17<sup>th</sup> Street, Suite #101  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingolutions.org](mailto:info@browardhousingolutions.org)

Broward Housing Solutions will provide the following affordable housing resources:

### **Broward County TaskForce for Ending Homelessness**

Homeless Helpline: 954-563-4357

### **H.O.M.E.S., Inc.**

Address: 690 NE 13th St #101, Fort Lauderdale, FL 33304

Email Address: [info@homesfl.org](mailto:info@homesfl.org)

Phone Number: (954) 563-5454

### **HOPE South Florida**

Address: 1100 North Andrews Avenue, Fort Lauderdale FL 33311

Email Address: [help@HOPESouthFlorida.org](mailto:help@HOPESouthFlorida.org)

Phone Number: (954) 566-2311

### **Broward Partnership Homeless Assistance Centers**

#### *Central Homeless Assistance Center*

Address: 920 NW 7th Avenue, Fort Lauderdale, FL 33311

#### *North Homeless Assistance Center*

Address: 1700 Blount Road, Pompano Beach, FL 33069

Email Address: [gro.ihpb@ofni](mailto:gro.ihpb@ofni)

Phone Number: (954) 779-3990

### **St. Elizabeth Gardens**

Address: 801 NE 33rd Street, Pompano Beach Fl, 33064

Telephone Number: (954) 941-4597

Website: <https://www.catholichealthservices.org/housing/st-elizabeth-gardens/>

### **Sailboat Bend Apartments**



## Tenant Relocation Plan

HOUSING OPPORTUNITIES FOR BROWARD'S MENTAL  
HEALTH COMMUNITY  
500 SE 17<sup>th</sup> Street, Suite #101  
Fort Lauderdale, Florida 33316  
Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingolutions.org](mailto:info@browardhousingolutions.org)

Address: 437 SW 4th Avenue, Fort Lauderdale, FL 33315

Phone Number: 954-556-9943

Website: <https://sailboatbendapts.com/criteria/>

### **Social Service Agencies**

Broward Housing Solutions will provide the following social services community resources:

#### **Henderson Behavioral Health**

*Centralized Receiving Center*

Address: 4720 North State Road 7, Lauderdale Lakes, FL 33319

Phone Number: (954) 606-0911

#### **Pickett Fences**

Address: 3601 W. Commercial Blvd., Suite #3, Fort Lauderdale, FL 33309

Phone Number: (954) 486-8878

Email: [info@pickettfencesfamily.com](mailto:info@pickettfencesfamily.com)

#### **SunServe**

*Main Office:*

Address: 2312 Wilton Dr Wilton Manors, FL 33305.

*Youth Services & Senior Center*

Address: 1480 SW 9th Ave Fort Lauderdale, FL 33315

Phone Number: (954) 764-5150

Email: [info@sunserve.org](mailto:info@sunserve.org)

#### **Chrysalis Health**

*Clinical Services*



## Tenant Relocation Plan

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Phone: 954-764-2800 | Fax: 954-764-0036  
[www.BrowardHousingSolutions.org](http://www.BrowardHousingSolutions.org)  
[info@browardhousingsolutions.org](mailto:info@browardhousingsolutions.org)

Address: 3521 West Broward Boulevard, #300, Ft Lauderdale, Florida 33312

Phone Number: (954) 587-1008

### **Banyan Community Health Center**

Address: 4900 W Oakland Park Blvd, Lauderdale Lakes, FL, USA

Phone Number: (954) 327-4060

**EXHIBIT "B"**

(6/14/24)

City of Fort Lauderdale  
Housing and Community Development Division  
Housing Rehabilitation/Replacement Program

REHABILITATION SCOPE OF WORK  
PROJECT ADDRESS: **1245 N.W. 5<sup>th</sup> Avenue (Unit #1 and #2)**  
PROJECT HOMEOWNER:

CASE NO.

