

Cover Page

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Address: 871 West Oakland Park Blvd., Fort Lauderdale, FL 33311
Telephone Number: (954) 567-7141
- ii. Proposal Number: Application in response to RFP # 855-11550
- iii. Housing Opportunities for Persons With HIV/AIDS (HOPWA)

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BID/PROPOSAL SIGNATURE PAGE

Please Note: All fields below must be completed. If the field does not apply to you, please note N/A in that field.

Contractor, if foreign corporation, may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) Community AIDS Resource, Inc., d/b/a Care Resource

Address: 871 W. Oakland Park Blvd.

City: Ft. Lauderdale State: Florida Zip: 33311

Telephone No. 954-567-7141 FAX No. 954-565-5624 Email: hdesrameaux@careresource.org

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): _____

Payment Terms (section 1.04 of General Conditions): _____

Total Bid Discount (section 1.05 of General Conditions): _____

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE _____ WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>
<u>1</u>	<u>4/22/2015</u>	_____	_____
<u>2</u>	<u>4/27/2015</u>	_____	_____
<u>3</u>	<u>5/6/2015</u>	_____	_____

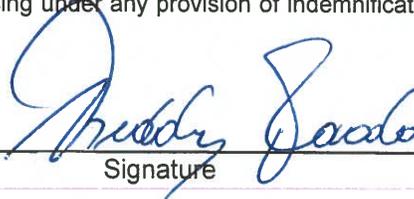
VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. If this section does not apply to your bid, simply mark N/A.

N/A

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, hereby agrees that in no event shall the City's liability for respondent's indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of five hundred dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Freddy Pardo
Name (printed)


Signature

5/7/15
Date:

Director of Operations
Title

DESCRIPTIONS (Continued from Page 1)

NOTICE:

Bouchard Insurance is required to comply with the licensing agreement we hold with ACORD. ACORD, in conjunction with the Department of Insurance, creates and enforces the rules and regulations pertaining to proper use of the Certificate of Liability Insurance form.

We are required to mark a Y next to the line of business in which the Additional Insured or Waiver of Subrogation coverage applies. According to ACORD, the Description of Operations section must be limited to describing information necessary to identify the operations, locations and vehicles for which the certificate was issued. Please note the Description of Operations section of the Certificate cannot be used to add additional information except as just described. Marking a Y next to the line of business adequately documents coverage. Equally important, it satisfies the rules and regulations governing the proper use of the Certificate of Liability Insurance form.

Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.

EXHIBIT A

E-VERIFY AFFIRMATION STATEMENT

RFP/Bid /Contract No: RFP # 855-11550

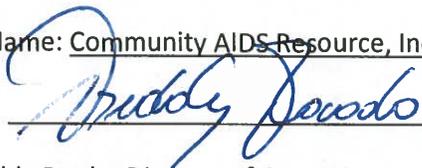
Project Description: Care Resource Non-Housing Subsidy Case Management

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of,

- (a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- (b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name: Community AIDS Resource, Inc., d/b/a Care Resource

Authorized Company Person's Signature: 

Authorized Company Person's Title: Freddy Pardo, Director of Operations

Date: 5/7/15

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Not
Applicable

Organizational Capacity and Experience (Maximum four pages)

1. Describe the Provider's experience and expertise in HIV/AIDS housing and service provision and experience and expertise in operating the proposed program(s):

A. Include the name and type of programs operated

Community AIDS Resource, Inc., d/b/a Care Resource's experience in providing HOPWA services began in the City of Miami in 1999 with Long Term Rental Assistance (LTRA) in which Housing Specialists provided support service and coordinated HUD housing inspections to ensure that affordable permanent housing options and related housing support services were made available to eligible individuals with AIDS. Care Resource began and continues to provide HOPWA-funded Non-Housing Support Services, in the form of Housing Case Management (HCM), through the City of Fort Lauderdale since 2009. Care Resource also currently provides HOPWA-funded Long Term Rental Assistance (LTRA) housing services through the City of Miami.

B. The length of operation of each program

Care Resource has a long history of providing HCM to clients. Care Resource provided HOPWA LTRA services throughout Miami-Dade County from 1999-(date) and from 2014 – present. We have provided continuous HOPWA Non-Housing Support Services in the form of HCM throughout Broward County as funded by the City of Fort Lauderdale since 2009. Historically, Care Resource HCM, or Non-Housing Subsidy Case Management, is adept at assisting clients needing HOPWA services. They have been very successful in obtaining services for clients who are eligible across a broad based collaborative of providers.

C. The number of unduplicated persons served at one point in time and over the course of one year

During the 2014 calendar year, Care Resource's Housing Case Managers assisted 429 unduplicated clients. Our Housing Case Managers served 567 unduplicated clients during FY 14-15. Proposed number of clients to serve is at least 400 for FY 15-16.

D. Geographic area(s) served

Care Resource's Housing Case Management program serves residents from all areas of Broward County. During this FY 14-15, clients served were living in the following zip codes: 33020, 33311, 33060, 33304, 33312, 33334, 33064, 33351, 33351, 33315, 33319, 33313, 33305, 33023, 33316, 33068, 33069, 33306, 33305, 33309, 33441, 33301, 33308, 33056, 33322, 33324, 33063, 33023, 33308, 33306, 33035, 33314, 33301, 33334, 33442, 33317, 33315, 33025, 33312, 33304, 33321, 33322, 33021, 33441, 33039, 33009, 33313, 33314, 33301, 33062, 33316, 33317, 33023, and 33306. These zip codes correspond to such cities as Wilton Manors, Oakland Park, Pembroke Pines, Hollywood, Lauderhill, Pompano Beach, Fort Lauderdale, Lauderdale Lakes, North Lauderdale, Dania, West Park, Deerfield, Sunrise, Plantation, Margate, Davie, Miramar, Tamarac, Coral Springs, Cooper City, and Coconut Creek.

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E. Groups served (e.g., homeless, mentally ill, etc.).

Care Resource serves all clients without regard to gender, sexual orientation, ethnic/racial background, or socioeconomic status. Our client base includes persons recently released from prison/jail, mentally ill individuals, homeless individuals, and veterans in addition to gay, lesbian, bisexual and transgender individuals. Clients are first assessed for needed services and then services are provided to them in order of urgency and primary need.

2. State the number of years the Provider has been in operation and briefly describe the current programs operated and funding sources

In Miami-Dade County, Care Resource has been in operation since 1983, and in Broward County since 1999. As an AIDS Service Organization, Care Resource provides a broad array of services ranging from a) HIV primary medical and dental care and treatment; b) HIV counseling and testing; c) Housing, support services; d) Medical Case Management; e) Substance Abuse and Mental Health; and f) Referrals to specialty care and other services. As a Federally Qualified Health Center, Care Resource provides to the whole community general primary medical and dental care and support services (case management, substance abuse, mental health and referrals) and pharmacy assistance through our two co-located Walgreens clinics. This diversification of programs has allowed us to expand our service provision beyond those with HIV/AIDS to include those with other chronic illnesses including diabetes, hypertension, etc.

A. Include an organizational chart

See **Attachment 1.4.1** "Organizational Chart, Resumes and Job Descriptions"

B. Include a chart of all funding sources with the contract/agreement number, term of contract, programs funded by each source, and the contact person, phone number, and email for each funding source.

See **Attachment 1.3.4** "Organizational Funding Sources"

3. Describe the Provider's experience and sensitivity to the issues surrounding HIV/AIDS and its impact on individuals and family units, racial and ethnic minorities, sexual orientation, and homelessness.

Care Resource, with over 31 years of operation, is the oldest AIDS Service Organization (ASO) in South Florida and the newest FQHC in Broward County, providing a broad range of HIV care and treatment and support services. Care Resource staff understands and is sensitive to the issues surrounding HIV/AIDS and how it impacts different ethnic minorities, homeless individuals and the LGBT (Lesbian, Gay, Bi-Sexual and Transgender) community. We employ culturally sensitive staff who are trained to foster trusting relationships with patients of diverse origins, cultural traditions, sexual orientations and gender identifications. Care Resource has expanded our access to the transgender community through the "Talkin' T" discussion groups in Broward County. Care Resource staff are culturally compatible with their target population in that they are representative of the minority populations they serve; staff includes Hispanics, African Americans, Haitians and representatives of all sexual orientations. Care Resource's Housing Case Management staff are all bilingual in either English/Spanish or English/Creole. In Broward, 64% of our client population is from minority groups.

4. Describe the Provider's experience in providing outreach.

A. Include outreach to HIV/AIDS service providers

Care Resource collaborates with all HIV/AIDS service providers in Broward County: HCM provided outreach during the past year at Hispanic Unity of Florida, The Pride Center, State of Florida Department of Health Latino Committee, Wellness Center of South Florida, Latinos Salud, Broward House, Comprehensive Care Center and Memorial Hospital Miramar. One of the noteworthy outreach programs is our collaboration with the Broward County Department of Corrections. Clients can be assessed right after their incarceration and obtain housing assistance with one of our HCM staff.

B. Other service organizations

Outreach has occurred with other service providers and events including: Stonewall Street Festival, AIDS WALK, World AIDS Day Commemoration, Pridefest, Walgreens, Starbucks, Florida Department of Health Pompano and Health Fairs.

C. Un-served geographic areas

The Housing Case Management program will serve the whole of Broward County. However, the proposed service area includes the following primary zip codes: 33334, 33311, 33304, 33020 and 33305. These zip codes combined encompass the following neighborhoods which contain underserved geographic areas: Oakland Park, Wilton Manors, Fort Lauderdale, Lauderhill, Hollywood, and Lauderdale Lakes as well as portions of Tamarac, Sunrise, Plantation and Pompano Beach. These areas represent neighborhoods with the largest concentration of HIV/AIDS individuals and also face health disparities due to poverty, stigma and other issues. In general, during this fiscal year, HCM provides housing assistance services to residents coming from 21 cities in Broward County.

D. Underserved PLWH/A groups such as homeless persons

Care Resource reaches these groups through partnerships with Broward Partnership for the Homeless, Shadowood II, Salvation Army, Women in Distress, and Broward Outreach Center.

E. Persons of color, persons with mental illnesses, persons with substance abuse issues, transgender and transsexual persons, post-incarcerated, and youth, etc.

Care Resource provides outreach to all types of diverse communities including persons of color, persons with mental illnesses, persons with substance abuse issues, transgender and transsexual persons, post-incarcerated, and youth. Care Resource HCM program receives referrals from 211 and many Ryan White Part A providers and other HOPWA-funded providers in Broward County like Broward Regional Planning Council. Care Resource also employs a full-time outreach staff who develops and fosters relationships throughout the community in order to work collaboratively in service provision to those in need. Most recently, Care Resource has expanded out outreach efforts to the transgender and transsexual community. Many of our staff have taken cultural competency trainings so we are able to provide high-quality, culturally sensitive services to this population.

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5. Provide at least two (2) written references from cities or jurisdictions other than the City of Fort Lauderdale for which the Provider has furnished services similar to what the Provider is applying for under this RFP.

You will see a combination of letters of support and Memorandum of Agreement from cities or jurisdictions other than the City of Fort Lauderdale for which the Provider has furnished services similar to what the Provider is applying for under this RFP. See **Attachment 1.7.1.** “Collaborative Partners” and **Attachment 1.7.2.** “Referral Agreements”.

Not
Applicable
No
Material

Not
Applicable
No
Material

Not
Applicable
No
Material

Not
Applicable
No
Material

Program Type Description - Non-Housing Subsidy Case Management (Maximum 3 pages)

1. Describe how the HOPWA Program Type fits into the mission and overall purpose of the Provide.

Mission: "Through education, prevention, research, care and treatment and support services, Care Resource improves upon the health and overall quality of life of our diverse South Florida communities in need." HCM helps fulfill the Care Resource mission by providing a supportive service that enhances the quality of life for people with HIV/AIDS through HCM who link clients to stabilizing housing resources. Resources include educational planning to increase future job opportunities and increase income, household budget planning through our work with Bank of America and assistance submitting applications for short term rent/mortgage and/or utility assistance at times of acute need. Housing is considered treatment by experts. Achieving improved health outcomes for individual living with HIV/AIDS is contingent upon overcoming barriers to care. Housing instability is a significant barrier to an individual's ability to adhere to medical care and achieve improved health outcomes and better quality of life. HCM works with a number of organizations like Susan B. Anthony, Project SOL, Wilson House, Second Chance and Stepping Stones to make sure that this client achieves self-sufficiency.

2. Provide a summary of the proposed HOPWA Program Type, including:

A. location and geographic coverage of the proposed program:

Care Resource is located at 871 W. Oakland Park Blvd., Fort Lauderdale, FL 33311 and HCM services are provided from this location. When client needs require it, Housing Case Managers also meet with clients in the client's home or preferred location.

B. Amount of HOPWA funds requested: Amount of HOPWA funds requested is \$215,000.

C. How the requested funds will be utilized: The funds will be used for non-administration personnel; fringes; travel and non-administration supplies, which include program supplies, marketing/advertising materials, local travel, phones, faxes; and administrative costs.

D. Program income generation, collection and leverage: Not applicable.

E. Number of unduplicated clients proposed to serve in program: Care Resource's Housing Case Management Program will serve at least 400 individuals during FY 15-16.

3. Complete the Outcome chart by addressing at least two (2) outcomes, or benefits to clients that will result from receiving the proposed services.

See Appendix B for the Outcome Table.

4. Describe each of the supportive service(s) that will be provided:

A. Proposed supportive service(s): Completes initial assessment of the client's housing needs and personal/support systems; develops a comprehensive individualized housing plan; coordinates, and monitors services to accomplish plans; assists clients in securing appropriate housing, collaborates with area providers to determine the best housing solutions including STRMU/PHP and facilitates accurate client application, enrollment in these programs; ensures services are additive and non-duplicative through collaboration with Medical Case Management.

B. Where services will be located: At 871 W. Oakland Park Blvd., Fort Lauderdale, FL 33311

C. How the types and levels of services are adequate for the target population services: HCM can include a variety of components including educational planning, household budget

planning and assistance submitting applications for short term rent/mortgage and/or utility assistance at times of acute need. See Program Type Description for more details.

D. The hours and frequency of HCM: All weekdays from 8:30am – 5:15pm and Wednesdays from 8:30am – 7:00pm by appointment or walk-in. HCM will typically meet with a client several times to develop and move through that individual's housing case management plan.

E. Describe how the proposed supportive services will assist clients in becoming stabilized in housing and maintain stability: Housing Case Management services will help clients navigate the process of applying for housing assistance and achieving housing stability. Housing Case Management services may also include components such as educational planning to increase future job opportunities and increase income, household budget planning and assistance submitting applications for short term rent/mortgage and/or utility assistance.

F. Describe how client progress is tracked: Client progress is tracked through two means: Pre and Post client questionnaires gauge client's ability to self- navigate care systems and documentation of progress notes and updates to the housing plan at each contact with the HCMs.

5. How supportive services provided by the Provider and other service providers will not be duplicative: Care Resource collaborates with an extensive network of providers to ensure that clients receive services first from other resources like All Saints Church, Tuesday's Angels, or Outreach Center. Utilizing these services first avoids overlap and duplication. Housing Case Managers will also check client's service records in Provide Enterprise system in order to ensure that services provided are not duplicative of services provided by other organizations.

6. HOPWA funding will not supplant or overlap with current funding sources. HCM check to ensure that the client is not already receiving HCM. HCM works with the clients Medical Case Manager so as to collaborate closely and ensure division of tasks are consistent with program guidelines. HCM doesn't provide services to clients who are getting subsidized housing.

7. All Supportive Services Staff:

A. Staff to client ratio: The supportive services staff to client ration will be 1:133.

B. Whether staff are full- or part-time; the shifts, days, and hours of services: HCM staff are full time and work during the following hours of operation, Monday, Tuesday, Thursday and Friday from 8:30am to 5:15pm and on Wednesdays until 7:00pm.

C. Describe how the staffing fits with the proposed level of supportive services to be provided. With each HCM serving at most 12 new clients per month the proposed level of supportive services is easily achieved. Housing Case Manager will have on average, 30 open cases. Over the course of the 12-month program year, at least 400 clients will be served.

D. Attach position descriptions and required qualifications of all staff providing supportive services. See Attachment 1.4.1. "Organizational Chart, Resumes, and Job Descriptions".

8. Describe if the Provider provides healthcare and complies with other regulations Care Resource utilizes cost based accounting principles including cost centers specifically designated for our fully funded Federally Qualified Healthcare Center to provide medical care. HCM cost centers are completely independent of Healthcare cost centers.

9. Please describe how the Provider will use stabilize housing by utilizing a comprehensive housing stability plans which may include providing housing assistance and supportive services for income eligible HOPWA clients to reduce the risk of homelessness.

HCM will establish with the client follow-up goals developed under a Comprehensive Housing Stability Plan which covers Housing, Employment, Financial, Health Insurance Benefits, Legal and Support System Goals Life Areas to assure client will maintain stabilized housing and to avoid homelessness ensuring client will maximize self-sufficiency as designed by program. Housing Case manager is essential to the success of homeless prevention by linking resources to help clients become self-sufficient. Effective Housing case managers provide a blend of assessment and coordination of services. They possess in-depth knowledge of communities and available services and housing, mixed with genuine empathy and respect for the families and individuals with HIV seeking their assistance. Housing case managers use this expertise and empathy to provide services that are “just enough” to help families and individuals with HIV move through crisis towards stability.

