

CITY OF FORT LAUDERDALE
HOUSING OPPORTUNITIES for PERSON with AIDS (HOPWA) PROGRAM
AMENDMENT #01. TO THE FY2020-2021 PROGRAM PROVIDER AGREEMENT
WITH
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

THIS AMENDMENT, with an effective date of **August 10, 2021**, by the City of Fort Lauderdale, a municipal corporation of the State of Florida (City) and **BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.**, a non-profit corporation organized under the laws of the State of Florida whose usual place of business is 200 Oakwood Lane, Suite 100, Hollywood, Florida 33020 (Participant).

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

WHEREAS, the City approved CAM 17-1190 on November 21, 2017 to extend the Request for Proposal (RFP) No. 855-11550 seeking qualified non-profit organizations to provide housing and certain supportive services to eligible persons under the HOPWA grant; and

WHEREAS, Participant submitted a responsive proposal to the City to provide Short Term Rent, Mortgage and Utility (STRMU), Permanent Housing Placement (PHP), Tenant Based Rental Vouchers (TBRV), and Temporary Emergency Hotel Voucher (TEHV) Programs; and

WHEREAS, the City approved CAM 20-0545 on August 18, 2020, awarding HOPWA funding to Participant; and

WHEREAS, Participant is a non-profit corporation that has among its purposes significant activities related to providing services or housing to persons with Acquired Immunodeficiency Syndrome (AIDS) or related diseases; and

WHEREAS, the City entered into a Program Provider Agreement dated **October 1, 2020**, with the Participant to provide funds for Fiscal Year 2020-2021 which shall not exceed One Million Nine Hundred Twenty Eight Thousand Seven Hundred and Seventy Seven Dollars and 00/00 Cents (\$1,928,737.00) for the administration of the Participant's HOPWA Programs (Original Agreement); and

WHEREAS, the Participant desires and the City agrees to amend the Original Agreement to reallocate Fifty Thousand Dollars and 00/100 Cents (\$50,000.00) from the STRMU program to the TEHV program to meet unexpected program demands.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, both parties mutually agree that the Original Agreement is hereby amended as follows:

A. Article I of the Program Provider Agreement titled: **PURPOSE** is amended to reflect as follows:

1.3 The Participant shall spend the funds in accordance with the Participant's submitted line-item budgets and narrative for each HOPWA Program, as may be amended and subject to approval by the City, made a part hereof and attached hereto as **Exhibit "A"** - SCOPE OF SERVICES.

B. Article VI of the Program Provider Agreement titled: **FINANCIAL ASSISTANCE** is amended to reflect as follows:

6.2 The Participant is responsible to provide the City with a line-item budget, as may be amended and subject to approval by the City, detailing the expenditure of awarded Funds in **Exhibit "A."** Line-item budgets for years two (2) and three (3) shall be provided by August 1st of each year. The line-item budget must be followed as the HOPWA Program is being administered throughout the fiscal year. HOPWA Funds shall not be used to cover shortfalls in Participant's budget that were over expended by Participant due to not adhering to the approved budget, unless extraordinary circumstances are found as determined by the HCD Manager.

Fifty Thousand Dollars and 00/00 Cents (\$50,000.00) of STRMU program funds is to be reallocated to the TEHV program. All Funds must be expended during the term of the Agreement. Any remaining Funds shall be de-obligated by the City of Fort Lauderdale as appropriate.

C. **EFFECT OF AGREEMENT.**

Unless modified herein, all other terms and conditions of the Housing Opportunities for Persons with AIDS (HOPWA) Program Provider Agreement dated **October 1, 2020**, remain unchanged and in full force and effect.

[THIS SPACE WAS INTENTIONALLY LEFT BLANK]

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

WITNESSES:

CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida

[Signature]

By: [Signature]
CHRISTOPHER J. LAGERBLOOM, ICMA-CM
City Manager

Aimee Liauro
Witness Name – Printed or Typed

Date: 8-31-2021

[Signature]

Rebecca McClam
Witness Name - Printed or Typed

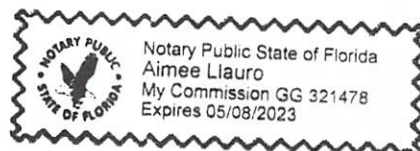
Approved as to form:
Alain E. Boileau, City Attorney

By: [Signature]
Tania Marie Amar, Assistant City Attorney

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online, this 31 day of August, 2021, by Christopher J. Lagerbloom, ICMA-CM, as City Manager of the City of Fort Lauderdale, a municipal corporation of the State of Florida.,

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



Aimee Liauro
Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____

PARTICIPANT

**BROWARD REGIONAL HEALTH
PLANNING COUNCIL, INC.**, a non-profit
corporation organized under the laws of the
State of Florida

WITNESSES:

Yolanda Falcone
Yolanda Falcone
[Witness print name]

Kerline Baptiste
Kerline Baptiste
[Witness print name]

(CORPORATE SEAL)

By: Michael De Lucca, President and CEO

Attest:

Sandra Thompson
Secretary

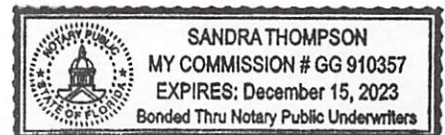
STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me, me by means of ☐ physical
presence or ☐ online, this 25th day of August 2021, by Michael De Lucca as
President and CEO of BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC., a
non-profit corporation organized under the laws of the State of Florida.

Sandra Thompson
(Signature of Notary Public – State of Florida)

SANDRA THOMPSON

Print, Type or Stamp Commissioned Name of Notary Public)



Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____



COMMISSION AGENDA ITEM
DOCUMENT ROUTING FORM

Today's Date: August 27, 2021

2L
9/1/2021

DOCUMENT TITLE: **HOPWA FY 2020-2021 BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. AMENDMENT #1**

COMM. MTG. DATE: **08.18.20** CAM #: **20-0545** ITEM #: **PH-2** CAM attached: ☒ YES ☐ NO

Routing Origin: CAO Router Name/Ext: Jen Allen x5036 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: HCD Router Name/Ext: EVELINE D. # of originals routed: **2** Date to CAO: 08.27.21

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

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

Date to CCO: 8.30.2021 TANIA M. AMAR
Attorney's Name

TA
Initials

3) City Clerk's Office: # of originals: **2** Routed to: Donna V./Aimee L./CMO Date: 8/30/2021

4) City Manager's Office: CMO LOG #: Aug 71 Document received from: _____

Assigned to: CHRIS LAGERBLOOM ☐ TARLESHA SMITH ☐ GREG CHAVARRIA ☐
CHRIS LAGERBLOOM as CRA Executive Director ☐

☐ APPROVED FOR C. LAGERBLOOM'S SIGNATURE ☐ N/A FOR C. LAGERBLOOM TO SIGN

PER ACM: T. Smith _____ (Initial/Date) PER ACM: G. Chavarria _____ (Initial/Date)

☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward **2** originals to ☐ Mayor ☒ CCO Date: 8-31-2021

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

6) City Clerk: Forward 1 originals to CAO for FINAL APPROVAL Date: 9/1/2021

7) CAO forwards _____ originals to CCO Date: _____

8) City Clerk: Scan original and forward **2** original to: EVELINE D.

Attach _____ certified Reso # _____ ☐ YES ☐ NO

Original Route form to Jen Allen./CAO

TM21-1049
Rev. 9/9/2020