**GENERAL NOTES TO BIDDERS:**

To be eligible to submit a bid, Contractors are required to attend a pre-bid meeting. The contractor is required to arrive on time and be present throughout the meeting. There will be a **ten-minute** grace period. Contractors may not participate in the bidding process if arrives after the ten-minute mark. **NO EXCEPTIONS.**

**Section 3**

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**Minimum requirement: Awarded Contractor must be a licensed General Contractor.**

- 1) Bid submittal shall be acknowledged as the Contract bid amount, irrespective of any error in the computation of line items. Bids with computation errors may be disqualified.
- 2) Bid submittal shall include all costs to obtain permits; testing (such as, but not limited to lead based paint test or asbestos testing), labor, material and supplies, as indicated per line item. A Certificate of Occupancy is required from the City of Fort Lauderdale Building Services Division.
- 3) All work performed per the current Florida Building Code (FBC), National Electric Code (NEC) and within acceptable industry standards.
- 4) Good workmanship: Contractor shall perform work within good construction practices. Construction materials must be of good quality and free of defects.
- 5) Clean site: Contractor shall keep the site clean and free of construction debris and waste at all times. All construction waste and debris must be disposed of in a timely fashion as per local, State and Federal regulations.
- 6) Secured areas: Contractor shall make a reasonable and conscientious effort to exclude unauthorized persons from the site/work area. Contractors may use barriers, signage, and/or any other reasonable means of exclusion.
- 7) Timeline: Awarded Contractor must submit a written work schedule when signing the Homeowner/Contractor Agreement. Failure to provide the appropriate documentation will result in automatic forfeiture and project award to the next successful bidder. Contractor shall complete the project within 50 working days from the date of Building Permit Issuances.



- 8) Payment requests may be submitted in a maximum of three intervals with the first interval representing 35% of work completed, the second representing 35% and a final payment of 30%.
- 9) If not otherwise stated, the bidder shall include, as a separate item, any task or provision not specified in the work write-up and must be deemed necessary for successful project completion.
- 10) All measurements and quantities specified in this document are approximations and must be checked and verified to be true by the bidder prior to submitting a bid. Discrepancies must be reported immediately via [City's on-line strategic sourcing platform](#). If the Contractor has any comments or questions regarding the work item specifications please follow [City's on-line strategic sourcing platform](#) instructions.
- 11) The General Contractor is required to obtain Housing and Community Development's (HCD) cover letter to expedite the permitting process. The contractor may be subject to a fine of \$250 per day for any days over the completion date. Liquidated damages shall affect the contract sum and may be withheld from payment.
- 12) The contractor is required to provide all required insurance certificates (including subcontractor) to HCD within five (5) business days of award. Failure to provide appropriate insurance documentation will result in automatic forfeiture and the award made to the next successful bidder.
- 13) All building permits and plans/drawings must be submitted for review to the Construction Review Specialist (CRS) prior to submittal to the Building Services Division.
- 14) Contractor shall obtain signed and notarized Homeowner Selection Sheet provided by HCD with selection of items including but not limited to paint, tile, grout, kitchen and bathroom cabinets, and countertops. A copy shall be provided to the CRS.

## REPAIRS TO BUILDING:

### 1. ROOFING (Slope)

2,400 /SF

Remove existing defective roof covering including metal vent collars, drip edges, all flashings and properly dispose of according to all Local, State and Federal regulations. Prepare existing sheathing to receive new roof covering. Contractor must inform CRS in a timely manner of any structural defects found, including roof framing, sheathing, fascia and soffits. The CRS will inspect and instruct the Contractor how to proceed. Remove existing 1"x 2" wood nailed to the top of the fascia if damaged and install new 1"x 2" P.T. furring strip nailed on fascia board behind galvanized drip edge on entire perimeter of roof. Supply and install (2) layers of new 30 lb. asphalt saturated roof felt underlayment. Supply and Install new metal drip eave, once 1"x 2" has been nailed onto fascia boards. **Following the inspection of the (2) layers of 30 lb. roof felt a Secondary Water Barrier must be applied. The Secondary Water Barrier (peel and stick membrane) must appear on the permit in the section -D- and be applied to the entire (slope) roof surface that will be receiving the Shingles.** Supply and install new 235 lb. uplifting (U.L.) listed 25 year warranty composite Architectural self-sealing (3-Dimensional) roofing shingles. (COLOR TO BE CHOSEN BY HOMEOWNER) This roof replacement task includes supplying and installing all new flashings, roof vents, drip edges, and all other fittings and accessories necessary to achieve a sound waterproof roof. Prime and paint all new drip edges, fascia, roof decking and soffits (bare/raw) wood replaced with a quality primer. Provide quality matching paint to all replaced drip edge, fascia boards, roof decking and soffits to match existing color and finish. Supply owner with all warranties and guarantees.