Housing Case management has been a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s health and human service needs (Housing). It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes. This housing case management focuses on housing stability and placement, with an emphasis on the arrangement, coordination, monitoring, and delivery of services related to housing needs and improving housing stability. Due to the time-limited nature of Housing stability plan services are gathered quickly and based upon immediately available resources. For both homelessness prevention and rapid re-housing, the Housing case manager accomplishes identification of clients, assessment, planning, resource acquisition, stabilization, and support. While these tasks fall into the same categories, there are distinct differences in approach and content for prevention and rapid re-housing. Homelessness prevention targets low-income households who have not yet become homeless but will become homeless if they do not receive stability action plan assistance. Housing Case Manager for households at risk of homelessness includes important elements of identification, outreach, and engagement. HCM will identify households at the greatest risk and determine what type of support they need to avoid homelessness.

10. Describe how HCM will reduce barriers to housing needs: This is done through helping clients to access move-in, rent/mortgage and/or utility assistance when precipitating events place stable housing at risk for those with HIV/AIDS. HCM work to identify individual barriers to stable housing, monitoring and completing housing plans that specifically address these barriers.

11. How HCM will fit into the agency’s budget and indicate percentage: Proposed HCM services will be a key project enabling our office to offer housing services to clients in need. Proposed HCM is about 1.00% of the agency budget for FY 15-16.

12. Staff’s cultural and language capacity: Project has 4 staff members that cover the three major languages in Broward County: English, Spanish and Haitian-Creole. Other staff members speak Italian and Portuguese. Other languages are served through language line service and certified translators are utilized including American Sign Language.

CATEGORY II

Non-Housing Supportive Services: Non-Housing Subsidy Case Management (HCM) (Maximum three pages)

1. How many clients does the Provider serve annually? Explain how the proposed budget supports the number of clients served.

Agency-wide Care Resource serves more than 12,000 clients per year. Of those, approximately 500 receive Housing Case Management Services in Broward County, FL. HCM's proposed objective for FY 15-16 is to serve at least 400 clients. The proposed budget for Housing Case Management supports this number of clients to be served as the budget provides for three (3) full-time Housing Case Managers, a portion of one (1) Housing Services Manager, and, as an administrative cost, a portion of one Finance Manager who oversees the back-office process for submitting invoices for reimbursement. Adequate back-office support and management allows the Housing Case Managers to focus their attention on direct client service through achieving and maintain full case loads. Local travel and non-administration supplies (day to day supplies; marketing/advertising; postage/delivery; program charting and supplies; Xerox printing; and fax supplies) account for less than 7% of HCM program budget.

2. Please describe the Provider's process of assisting clients to obtain or maintain self-sufficiency through the use of a comprehensive housing stability plan.

Housing Case Management Services at Care Resource begin with an initial meeting with a Housing Case Manager. The Housing Case Manager will complete an intake on the client and ensure eligibility for the program, and also identify individual and structural barriers that hinder this individual from achieving housing stability. This assessment includes: 1) create client certification for the City of Fort Lauderdale which includes a) proof of HIV status, b) proof of income and c) Broward County residency. Client will need to complete a number of consent forms, such as Provide Enterprise, Client Participation Agreement and Consent to Release Information. The next step is to enroll/admit client to the program. Requested information includes the following: demographics, housing information, type of residence, zip codes, length of stay in previous place, homelessness; disability status (physical, developmental); mental health problem; substance abuse problem; and victim of domestic violence. This is part of the Vulnerability Assessment Scale. The Self-Sufficiency Matrix attempts to find answer to such issues: general health care, income, employment, shelter, food, immigration status, health care coverage, dental coverage, and criminal background. Then, as part of the Action Plan, The Housing Case Manager will then complete a housing case management plan and begin the process of providing identified resources and implementing an appropriate intervention for the individual client. Over the course of several case management meetings, the client, in coordination with their Housing Case Manager, will apply for and achieve housing stability through placement into HOPWA-subsidized housing or other available housing. Depending on which program this client is eligible for, HCM provides a number of additional services that support the client's goal to achieve housing stability or reduce the risk of homelessness. Resources include educational planning to increase future job opportunities and increase income, household budget planning and assistance submitting applications for short term rent/mortgage and/or utility assistance at times of acute need. Housing is considered treatment by experts. Of note, Care Resource recently was awarded funding through the City of Fort Lauderdale

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Community Development Block Grant (CDBG) Program to provide a limited number of short term motel vouchers for clients participating in the Housing Case Management program who are waiting for their applications for long-term housing placement to be approved. It is our expectation that this will be a critical short-term solution for some clients who otherwise would have nowhere else to go and spend a night, or more, on the streets.

3. Please describe the Provider's actual experience in assisting clients from HOPWA (FAC, TBRV or FAC) housing subsidy/similar housing subsidy to obtaining self-sufficiency.

Care Resource has been providing Housing Case Management services to HOPWA clients since 2009. Our program has achieved its expected outcomes during all contract years and has had favorable results with program monitorings. The Housing Case Management program in Broward County is fully staffed, with all staff already onboard and trained. All program staff are active users of Provider Enterprise. Care Resource collaborates with an extensive network of providers to ensure that clients receive services first from other resources like All Saints Church, Tuesday's Angels, Junior Welfare Associated, Jewish Family Center, St. Stephens Episcopal Church for rent/utility assistance. Homeless collaborations include Outreach Center, Broward, Hollywood and Pompano, Starting Over Enterprises, Henderson Mental Health Center. HCM collaborate with Medical Case Managers to refer patients to Legal Aid (funded by Ryan White Part A) in cases needing this support. Utilizing these services first avoids overlap and duplication. Housing Case Managers will also check client's service records in Provide Enterprise system in order to ensure that services provided are not duplicative of services provided by other organizations. Program staff are familiar with the target population and the barriers to housing stability which commonly occur. As noted throughout this proposal, Care Resource's HCM program assisted 429 unduplicated during calendar year 2014. Our Housing Case Managers served 567 unduplicated clients during FY 14-15.

4. Please describe the Provider's actual experience in assisting clients who are not receiving housing subsidy to obtain or maintain self-sufficiency through the use of a comprehensive housing stability plan.

HCM will interface with a number of clients who are not eligible to receive housing subsidy. These clients are in a very difficult position to obtain or maintain self-sufficiency. These factors preventing clients from achieving housing stability can be a) immigration status, b) HIV negative, c) a higher income, d) lack of supporting documents. For a client who has immigration issues, HCMs will ensure that this client is referred to Legal Aid to help him/her identify the steps he needs to undertake to legalize his/her immigration status. For someone who has a higher income to be eligible for HOPWA, HCMs will leverage other agencies' housing programs to ensure that this client can be able to access some new funding to help him/her secure assistance. See above for a list of organizations HCMs work with to achieve housing stability for program participants.

5. Please describe the Provider's waitlist policy/procedures when program reaches maximum capacity.

Provider doesn't have a waitlist; therefore, it doesn't have a waitlist policy/procedures when program reaches maximum capacity.

Discharge Planning (Maximum 1 page)

1. Describe the Provider's policy and procedure for ensuring that clients in the Program Type are not released or exited without housing stability.

Clients are not discharged or exited from HCM without housing stability. This is the procedure followed by the Care Resource HCM program: 1) The comprehensive needs assessment that every client goes through helps HCM staff identify the problem the client is facing and then implement an intervention through the action plan to address this problem. For example, someone who has a reduction in income due to a recent hospitalization may be referred to STRMU. 2) If someone is not eligible for HOPWA, there are other organizations the HCM can tap into to help this client. These organizations include Second Chance, LIHEAP, Family Success, Junior Welfare, and Catholic Charities. 3) If someone is disabled or has Social Security benefits, he/she can be referred to the City of Fort Lauderdale program to assist with down payment or rehabilitation (fix a broken window, for example). 4) Success of the HCM program is contingent on having a Housing Case Manager who is knowledgeable about community resources and can refer this client to services that fit his/her housing stability needs. Care Resource's HCMs know about community services and always show the empathy to make sure that every single client passing through HCM achieves housing stability.

2. Describe the Provider's termination policy.

Care Resource Non-Housing Support Services, Housing Case Management (HCM) clients receive discharge planning beginning during the initial visit in the form of the housing stability plan. Policy Number 7021.001 "Client Discharge or Transfer" governs client discharge or transfer for clients of the agency. One of the policy considerations begins upon intake and encourages staff to determine what a successful discharge from the program will entail as well as what resources will be required in order to accomplish housing stability. Frequently, coordinated assertive referrals to community agencies that provide the services needed by the client are made from intake. This collaborative planning process involves the client as the central figure. The client works with the HCM to determine specific, measureable, realistic, and time based (SMART) goals toward housing stability. HCM do not discharge clients other than by patient request or transfer, serious violation of program rules or successful completion of HCM goals.

Policy Number 7002.001 "Client Intake" governs staff intake and a client orientation in which program rules are discussed that govern client/staff behavior, rights, responsibilities and patient grievance procedures. Clients are only terminated from service after evidence of the most serious program violations are determined true according to Policy Number 7021.001 "Client Discharge or Transfer." Notification occurs in writing and describes the process for recourse should the client disagree. Grievance Policy requires prompt written client notification of the results of any appeal process. In addition, it is understood that should a client die with surviving member of a family who were living in a unit assisted under the HOPWA program at the time of death, housing assistance and supportive services under the HOPWA program shall continue for a grace period not exceed one year. Care Resource HCM notify the family of the duration of their grace period and assist the family with information on other available housing programs and with moving expenses.

Measuring Accomplishments (Maximum 1 page)

1. Describe how the Provider evaluates the effectiveness of HMC

Effectiveness at Care Resource is evaluated through three primary means for programs; Internal QA Processes, External Measurements and Analysis of Programmatic Data. *Internal QA processes:* Peer reviews utilize measurement tools developed with programmatic regulations, procedures and requirements in mind and are used monthly on a random selection of cases serviced in the month prior. Review scores are required to have 95% of all cases 100% correct for all items on the review tool. If scores dip below 95%, performance improvement plans are required of the supervisor and reported to the QA Committee for resolution of the issues by the next month. Review results from all agency programs are reported by the Medical Director to the Board of Directors Quarterly. Also quarterly, the agency convenes the Client Advisory Committee. Clients meet with Agency directors to discuss their experiences, suggest changes and provide feedback about program effectiveness. Yearly, some funders and the agency conduct client satisfaction surveys that gauge satisfaction levels and solicit comments. *External auditors measure* each program by conducting monitoring reviews according to their schedules and requirements. Results are shared with agency directors and if necessary, action plans developed. *Data analysis* occurs that includes the entire sum of relevant data collected from client records and specific measureable outcomes of each program. This information together is used to evaluate yearly effectiveness of individual programs and guides future performance improvement efforts. HOPWA programming at Care Resource is monitored primarily by the Housing Services Manager, Francisco Gomez. In addition, the Director of Psychosocial Services Department, Thomas Pietrogallo, oversees this area for the agency. HCM is deemed effective when outcome objectives have been met. See **Attachment 1.6.4** for agency monitoring reports.

2. Describe how the program will meet the priorities identified for HMC

HCM priorities are to 1) establish or better maintain a stable living environment in housing that is decent, safe, and sanitary, 2) reduce the risk of homelessness, 3) improve access to healthcare for clients who are not receiving FAC, PBR or TBRV services, and 4) assists clients in applying for STRMU or PHP assistance. This is accomplished through a comprehensive assessment that addresses client's vulnerability, self-sufficiency and the development of an Action Plan with the goal to achieve housing stability on behalf of this client.

3. Provide the expected goals, objectives, performance indicators and outcomes of the program and how these targets will be tracked and measured

Expected goals are to achieve housing stability and reduce homelessness on behalf of program participant within a determined timeframe. Program objective is to serve at least 400 individuals during FY 15-16. Primary outcome is to reduce the risk of homelessness through the implementation of an individualized housing stability plan, housing assistance and supportive services. HCM indicators include: 1) 400 and 100% of all clients referred to HOPWA have a housing plan and 2) 360 and 90% of all clients are linked to some type of housing services to achieve housing stability. These indicators will be tracked and measured on a monthly basis as part of the ongoing QA process for the agency. Data from client charts in PE will be used to determine progress towards achieving these goals.

Projected Program Type Budget (Maximum 2 pages)

1. HOPWA is a reimbursable grant and COFL must wait for federal agreement before funds can be disbursed. Please describe the Provider's financial capacity (i.e., other financial resources) to operate the program while waiting on until City agreement is signed with HUD?

Care Resource has extensive cash reserves in order to "float" agency operations for a considerable length of time. The program's average monthly expenditures will be easily absorbed by the agency until payment from the City of Fort Lauderdale is received. See **Attachment 1.3.6** "Documented Proof of Financial Stability".

2. Describe how the Provider will be able to pay for services provided under HOPWA on a monthly cost reimbursement process.

Care Resource maintains a diverse funding portfolio which includes revenue from a variety of sources. These sources include, but are not limited to, grant funding, fundraising, program income (in particular for medical, dental and pharmacy programs), and rental income. Certain funding streams - for example, program income and fundraising - provide sources of unrestricted funding which can be used to "float" grant-funded programs in the interim while contracts are being executed and invoices are being submitted. This funding diversity will allow the HCM program to be able to pay for services provided under HOPWA on a monthly cost reimbursement basis.

3. Provide a list of grants with local, state and federal agencies, and activities currently funded within your organization. Include type of program funded, amount allocated, number of clients served and outcomes.

Agency funders include: HRSA, CDC, SPNS, Miami-Dade Department of Health, Broward Department of Health, Florida Department of Health, Miami-Dade County Ryan White Part A/MAI and Broward County Ryan White Part A/MAI, and others. For full list see **Attachment 1.3.4** "Organizational Funding Sources".

4. Include the Provider's complete and current annual budget that includes all funding sources and uses. If the agency is a state or national organization, the budget should include only the Fort Lauderdale operation, with an explanation of how the parent organization supports the local office. See Appendix C Agency Budget FY 14-15.

5. Describe the agency's fiscal management system and methods to validate and audit expenditures.

Care Resource has experienced ongoing fiscal stability for the past 31 years. The agency has implemented a comprehensive set of fiscal policies and procedures and operates a sophisticated cost accounting software system, Abila MIP Fund Accounting. Care Resource's accounting and internal control systems are separately maintained in accordance with Generally Accepted Accounting Principles (GAAP). Management's representations in the financial statements are independently audited annually. The agency is in compliance with every funder's unique reporting requirements; provides internal management and Board of Directors with timely fiscal reports, and manages the day-to-day fiscal operations. The Finance Department works closely

Community AIDS Resource, Inc., d/b/a Care Resource
871 W. Oakland Park Blvd.
Fort Lauderdale, FL 33311

with all program managers to develop and adhere to program budgets and maintain contract compliance. The agency's chart of accounts is structured so that financial statements can be shown by natural classification (expense type) as well as functional classification (grant vs. program vs. fundraising vs. administration, etc...) Revenue and expenses are specifically identified and credited to the appropriate classification based contractual requirements. This system allows the Finance Department to ensure that funds are properly expended and efficiently administer reports specific to each funding source. Separation of duties is an integral requirement of the internal control environment and is specifically defined in the Financial Procedures Manual by accounting activity. For example, the Finance Clerk responsible for issuing cash disbursements is different than the Finance Clerk responsible for bank reconciliation.

6. Describe the Provider's plan for the continuation of the proposed program and services in the absence or reduction of HOPWA funding.

Care Resource has a Grants and Programs Development Department whose role is to search for every grant opportunity, including housing. The other approach is to leverage the medical case management component of the agency to ensure that proper referrals are made for all housing opportunities in the community. If HOPWA funding is reduced in subsequent contract years, the agency would diversify the scope of the Housing Case Management program to include more non-HOPWA clients and thus leverage the agency's FQHC funding in order to cover a portion of the costs of the Housing Case Managers' salaries and fringe benefits.

7. If applicable, describe how much program income will be generated, how the program income will be collected and how program income will be spent/leveraged on HOPWA non-administrative eligible activities

Not applicable.

8. Describe strategies for long-term financial planning and on-going resource development.

Agency has a plan for long-term financial and resource development. This includes maximizing program income through third party payer reimbursements; aggressive search for grant opportunities; implementing programs, like pharmacy, that have the potential to generate considerable revenues, and through various fund-raising efforts.

9. What leverage funds will the Provider use to administer the grant?

Care Resource will leverage funding from agency unrestricted funding sources in order to administer this grant. Costs which will be leveraged include additional Financial Billing staff time, occupancy, insurance and audit costs which are not charged to the HOPWA program, but which are incurred as a result of staffing this program and providing physical space for the program to operate. These costs are not charged to HOPWA, but are covered by other agency funding sources. Additionally, the Housing Case Management program will also receive some limited funding from the City of Fort Lauderdale CDBG program which will provide short term, temporary intervention in the form of motel vouchers for housing case management clients who are waiting on their applications to be processed for long term housing placement. HCMs also rely on a number of agencies to provide additional funding to achieve housing stability on behalf of the client.

Not
Applicable
No
Material

Organization Eligibility

1.1 Articles of Incorporation:

1.1.1 Provide proof of corporate status and the Provider's Articles of Incorporation recognized by the state as formally establishing a Private Corporation, business, or agency. Documentation **must** be enclosed and labeled as **Attachment 1.1.1**. Proof of corporate status can be obtained from the state of Florida Division of Corporation web page at <http://www.sunbiz.org/>.

Does your organization comply? Yes No

If no, please state reason: _____

1.1.2 Provide documented status of the Provider in Systems for Award Management (SAMS) <https://www.sam.gov/index.html#1> . Documentation must be enclosed and labeled as **Attachment 1.1.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.2 Nonprofit Certification - Provide documentation of the Provider's 501(c)(3) tax-exemption status from the Federal Internal Revenue Service and evidence that no part of the Provider agency's earnings work to the benefit of any member, founder, contributor, or individual. Documentation **must** be enclosed and labeled as **Attachment 1.2**. New nonprofits must show evidence of application for 501(c)(3) status at time of submission of RFP and must be designated a 501(c)(3) before any funds may be obligated. Funds are obligated on the date the City Commission approves the funding recommendation and awards the grant.

