

**CITY OF FORT LAUDERDALE
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
AMENDMENT #001 TO THE FY 2017 – 2018 PARTICIPATION AGREEMENT**

**WITH
IMPACT BROWARD**

NOW KNOWN AS

SOUTH FLORIDA INSTITUTE ON AGING

THIS AMENDMENT, with an effective date of **May 1, 2018** by the City of Fort Lauderdale (also known as the “City”) Impact Broward (also known as the “Participant”) whose usual place of business is 2038 N. DIXIE HIGHWAY, SUITE 201, FORT LAUDERDALE, FLORIDA 33305-2269.

WHEREAS, the City receives Community Development Block Grant (“CDBG”) funding from the U.S. Department of Housing and Urban Development (“HUD”) to undertake particular activities, including the provision of youth services to eligible persons under Title I of the Housing and Community Development Act of 1974, as amended (“HCD Act”), Public Law 93-383; and

WHEREAS, the City entered into an Agreement dated October 1, 2017, with the Participant in accordance with the Annual Action Plan approved on July 11, 2017 (CAM #17-0822) in the amount of \$42,464.00 for its Senior Companion Program; and

WHEREAS, Impact Broward has formerly changed its name to South Florida Institute on Aging (SoFIA); and

WHEREAS, the City desires to amend the Participant’s original agreement to provide additional CDBG funding in the amount of \$8,000.00; and

WHEREAS, the City desires to amend the original agreement to reflect the Participant’s name change and the combined funding amount of \$50,464.00.

NOW, THEREFORE, both parties mutually agree that the original Agreement is hereby amended as follows:

A. PART II (TERM AND TIME OF PERFORMANCE)

The following sentence is added to Part II.

The additional amount in the service agreement must be expended by September 30, 2018.

If the Participant fails to meet any of the agreed upon expenditure terms, the City shall not be obligated to provide additional time extensions and the remaining funds will be reprogrammed for other eligible CDBG use.

B. PART IV (PAYMENT)

The first sentence of Part IV is deleted and replaced with the following:

It is expressly agreed and understood that the total amount to be paid by the City under this Agreement shall not exceed **\$50,464.00**.

C. EXHIBIT A

The scope of work reflected in Exhibit A remains the same.

SoFIA, Inc., will use the funds to expand its current Senior Companion Program.

D. EFFECT OF AGREEMENT.

Unless modified herein, all other terms and conditions of the Community Development Block Grant (CDBG) Program Participation Agreement dated **October 1, 2017**, remain unchanged and in full force and effect.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the ____ day of _____ 2018.

PARTICIPANT

WITNESSES:

South Florida Institute on Aging
a Florida non-profit corporation

[Handwritten signature]

By *[Handwritten signature]*
Peter Kaldes
Executive Director

Victoria Ruiz
[Witness print name]

Diane Smith

DIANE Smith
[Witness print name]

ATTEST:

[Handwritten signature]
Secretary

(CORPORATE SEAL)

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 4th day of May 2018, by **Peter Kaldes**, as **Executive Director** of **South Florida Institute on Aging**. Who is personally known to me or has produced _____ as identification.

(NOTARY SEAL)

[Handwritten signature]
Notary Public, State of Florida (Signature of Notary Taking Acknowledgement)

Maria Torres
Name of Notary Typed, Printed or Stamped

My Commission Expires: 7/11/2019
FF 231381
Commission Number




1011

NOT RECORDED

EXPIRES July 31, 2019

MY COMMISSION # P231381

MARIA TORRES



Florida's Service Now

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

WITNESSES:

THE CITY OF FORT LAUDERDALE

Quinn Elizabeth Smith
Quinn Elizabeth Smith

Witness Name – Printed or Typed

H. Skarundudottir
Hafarna Skarundudottir

Witness Name - Printed or Typed

By: Lee R. Feldman
LEE R. FELDMAN, City Manager

Date _____

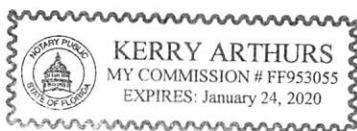
Approved as to form:
Lynn Solomon
Assistant City Attorney

STATE OF FLORIDA:

COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 5th day of June, 2018, by Lee R. Feldman, City Manager, of the City of Fort Lauderdale, who is personally known to me and did not take an oath.

(SEAL)



[Signature]
Notary Public, State of Florida
Signature - Notary taking Acknowledgment

KERRY ARTHURS
Name of Notary
Typed, Printed or Stamped



COMMISSION AGENDA ITEM
DOCUMENT ROUTING FORM

3 L
6/5/18

Today's Date: 5/11/18

DOCUMENT TITLE: CDBG Program Amendment #001 to the FY2017-2018 Participation Agreement – Impact Broward

COMM. MTG. DATE: 7/11/17 CAM #: 17-0822 ITEM #: PH-1 CAM attached: YES NO

Routing Origin: CAO Router Name/Ext: Shaniece Louis / Ext. 5036

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.

2) City Attorney's Office # of originals attached: 4 Approved as to Form: YES NO

Date to CCO: 5/4/18 LS
Initials

3) City Clerk's Office: # of originals: 3 Routed to: Gina Ri/CMO/X5013 Date: 6/4/18

4) City Manager's Office: CMO LOG #: Jan-11 Date received from CCO: 6/4/18

Assigned to: L. FELDMAN S. HAWTHORNE C. LAGERBLOOM
L. FELDMAN as CRA Executive Director

APPROVED FOR LEE FELDMAN'S SIGNATURE N/A FOR L. FELDMAN TO SIGN

PER ACM: S. HAWTHORNE (Initial/Date) C. LAGERBLOOM (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: _____

INSTRUCTIONS TO CLERK'S OFFICE

City Clerk: Retains 3 original and forwards 3 original(s) to: Simone Flores / HCD / Ext. 4516 (Name/Dept/Ext)

Attach ___ certified Reso # _____ YES NO Original Route form to CAO

****please email an executed copy to Shaniece Louis *****