**NOTE:** Price must include for minimum of:

- 1) 100/LF of 3/4" replacement (1"x8") T.+ G. Southern Yellow Pine Decking
- 2) 256/SF of 5/8" replacement plywood
- 3) 100/LF of replacement fascia around perimeter
- 4) 30/LF of replacement soffit and screens to match existing soffit and screens)
- 5) Additional framing as needed to repair damaged/rotten framing.

If additional material is required, you are required to inform the CRS.

**All work as per the current 2023 Florida Building Code and accepted industry standards.**

## REPAIRS TO UNIT #1:

### 2. FRONT DOOR MISC.

**Lump Sum**

Contractor is to supply labor and material to install a striker plate for the front Door dead bolt lock on the door jamb.

### 3. ELECTRICAL

**Lump Sum**

Contractor is to supply material and labor to install:

- 1) Supply new G.F.I. receptacles in the kitchen and bathroom as required.
- 2) Supply and install new ten-year lithium battery operated interconnected smoke/carbon monoxide detectors in kitchen, bedrooms, and the hallway as required.

Make good all areas disturbed by this task. All work as per the current FBC, NEC and accepted industry

## REPAIRS TO UNIT #2:

### 4. EXTERIOR DOOR

**1 Total**

Remove Back Exterior Door, remove saddle and frame from openings and properly dispose of. Supply and install (1) one new impact resistant 1-3/4" thick formed raised panel pre-hung **fiberglass doors with rot resistant jamb** as per current Florida Building Code. Complete with interior/exterior casings, saddle, (3) # 3/4" x 4" stainless steel hinges, door stop bumpers, crash chain and Schlage (or HCD approved equal) professional grade security series single cylinder deadbolt keyed lever handled lockset.

All work as per the Florida Building Code and accepted industry standards. Install in accordance to established industry standards and 2023 Florida Building Code. Adjust to operate smoothly, quietly, close effortlessly and snugly. Back door shall have a crash chain. Caulk both interior and exterior of the doors, casings and jambs. **Prime and Paint (2) coats of Interior and Exterior of the doors – colors chosen by owner- (Regardless of the factory applied finish)**. Make good all areas (touch-up paint on both interior and exterior around new doors) disturbed by this task.

**5. ELECTRICAL**

**Lump Sum**

Contractor is to supply material and labor to install:

- 1) Supply new G.F.I. receptacles in the kitchen and bathroom as required.
- 2) Supply and install new ten-year lithium battery operated interconnected smoke/carbon monoxide detectors in kitchen, bedrooms, and the hallway as required.

Make good all areas disturbed by this task. All work as per the current FBC, NEC and accepted industry standards.

**6. REFRIGERATOR**

**Lump Sum**

Supply and install new ENERGY STAR GE or approved equal 18 C.F. frost-free Refrigerator / freezer.

**7. DRYWALL GENERAL WORKS**

**Lump Sum**

Remove existing water damaged ceiling around the A.C. vent and replace with 5/8" drywall and R-19 Kraft faced batt insulation in ceiling. In-fill framing as needed to attach replacement drywall. All replaced drywall to be taped, spackled 2- coats minimum and sanded. Finish drywall ceiling to match existing for a uniform appearance. Contractor shall properly prepare all surfaces to receive paint to assure good adhesion.

**8. INTERIOR DOOR**

**1 Total**

Contractor is to supply labor and material to install: 1) -1 each- Flat Panel Pre-hung door. Installation is to include all hardware, jambs, casings, opening knobs, wood trim and moldings. Installation is to include drywall, plastering, priming and painting (2) coats with a semi gloss interior trim paint.

Contractor is to install the doors in a clean professional manner and properly dispose of the old doors.

**9. PLUMBING**

**Lump Sum**

Contractor is to provide labor and material to replace the toilet wax ring in the bathroom toilet.