Does your organization comply? Yes No

If no, please state reason: _____

1.3 Financial Audit and Budget:

1.3.1 Provide a copy of your organization's most recent financial audit. Documentation **must** be enclosed and labeled as **Attachment 1.3.1**.

Does your organization comply? Yes No

If no, please state reason: _____

Does the audit have any findings or any material weaknesses in the audit? Yes No

If yes, have the findings been cleared? Yes No

If no, reason _____

1.3.2 Provide a statement of having standards of financial accountability that conform to 24 CFR 84.21, "Standards for financial management systems" and applicable OMB circulars. Documentation **must** be enclosed and labeled as **Attachment 1.3.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.3.3 Provide a statement ensuring that no part of the Provider's net earnings inure to the benefit of any member, founder, contributor, or individual; be neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization. Documentation **must** be enclosed and labeled as **Attachment 1.3.3**.

Does your organization comply? Yes No

If no, please state reason: _____

1.3.4 Provide a breakdown of all current fiscal years funding sources (including the funding amounts) and all of the proposed funding sources (including the funding amounts) for next year. Documentation **must** be enclosed and labeled **Attachment 1.3.4**. If the Provider has or will be seeking additional funding, that can pay for a similar service sought through HOPWA, please describe.

Does your organization comply? Yes No

If no, please state reason: _____

1.3.5 Provide written financial management procedures that include policies/procedures for (a) managing and tracking cash receipts/disbursements, (b) budgeting, (c) purchasing or procurement, and (d) program income. Documentation **must** be enclosed and labeled as **Attachment 1.3.5**.

Does your organization comply? Yes No

If no, please state reason: _____

1.3.6 Must provide documented proof of Provider's ability to have financial assets to cover 3 months of HOPWA average invoice for each program. Documented proof includes, but not limited to 1) line of credit 2) reserves and/or 2) liquid assets. Documented proof must be dated within 90 days of the submitted application. Documentation **must** be enclosed and labeled as **Attachment 1.3.6**.

Does your organization comply? Yes No

If no, please state reason: _____

1.4 Organization and Philosophy:

1.4.1 Provide the most recent organizational chart for the Provider. Documentation **must** be enclosed and labeled as **Attachment 1.4.1**. Indicate where the proposed project(s) will be/are within your organizational structure. Attach resumes, job descriptions and copies of required licenses of key staff members who shall be responsible for the oversight of the project.

Does your organization comply? Yes No

If no, please state reason: _____

1.4.2 Identify the staff person who will serve as the liaison if you are awarded the contract. Said individual shall monitor contract provisions and must be available to meet with the City staff to review activities on an "as needed" basis. Documentation **must** be enclosed and labeled as **Attachment 1.4.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.4.3 Provide a mission statement of your organization. The statement should briefly address the philosophy of your organization. (Limit to two concise paragraphs). Documentation **must** be enclosed and labeled as **Attachment 1.4.3**.

Does your organization comply? Yes No

If no, please state reason: _____

1.5 Board of Directors - Provide names and titles of the Provider's current principals including the current Board of Directors, Officers, Administrators, and senior staff. Documentation **must** be enclosed and labeled as **Attachment 1.5.1**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6 Procedures and Reports:

1.6.1 Explain your system for safeguarding the confidentiality of client's currently in place or that you propose to establish for these purposes. Documentation **must** be enclosed and labeled as **Attachment 1.6.1**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6.2 Provide a statement that insures that the Provider will serve all clients without regard to race, color, religion, marital status, familial status, sexual orientation, ancestry, sex, age, national origin, medical or mental condition and compliance with the Equal Access to Housing in HUD program. Documentation **must** be enclosed and labeled as **Attachment 1.6.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6.3 Describe the process used to monitor and control the quality of services provided by staff. Documentation **must** be enclosed and labeled as **Attachment 1.6.3**.

Does your organization comply? Yes No

If no, please state reason: _____

1.6.4 Provide a copy of all monitoring/audit reports from all organizations that provided funding to the Provider within the past year two year. If the Provider has not been monitored by its other funder(s), the Provider should include letters from current funding agency(ies) outlining the Provider's compliance status, based on their most current monitoring. Documentation **must** be enclosed and labeled as **Attachment 1.6.4**

Does your organization comply? Yes No

If no, please state reason: _____

1.7 Collaborations:

1.7.1 List the agencies that collaborate with the Provider in providing coordinated services to the clients the Provider intends to serve. Include Agency Name, Address, Contact Name, Phone Number, and Description of Coordinated Services. Documentation **must** be enclosed and labeled as **Attachment 1.7.1**.

Does your organization comply? Yes No

If no, please state reason: _____

1.7.2 Provide any referral agreements, letters of commitment or documentation of working relationships with any other organizations providing related services. Documentation **must** be enclosed and labeled as **Attachment 1.7.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.8 Property:

1.8.1 Provide address(es) of property(ies) where program will be conducted and proof of the Provider's right to be in possession of this property, including a copy of the deed to the property that includes the legal description. If the Provider is not the owner of the real property, then the Provider must provide a copy of a lease that shows that the Provider has the right to be in possession of the property, has the right to conduct this business at this location, has the right to make the improvements requested, if applicable, and proof that the term of the lease is as long as the term of the agreement, if awarded funding. Documentation **must** be enclosed and labeled as **Attachment 1.8.1**.

Does your organization comply? Yes No

If no, please state reason: _____

1.8.2 Provide copies of current occupational licenses for each address where business will be conducted. Documentation **must** be enclosed and labeled as **Attachment 1.8.2**.

Does your organization comply? Yes No

If no, please state reason: _____

1.8.3 Provide proof that there are no outstanding City liens against this business or these addresses. Documentation **must** be enclosed and labeled as **Attachment 1.8.3**.

Does your organization comply? Yes No

If no, please state reason: _____

Restrictions

The Provider shall:

1.1. be a private non-profit corporation organized under state or local laws; have a tax exemption ruling from the Internal Revenue Service under section 501(c)(3) of the Internal Revenue Code of 1986. New nonprofits must show evidence of application for 501(c)(3) status at time of submission of RFP and must be designated a 501(c)(3) before any funds may be obligated. Funds are obligated on the date the City Commission approves the funding recommendation and awards the grant;

Does your organization comply? Yes No

If no, please state reason: _____

Or

be a governmental agency as defined in Florida Statutes Title XII Chapter 166 – Municipality or Title XXX Chapter 421 – Housing Authority;

Does your organization comply? Yes No

If no, please state reason: _____

1.2. not utilize HOPWA funds to supplant any existing programs or resources for HIV programs and services (e.g., HOPWA housing and support services must not be duplicated under Ryan White funding, Medicaid, Department of Children and Families, ADAP, Etc.);

Does your organization comply? Yes No

If no, please state reason: _____

1.3. have no part of its net earnings inure to the benefit of any member, founder, contributor, or individual; be neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization;

Does your organization comply? Yes No

If no, please state reason: _____

1.4. have standards of financial accountability that conform to 24CFR 84.21, "Standards for Financial Management Systems" and applicable OMB circulars;

Does your organization comply? Yes No

If no, please state reason: _____

1.5. provide a format and/or consumer grievance process whereby PWAs may advise the organization of its concerns regarding the operation, organization and implementation of HIV/AIDS related programs;

Does your organization comply? Yes No

If no, please state reason: _____

1.6. have a demonstrated capacity for carrying out program activities. An organization may satisfy this requirement by hiring experienced, accomplished, key staff members (or a consultant) who have successfully operated similar programs;

Does your organization comply? Yes No

If no, please state reason: _____

1.7. have a history of serving the HIV/AIDS community. In general, an agency should be able to show two years of serving the HIV/AIDS community. However, a newly created organization may meet this requirement by demonstrating that its parent organization has at least two years of serving the HIV/AIDS community;

Does your organization comply? Yes No

If no, please state reason: _____

1.8. utilize HOPWA funds to provide housing services only to eligible Broward County residents;

Does your organization comply? Yes No

If no, please state reason: _____

1.9. provide rent standards that comply with the published Section 8 fair market rent or HUD approved community-wide exception rent for the unit size. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units;

Does your organization comply? Yes No

If no, please state reason: _____

1.10. make certain that each person receiving rental assistance under this program or residing in any rental housing assisted under this program, pays as rent an amount determined in accordance

with Section 3(a) of the United States Housing Act of 1937 and Section 8 Housing guidelines. Under these authorities according to 24CFR 574.310(d), each resident must pay as rent the higher of:

- Thirty percent (30%) of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of the family and child care expenses);
- Ten percent (10%) of the family's monthly gross income; or
- If the family is receiving payments for welfare assistance from a public agency and a part of the payment, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated;

Does your organization comply? Yes No

If no, please state reason: _____

1.11. Not utilize HOPWA funding to make payments for a service that will be provided for under another third-party benefits program or by an entity that provides services on a prepaid basis. HOPWA funding must not be utilized to supplant any other sources of funding, including Medicaid, Medicare, private insurance, Ryan White (all parts) and/or any other third party payers;

Does your organization comply? Yes No

If no, please state reason: _____

1.12. not utilize HOPWA funds for healthcare costs such as HIV/AIDS medications unless done so as a last resort. The client's file must provide detailed documentation of all attempts made to secure such medications and/or treatments. The documentation of these attempts should provide the name and title of all parties involved in the request to secure the medications from each organization and the reason the request was denied. In addition, Providers must document that the use of HOPWA resources for medication costs is done so in coordination with the client's individual housing/service plan. The individual housing/service plan must include the plan, (complete with timelines and bench marks), for transitioning the clients' medication costs to mainstream health care resources. It is expected that the use of HOPWA funds for ADAP and/or Ryan White purposes would be minimal and under extreme circumstances, as most ADAP and/or Ryan White providers have policies in place that allow for a transitioning period and cover gaps in AIDS medication coverage;

Does your organization comply? Yes No

If no, please state reason: _____

1.13. provide housing services without regard to ability to pay or the current or past health condition of an individual;

Does your organization comply? Yes No

If no, please state reason: _____

1.14. agree if funds are utilized wholly or in part for employee salaries, whether direct or indirect charges, activity reports shall be submitted to the city reflecting real or reasonable activities that directly show the time each particular staff person spends on HOPWA activities;

Does your organization comply? Yes No

If no, please state reason: _____

1.15. agree that any equipment, furnishings, and supplies purchased with HOPWA funds, in part or wholly, Provider must provide description of the equipment and furnishings, listing the location and general condition of said property, and a serial, model number or other identification number, and is subject to physical inventory review by the City.

Does your organization comply? Yes No

If no, please state reason: _____

1.16. agree that all records are available for inspection by the City or HUD representatives during all normal business hours. Records pertaining to this RFP and award shall be maintained by the Provider and made available, in Broward County, Florida, for the duration of the grant term and retained for a period of four (4) years beyond the last day of the grant term. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the four (4) year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the four (4) year period, whichever is later. Records shall include but not be limited to e-mails, memorandums, correspondence, accounting documents, receipts, invoices, minutes of meetings, surveys and any all other documents or data either electronic, paper or both, associated in any way to the administration and implementation of the HOPWA program and the receipt and disbursement of the HOPWA funds provided.

Does your organization comply? Yes No

If no, please state reason: _____

1.17. shall participate in the designated HOPWA client information software system, Provide Enterprises (PE). PROVIDER agrees to access, share, and input data electronically through PE for the purpose to accomplish a more efficient and effective service delivery for Clients; to reduce duplication of Client data; facilitate billing and reimbursement requests; improve

integration of Client services; to provide a tool for the CITY, and HOPWA PROVIDERS to collaboratively provide a continuum of housing and care for persons living with HIV and AIDS within and across agencies;

Does your organization comply? Yes No

If no, please state reason: _____

1.18. Agree to the permitted uses and disclosures of client data as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy and Security Rules.

Does your organization comply? Yes No

If no, please state reason: _____

1.19. recipients must comply with Title II of the American with Disabilities Act regarding non-discrimination on the basis of disability and provide a statement pledging to abide by the Broward County Human Rights Ordinance with respect to employment, housing and public accommodations based on race, sex, religion, color, national origin, age, disability, marital status, political affiliations, familial status and sexual orientation;

Does your organization comply? Yes No

If no, please state reason: _____

1.20. Providers that are affiliated with religious or faith based organizations must agree to provide all eligible activities in a manner that is free from religious influences and in accordance with 24CFR§574.300(c);

Does your organization comply? Yes No

If no, please state reason: _____

1.21. Providers must attend the HOPWA meetings provided or organized in full and / or in part by the City. Each agency shall designate a primary representative. In the event the primary representative is unable to attend the HOPWA meetings, an alternate representative shall attend;

Does your organization comply? Yes No

If no, please state reason: _____

1.22. be familiar with, understand and have policies in place that complies with Federal regulations including 24 CFR 574.100- 24 CFR 574.655 but not limited to:

i. Conflicts of Interest

ii. Environmental Requirements

iii. Nondiscrimination and Equal Opportunity Requirements

iv. Affirmatively Furthering Fair Housing

v. Lead-Based Paint Requirements

vi. Uniform Administrative Requirements

vii. Equal Participation of Religious Organizations

viii. Lobbying and Disclosure Requirements

ix. Drug-Free Workplace Requirements

x. Procurement of Recovered Materials

Does your organization comply? Yes No

If no, please state reason: _____

Not
Applicable
No
Material

Program Type Specific Requirements: Category II

Support Services Non-Housing Subsidy: Case Management Program Type

The Provider operating and administering this program must:

complete initial assessment of the client's housing needs and personal support systems;

Does your organization comply? Yes No

If no, please state reason: _____

develop a comprehensive, individualized housing plan;

Does your organization comply? Yes No

If no, please state reason: _____

coordinate services required to implement the housing plan;

Does your organization comply? Yes No

If no, please state reason: _____

monitor client to assess the ongoing effectiveness of the housing plan;

Does your organization comply? Yes No

If no, please state reason: _____

periodically reevaluate and revise the housing plan as necessary, which may include client-specific advocacy and/or review of service utilization;

Does your organization comply? Yes No

If no, please state reason: _____

assist clients in locating, acquiring, financing, and maintaining affordable and appropriate housing;

Does your organization comply? Yes No

If no, please state reason: _____

collaborate with area providers to determine the best housing solution for HOPWA eligible clients;

Does your organization comply? Yes No

If no, please state reason: _____

assist in facilitating efficient client enrollment in housing services (STRMU/PHP);

Does your organization comply? Yes No ___

If no, please state reason: _____

submit applications for STRMU/PHP assistance that are accurate and processed in a timely manner;

Does your organization comply? Yes No ___

If no, please state reason: _____

not duplicate or replace Ryan White Part A Medical Case Management;

Does your organization comply? Yes No ___

If no, please state reason: _____

must demonstrate an ability to provide the service in a matter which is separate from Medical Case Management services;

Does your organization comply? Yes No ___

If no, please state reason: _____

shall adhere to the client termination policy provided in HOPWA regulation 24 CFR 574.310(e) and the City 's termination process. Provider agrees that a Program violation by a client which impacts the integrity of all HOPWA funded housing programs shall result in immediate termination of the offending client from the Program.

Does your organization comply? Yes No ___

If no, please state reason: _____

Not
Applicable
No
Material

Not
Applicable
No
Material

Not
Applicable
No
Material

Not
Applicable
No
Material

Not
Applicable
No
Material

CATEGORY II FUNDING

FY 2015/2016

Supportive Service: Housing Case Management

Projected Available Funding: \$430,000.00	Requested Amount
Of the total amount requested, must indicate amount requesting for:	NA
Administration (cannot exceed 7% of the total amount requested amount)	\$9,844
Operations: Direct and Service Delivery Cost	\$0
Support Services Direct Cost	\$205,156
Total Amount Requested (Cannot Exceed Projected Available Funding)	\$215,000

EXHIBIT
HSG Case Mgt (HCM)

Line Item Budget Summary
 12 Month Summary

Care Resource

Fiscal Year October 1, 2015 thru September 30, 2016

Requested Amount \$ **215,000.00**

CATEGORY	Monthly Costs	Annual Costs
Programs/Service (Facility Based, PB, PHP or STRMU or TBRV)	\$ -	\$ -
Non Admin Personnel	\$ 12,204.33	\$ 146,452.00
Non Admin Fringe Benefits	\$ 4,375.33	\$ 52,504.00
Non Admin Travel	\$ 125.00	\$ 1,500.00
Non Admin Supplies	\$ 391.67	\$ 4,700.00
Non Admin Other Cost	\$ -	\$ -
Total HOPWA Administrative Costs (the sum up admin cost for :salaries, fringe, travel, supplies and other)	\$ 820.33	\$ 9,844.00
Total All Categories (Program Non Admin and Administration)	\$ 17,916.67	\$ 215,000.00

Congratulations! Your requested HOPWA Administrative costs do not exceed the allowable 7% of the total program cost.

