

CITY OF FORT LAUDERDALE
HOUSING OPPORTUNITIES for PERSON with AIDS (HOPWA) PROGRAM
FIRST AMENDMENT TO FY2022-2023 PROGRAM PROVIDER AGREEMENT
WITH
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

THIS FIRST AMENDMENT ("First Amendment"), with an effective date of **October 1, 2023**, is entered into by and between the City of Fort Lauderdale, a Florida municipal corporation (City), and **BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.**, a Florida non-profit corporation, with its principal place of business located at 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 housing and other supportive services to eligible individuals; and

WHEREAS, the City issued a Request for Information (RFI) No. 12487-108 and the HOPWA grant application process through the submittable portal seeking qualified non-profit organizations to provide housing and certain supportive services to eligible persons under the HOPWA grant program; and

WHEREAS, Participant is a non-profit organization with significant activities related to providing services or housing to persons with Acquired Immunodeficiency Syndrome (AIDS) or related diseases; 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 22-0518 on June 21, 2022, awarding HOPWA funding to Participant; and

WHEREAS, the City and Participant entered into a Program Provider Agreement dated **October 1, 2022**, to provide funds for Fiscal Year 2022-2023 not to exceed Two Million Twenty-Eight Thousand Seven Hundred Thirty-Seven Dollars and Zero Cents (\$2,028,737.00) for the administration of the Participant's HOPWA programs (Provider Agreement); and

WHEREAS, the Participant requested a one-time extension of the Provider Agreement for an additional six (6) months, commencing October 1, 2023, and ending March 31, 2024, so it may continue the same level of services and other necessary actions intended for HOPWA Program qualified individuals; and

*Program Name: Housing Opportunities for Persons With HIV/AIDS Program (HOPWA)
Catalog of Federal Domestic Assistance (CFDA) #: 14.241
Grant Participant #: FLH18F004/ FLH19F004/ FLH20F004/ FLH21F004/ FLH22F004*

WHEREAS, City finds Participant's program activities serve a legitimate public and municipal purpose by proving housing assistance to persons with Acquired Immunodeficiency Syndrome (AIDS) or related diseases and, as such, City has agreed to grant Participant a one-time extension of the Provider Agreement for one (1) additional term not to exceed six (6) months, which shall commence on October 1, 2023 and end on March 31, 2024, subject to all other terms and conditions of the Provider Agreement which shall remain unchanged.

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. **AMENDMENTS:** Article V, Section 5.1 of the Provider Agreement titled, "TERM AND TIME OF PERFORMANCE" is amended as follows:
 - 5.1 The contract term of the Provider Agreement is extended for one (1) additional term not to exceed six (6) months, which shall commence on October 1, 2023, and end on March 31, 2024, subject to any earlier termination provided in the Provider Agreement. This is a one-time allotment for a period of six (6) months, with no additional term extensions or renewals. All allotments or reimbursements should be expensed within this extended term. If the Participant fails to meet any of the agreed upon expenditure terms, the City shall not be obligated to provide additional time extensions for allotments or reimbursements.
- III. **NO OTHER CHANGES:** Except as modified by this First Amendment, all terms, covenants, obligations and provisions of the Provider Agreement shall remain unaltered, shall continue in full force and effect, and are hereby ratified, approved and confirmed by the parties in every respect. If the terms and conditions set forth in this First Amendment directly conflict with any provision contained in the Provider Agreement, then this First Amendment shall control.

[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 above.

WITNESSES:

Donna Varisco

Witness signature

Donna Varisco

Witness Name - Printed or Typed

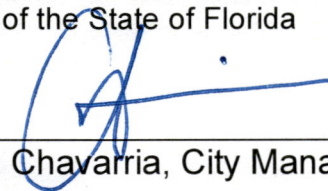
Amber Cabrera

Witness signature

Amber Cabrera

Witness Name - Printed or Typed

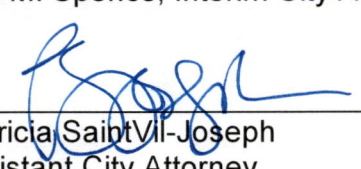
CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida

By: 

Greg Chavarria, City Manager

Date: October 12, 2023

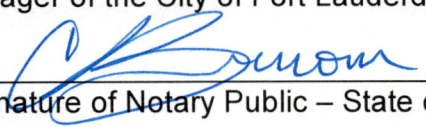
Approved as to form and correctness:
D'Wayne M. Spence, Interim City Attorney

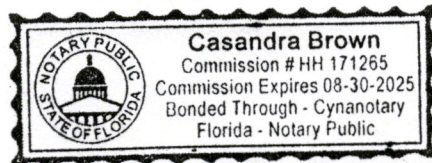
By: 

Patricia Saint-Vil-Joseph
Assistant City Attorney

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online, this 12th day of October, 2023, by Greg Chavarria, as City Manager of the City of Fort Lauderdale, a Florida municipal 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 _____

PARTICIPANT

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC., a non-profit corporation authorized to transact business in the State of Florida

WITNESSES:

SEA
Witness signature

By: Michael De Lucca, President and CEO

Sharon C. Alveranga-Jones
[Witness print name]

N. Whittle
Witness signature

Natasha Whittle
[Witness print name]

Attest: [Signature]
Secretary

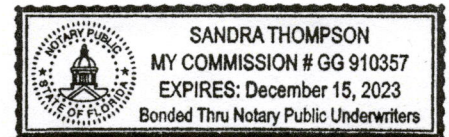
(CORPORATE SEAL)

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online, this 5th day of October 2023, by Michael De Lucca, as President/CEO of Broward Regional Health Planning Council, Inc, a Florida non-profit corporation.

[Signature]
(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

26

Today's Date: 10/10/23

DOCUMENT TITLE: HOPWA - 1st Amendment t FY 2022-2023 - PROGRAM PROVIDER AGREEMENT FOR BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. (BRHPC)

COMM. MTG. DATE: 6/21/2022 CAM #: 22-0518 ITEM #: PH-1 CAM attached: ☒ YES ☐ NO

Routing Origin: CAO Router Name/Ext: Sonia x-5598 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 Ext 4775 # of originals routed: 2 Date to CAO: 10/9/2023

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: 10/10/23 Patricia SaintVil-Joseph
Attorney's Name

Initials [Signature]

3) City Clerk's Office: # of originals: 2 Routed to: Donna V./Aimee L./CMO Date: 10/11/23

4) City Manager's Office: CMO LOG #: CT 36 Document received from: _____

Assigned to: GREG CHAVARRIA ☐ SUSAN GRANT ☐
ANTHONY FAJARDO ☐ GREG CHAVARRIA 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 2 originals to: Eveline De Souza -HCD Ext 4775

* Scan executive copies to ssierro@fortlauderdale.gov
Attach _____ certified Reso # _____ ☐ YES ☒ NO

Original Route form to Sonias X5598