## **CONSTRUCTION ESTIMATE 6/14/2024**

**ADDRESS: 1245 N.W. 5<sup>th</sup> Avenue (Unit #1 and #2)**

|                           |  |                    |
|---------------------------|--|--------------------|
| 1. Roof                   |  | \$25,000.00        |
| 2. Front Door Misc.       |  | \$100.00           |
| 3. Electrical             |  | \$750.00           |
| 4. Exterior Door          |  | \$2,000.00         |
| 5. Electrical             |  | \$750.00           |
| 6. Refrigerator           |  | \$1000.00          |
| 7. Drywall General Works  |  | \$250.00           |
| 8. Interior Doors (1)     |  | \$700.00           |
| 9. Plumbing               |  | \$150.00           |
| <b>CONSTRUCTION TOTAL</b> |  | <b>\$30,700.00</b> |

DEPARTMENT OF SUSTAINABLE DEVELOPMENT  
HOUSING AND COMMUNITY DEVELOPMENT REHABILITATION PROGRAM  
700 N.W.19TH AVENUE, FORT LAUDERDALE, FLORIDA 33311 | (954) 828-6520  
[www.fortlauderdale.gov](http://www.fortlauderdale.gov)

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(6/14/24)

City of Fort Lauderdale  
Housing and Community Development Division  
Housing Rehabilitation/Replacement Program

REHABILITATION SCOPE OF WORK  
PROJECT ADDRESS: **1209 N.W. 5<sup>th</sup> Avenue (Unit #1 and #2)**  
PROJECT HOMEOWNER:

CASE NO.

**GENERAL NOTES TO BIDDERS:**

To be eligible to submit a bid, Contractors are required to attend a pre-bid meeting. The contractor is required to arrive on time and be present throughout the meeting. There will be a **ten-minute** grace period. Contractors may not participate in the bidding process if arrives after the ten-minute mark. **NO EXCEPTIONS.**

**Section 3**

The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

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## **REPAIRS TO BUILDING:**

### **1. PAINTING**

Contractor is to provide labor and materials to prime, caulk and paint (2) coats of paint on the fascia at the front right corner of the building where the fascia boards have not been painted.

Make good all areas disturbed by this task.

## **REPAIRS TO UNIT #1:**

### **2. ELECTRICAL**

**Lump Sum**

Contractor is to supply material and labor to install:

- 1) Supply new G.F.I. receptacles in the kitchen and bathroom as required.
- 2) Supply and install new ten-year lithium battery operated interconnected smoke/carbon monoxide detectors in kitchen, bedrooms, and the hallway as required.

Make good all areas disturbed by this task. All work as per the current FBC, NEC and accepted industry

**REPAIRS TO UNIT #2:**

**3. ELECTRICAL**

**Lump Sum**

Contractor is to supply material and labor to install:

- 1) Supply a new exterior front door light.
- 1) Supply new G.F.I. receptacles in the kitchen as required.
- 2) Supply and install new ten-year lithium battery operated interconnected smoke/carbon monoxide detectors in kitchen, bedrooms, and the hallway as required.

Make good all areas disturbed by this task. All work as per the current FBC, NEC and accepted industry

**4. EXTERIOR DOOR CASING**

**1 Total**

Contractor is to supply material and labor to remove rotten front door casing on left side and replace with new casing. Casing should be primed, caulked and painted (2) coats of paint.

Make good all areas disturbed by this task.



## **CONSTRUCTION ESTIMATE 6/14/2024**

**ADDRESS: 1209 N.W. 5<sup>th</sup> Avenue (Unit #1 and #2)**

|   |  |                   |
|---|--|-------------------|
| 1. Painting                                     |  | \$250.00          |
| 2. Electrical                                   |  | \$500.00          |
| 3. Electrical                                   |  | \$600.00          |
| 4. Exterior Door Casing                         |  | \$300.00          |
| <b>CONSTRUCTION TOTAL</b>                       |  | <b>\$1,650.00</b> |
| Permits & Fees                                  |  |                   |
| CONSTRUCTION TOTAL (With estimated permit fees) |  |                   |

(6/17/24)

City of Fort Lauderdale  
Housing and Community Development Division  
Housing Rehabilitation/Replacement Program

REHABILITATION SCOPE OF WORK  
PROJECT ADDRESS: **1040 N.W. 5<sup>th</sup> Avenue (Unit #1 and #2)**  
PROJECT HOMEOWNER:

CASE NO.