EXHIBIT B

Budget: Personnel Narrative
 Fiscal Year October 1, 2015
 Agency: Care Resource

September 30, 2016

Personnel Budget Narrative			
Position Title Staff Name	Using the HOWA Cross Walk cost definitions located in the Directions tab, provide a detailed explanation of what the staff's HOPWA job responsibilities are...		
	ADMINISTRATION DESCRIPTION Admin Cost	OPERATIONS Direct Cost	SUPPORT SERVICES DESCRIPTION Direct Costs
Housing Services Manager Francisco Gomez		<p>The position will provide day to day supervision to the Housing Case Management program, coordinates staff attendance at HOPWA related trainings and meetings, and ensures the agency's quality assurance standards are met within the program. Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>	<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>
Housing Case Manager Viergelie Jean		<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>	<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>
Sr. Housing Case Manager Diego Rodriguez		<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>	<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>
Housing Case Manager Carlos Moege		<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>	<p>Staff time to assess PHP eligibility and need for assistance, time with landlords or utility companies verifying costs, payments to landlord or utilities company to assist the client's move into permanent housing and the time and costs spent cutting/ mailing costs to landlords on the client's behalf. Supervision of staff paid off service delivery and/or support services direct cost. The time spent on qualifying a client for STRMU assistance – including communication with the landlord or utility company, and the time/cost spent cutting/ mailing costs to the landlord or utility company.</p>
	<p>This position will provide administrative and financial oversight to the HOPWA program including billing, reconciliations, and overseeing payroll for program staff. Additionally, serves as the agency liaison for administrative matters related to HOPWA.</p>		

Item	Breakdown of Expenses			Total all	% Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans
	#REF!	Operations Direct Cost	#REF!		
Insert # of miles and rate to be charged to Admin				\$ -	
Insert # of miles and rate to be charged to Operations		\$ -		\$ -	
Insert # miles and rate to be charged to Support Services			\$ 1,500.00	\$ 1,500.00	3000 * \$0.50/mile
Parking Receipts/Tolls	\$ -	\$ -	\$ -	\$ -	
Total Travel - Administration	\$ -				
Total Travel - Operations		\$ -			
Total Travel- Support Services			\$ 1,500.00	\$ 1,500.00	
Total All Supplies				\$ 1,500.00	

If admin staff for a HOPWA admin-related meeting, bill to admin.
 If local meetings that relate to administration of the HOPWA program it is billed against admin. If it is a meeting specifically related to a client's TBRA/TBRV, STRMU, PHP then it is a
 If the non admin staff is doing the travel provide service delivery for client it is Service Delivery of the housing if in regards to PHP, STRMU, TBRA/TBRV.
 If travel is part of HOPWA funded case management, it gets billed as service delivery HOPWA Support Services Direct Cost

Rules and regulations require a mileage log for any staff who are paid in full or part with HOPWA funds and the agency required to maintain a mileage log for auditing and monitoring.

Exhibit -
Budget - Supplies billed to HOPWA Case Mgt (HCM)
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: Care Resource

Item	Breakdown of Expenses			Total all	% Charged to HOPWA Calculation Narrative that aligns with the Agency's cost allocation plans
	Admin Cost	Operations Direct Cost	Operations Service Delivery Cost		
Business Card				\$ -	
Computer Supplies (mouse, key boards, software, usb. See equipment list)				\$ -	
Day to Day Supplies	\$ 100.00		1,200.00	\$ 1,300.00	
Flip Chart Paper				\$ -	
Marketing Materials for HOPWA Program	\$ 623.00			\$ 623.00	
Postage/Delivery			500.00	\$ 500.00	
Printer Toner				\$ -	
Program Charting and Supplies			1,500.00	\$ 1,500.00	
Xerox Copier and Fax Supplies			1,500.00	\$ 1,500.00	
Xeroxing Printing Cost only				\$ -	
Xerox Copier Lease and associated Printing Cost				\$ -	
Total Supplies - Administration	\$ 723.00				
Total Supplies - Operations		\$ -			
Total Supplies- Support Services			\$ 4,700.00		
Total All Supplies				\$ 5,423.00	

Exhibit -
Budget - Equipment Purchased Using Agency, Leverage Funding not HOPWA Funding
 Fiscal Year October 1, 2015 thru September 30, 2016
 Agency: Care Resource

Item	Agency Leveraged funding	Total all
Appliance: AC Units	\$	-
Appliance: Microwave	\$	-
Appliance: Other	\$	-
Appliance: Refrigerator	\$	-
Appliance: Stove/Oven	\$	-
Appliance: Dishwasher	\$	-
Appliances: Dryer	\$	-
Appliances: Washer	\$	-
Back up External Drives	\$	-
Bed Frames	\$	-
Camera	\$	-
Cell Phone and Equipment	\$	-
Computer Battery Back Up	\$	-
Computer CPU	\$	-
Computer Monitor	\$	-
Computer Set (monitor, key board and CPU)	\$	-
Computer Software	\$	-
File Cabinets: Lateral	\$	-
File Cabinets: Non-Lateral	\$	-
Furniture FAC only	\$	-
Furniture Non-FAC	\$	-
Laptop/Notebook	\$	-
LCD Projectors	\$	-
Maintenance Equipment for Owned Properties	\$	-
Mattresses FAC	\$	-
Phone Systems	\$	-
Printer/Scanner Fax Machine	\$	-
Routers	\$	-
Security (Only hardware and labor)	\$	-
Tablets	\$	-
Total Equipment - Administration		
Total Equipment - Operations		
Total Equipment- Support Services	\$	-
Total All Supplies	\$	-

**Exhibit B -
Budget -Program/Services for HSG Case Mgt (HCM)**
Fiscal Year October 1, 2015 thru September 30, 2016
Agency: Care Resource

Proposed Services (Complete only if Project Based, PHP, STRMU, or TBRV. Do not combine programs. Only enter the program to be funded.)	Number of Unduplicated Clients - Served Monthly	Number of Unduplicated Clients Served Annually	Projected Monthly Expense	Client Program Subsidy Cost As Listed in RFP
			\$ -	
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
Total	0	0	\$ -	\$ -

Not
Applicable
No
Material

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
Health Crisis Network, Inc.

I.

The name of the corporation is Health Crisis Network (the "Corporation").

II.

Article I of the Articles of Incorporation of the Corporation is hereby amended to change the name of the Corporation to Community AIDS Resource, Inc.

III.

This Amendment to the Articles of Incorporation was duly adopted pursuant to Section 617.1002 of the Florida Not For Profit Corporation Act by the unanimous vote of the members of the Corporation at a meeting held on June 25, 1998. The number of votes cast for the amendment was sufficient for approval.

IN WITNESS WHEREOF, the Corporation has caused these Articles of Amendment to be executed on the 1st day of July, 1998.



Betty Alvarez
President
Health Crisis Network

MLA9801/23393-1

ARTICLES OF MERGER

FILED
98 JUL -1 PM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These ARTICLES OF MERGER, submitted pursuant to Section 617.1105, Florida Statutes, dated as of JUN 25th, 1998, provide for the merger of Community Research Initiative of South Florida, Inc., a Florida not-for-profit corporation ("CRI"), with and into Health Crisis Network, Inc., a Florida not-for-profit corporation ("HCN"), which shall be the surviving corporation.

ARTICLE I - PLAN OF MERGER

A copy of the Agreement and Plan of Merger pursuant to which CRI will be merged with and into HCN is attached hereto as Appendix A and incorporated herein by this reference.

ARTICLE II - EFFECTIVE DATE

The merger of CRI with and into HCN shall be effective July 1, 1998 subsequent to the filing of these Articles of Merger, on or before June 30, 1998 with the Secretary of State of the State of Florida.

ARTICLE III - ADOPTION OF PLAN OF MERGER

The Agreement and Plan of Merger was adopted by the Board of Directors of CRI at a meeting on May 18, 1998 pursuant to Section 617.0820 of the Florida Not For Profit Corporation Act and approved by the members of CRI at a meeting on May 18, 1998, pursuant to Section 617.0701 of the Florida Not For Profit Corporation Act.

The Plan of Merger was adopted by the Board of Directors of HCN at a meeting on May 18, 1998, pursuant to Section 617.0820 of the Florida Not For Profit Corporation Act and approved by the members of HCN at a meeting on May 18, 1998 pursuant to Section 617.0701 of the Florida Not For Profit Corporation Act.]

The Articles of Merger may be executed in counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, these Articles of Merger have been duly executed on behalf of each of CRI and HCN by their duly authorized officers as of the date first above written.

COMMUNITY RESEARCH INITIATIVE
OF SOUTH FLORIDA, INC.

By: Don Fisher
Name: Don Fisher, D.O.
Title: President

HEALTH CRISIS NETWORK, INC.

By: Betty Alvarez
Name: Betty Alvarez
Title: President

ARTICLES OF INCORPORATION

OF

HEALTH CRISIS NETWORK, INC.

A NONPROFIT CORPORATION

OCT 11 9 50 AM '93
SECRETARY OF STATE

FILED

We, the undersigned, with other persons being desirous of forming a nonprofit corporation, under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

ARTICLE I.

The name of this corporation is HEALTH CRISIS NETWORK, INC. The principal place of business of this corporation shall be 4131 McDonald Street, Miami, Florida 33133.

ARTICLE II.

The general purposes of the business or businesses to be transacted by this corporation, together with and in addition to the authority and powers conferred by the laws of the State of Florida, are to educate and inform persons about their personal health and all health related problems and to provide resources and assistance to persons suffering from all medical related problems.

ARTICLE III.

The membership of this corporation shall constitute all persons hereinafter named as officers and directors and such other persons as from time to time may volunteer for membership.

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ARTICLE IV.

The name and address of the subscriber to these Articles is:

Gail Shelby 502 East Park Avenue
Tallahassee, Florida 32301

ARTICLE V.

This corporation is to exist perpetually.

ARTICLE VI.

The officers of the corporation shall be Chairman, Secretary, Treasurer and such other officers as may be provided in the Bylaws.

The names of the persons who are to serve as officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

C. William Kipp Chairman	1930 Bay Drive, Apartment 2 Miami Beach, Florida
Mellisa Pinto Sec.	4131 McDonald Street Miami, Florida 33133
Glen Minton Treas.	963 Bay Drive, Apartment 5 Miami Beach, Florida

ARTICLE VII.

The business of this corporation shall be managed by the Board of Directors. This corporation shall have three directors initially. The number of directors may be increased from time to time by the Bylaws, but shall never be less than three.

The Board of Directors shall be elected and hold office in accordance with the Bylaws.

The names and addresses of the persons who are to serve as directors for the ensuing year, or until the first annual meeting of the corporation are:

C. William Kipp Dir.	1930 Bay Drive, Apartment 2 Miami Beach, Florida
Mellisa Pinto Dir.	4131 McDonald Street Miami, Florida 33133
Glen Minton Dir.	963 Bay Drive, Apartment 5 Miami Beach, Florida

ARTICLE VIII.

The Board of Directors of this corporation may provide such Bylaws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time.

Upon proper notice, the Bylaws may be amended, altered or rescinded by the membership.

ARTICLE IX.

These Articles of Incorporation may be amended by the membership.

ARTICLE X.

The street address of the initial registered office of this corporation shall be C/O Corporation Information Services, Inc., 502 East Park Avenue, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services - Gail Shelby.

IN WITNESS WHEREOF, the undersigned subscribing incorporator, has hereunto set her hand and seal on this 13th day of October, 1983.

Gail Shelby (SEAL)
Gail Shelby

ACKNOWLEDGMENT OF REGISTERED AGENT:

Having been named to accept service of process for the above-stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Gail Shelby
Gail Shelby for Corporation
Information Services, Inc.

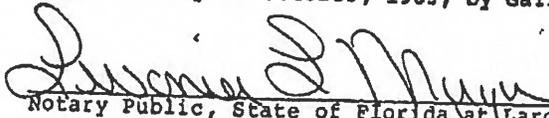
OCT 14 9 52 AM '83
SECRETARY OF STATE

FILED

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me
this 13th day of October, 1983, by Gail Shelby.


Notary Public, State of Florida at Large

Notary Public, State of Florida

My Commission Expires: May 1, 1986
Revised Form 1000-1-1-83-1000000-1000

USER NAME PASSWORD

[Forgot Username?](#) [Forgot Password?](#)

[Create an Account](#)

Entity Dashboard

- [Entity Overview](#)
- [Entity Record](#)
- [Core Data](#)
- [Assertions](#)
- [Reps & Certs](#)
- [POCs](#)
- [Reports](#)
- [Service Contract Report](#)
- [BioPreferred Report](#)
- [Exclusions](#)
- [Active Exclusions](#)
- [Inactive Exclusions](#)
- [Excluded Family Members](#)

[RETURN TO SEARCH](#)

COMMUNITY AIDS RESOURCE
 DUNS: 829835222 CAGE Code: 471V9
 Status: Active

3510 BISCAYNE BLVD FL 3
 MIAMI, FL, 33137-3840 ,
 UNITED STATES

Expiration Date: 04/21/2016
 Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: COMMUNITY AIDS RESOURCE
Doing Business As: CARE RESOURCE
Business Type: Business or Organization
POC Name: Hudes Desrameaux
Registration Status: Active
Activation Date: 04/22/2015
Expiration Date: 04/21/2016

Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

IBM v1.P.27.20150327-1711

WWW3

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



Internal Revenue Service

Date: August 20, 2007

**Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201**

**COMMUNITY AIDS RESOURCE INC
3510 BISCAYNE BLVD STE 300
MIAMI FL 33137-3840 990**

Person to Contact:
Laura A. Botkin 17-57017
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
59-2564198

Dear Sir or Madam:

This is in response to your request of August 20, 2007, regarding your organization's tax-exempt status.

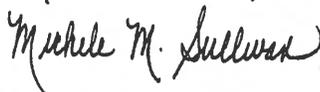
In September 1985 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

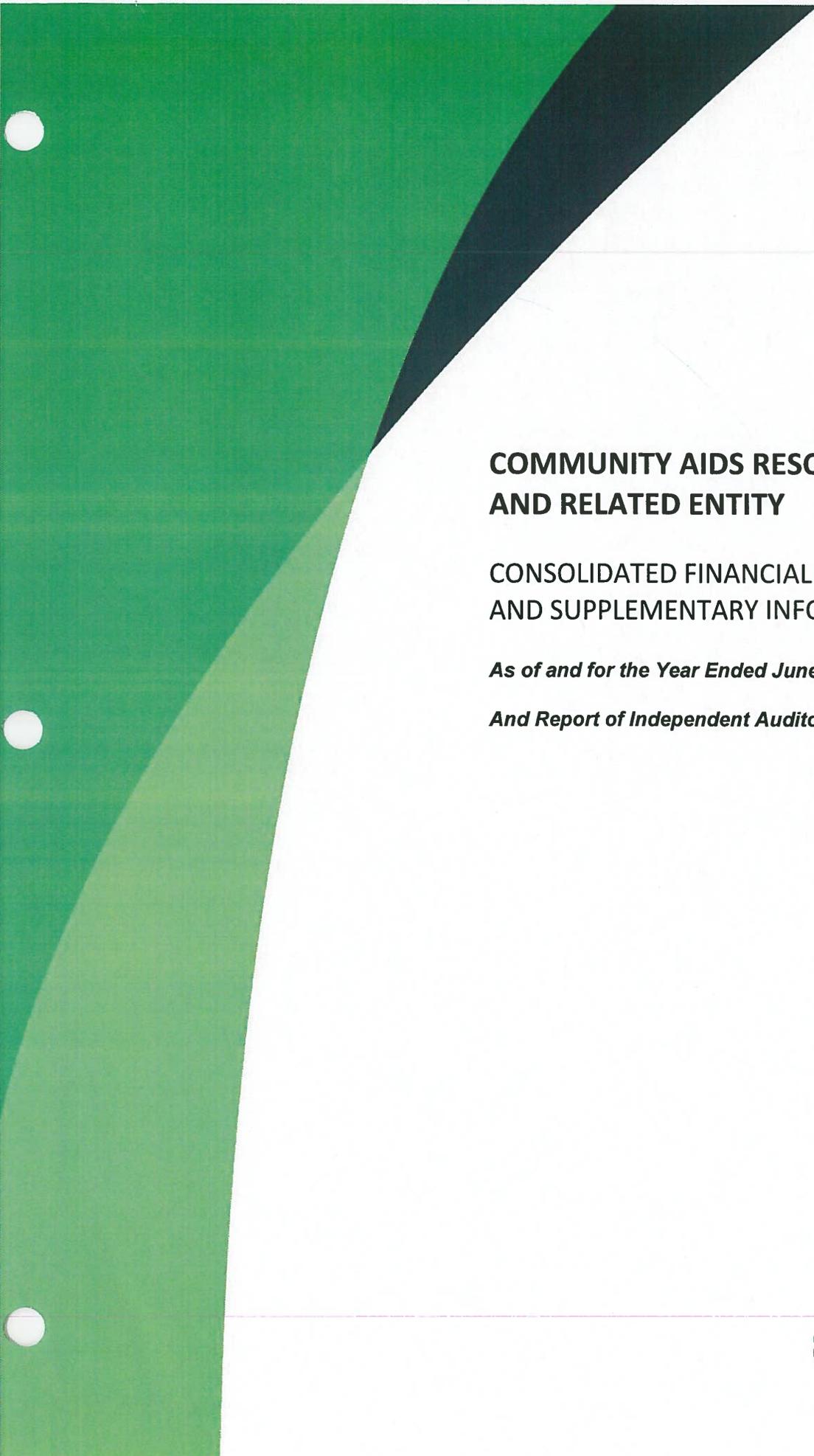
Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1



**COMMUNITY AIDS RESOURCE, INC.
AND RELATED ENTITY**

**CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

As of and for the Year Ended June 30, 2014

And Report of Independent Auditor

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
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GA

Report of Independent Auditor

To the Board of Directors
Community AIDS Resource, Inc. and Related Entity
Miami, Florida

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Community AIDS Resource, Inc. and Related Entity (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2014, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of June 30, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of substance abuse and mental health services program, schedule of state earnings, schedule of related party transaction adjustments, and schedule of bed-day availability payments are presented for purposes of additional analysis as required by the State of Florida Department of Children and Families. The accompanying consolidated schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the Organization's 2013 consolidated financial statements, in our report dated October 21, 2013, and we expressed an unmodified opinion on those audited consolidated financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2013, is consistent, in all material respects, with the audited consolidated financial statements from which it was derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 28, 2014, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Cheng Behant LLP

Coral Gables, Florida
October 28, 2014

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

YEAR ENDED JUNE 30, 2014 (WITH SUMMARIZED FINANCIAL INFORMATION FOR JUNE 30, 2013)

