

HCD DOCUMENT ROUTING FORM

3 ✓ 12/28/12 (L)

DATE: December 17, 2012

NAME OF DOCUMENT: HOPWA Agreement Extension – Housing Authority of Fort Lauderdale

Approved at Commission Meeting on **10/16/12** CAR# **12-2303**

ITEM: M - **13** PH - O - - R

Routing Origin: CITY ATTORNEY'S OFFICE: ENGINEERING COMMUNITY DEV.

OTHER _____

Also attached: copy of CAR copy of document ACM Form # **3** originals

By: JB forwarded to:
Initials

1) Approved as to Content: [Signature] Date: 12/17/12
JONATHAN BROWN, HCD MANAGER

Approved as to Content: [Signature] Date: _____
GREG BREWTON, DIRECTOR, DEPARTMENT OF SUSTAINABLE DEVELOPMENT

2) Approved as to Funds Available: by [Signature] Date: 12/17/12
for LAURIE CONVER, FINANCIAL ADMINISTRATIVE ASSISTANT

Amount Required by Contract/Agreement \$70,000.00 Funding Source: HOPWA

Dept./Div. Dept of Sustainable Development/HCD Index/Sub-object _____ Project # _____

3) City Attorney's Office: Approved as to Form ___ Originals to City Mgr. By: **Cole J. Copertino**

Harry A. Stewart	_____	Cole J. Copertino	<u>[Signature]</u>	Robert B. Dunckel	_____
Ginger Wald	_____	D'Wayne Spence	_____	Paul G. Bangel	_____
Carrie Sarver	_____	DJ Williams-Persad	_____	Victoria Minard	_____

12 DEC 21 AM 11:40

4) Approved as to content: City Manager:

By: _____
LEE R. FELDMAN, ICMA-CM, CITY MANAGER

5) **City Manager:** Please sign as indicated and forward originals to the Mayor's Office

6) **Mayor's Office:** Please sign as indicated and forward to the City Clerk's Office.

INSTRUCTIONS TO CLERK'S OFFICE

7) **City Clerk:** retains 1 original document and forwards 2 original documents to HCD

Copy of document to _____ Original Route form to Jonathan Brown/DSD
 Attach _____ certified copies of Reso. # _____ Fill-in date

2012 DEC 18 PM 2:10
RECEIVED
FT. LAUDERDALE
CITY ATTORNEY'S OFFICE

**CITY OF FORT LAUDERDALE
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM
HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE, INC.
FIRST AMENDMENT TO THE PROVIDER AGREEMENT
FY 2012-2013**

THIS FIRST AMENDMENT TO AGREEMENT is entered into this 23rd day of December, 2012, by and between:

CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida, hereinafter referred to as "City",

and

Housing Authority of City of Fort Lauderdale, Inc., a non-profit corporation organized under the laws of Florida, located at 437 SW 4th Avenue, Fort Lauderdale, Florida 33315, hereinafter referred to as "Participant".

WHEREAS, the City receives Housing Opportunities for Persons with HIV/AIDS (HOPWA) funding from the U.S. Department of Housing and Urban Development (HUD) to undertake particular activities, including the provision of housing and support services to eligible individuals; and

WHEREAS, The City Commission approved a program amendment to the HOPWA Program, which provided \$120,000 to the Housing Authority of the City of Fort Lauderdale for Project Based Rental Assistance and \$30,000 for Project Based Rental maintenance and repairs; and

WHEREAS, on April 20, 2011 (Item PH-01 / CAR #11-0475), the City Commission of the City of Fort Lauderdale approved an agreement between City and Participant to provide services and/or housing to persons with acquired immunodeficiency syndrome or related diseases for a period of eighteen (18) months, expiring on September 30, 2012 (hereinafter referred to as "Agreement") attached hereto; and

WHEREAS, the Participant has a balance of approximately \$70,000 that was not expended during the eighteen (18) month term; and

WHEREAS, the City Manager wishes to allow participant to expend the remaining HOPWA funds by extending the Agreement for a one (1) year period commencing October 1, 2012 through September 30, 2013 or until all funding is expended, whichever occurs first, subject to certain modifications as provided in this Amendment; and

WHEREAS, pursuant to Commission Agenda Memorandum (CAM) Number 12-2303, adopted at its meeting of October 16, 2012, the City Commission authorized the proper City officials to enter into this, First Amendment to the HOPWA Housing Authority

of Fort Lauderdale Program Provider Agreement FY 2011-2012, to extend the term of the Agreement to allow for the expenditure of unspent funds.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree to amend the Agreement as follows:

1. **ARTICLE V, TERM AND TIME OF PERFORMANCE**, is hereby amended as follows:
“The term of this Agreement shall be extended until all Project Based Rental Assistance funds have been expended, as provided herein, however such term and time of performance shall not extend beyond September 30, 2013.”
2. The effective date of this amended Agreement shall be October 1, 2012.
3. The remainder of the Agreement shall remain in full force and effect.

[This Space Intentionally Left Blank]

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the date first written above.

WITNESSES:

Avis A. Wilkinson
Avis A. Wilkinson
[Witness print name]

Bridget Patterson
Bridget Patterson
[Witness print name]

CITY OF FORT LAUDERDALE

By [Signature]
John P. "Jack" Seiler, Mayor

By [Signature]
Jonathan Brown, HCD Manager

By [Signature]
Lee R. Feldman, City Manager

Approved as to form:

[Signature]
Assistant City Attorney

PARTICIPANT

Housing Authority of City of Fort
Lauderdale, Inc., a Florida non-profit
corporation

WITNESSES:

Gloria P. Lowe

GLORIA LOWE

[Witness print name]

S. Duggan

Sarah Duggan

[Witness print name]

(CORPORATE SEAL)

By Tam English
Tam English, Executive Director

Attest:
[Signature]
Secretary

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 17 day of Dec.
2012 by Tam English and _____ as
Executive Director and _____ of HACFL, a
Florida non-profit corporation, on behalf of the corporation, who are personally known to
me or have produced _____ as identification.

(SEAL)

Rebecca Jo Walter

Notary Public, State of Florida (Signature
of Notary taking Acknowledgment)



REBECCA JO WALTER
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE225168
Expires 8/15/2016

Name of Notary Typed, Printed or Stamped

My Commission Expires: _____

Commission Number: _____