**GENERAL NOTES TO BIDDERS:**

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- 14) Contractor shall obtain signed and notarized Homeowner Selection Sheet provided by HCD with selection of items including but not limited to paint, tile, grout, kitchen and bathroom cabinets, and countertops. A copy shall be provided to the CRS.

## **REPAIRS TO BUILDING:**

### **1. ELECTRICAL**

**Lump Sum**

Contractor shall provide material and labor to have the meter can cover for the meter cans reinstalled so the serious threat of someone being shock will be resolved. **The open meter can poses a extremely hazardous issue.**

### **2. STUCCO AND PAINTING**

**Lump Sum**

Contractor shall provide material and labor to stucco the area where the old electrical mast used to be above the meter can area. After the stucco has been patched. Prime, caulk and Paint (2) coats where the stucco has been patched. Make good all areas disturbed by this task.

### **3. ROOFING (Slope)**

**+,- 2,200 /SF**

The existing Roof is in overall good shape, but the last permit for a roof replacement was finaled on 8/23/2006. The existing roof is not 18 years old and was installed without a permit. The roof should be inspected by a certified roof inspector and an (ATF), After-The-Fact permit should try and be acquired if possible.

### **4. FASCIA BOARD AND SOFFIT REPAIRS**

**Lump Sum**

Contractor shall provide material and labor to have the rotten termite damaged areas of the fascia boards replaced and replace all deteriorated soffit vents Prime, caulk and Paint (2) coats where the stucco has been patched. Make good all areas disturbed by this task.

## **REPAIRS TO UNIT #1:**

### **5. ELECTRICAL**

**Lump Sum**

Contractor is to supply material and labor to install:

- 1) Provide all material, labor and supervision to remove and replace interior ZINSCO Electrical distribution panel with a new interior distribution panel. Use ARC Fault breakers in home where required by N.E.C.
- 2) Supply new G.F.I. receptacles in the kitchen and bathroom as required.
- 3) Supply and install new ten-year lithium battery operated interconnected smoke/carbon monoxide detectors in kitchen, bedrooms, and the hallway as required.
- 4) Provide all material, labor and supervision to install a disconnect at the Hot Water Heater location and repair the conduit that has pulled out of the connector.

Make good all areas disturbed by this task. All work as per the current FBC, NEC and accepted industry standards.

### **6. KITCHEN COUNTERTOP**

**Lump Sum**

Supply and install countertop with 4" high backsplash covered with 3/32" thick heat resistant plastic laminate (Formica brand or equal). Adhered to 3/4" thick moisture resistant plywood with manufacturer approved water/heat resistant adhesive. Create cut-outs for kitchen sink. Level, align and secure to base cabinets. Supply homeowner with manufacturer's warranty.

### **7. KITCHEN SINK AND PLUMBING**

**Lump Sum**

Supply and Install a new 20 gauge stainless steel self rimming double bowl 4 hole sink 22" X 33" x 8" deep securely fastened and sealed to the countertop, with all fittings and accessories. Supply and install new Moen brand Banbury collection chrome plated faucet (or HCD approved equal), max flow 2 GPM with integral spray attachment complete with all trim and fittings securely attached to the sink. All new ON/OFF shut off valves and supply lines are to be included.

All work as per FBC/Plumbing Code.

**8. BATHROOM SINK**

**Lump Sum**

Contractor is to supply material and labor to install a new sink and faucet. Complete with new Moen Series or approved equal 4" centered bathroom sink faucet with pop-up drain with all fittings and accessories including supply hoses and shut off valves. Install as per manufacturer's instructions.

**9. INTERIOR DOOR CASING**

**1 Total**

Contractor is to supply material and labor to remove termite eaten door jamb on left side and replace with new door jamb. New door jamb should be primed, caulked and painted (2) coats of paint.

Make good all areas disturbed by this task.

**10. DRYWALL GENERAL WORKS**

**Lump Sum**

Remove existing water damaged ceiling and replace with 5/8" drywall and R-19 Kraft faced batt insulation in ceiling. In-fill framing as needed to attach replacement drywall. All replaced drywall to be taped, spackled 2- coats minimum and sanded. Finish drywall ceiling to match existing for a uniform appearance. Contractor shall properly prepare all surfaces to receive paint to assure good adhesion. Prime, caulk and Paint (2) coats where the ceiling has been patched. Make good all areas disturbed by this task.