	<u>2014</u>	<u>2013</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 1,456,572	\$ 2,127,273
Grants and other receivables	2,974,316	2,153,469
Inventory	44,361	37,447
Investments	987,454	348,041
Prepaid expenses and other current assets	261,637	105,856
Total current assets	<u>5,724,340</u>	<u>4,772,086</u>
Investment in partnerships	179,230	179,230
Property and equipment, net	4,672,906	4,546,504
Other assets		
Deferred financing costs, net	21,992	26,622
Deposits	13,790	5,790
Total other assets	<u>35,782</u>	<u>32,412</u>
Total assets	<u>\$ 10,612,258</u>	<u>\$ 9,530,232</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Mortgage note payable, current portion	\$ 109,445	\$ 102,999
Accounts payable	1,230,288	803,169
Accrued expenses	165,888	173,603
Refundable advances	100,199	212,421
Total current liabilities	<u>1,605,820</u>	<u>1,292,192</u>
Long-term liabilities		
Obligation under interest rate swap	235,562	264,529
Mortgage note payable, net of current portion	2,445,822	2,555,263
Total long-term liabilities	<u>2,681,384</u>	<u>2,819,792</u>
Total liabilities	<u>4,287,204</u>	<u>4,111,984</u>
Net assets		
Unrestricted		
Board designated	900,000	1,019,000
Undesignated	5,425,054	4,399,248
Total net assets	<u>6,325,054</u>	<u>5,418,248</u>
Total liabilities and net assets	<u>\$ 10,612,258</u>	<u>\$ 9,530,232</u>

The accompanying notes to the consolidated financial statements are an integral part of these statements. 3

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED JUNE 30, 2014 (WITH SUMMARIZED FINANCIAL INFORMATION FOR JUNE 30, 2013)

	<u>2014</u>	<u>2013</u>
Unrestricted support, revenues, gains and losses		
Government grants	\$ 8,932,638	\$ 8,218,253
Pharmaceutical sales	6,063,031	3,036,693
Primary care center	3,067,580	2,372,615
Special events	866,361	936,053
Medicaid waiver program	591,250	559,750
Thrift store	355,164	387,474
Contributions	288,872	326,785
United Way allocation and donor options	166,704	168,750
Net unrealized gain on investments	53,454	568
Rental income	37,074	24,863
Distributions from partnerships	31,315	22,405
Change in fair value of obligation under interest rate swap	28,967	131,318
Interest and dividends	11,834	4,910
Other	4,747	896
Clinical trials	4,654	88,421
Bequest	658	-
Total unrestricted support, revenues, gains and losses	<u>20,504,303</u>	<u>16,279,754</u>
Expenses		
Program services	17,146,883	12,005,904
Supporting activities		
Management and general	269,161	188,716
Development and fundraising	943,447	1,048,078
Thrift store	420,329	461,843
Property management	817,677	595,789
Total expenses	<u>19,597,497</u>	<u>14,300,330</u>
Increase in unrestricted net assets	906,806	1,979,424
Net assets, beginning of year	<u>5,418,248</u>	<u>3,438,824</u>
Net assets, end of year	<u>\$ 6,325,054</u>	<u>\$ 5,418,248</u>

The accompanying notes to the consolidated financial statements are an integral part of these statements. 4

**COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**

YEAR ENDED JUNE 30, 2014 (WITH SUMMARIZED FINANCIAL INFORMATION FOR JUNE 30, 2013)

	2014					2013	
	Total Program Services	Management and General		Supporting Activities		Property Management	Total
		Development and Fundraising	Thrift Store	Total	Total		
Salaries and benefits							
Salaries	\$ 7,368,741	\$ 150,640	\$ 130,839	\$ 99,213	\$ 107,029	\$ 7,856,462	\$ 6,049,041
Payroll taxes and employee benefits	1,912,876	39,148	35,342	33,943	27,650	2,048,959	1,508,009
Total salaries and benefits	<u>9,281,617</u>	<u>189,788</u>	<u>166,181</u>	<u>133,156</u>	<u>134,679</u>	<u>9,905,421</u>	<u>7,557,050</u>
Other expenses							
Conferences, seminars and training	89,821	7,599	1,030	882	705	100,037	56,416
Depreciation expense	198,765	10,114	1,171	2,834	200,334	413,218	362,212
Direct assistance	163,339	393	201	47	38	164,018	118,244
Donated materials	-	-	-	177,582	-	177,582	193,737
Equipment rental and maintenance	38,188	4,799	556	1,121	449	45,113	22,102
Food bank purchases and vouchers	334,855	-	-	-	-	334,855	78,112
Fundraising services	5,350	-	648,669	-	-	654,019	816,489
Fundraising supplies	-	-	68,799	-	-	68,799	28,915
Insurance	78,501	7,515	2,334	1,186	-	106,991	111,058
Interest expense	-	-	-	-	17,455	161,259	167,414
Meals and entertainment	34,619	2,017	5,022	287	230	42,175	31,709
Outside printing, publicity and publications	207,547	313	23,462	3,938	534	235,794	106,767
Pharmacy costs	3,774,824	-	-	-	-	3,774,824	1,689,050
Postage and shipping	11,870	484	669	63	150	13,236	10,394
Professional fees and contract services	610,384	9,382	1,087	1,087	869	622,809	502,915
Purchase of prepared meals	55,789	-	-	-	-	55,789	283,831
Rental and occupancy expense	99,759	11,745	1,640	74,678	147,580	335,402	237,450
Research, lab fees and expenses	1,130,077	-	-	-	-	1,130,077	991,083
Security	959	144	17	1,096	5,727	7,943	4,307
Supplies	606,438	8,055	2,670	2,670	8,736	628,569	444,148
Telephone	78,516	8,250	1,782	5,175	3,133	96,856	63,547
Travel	47,553	2,191	1,399	267	2,323	53,733	38,285
Utilities	-	-	-	6,549	126,090	132,639	122,660
Other	298,112	6,372	16,758	7,711	7,386	336,339	262,435
Total other expenses	<u>7,865,266</u>	<u>79,373</u>	<u>777,266</u>	<u>287,173</u>	<u>682,998</u>	<u>9,692,076</u>	<u>6,743,280</u>
Total expenses	<u>\$ 17,146,883</u>	<u>\$ 269,161</u>	<u>\$ 943,447</u>	<u>\$ 420,329</u>	<u>\$ 817,677</u>	<u>\$ 19,597,497</u>	<u>\$ 14,300,330</u>

The accompanying notes to the consolidated financial statements are an integral part of these statements.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2014 (WITH SUMMARIZED FINANCIAL INFORMATION FOR JUNE 30, 2013)

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Increase in unrestricted net assets	\$ 906,806	\$ 1,979,424
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities:		
Depreciation	413,218	362,212
Amortization of financing costs	4,630	4,630
Unrealized gains on investments	(53,454)	(568)
Change in fair value of obligation under interest rate swap	(28,967)	(131,318)
Changes in operating assets and liabilities:		
Grants and other receivables	(820,847)	(796,069)
Inventory	(6,914)	(1,449)
Prepaid expenses and other current assets	(155,781)	4,232
Deposits	(8,000)	-
Accounts payable	427,119	405,436
Accrued expenses	(7,715)	18,222
Refundable advances	(112,222)	72,223
Lease deposits	-	(5,792)
Net cash provided by operating activities	<u>557,873</u>	<u>1,911,183</u>
Cash flows from investing activities		
Purchase of property and equipment	(539,620)	(511,285)
Purchases of investments	(585,959)	(4,267)
Net cash used in investing activities	<u>(1,125,579)</u>	<u>(515,552)</u>
Cash flows from financing activities		
Principal payments of mortgage note payable	(102,995)	(96,925)
Net cash used in financing activities	<u>(102,995)</u>	<u>(96,925)</u>
Net change in cash and cash equivalents	(670,701)	1,298,706
Cash and cash equivalents, beginning of year	<u>2,127,273</u>	<u>828,567</u>
Cash and cash equivalents, end of year	<u>\$ 1,456,572</u>	<u>\$ 2,127,273</u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	<u>\$ 156,629</u>	<u>\$ 162,784</u>

The accompanying notes to the consolidated financial statements are an integral part of these statements. 6

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 1 – Nature of organization and summary of significant accounting policies

Nature of Organization - Community AIDS Resource, Inc. ("Community AIDS") was incorporated in 1983 under the laws of the State of Florida to provide HIV/AIDS services throughout Miami-Dade and Broward Counties. Community AIDS activities consist of prevention, evaluation, testing information, and care and treatment services. All of the activities of Community AIDS are oriented toward providing a better quality of service and quality of life for those at risk or affected by HIV/AIDS. Community AIDS is supported primarily by public contributions, government grants, fees charged for certain services provided, and pharmaceutical sales. Community AIDS continuously expands its network of physicians across Miami-Dade and Broward Counties and to provide new services added in response to the needs of the community.

Food For Life Network, Inc. ("Food For Life") was incorporated in 1987 under the laws of the State of Florida to provide direct assistance to economically disadvantaged individuals and/or families of individuals affected by HIV/AIDS. Food For Life provides meals and groceries as well as nutritional counseling and education to eliminate malnutrition and starvation among children and adults living with HIV/AIDS. On July 1, 2007, Community AIDS became the sole member of Food For Life. Collectively, Community AIDS and Food For Life are referred to as the "Organization".

The following is a summary of the Organization's significant accounting policies:

Use of Estimates - The preparation of consolidated financial statements in accordance with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Basis of Accounting - The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Principles of Consolidation - The consolidated financial statements include the accounts of Community AIDS and Food for Life. Community AIDS has both an economic interest in Food for Life and control of Food for Life through a majority voting interest in its governing board. All material inter-organization transactions have been eliminated.

Basis of Presentation - The Organization is required to report information regarding its financial position and activities according to three classes of net assets:

Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations. The Board may designate unrestricted net assets for working capital at its discretion.

Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations, that may or will be met, either by actions of the Organization and/or passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

Donor restricted contributions whose restrictions are fulfilled within the same year are recorded as unrestricted net assets.

Permanently Restricted - Net assets subject to donor-imposed stipulations that must be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 1 – Nature of organization and summary of significant accounting policies (continued)

Cash and Cash Equivalents - For the purpose of the consolidated statement of cash flows, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

Grants and Other Receivables and Allowance for Doubtful Accounts - Grants and other receivables consists of amounts due from various government agencies and other third parties and are presented at net realizable value, which is comprised of total grants and other receivable less any allowances for uncollectible amounts. The Organization provides an allowance for potentially uncollectible amounts based upon a periodic review and analysis of outstanding grants and other receivable balances. The resulting estimate of potentially uncollectible receivables is charged to an allowance for doubtful accounts. Amounts determined to be uncollectible are written off against the allowance for doubtful accounts. Amounts previously written off and subsequently recovered are recognized as income in the periods in which the recoveries are made. Management made an analysis of its grants and other receivables and determined that an allowance for doubtful accounts was not necessary as of June 30, 2014.

Inventories - Inventories, which are comprised of donated merchandise, food supplies and prescription drugs, are valued at their estimated fair market value at the date of donation. Inventories of purchased items are valued at the lower of cost (first-in first-out) or market.

Investments - Investment in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value in the consolidated statement of financial position, with gains and losses reported in the consolidated statement of activities as changes in unrestricted net assets unless use is restricted by donor or law. Investments with readily determinable fair values are valued by using quoted market prices.

Fair Value of Financial Instruments - The carrying amounts of financial instruments, which consist of cash and cash equivalents, grants and other receivables, certificates of deposit, and accounts payable, approximated their fair value as of June 30, 2014. The carrying value of a mortgage note payable approximated its fair value as of June 30, 2014 based on current borrowing rates for loans with similar maturities. The obligation under an interest rate swap is stated at fair value at June 30, 2014.

Investment in Partnerships - Investment in partnerships consists of investments in real estate limited partnership and is reflected in the accompanying consolidated financial statements at the estimated fair values determined at the date received from the donor. The Organization has less than a twenty percent interest in each investment and does not possess the ability to exercise significant influence over the operating and financial policies of the partnership. Accordingly, the Organization utilizes the cost method of accounting whereby income is recognized as distributions are received from the partnerships.

The Organization evaluates for impairment its investment carried at cost when there are identified events or changes in circumstances that may have a significant adverse effect on the value. Management determined that there were no such conditions present for the year ended June 30, 2014.

Property and Equipment - Property and equipment are recorded at cost, if purchased, and at estimated fair value on the date donated, if donated. Depreciation of property and equipment is calculated utilizing the straight line method over their estimated useful lives which are as follows:

Building	40 Years
Building improvements	7 - 40 Years
Furniture and equipment	3 - 7 Years
Vehicles	3 Years

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 1 – Nature of organization and summary of significant accounting policies (continued)

Expenditures for maintenance, repairs, and renewals of minor items are charged to expenses as incurred. Major renewals and improvements are capitalized. Upon disposition, the cost and related accumulated depreciation are removed from the accounts and the resulting gain or loss is reflected in the consolidated statement of activities.

Financing Costs - The costs incurred in connection with financing are amortized using the effective interest method over the remaining term of the related debt. When the related loan is paid-off, any unamortized financing costs are removed from the related accounts and charged to operations.

Refundable Advances - Grants received that relate to exchange transactions are reported as refundable advances until the related services are performed, at which time they are recognized as revenues.

Revenue Recognition - Revenues from services are recognized in the period in which the service is performed. Revenues from sales are recognized when goods are delivered to the customer.

Contributions - Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted, depending on the existence and nature of any donor restrictions. Contributions, including unconditional promises to give, are recognized as revenue in the period in which the Organization becomes aware of the promises to give or receives the contribution.

Donated Assets - Donated assets are recorded as support at their estimated fair values at the date of the donation. Such donations are reported as unrestricted support unless the donor has restricted the donated assets to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support.

Absent donor stipulations regarding how long-lived donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Donated Supplies and Services - Donated supplies and services are recorded at their estimated fair values at the date of receipt. The Organization recognizes donated services that creates or enhances non-financial assets or that require specialized skill that would typically need to be purchased if not provided by donation. The value of donated services is recorded as contributions and expenses in the period rendered.

Derivative Financial Instruments - The Organization holds derivative financial instruments for the purpose of hedging the risks of certain identifiable and anticipated transactions. In general, the types of risks hedged are those relating to the variability of future earnings and cash flows caused by movements in interest rates. The derivative financial instruments are not held for trading purposes.

Summarized Comparative Information - The consolidated financial statements include certain prior year summarized comparative information for the year ended June 30, 2013 in total, but not by program and supporting activities. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended June 30, 2013, from which the summarized information was derived.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 1 – Nature of organization and summary of significant accounting policies (continued)

Functional Allocation of Expenses - Expenses have been charged directly to program or supporting activities categories based on specific identification. Indirect expenses have been allocated among the programs and supporting services benefited.

Income Taxes - Community AIDS and Food For Life are exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, both organizations qualify for the charitable contribution deduction under Section 170(b)(1)(A) and have been classified as an organization other than a private foundation under Section 509(a)(2).

Income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. During the year ended June 30, 2014, the Organization incurred losses from its unrelated business activities, and accordingly, the accompanying consolidated financial statements do not reflect any income tax provisions.

The Organization recognizes deferred tax assets related to the effects of net operating loss carryovers derived from its unrelated business activities. Valuation allowances are established when necessary to reduce deferred tax assets to the amount expected to be realized. The Organization's information returns for the years 2010 - 2013 remain subject to examination by various authorities. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. Management believes there are no such uncertain tax positions as of June 30, 2014, and accordingly, no liability has been accrued.

Subsequent Events - The Organization evaluated subsequent events through October 28, 2014, the date these consolidated financial statements were available to be issued.

Note 2 – Investments

Total investments consisted of the following June 30, 2014:

Common stock	\$ 167,079
Exchange traded funds	820,375
Total investments carried at fair value	<u>\$ 987,454</u>
Real estate limited partnership interests	<u>179,230</u>
Total investment carried at cost	<u>\$ 179,230</u>

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 2 – Investments (continued)

Summary of income on investments for the year ended June 30, 2014 was as follows:

Interest and dividends	\$	11,834
Income from real estate partnership		31,315
Net appreciation in fair value of investments		53,454
Total investment income	<u>\$</u>	<u>96,603</u>

Note 3 – Fair value measurements

During the year ended June 30, 2014, investments and the obligation under interest rate swap were measured at fair value on a recurring basis, using quoted market prices (Level 1), significant observable inputs (Level 2), and significant unobservable inputs (Level 3), as follows:

	<u>Level 1:</u>	<u>Level 2:</u>	<u>Level 3:</u>	<u>Total</u>
Common stock	<u>\$ 167,079</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 167,079</u>
Exchange traded funds	<u>\$ 820,375</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 820,375</u>
Obligations under interest rate swap	<u>\$ -</u>	<u>\$ (235,562)</u>	<u>\$ -</u>	<u>\$ (235,562)</u>

The fair value of the obligation under interest rate swap was measured using discounted cash flow techniques. The estimated net settlement over the term of the obligation under interest rate swap was discounted to present value using the one month LIBOR rate as the estimated discount rate. Therefore, it is reasonably possible that a change in those estimates could occur in the near-term.

Note 4 – Property and equipment

Property and equipment consisted of the following as of June 30, 2014:

Buildings	\$	3,983,446
Building improvements		1,622,797
Furniture and equipment		1,122,474
Vehicles		259,219
		<u>6,987,936</u>
Less: accumulated depreciation		<u>(2,315,030)</u>
Property and equipment, net	<u>\$</u>	<u>4,672,906</u>

Depreciation expense for the year ended June 30, 2014 totaled \$413,218.



COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 4 – Property and equipment (continued)

Buildings and building improvements are pledged as security for the mortgage note payable (see Note 7). Building and building improvements had a carrying value of \$4,102,512 as of June 30, 2014.

Note 5 – Deferred financing costs

Deferred financing costs consisted of the following as of June 30, 2014:

Deferred financing costs	\$ 45,921
Less accumulated amortization	<u>(23,929)</u>
Deferred financing costs, net	<u>\$ 21,992</u>

Amortization of deferred financing costs, which has been included with interest expense in the accompanying statement of functional expenses, was \$4,630 for the year ended June 30, 2014.

Estimated future amortization of deferred financing costs as of June 30, 2014 was approximately as follows:

Year ending June 30:	
2015	\$ 5,435
2016	5,190
2017	4,929
2018	4,652
2019	<u>1,786</u>
Total	<u>\$ 21,992</u>

Note 6 – Income taxes

As of June 30, 2014, the Organization had net operating loss carry forwards related to its unrelated business activity of approximately \$1,783,180 that can be deducted against future taxable unrelated business income. These tax carry forward amounts expire through June 30, 2034.

Deferred taxes consisted of the following as of June 30, 2014:

Deferred tax assets	\$ 704,356
Valuation allowance	<u>(704,356)</u>
	<u>\$ -</u>

A valuation allowance was established to eliminate the deferred tax benefit that existed at that time since it was uncertain whether the tax benefits would ever be realized.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 7 – Mortgage note payable

Mortgage note payable consisted of the following as of June 30, 2014:

Total note payable	\$ 2,555,267
Note payable, current portion	<u>(109,445)</u>
Note payable, net of current portion	<u>\$ 2,445,822</u>

The Organization has a mortgage with a financial institution due in varying monthly payments of principal and interest at 2.50% plus the London Inter-Bank Offering Rate (.1932% at June 30, 2014). A balloon payment of approximately \$1,994,000 plus any unpaid accrued interest becomes due in April 2019. The mortgage note is secured by buildings and building improvements (see Note 4).

Interest expense amounted to \$156,629 for the year ended June 30, 2014.

Future principal maturities of the mortgage note payable as of June 30, 2014 were as follows:

2015	\$ 109,445
2016	116,300
2017	123,583
2018	131,323
2019	<u>2,074,616</u>
Total	<u>\$ 2,555,267</u>

Note 8 – Interest rate swap

The Organization entered into an interest rate swap arrangement effective April 2009 with its financial institution that effectively fixed the interest rate on the mortgage note payable at 6.09%. The notional amount of the interest rate swap agreement, which matures in April 2019, was \$2,555,267 as of June 30, 2014.

The Organization's purpose for entering into the swap arrangement was to hedge against the risk of interest rate increases on the related variable rate note payable. As a not-for-profit, the Organization is precluded from using hedge accounting. As a result, the Organization recognized a gain of \$28,967 from the derivative financial instrument which is reported in the consolidated statement of activities as change in fair value of obligation under interest rate swap for the year ended June 30, 2014.

Note 9 – Board designated net assets

It is the policy of the Board of Directors of the Organization to review its plans for future purchases of property and equipment. The Board of Directors designates appropriate sums of unrestricted net assets to assure adequate financing of such expenditures. As of June 30, 2014, the Board of Directors designated \$900,000 for such expenditures.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 10 – Employee retirement plans

The Organization sponsors a 401(k) defined contribution plan covering substantially all full time employees. Employees become eligible to participate in the plan upon completion of 1,000 hours of service within the completion period, as defined. The Organization contributed \$185,569 to the Plan for the year ended June 30, 2014. The Organization also has a retirement plan provided under IRC Section 403(b). The Organization did not contribute to this plan during the year ended June 30, 2014.

Note 11 – Commitments and contingencies

Grants require compliance with certain terms and conditions as set forth in the grant agreements. Failure to comply with the conditions could result in the return of the funds to grantors. Management believes it has fulfilled all terms and conditions of grant agreements.

The Organization is obligated under two non-cancelable operating leases for its facilities which expire through May 2017. Future minimum lease commitments as of June 30, 2014 for the non-cancelable operating leases were approximately as follows:

Year ending June 30:	
2015	\$ 164,139
2016	134,785
2017	110,000
	<u>\$ 408,924</u>

The Organization also leases facilities on a monthly basis for a thrift store. Rent expense amounted to \$119,825 for the year ended June 30, 2014.

Note 12 – In-kind donations

Contributions, special events, and thrift store revenue for the year ended June 30, 2014 include in-kind donations totaling \$459,463 for program services, development and fundraising and thrift store.

In-kind donations consisted of the following for the year ended June 30, 2014:

Materials and supplies	\$ 177,582
Services	281,881
	<u>\$ 459,463</u>

Many individuals volunteer their time and skills to perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services. The Organization received 4,480 volunteer hours during the year ended June 30, 2014.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

Note 13 – Leasing activities

The Organization leases office space to a tenant under two non-cancelable operating leases that expire in March 2017. The lease agreements provide for specific monthly payments.

Estimated future minimum rent revenue under non-cancelable operating leases as of June 30, 2014 was approximately as follows:

Year ending June 30:	
2015	\$ 40,500
2016	41,400
2017	27,900
	<hr/>
	\$ 109,800
	<hr/>

Note 14 – Concentrations

Cash and Cash Equivalents – The Organization places its cash and cash equivalents on deposit with financial institutions in the United States. The Federal Deposit Insurance Company (FDIC) covers \$250,000 for substantially all depository accounts. The Organization from time to time may have amounts on deposit in excess of the insured limits. As of June 30, 2014, the Organization had approximately \$922,000 in excess of these insured amounts.

Investments – The Organization had investments in cash and cash equivalents through a financial institution in the United States. The Securities Investor Protection Corporation covers investments up to \$500,000 per customer, including up to \$250,000 in cash. As of June 30, 2014, the Organization did not have any amounts in excess of these insured amounts.

Grants – During the year ended June 30, 2014, the Organization received approximately 58% of its grants through Miami-Dade County and Broward County in the form of Ryan White Part A/MAI grants, approximately 16% of its grants through the U.S. Department of Health and Human Services in the form of Consolidated Health Centers grant, and approximately 6% of its grants through U.S. Department of Health and Human Services in the form of HIV Prevention Activities Non-Governmental Organization Based grants. Receivables from Ryan White Part A/MAI grants were approximately 43% of grants and other receivables as of June 30, 2014.

Pharmaceuticals – During the year ended June 30, 2014, the Organization received 100% of its pharmaceutical sales through agreements with two pharmaceutical retailers. Receivables from the two pharmaceutical retailers were approximately 37% of grants and other receivables as of June 30, 2014.

SUPPLEMENTARY INFORMATION

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

YEAR ENDED JUNE 30, 2014

Federal Grantor/ Pass-Through Grantor Program Title	Federal CFDA Number	Pass-Through Grantor's Number	Federal Expenditures
U.S. Department of Health and Human Services			
Direct Programs:			
HIV Prevention Activities Non-Governmental Organization Based	93.939	9UPS002444	\$ 441,711
	93.939	5U65PS0035262	205,811
Consolidated Health Centers	93.224	H80CS12864	1,669,822
Special Projects of National Significance	93.928	H97HA15151	267,637
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526	C8BCS23823	172,181
Total Direct Programs			2,757,162
Pass-Through Programs:			
CDC:			
MTM	93.941	1U6SPS004275	20,000
Miami-Dade County, FL			
HIV Emergency Relief Project Grants			
(Ryan White Part A/MAI):			
Ambulatory Outpatient	93.914	BU3CAR23	1,281,472
Ambulatory Outpatient	93.914	BU3CAR24	482,110
Case Management	93.914	BU3CAR23	495,093
Case Management	93.914	BU3CAR24	122,820
Oral Health Care	93.914	BU3CAR23	467,285
Oral Health Care	93.914	BU3CAR24	228,584
Food Bank	93.914	BU3FFL23	225,108
Food Bank	93.914	BU3FFL24	171,310
MAI Medical Case Management	93.914	BU3CAR23	11,198
MAI Medical Case Management	93.914	BU3CAR24	185,095
MAI Ambulatory Outpatient	93.914	BU3CAR24	162,498
MAI Outreach	93.914	BU3CAR23	23,647
MAI Outreach	93.914	BU3CAR24	13,231
Outreach	93.914	BU3CAR23	23,419
Outreach	93.914	BU3CAR24	14,164
Mental Health Counseling	93.914	BU3CAR23	34,938
Mental Health Counseling	93.914	BU3CAR24	23,368
Substance Abuse Counseling	93.914	BU3CAR23	1,590
Substance Abuse Counseling	93.914	BU3CAR24	2,430
Transportation Vouchers	93.914	BU3CAR23	21,001
Transportation Vouchers	93.914	BU3CAR24	9,563
			3,999,924

(Continued)

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)

YEAR ENDED JUNE 30, 2014

Federal Grantor/ Pass-Through Grantor Program Title	Federal CFDA Number	Pass-Through Grantor's Number	Federal Expenditures
Broward County, FL			
Part A/MAI Grants to Provide Outpatient Early Intervention Services With Respect to HIV Disease (Ryan White Part A/MAI):			
Ambulatory Outpatient	93.914	11CPHCS8456RW	\$ 1,102,478
Ambulatory Outpatient	93.914	11CPHCS8456RW	498,979
Case Management	93.914	11CPHCS8456RW	185,878
Case Management	93.914	11CPHCS8456RW	129,384
Mental Health Counseling	93.914	11CPHCS8456RW	52,139
Mental Health Counseling	93.914	11CPHCS8456RW	18,189
MAI Medical Case Management	93.914	12CPHCS8456MAIRW	24,218
MAI Medical Case Management	93.914	12CPHCS8456MAIRW	13,267
MAI Mental Health Counseling	93.914	12CPHCS8456MAIRW	10,383
MAI Mental Health Counseling	93.914	12CPHCS8456MAIRW	14,361
			<u>2,049,276</u>
Boston University:			
AIDS Education and Training Centers	93.145	1U69HA232620100	150,664
Department of Health:			
HIV Care Formula Grants	93.917	CODCHR002	101,693
	93.917	CODCHR003	40,106
	93.917	BW355	109,591
	93.917	BW382	72,550
HIV Prevention Activities - Health Department Based	93.940	BW278	186,672
	93.940	BW378	226,089
			<u>736,701</u>
South Florida Behavioral Health Network:			
Block Grant for Community Mental Health Services	93.958	ME225-4-05	461,178
Total Pass-Through Programs			<u>7,417,743</u>
Total U.S. Department of Health and Human Services			<u>10,174,905</u>
U.S. Department of Housing and Urban Development			
Pass-through Programs:			
City of Miami Beach			
Community Development Block Grant	14.218	B-12-MC-12-0014	14,224
City of North Miami			
Community Development Block Grant	14.218		10,217
City of Fort Lauderdale			
Housing Opportunities for Persons with AIDS	14.241	FLH14F005	176,878
City of Miami			
Housing Opportunities for Persons with AIDS	14.241	FLH12F004	40,290
Total U.S. Department of Housing and Urban Development			<u>241,609</u>
Federal Emergency Management Agency			
Emergency Food and Shelter National Board Program	97.024	PHASE 31	44,434
Total Expenditures of Federal Awards			<u>\$ 10,460,948</u>

See Notes to Consolidated Schedule of Expenditures of Federal Awards.

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COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
NOTES TO CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

JUNE 30, 2014

Note 1 – Basis of presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of the Organization under programs of the federal government for the year ended June 30, 2014. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Note 2 – Summary of significant accounting policies

The consolidated schedule of expenditures of federal awards includes the accounts of Community AIDS and Food for Life. Community AIDS has both an economic interest in Food for Life and control of Food for Life through a majority voting interest in its governing board. All material inter-organization transactions have been eliminated.

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-profit Organizations*.

Pass-through entity identifying numbers are presented where available.

Note 3 – Contingencies

These award programs are subject to financial and compliance audits by grantor agencies. The amount, if any, of expenditures that may be disallowed by the grantor agencies cannot be determined at this time, although the Organization expects such amounts, if any, to be immaterial.

Report of Independent Auditor on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
Community AIDS Resource, Inc. and Related Entity
Miami, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Community AIDS Resource, Inc. and Related Entity (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2014, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 28, 2014.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Cheng Bekart LLP

Coral Gables, Florida
October 28, 2014

**Report of Independent Auditor on Compliance for Each Major Program and on Internal Control
over Compliance Required by OMB Circular A-133**

To the Board of Directors
Community AIDS Resource, Inc. and Related Entity
Miami, Florida

Report on Compliance for Each Major Federal Program

We have audited Community AIDS Resource, Inc. and Related Entity's (the "Organization") compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2014. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying consolidated schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

Report on Internal Control over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Cheng Bekart LLP

Coral Gables, Florida
October 28, 2014

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
CONSOLIDATED SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JUNE 30, 2014

Section I - Summary of Auditors' Results

Financial Statements

Type of auditors' report issued:

Unmodified Opinion

Internal control over financial reporting:

Material weakness(es) identified?

yes no

Significant deficiency(ies) identified that are not considered to be material weaknesses?

yes none reported

Noncompliance material to financial statements noted

yes no

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

yes no

Significant deficiency(ies) identified that are not considered to be material weaknesses?

yes none reported

Type of auditors' report on compliance for major programs

Unmodified Opinion

Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of OMB Circular A-133

yes no

Identification of major programs:

CFDA No.

U.S Department of Health and Human Services - HIV Prevention Activities Non-Governmental Based

93.939

U.S Department of Health and Human Services - Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care, and School Based Health Centers)

93.224

U.S. Department of Health and Human Services - HIV Care Formula Grants

93.917

U.S. Department of Health and Human Services - HIV Prevention Activities-Health Department Based

93.940

Dollar threshold used to distinguish between

Type A and Type B programs:

Federal programs

\$313,828

Auditee qualified as low-risk auditee?

yes no

Section II - Financial Statement Findings

None

Section III - Federal Award Findings and Questioned Costs

None

There was no management letter issued as a result of the September 30, 2014 audit.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY SCHEDULES OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROGRAM (Continued)

YEAR ENDED JUNE 30, 2014

INITIAL: _____
FINAL: _____

DATE PREPARED:
BUDGET PERIOD:

AGENCY: Community AIDS Resources, Inc. Disa Care Resource
CONTRACT #: ME235-06

PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	STATE-SAMH-FUNDED COST CENTERS										Total Funding (F+G)		
	Combined Programs					Program 1							
	Intervention	TRTAS	Total for Combined Programs (B ₁₋₃ +B ₁₋₃)		Total for SAMH-Funded Cost Centers (C ₁ +...+C ₅)		Total for Non-State Funded SAMH Cost Centers		Tot. for All State-Designated SAMH Cost Centers (D+E)			Non-SAMH Cost Center	
A	B ₁₋₃	B ₁₋₃	C ₁	B ₁₋₃	B ₁₋₃	B ₁₋₃	C ₁	D	E	F	G	H	
IA. TOTAL STATE SAMH FUNDING	\$ 461,178.34	\$ -	\$ 461,178.34	\$ -	\$ -	\$ -	\$ -	\$ 461,178.34	\$ -	\$ -	\$ 461,178.34	\$ -	\$ 461,178.34
(1) From the District funding this contract													
(2) From Other Districts													
IB. OTHER GOVT. FUNDING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(1) Other State Agency Funding													
(2) Medicaid													
(3) Local Government													
(4) Federal Grants and Contracts													
(5) In-kind from local govt. only													
TOT. OTHER GOVT. FUNDING =	\$ 451,395.09	\$ -	\$ 451,395.09	\$ -	\$ -	\$ -	\$ -	\$ 451,395.09	\$ -	\$ -	\$ 451,395.09	\$ -	\$ 451,395.09
IC. ALL OTHER REVENUES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(1) 1st & 2nd Party Payments													
(2) 3rd Party Payments (except Medicare)													
(3) Medicare													
(4) Contributions and Donations													
(5) Other													
(6) In-kind													
TOT. ALL OTHER REVENUES =	\$ 125,407.98	\$ -	\$ 125,407.98	\$ -	\$ -	\$ -	\$ -	\$ 125,407.98	\$ -	\$ -	\$ 125,407.98	\$ -	\$ 125,407.98
TOTAL PROJECTED FUNDING =	\$ 1,037,981.41	\$ -	\$ 1,037,981.41	\$ -	\$ -	\$ -	\$ -	\$ 1,037,981.41	\$ -	\$ -	\$ 1,037,981.41	\$ -	\$ 1,037,981.41

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COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
SCHEDULES OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROGRAM

YEAR ENDED JUNE 30, 2014

PART II - PROJECTED EXPENSES

EXPENSE CATEGORIES	STATE-DESIGNATED SAMH COST CENTERS										Total Expenses (F+G+H+I+J)				
	STATE SAMH-FUNDED COST CENTERS					Non-SAMH Cost Center									
	Combined Programs		Program 1			Total for Non-State-Funded SAMH Cost Centers (D-E)	Other Support Costs (optional)	Administration	Total Expenses						
	Intervention	B _{1a}	B _{1b}	B _{1c}	B _{1d}				G	H		I	J		
A	B _{1a}	B _{1b}	B _{1c}	B _{1d}	C ₁	(B _{1a} +...+B _{1d})	(C ₁ +...+C ₄)	D	E	F	G	H	I	J	
HA. PERSONNEL EXPENSES															
(1) Salaries	\$ 575,835.27	\$ -	\$ -	\$ -	\$ -	\$ 575,835.27	\$ -	\$ -	\$ -	\$ 575,835.27	\$ 6,792,006.73	\$ -	\$ -	\$ 487,720.00	\$ 7,856,462.00
(2) Fringe Benefits	\$ 182,530.26	\$ -	\$ -	\$ -	\$ -	\$ 182,530.26	\$ -	\$ -	\$ -	\$ 182,530.26	\$ 1,730,345.74	\$ -	\$ -	\$ 136,083.00	\$ 2,048,959.00
TOTAL PERSONNEL EXPENSES =	\$ 758,365.53	\$ -	\$ -	\$ -	\$ -	\$ 758,365.53	\$ -	\$ -	\$ -	\$ 758,365.53	\$ 8,522,252.47	\$ -	\$ -	\$ 623,803.00	\$ 9,095,411.00
HB. OTHER EXPENSES															
(1) Building Occupancy	\$ 22,150.00	\$ -	\$ -	\$ -	\$ -	\$ 22,150.00	\$ -	\$ -	\$ -	\$ 22,150.00	\$ 77,600.00	\$ -	\$ -	\$ 235,643.00	\$ 335,402.00
(2) Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 610,384.00	\$ -	\$ -	\$ 12,425.00	\$ 622,809.00
(3) Travel	\$ 3,434.08	\$ -	\$ -	\$ -	\$ -	\$ 3,434.08	\$ -	\$ -	\$ -	\$ 3,434.08	\$ 44,118.92	\$ -	\$ -	\$ 6,180.00	\$ 53,733.00
(4) Equipment	\$ 1,142.10	\$ -	\$ -	\$ -	\$ -	\$ 1,142.10	\$ -	\$ -	\$ -	\$ 1,142.10	\$ 37,044.90	\$ -	\$ -	\$ 6,928.00	\$ 45,113.00
(5) Food Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 334,855.00	\$ -	\$ -	\$ -	\$ 334,855.00
(6) Medical and Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,774,824.00	\$ -	\$ -	\$ -	\$ 3,774,824.00
(7) Subcontracted Services-SFBHN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Insurance	\$ 7,000.00	\$ -	\$ -	\$ -	\$ -	\$ 7,000.00	\$ -	\$ -	\$ -	\$ 7,000.00	\$ 71,501.00	\$ -	\$ -	\$ 28,481.00	\$ 108,982.00
(9) Interest Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(10) Operating Supplies & Expenses	\$ 115,832.75	\$ -	\$ -	\$ -	\$ -	\$ 115,832.75	\$ -	\$ -	\$ -	\$ 115,832.75	\$ 480,504.25	\$ -	\$ -	\$ 22,132.00	\$ 628,569.00
(11) Other	\$ 95,869.24	\$ -	\$ -	\$ -	\$ -	\$ 95,869.24	\$ -	\$ -	\$ -	\$ 95,869.24	\$ 1,945,158.78	\$ -	\$ -	\$ 1,353,758.00	\$ 3,434,782.00
(12) Donated Items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 183,737.00	\$ -	\$ -	\$ -	\$ 183,737.00
TOTAL OTHER EXPENSES =	\$ 245,528.17	\$ -	\$ -	\$ -	\$ -	\$ 245,528.17	\$ -	\$ -	\$ -	\$ 245,528.17	\$ 7,619,734.83	\$ -	\$ -	\$ 1,828,872.00	\$ 9,862,075.00
TOT. PERSONNEL & OTH. EXP. =	\$ 1,003,893.70	\$ -	\$ -	\$ -	\$ -	\$ 1,003,893.70	\$ -	\$ -	\$ -	\$ 1,003,893.70	\$ 16,142,987.30	\$ -	\$ -	\$ 2,452,675.00	\$ 19,597,498.00
HC. DISTRIBUTED INDIRECT COSTS															
(a) Other Support Costs (Optional)	\$ 34,087.71	\$ -	\$ -	\$ -	\$ -	\$ 34,087.71	\$ -	\$ -	\$ -	\$ 34,087.71	\$ 1,828,812.00	\$ -	\$ -	\$ (1,828,812.00)	\$ -
(b) Administration	\$ 34,087.71	\$ -	\$ -	\$ -	\$ -	\$ 34,087.71	\$ -	\$ -	\$ -	\$ 34,087.71	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL PROJECTED OPEL EXPENSES =	\$ 1,037,981.41	\$ -	\$ -	\$ -	\$ -	\$ 1,037,981.41	\$ -	\$ -	\$ -	\$ 1,037,981.41	\$ 18,142,897.30	\$ -	\$ -	\$ 0.00	\$ 19,597,498.00
ID. UNALLOWABLE COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IE. TOTAL SAMH LINES OF CREDIT EQUIVALENT =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOT. ALLOWABLE PROJ'D OPERATING EXP., Excluding SAMH Credit Equivalent =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
IF. CAPITAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Signature _____ Title _____ Date _____

I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract with the department.

COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
SCHEDULE OF STATE EARNINGS

YEAR ENDED JUNE 30, 2014

Schedule of State Earnings

1 Total Expenditures	\$ 19,597,497
2 Less: Other State and Federal Funds	(10,995,796)
3 Less :Non SAMH Funds	(461,178)
4 Less: Unallowable Costs (per 65E-14, F.A.C.)	<u>-</u>
5 Maximum Available Earnings	<u>\$ 8,140,523</u>
6 Maximum Available Earnings (Line 5 times 75 %)	\$ 6,105,392
7 Amount of State funds Requiring Match	3,033
8 Amount Due Department (if Negative)	<u>\$ 6,102,359</u>

**COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
SCHEDULE OF RELATED PARTY TRANSACTION ADJUSTMENTS**

YEAR ENDED JUNE 30, 2014

	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
		1	2	3	Total
Revenues From Grantee						
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	XXX					
Total Revenue From Grantee	XXX					
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	YYY					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ

NOTE: This schedule is not applicable to the Organization

**COMMUNITY AIDS RESOURCE, INC. AND RELATED ENTITY
SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS**

YEAR ENDED JUNE 30, 2014

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party			Maximum # of Units Eligible for Payment by Department (D-E)	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F (F x C)	Amount Owed to Department (G-H or \$0, whichever is greater)
				Local Govt. or Other State Agencies	Contracts,	Local Govt. or Other State Agencies				
A	B	C	D	E	F	G	H	I		
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
					\$0.00		\$0.00	\$0.00	\$0.00	
Total Amount Owed to Department =									\$0.00	

NOTE: This schedule is not applicable to the Organization

May 7, 2015

Financial Accountability Standards Statement

Care Resource has standards of financial accountability that conform to 24 CFR 84.21, "Standards for financial management systems" and applicable OMB circulars.



Keenan Karwan
Director of Finance

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Broward Office
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Ft. Lauderdale, FL 33311
T: 954.567.7141 • F: 954.565.5624

Little Havana Office
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Miami, FL 33135
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Miami Beach Office
1701 Meridian Ave., Suite 400
Miami Beach, FL 33139
T: 305.673.3555 • F: 305.673.1960

www.careresource.org



May 7, 2015

Statement Non-Inurement

No part of Care Resource's net earnings inure to the benefits of any member, founder, contributor, or individual; be neither controlled by, nor under the direction of, individuals or entities seeking to derive profit or gain from the organization.



Keenan Karwan
Director of Finance

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www.carerresource.org



Current and Proposed Funding Sources

Current Funding Sources (FYE 6-30-15)	
Source	Amount
HRSA – Health Center Funding	\$2,039,372
HRSA - Peer Navigation	\$127,142
HRSA – Expanded Services Funding	\$222,862
HRSA – Mental Health Integration Funding	\$250,000
HRSA/CDC – P4C Program	\$250,000
City of Fort Lauderdale HOPWA	\$239,011
City of Miami HOPWA	\$215,400
Florida Department of Health – Broward County	\$600,000
Florida Department of Health – Miami-Dade County	\$140,000
CDC PS10-1003	\$360,662
CDC PS11-1113	\$229,838
FEMA/EFSP Funding	\$10,000
SPNS – I-ACT for Women of Color	\$399,109
Medicaid PAC Waiver Case Management Program	\$634,800
Miami-Dade County Ryan White Part A	\$3,169,160
Miami-Dade County Ryan White MAI	\$446,268
Broward County Ryan White Part A	\$2,001,547
Broward County Ryan White MAI	\$118,466
Medical Program Income	\$1,066,337
Dental Program Income	\$85,000
340B Pharmacy Program Income	\$8,259,380
Private Foundations	\$5,500
Fundraising	\$406,939
Funding for FFLN (wholly owned subsidiary of Care Resource)	\$548,284
Lease Income	\$66,753
Other/Miscellaneous	\$265,884

Current and Proposed Funding Sources

Proposed Funding Sources (FYE 6-30-16)

Source	Amount
HRSA – Health Center Funding	\$2,039,372
HRSA – Expanded Services Funding	\$127,142
HRSA – Mental Health Integration Funding	\$222,862
HRSA/CDC – P4C Program	\$250,000
City of Fort Lauderdale HOPWA	\$250,000
City of Miami HOPWA	\$239,011
Florida Department of Health – Broward County	\$215,400
Florida Department of Health – Miami-Dade County	\$600,000
Florida Department of Health	\$140,000
CDC PS10-1003	\$360,662
CDC PS11-1113	\$229,838
FEMA/EFSP Funding	\$10,000
Medicaid PAC Waiver Case Management Program	\$634,800
Miami-Dade County Ryan White Part A	\$1,500,790
Miami-Dade County Ryan White MAI	\$386,268
Broward County Ryan White Part A	\$2,001,547
Broward County Ryan White MAI	\$118,466
Medical Program Income	\$1,098,327
Dental Program Income	\$87,550
340B Pharmacy Program Income	\$8,507,161
Private Foundations	\$5,665
Fundraising	\$419,147
Funding for FFLN (wholly owned subsidiary of Care Resource)	\$548,284
Lease Income	\$68,756
City of Fort Lauderdale Community Development Block Grant (CDBG)	\$10,606
Other/Miscellaneous	\$273,861

ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
FINANCE

POLICY NO.3020.001

SUBJECT: ANNUAL OPERATING BUDGET

POLICY: In order to pursue the agency's mission and remain fiscally sound, Care Resource will develop and implement an annual operating budget which details income and expenses for the fiscal year. This operating budget will reflect the agency's goals and objectives.

PROCEDURES: The annual operating budget for the agency is developed by the Finance Department and implemented on an ongoing basis by all Care Resource staff. The Finance Department, assisted by Senior Management, is responsible for oversight of this process.

Care Resource's fiscal year runs from July 1st through June 30th. Beginning 30-60 days before the first day of the new fiscal year the budgeting process for the new fiscal year will commence.

The Finance Department will complete a Budget Timeline for distribution to the CEO and Senior Management. This timeline will include due dates for all components required for the budgeting process. In accordance with this timeline, Senior Management will solicit comments from Care Resource staff when developing the operational budgets for their respective departments.

Once completed by the Finance Department, the CEO, or designee, will present the annual operating budget to the Board of Directors for approval.

Following the approval of the annual operating budget, the Finance Department will distribute ongoing reports to Senior Management to assist them in monitoring the implementation of the budget.

APPROVED BY:

EFFECTIVE DATE: 07/17/2013

REVISED DATE:

DATE OF DISTRIBUTION: 07/17/2013

ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
FINANCE

POLICY NO. 3005.001

SUBJECT: PROCUREMENT POLICY

POLICY: It is the policy of Care Resource and its subsidiaries and affiliates to offer equal opportunity to all vendors and suppliers. Firms providing goods and services will be given equal opportunity without regard to race, age, sex, sexual orientation, religion, national origin or status as a veteran. All procurement actions will be conducted in accordance with the following general principles:
No Care Resource employee, contractor, agent, officer, or member of the Board of Directors will participate in the selection, award, or administration of a contract or award if such participation would create a conflict of interest or will neither solicit nor accept gratuities, favors or bribes from contractors or parties to sub-agreements during such selection or award process. Care Resource employees, contractors, agents, officers or members of the Board of Directors who violate the Standards of Conduct will be subject to disciplinary action, the level and extent of which will be determined based on the severity of the violation. This policy applies to the procurement of supplies and other expendable property, real property and services.

PROCEDURE: The following procedures will apply to all Care Resource's procurements.

- Solicit bids from all qualified firms, regardless of ownership. Including the utilization of lists of qualified vendor maintained by the Department of Business Development.
- Evaluate bids so as to further the principles of non-discrimination and equal opportunity.
- Ensure that final purchases are in accordance with the principals of equal opportunity.
- Ensure that all procurement actions such as repeat purchases, extensions, change of orders, acceptance policy, etc., will be administered without regard to race, age, sex, sexual orientation, religion, national origin or status as a veteran.
- Employees should avoid purchasing unnecessary items. Where appropriate, an analysis should be made of lease and purchase alternatives to determine which would be the most economical and practical procurement for the recipient and for the Federal Government when Federal funds are used in whole or in

part. Solicitations for goods and services must provide for all of the following:

- A clear and accurate description of the technical requirements for the material, product or service. In competitive procurements, such descriptions should not contain features that unduly restrict competition.
 - Requirements that the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals.
 - A description, whenever practicable, of technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards.
 - The specific features of "brand name or equal" descriptions that bidders are required to meet when such items are included in the solicitation.
 - The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system of measurement.
 - Preference, to the extent practicable and economically feasible, of products and services that conserve natural resources and protect the environment and are energy efficient.
- Positive efforts will be made to utilize small businesses, minority-owned firms, and women's business enterprises, whenever possible. In meeting this goal, employees will take all of the following steps:
 - Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.
 - Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.
 - Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.
 - Encourage contracting with consortia of small businesses, minority-owned firms and women's business enterprises when a contract is too large for any one of these firms to handle individually.
 - Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms, and women's business enterprises.
 - Contracts will be made only with responsible contractors who possess the potential ability to perform successfully under the terms and conditions of the proposed procurement. Consideration

will be given to matters such as contractor integrity, record of past performance, financial and technical resources or accessibility to other necessary resources. Employees will ensure that no contracts are entered into with entities that, or individuals who, are debarred, suspended, or otherwise ineligible.

- Care Resource endorses and supports its EQUAL OPPORTUNITY PROGRAM and has established an AFFIRMATIVE ACTION PROGRAM to ensure its continued commitment. Care Resource and its subsidiaries and affiliates will provide their full support, cooperation and effort to ensure the committed successful achievement of this program.

APPROVED BY:

EFFECTIVE DATE: 01/27/05

REVISED: 08/01/10

DATE OF DISTRIBUTION: 08/01/10

VOID CHECKS

The purpose of the voided check procedure is to mitigate the risk of unauthorized transactions by securing account information located on voided checks that may be needed for reference, reconciliation or transactional dispute purposes.

Voiding a Current Fiscal Year Check

Checks should be voided only if:

1. The amount of the check is incorrect
2. The invoiced items were not to have been paid
3. It was issued to the wrong vendor
4. It was issued against the wrong bank
5. The physical check form was ruined or lost.

If only the account(s) charged are incorrect, the Account Correction Procedure should be used to make the necessary correction. The actual voiding of the check is performed using MIP Fund Accounting. This causes the check to be set to a "void" status, the associated invoice records are set to an "open" status with the funds re-encumbered. If, for some reason a check is not to be re-issued, the corresponding invoice should be voided to cancel the obligation in in the A/P Module. The voided check is stamped "void" and date stamped, and filed numerically in its corresponding binder in the Finance safe.

Prior Fiscal Year Check

A check from a prior fiscal year should never be voided. Instead, the check should be reconciled (as if it had cleared the bank), and the money receipted into the fund used for the expenditure. If not, a reversing entry must be entered at 7/1 of the current fiscal year, and the zeroed transaction is manually pulled through on the reconciliation.

Note** By reconciling the check, the YTD figure for 1099 purposes hasn't been reduced, and may cause problems at the yearend if the person voiding does not make adjustments.

CREDIT CARD AUTHORIZATIONS

Credit card authorizations follow board approved policy numbers 3005.004 and 3005.006. Agency credit cards have been issued to the CEO, CFO and COO to make purchases requiring a credit card payment or for payments needing to be expedited. For ongoing/recurring credit card charges, the receipt address must always be entered as accountspayable@careresource.org for audit trail purposes. The Finance Clerk (A/P A/R) is responsible for saving and attaching those receipts to transactions in MIP Fund Accounting according to image saving procedures detailed earlier in this manual.

CASH DISBURSEMENTS

Cash disbursements are generally made for:

1. Taxes/license fees
2. Staff training and development

3. Memberships and subscriptions
4. Meeting Expenses
5. Employee reimbursements

Checks and/or EFTs are processed two (2) times per week.

PETTY CASH

Petty cash funds are maintained by the organization. The funds are to be used for miscellaneous or unexpected purchases and the same approval procedures apply as mentioned in the cash disbursement section. Petty cash disbursements comply with board approved policy 3010.001

1. The petty cash fund will not exceed \$500 and is kept in the Finance safe at all times.
2. The Finance Supervisor oversees the petty cash fund.
3. All disbursements made from petty cash are acknowledged in writing by the receiving party.
4. All money returned to the petty cash fund is counted and verified by the Finance Clerk (A/P A/R). Receipts for items purchased with petty cash must be included with the return and should include appropriate account allocations as well as supervisor approval.
5. The Finance Supervisor and Finance Clerk (A/P A/R) reconcile the Petty Cash account monthly.
6. No checks will be cashed by the petty cash fund.

Department petty cash funds are utilized by Medical and Mental Health departments for customer change purposes only. Department petty cash accounts maintain a balance of \$100, and the amounts are reconciled monthly by department supervisor. Any change in balance (overage/shortage) is reported to Finance on a monthly basis.

The following departments possess a petty cash change boxes:

1. Mental Health – Clinical Counseling Supervisor
2. Medical Dade – Medical Svcs Supervisor, Miami-Dade
3. Medical Broward – Medical Svcs Supervisor, Broward
4. Medical Miami Beach – Medical Svcs Supervisor, Miami Beach

ELECTRONIC FUNDS TRANSFERS (EFT)

CARE Resource and its subsidiaries encourage all vendors to receive payments electronically via electronic funds transfers (EFT). Vendors can enroll in or cancel their EFT enrollment at any time by filling out the EFT enrollment form located at the following links.