## **REPAIRS TO UNIT #2:**

### **11. ELECTRICAL**

**Lump Sum**

Contractor is to supply material and labor to install:

1) Provide all material, labor and supervision to remove and replace interior ZINSCO Electrical distribution panel with a new interior distribution panel. Use ARC Fault breakers in home where required by N.E.C.

2) Supply new G.F.I. receptacles in the kitchen and bathroom as required.

3) Supply and install new ten-year lithium battery operated interconnected smoke/carbon monoxide detectors in kitchen, bedrooms, and the hallway as required.

4) Provide all material, labor and supervision to install a new exterior door light..

Make good all areas disturbed by this task. All work as per the current FBC, NEC and accepted industry standards.



## **CONSTRUCTION ESTIMATE 6/17/2024**

**ADDRESS: 1040 N.W. 5<sup>th</sup> Avenue (Unit #1 and #2)**

|                                    |  |            |
|------------------------------------|--|------------|
| 1. Electrical                      |  | \$300.00   |
| 2. Stucco and Painting             |  | \$300.00   |
| 3. Roofing (Slope)                 |  | \$500.00   |
| 4. Fascia Board and Soffit Repairs |  | \$1,500.00 |
| 5. Electrical                      |  | \$3,000.00 |
| 6. Kitchen Countertop              |  | \$2,000.00 |
| 7. Kitchen Sink and Plumbing       |  | \$700.00   |
| 8. Bathroom Sink                   |  | \$500.00   |
| 9. Interior Door Casing            |  | \$300.00   |
| 10. Drywall General Works          |  | \$500.00   |

|   |  |                    |
|---|--|--------------------|
| 11. Electrical                                  |  | \$3,000.00         |
| <b>CONSTRUCTION TOTAL</b>                       |  | <b>\$12,600.00</b> |
| Permits & Fees                                  |  |                    |
| CONSTRUCTION TOTAL (With estimated permit fees) |  |                    |



COMMISSION AGENDA ITEM  
DOCUMENT ROUTING FORM

RUSH

Today's Date: 6/25/2024

11

DOCUMENT TITLE: HOMES- First Addendum FY 23 Program Participation Agreement with Broward County Community Development Corporation

COMM. MTG. DATE: 6/6/2023 CAM #: 23-0428 ITEM #: M-5 CAM attached:  YES  NO

Routing Origin: CAO Router Name/Ext: Erica K./6088 Action Summary attached:  YES  NO

CIP FUNDED:  YES  NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real.

1) Dept: CAO Router Name/Ext: Erica K./6088 # of originals routed: 1 Date to CAO: \_\_\_\_\_

2) City Attorney's Office: Documents to be signed/routed?  YES  NO # of originals attached: 1

Is attached Granicus document Final?  YES  NO Approved as to Form:  YES  NO

Date to CCO: 6/25/2024

Lynn Solomon  
Attorney's Name

LS  
Initials

3) City Clerk's Office: # of originals: 1 Routed to: Donna V./ CMO Date: 06/25/24

4) City Manager's Office: CMO LOG #: JUN 55 Document received from: CCO 6/26/24

Assigned to: SUSAN GRANT  LAURA REECE   
BEN ROGERS  SUSAN GRANT as CRA Executive Director

APPROVED FOR G. CHAVARRIA'S SIGNATURE  N/A FOR G. CHAVARRIA TO SIGN

PER ACM: S. Grant (Initial/Date) PER ACM: A. Fajardo (Initial/Date)

PENDING APPROVAL (See comments below)

Comments/Questions: \_\_\_\_\_

Forward \_\_\_ originals to  Mayor  CCO Date: \_\_\_\_\_

5) Mayor/CRA Chairman: Please sign as indicated. Forward \_\_\_ originals to CCO for attestation/City seal (as applicable) Date: \_\_\_\_\_

6) City Clerk: Scan original and forwards \_\_\_ originals to: Erica K./ 6088

Attach \_\_\_ certified Reso # \_\_\_\_\_  YES  NO

Original Route form to Erica K./6088