<R:\Busadmin\BUSOFC\00-Finace Policy\Forms\Vendor Payment Form.pdf>

<R:\Busadmin\BUSOFC\00-Finace Policy\Forms\Vendor Payment Form Spanish.pdf>

A NACHA file is sent to Regions bank for processing two times per week at the end of the day once all approvals are received according to the Check Request procedure. The Finance Clerk (A/R A/P) researches any rejection identified by the Finance Supervisor, makes corrections, and resubmits with the next scheduled file. Corrections for payments (i) made in error, (ii) of any incorrect amount, or (iii) that

- c. Peer Navigators
- 5. Housing Opportunities for Persons with AIDS (HOPWA - Broward)
- 6. Housing Opportunities for Persons with AIDS (HOPWA – Dade)
- 7. Federal Emergency Management Agency (FEMA)

Foundation Grants:

- 1. South Florida Behavioral Health (SFBHN)
- 2. Blue Cross Blue Shield (BCBS)

Pharmacy Services:

- 1. Walgreens Pharmacy
- 2. Curant Pharmacy

ACCESSING GOVERNEMENT FUNDS

For Federal Awards, funds are accessed through the PMS which is maintained by the DPM, Program Support Center. Upon receipt of award the Director of Finance registers and sets up an account with PMS. A packet is sent by PMS to establish an account to draw funds in PMS/Smartlink. The packet includes the Recipient Payee Identification Number (PIN), a Direct Deposit Sign-Up Form SF-1199A (SF-1199A), a Recipient Training CD and a Primary Contact Person Form. The Director of Finance sends completed forms to the designated Account Liaison; the Account Liaison then provides requesting recipient temporary password for PMS/Smartlink access via certified mail.

The Director of Finance draws down funds as necessary through the PMS web-based portal for Federal Awards. For State of Florida Department of Health grants the funds are paid via direct deposit to the appropriate Regions account once invoices have been processed according to funding guidelines. Medicaid and Medicare payments are also paid via direct deposit once billing is processed and submitted in Intergy.

CASH RECEIPTS

Cash receipts generally arise from:

- 1. Direct donor contributions
- 2. Fundraising activities

The principal steps in the cash receipts process are:

- 1. Checks or cash payments are received by the Administrative Assistant and recorded in the check log as received.
- 2. Payments are delivered to the Finance Clerk (A/P A/R), deposited in Regions Bank, and recorded in MIP Fund Accounting as a cash receipt on the day the check was logged as received by the Administrative Assistant.
- 3. Reconciliation of fundraising income is completed by the Finance Clerk (A/R A/P), and the total income is booked as a single receipt on the day of the event.



Regions Bank
 Ponce DE Leon
 2800 Ponce DE Leon Blvd
 Miami, FL 33134



00104779 01 AV 0.378 001
 COMMUNITY AIDS RESOURCE INC
 DBA CARE RESOURCE
 DOROTHY A HOLMES
 RICHARD J SICLARI
 RUSSELL E CORBETT
 3510 BISCAYNE BLVD STE 300
 MIAMI FL 33137-3851

ACCOUNT # XXXXXXXXXX

Cycle 092
 Enclosures 26
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 1 of 1

BUSINESS MONEY MARKET
 November 29, 2014 through December 31, 2014

SUMMARY			
Beginning Balance	\$353,349.85	Minimum Balance	\$353,349
Deposits & Credits	\$11,503.95 +	Average Balance	\$361,019
Net Interest Earned	\$32.64 +	Annual Percentage Yield Earned	0.10%
Withdrawals	\$0.00 -	Interest This Period	\$32.64
Fees	\$0.00 -	Average Collected Balance	\$361,019.15
Automatic Transfers	\$0.00 +	2014 YTD Interest	\$404.83
Checks	\$0.00 -		
Ending Balance	\$364,886.44		

DEPOSITS & CREDITS			
12/10	Regions Bank	Acct Trans 592564198 Kkarwan	11,503.95

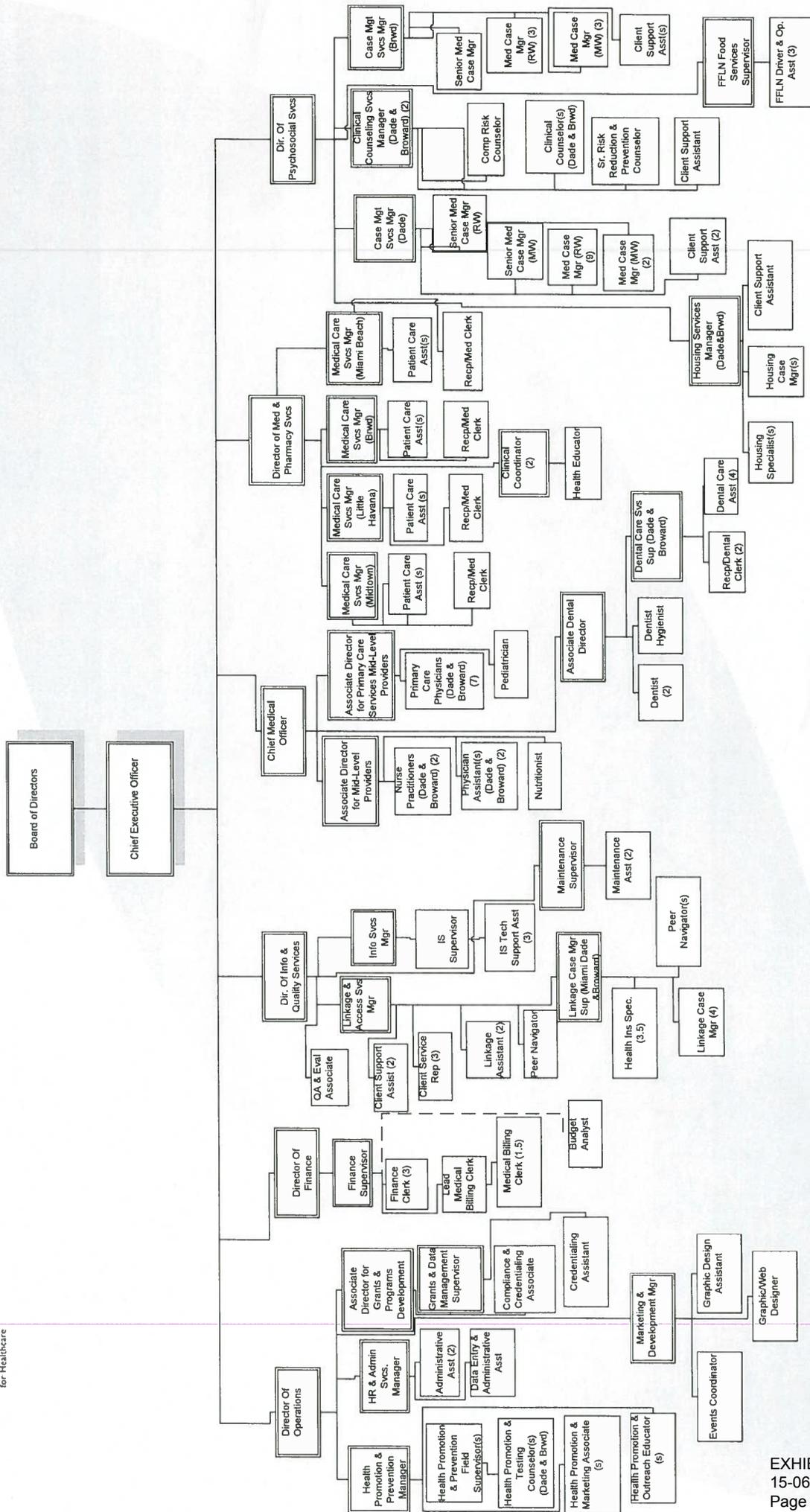
INTEREST			
12/31	Interest Payment		32.64

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
12/10	364,853.80	12/31	364,886.44		

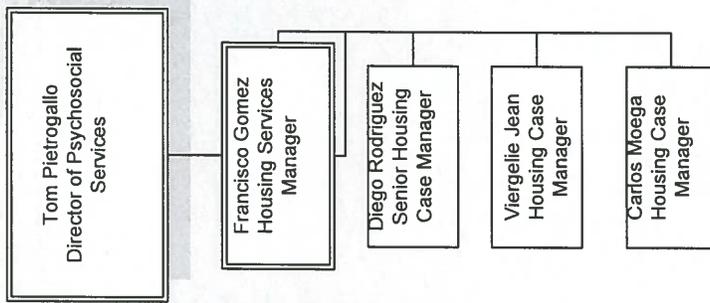
You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667) or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!



Psychosocial Services (HOPWA)



Francisco J. Gomez
20350 W. Country Club Drive Ph 16-4
Aventura, FL 33180
(305) 915-4246
Email: fgomezf@gmail.com

Education:

Bachelor Degree in Business Administration, Santa Maria University, Venezuela 1991

Certifications:

Broward County Health Department:

Housing Quality Standards – Inspector	2014
HIV/AIDS 501 - HIV Prevention Counseling, Testing and Linkage Course – update	2010
HIV/AIDS 501 - HIV Prevention Counseling, Testing and Linkage Course	2009
HIV/AIDS 500 - Basic of HIV/AIDS Counseling, Testing and Linkage Course	2009
HIV-AIDS 101- TRAINING	2009
Loan originator officer - Trust USA Lenders, North Miami Beach, FL	2005
Real State License - International Real State School, Miami, FL	2006

Work Experience:

Care Resource: Fort Lauderdale, FL

Housing Services Manager

Jan. 4, 2015 – Present

Coordinates all aspects of the HOPWA program. Maintain an active caseload when necessary to complete agreed upon deliverables. Ensures training requirements of staff assigned are properly fulfilled. Coordinates with other departments and agencies as necessary to facilitate the delivery of Housing Services. Maintains relationships with community groups and organizations at the local and state levels to ensure coordinated service delivery. Ensure all documentation and billing is accurate, timely, legible and complete.

Housing Services Supervisor

Apr. 1, 2014 – Jan. 4, 2015

Responsible for the overall day – to – day supervision of agency housing programs, including their development, implementation and evaluation to funder and agency requirements. Provides general oversight of housing programs. Coordinates the hiring, training, competency assessment and supervision of assigned staff. Submits client's LTRA package to the City or STRMU Packages to BRHPC for final approval

Senior Housing Case Manager

Nov. 23, 2009 – Mar. 31, 2014

Responsible for leadership and coordination of programming in collaboration with supervisor, assessing and coordinating Housing Opportunities for People with AIDS (HOPWA) and other programs. In addition, SHCM is responsible for supporting Services and administration of Psychosocial Services Department.

Housing Case Manager

Responsible for assessing and coordinating Housing Opportunities for Persons with AIDS (HOPWA) programs such as: STRUM, PHP, Substance Abuse and Facility-Based Housing Assistance. Assess clients, complete applications, determine eligibility and identify resource and referring to appropriate housing programs. Follow up on clients' housing stability. Maintain an average annual active caseload as assigned by supervisor. Act as a liaison when required to ensure clients are properly referred in order to remove barriers to treatment and care. Ensure all documentation is timely, accurate, legible and clear. Empower clients to participate in their treatment planning as needed. Maintain progress notes and progress reviews in client records as specified in program guidelines. Supports billing through concurrent documentation of services provided and budget activities required (i.e. reconciling billing across data systems including: PCIS, Web-based systems, CASEWATCH and records). Prepare the HOPWA demographics and summary reports.

Wrap and Send Services, Miami Beach, FL

2001 – 2009

Supervisor

Maintain a high level of customer satisfaction interfacing between upper management and customers. Ensure timely completion of projects while training and supervising 10 employees, delegating and managing workload. Provide customers with detailed product/pricing information and qualified sales leads using extensive telephone contacts. Handle customer requests. Coordinate and support sales representatives in the field. Perform cash receipt reconciliations and resolved customer complaints, disputes or discrepancies. Educate customers in the facility and the alternative convenience of utilizing channels of delivery. Demonstrate ability to work effectively as team member or as an independent contributor.

HIV/AIDS & Hepatitis Outreach - Pride Fest, Ft. Lauderdale, FL

2008 - 2009

Outreach Worker

Coordinated and implemented outreach efforts for the MSM population. Developed innovative outreach strategies to reach at risk populations for HIV, STD and viral hepatitis. Promoted hepatitis A and hepatitis B vaccination among men who have sex with men through intensive and client-centered approaches.

Trust USA Bank, North Miami Beach, FL

2004 - 2006 (Part Time)

Loan officer originator

Provided excellent customer service for Trust USA customer, managers, professional staff and vendors via telephone and email. Interpreted information regarding loan set-ups, ensuring all documentation is received and placed on record. Researched and resolved client loan inquiries, communicating resolution to appropriate parties.

Fundación DESCIDA, Caracas, Venezuela

1996 - 2000

Case Manager

Worked directly with people infected/affected by HIV/AIDS. Duties included evaluating current and anticipated problems and needs of clients and their support networks, facilitating referrals for assistance as appropriate, providing individual and group supervision to other team members, and collaborating with other members of clients' health care teams to assure the provision of quality care. Experienced working effectively with people from diverse backgrounds. Linked to medical care, psychological assistance, job assistance, support groups, a telephone hotline, education and

prevention, training for health professionals, legal assistance and social work. Excellent verbal and writing skills. Proficiency in computers. Bilingual in Spanish and English and bi-cultural with diverse background.

Gobernación de Miranda, Caracas, Venezuela

1991 - 1996

Administrator

Provided cost analysis, budgeting and specifications/proposals. Developed and implemented new product service processes including training curriculum, guidelines, and documentation procedures to support a nation-wide team. Developed and implemented profitable service delivery strategies, plans, and offerings consist with customer requirements. Organized special events for non-profit organizations and the community at large.

PROFESSIONAL SKILLS:

- Experience in the Tenant-Based Rental Assistance programs.
- Extensive experience in operating costs for housing including maintenance security, operation, insurance, utilities, furnishings, equipment and other incident costs.
- Bilingual and bicultural professional with cultural sensitivity training.
- Over twelve years of experience in outstanding customer service.
- Experience in designing and developing educational and instructional materials for staff and customers.
- Coordinating and implementation of seminars for successful customer services
- Extensive experience in developing and implementation of work plans, program budgets and program assessment & evaluation.
- Strong administrative skills.
- Development, coordination and implementation of multi-cultural events

Computer Skills:

- Extensive experience in Microsoft applications: Excel, PowerPoint, Publisher, and Word.

Languages:

- Bilingual Spanish and English.

JOB DESCRIPTION

IDENTIFICATION

Job Title: Housing Services Manager
Department: Psychosocial Services
Reports to: Director of Psychosocial Services
Status: Full time
Revised: December 2014

JOB SUMMARY

The Housing Services Manager coordinates all aspects of the HOPWA programs at all Care Resource geographical locations. S/he is also responsible for the overall day-to-day supervision of agency housing programs, including their development, implementation and evaluation according to funder and agency requirements.

ESSENTIAL JOB RESPONSIBILITIES

Program Supervision

Provides general oversight of housing programs
 Coordinates the hiring, training, competency assessment and supervision of assigned staff
 Develops Senior Housing Specialist/Case Manager to assume increasingly supervisory responsibilities.
 Ensures policy and procedures enforcement and monitoring of all programmatic activities, including program evaluation
 Coordinates assignment of clients, evaluation, report submission, inspections, and the distribution of these inspections
 Maintains an active caseload when necessary to complete agreed upon deliverables.
 Ensures training requirements of staff assigned are properly fulfilled
 Submits client's LTRA package to the City or STRMU packages to BRHPC for final approval
 Acts as liaison between the agency and funding Cities and represents the agency in various city initiatives.
 Coordinates with other departments and agencies as necessary to facilitate the delivery of Housing Services
 Maintains relationships with community groups and organizations at the local and state levels to ensure coordinated service delivery
 Coordinates all marketing and promotional activities of the programs in three languages.

Quality Assurance and Performance Improvement

Establishes as appropriate clinical and administrative procedures required for high quality, effective Housing programming at the agency and for other staff as applicable ensuring compliance with all standards of care.
 Ensures all documentation is Timely, Accurate, Legible and Clear (TALC)
 Performs an assigned number of Quality Assurance and record reviews directly for Housing Services achieving average scores of at least 95% monthly.
 Develops and coordinates the identification, organization and assessment of resources for Housing Services
 Responsible for coordinating site visits, monitoring visits, and audits from funders and ensures performance of staff meets established standards
 Prepares charts for internal and external audits
 Ensures areas of responsibility adhere to HIPAA and other State, Federal and Local regulations, standards of care and QA measures.
 Manages all improvement of services in assigned areas through utilizing Plan, Do, Check Act Cycle and Every time Checklists.

Utilization Review

Completes monthly productivity reports for assigned programs and reports on deliverables
 Coordinates, reviews and monitors all billings, budgets and contracts related to Housing Services
 Ensures all documentation and billing is accurate, timely, legible and complete
 Ensures productivity is equitably, reasonably and regularly produced by each assigned staff according to established agency guidelines

Safety

Maintains agency guidelines relating to safety, outreach and confidentiality.
 Ensures proper hand washing according to Centers for Disease Control and Prevention guidelines.
 Coordinates home visit tracking system so that the location of employees is known to supervisors at all times.
 Documents patient's medications correctly, Makes sure each patient knows which medicines to take when they are at home and encourages each patient to bring their up-to-date list of medicines every time they visit the doctor.
 Ensures each new client receives screening for their risk for suicide.
 Understands and appropriately acts upon assigned role in Emergency Code System.
 Understands and performs assigned role in Agency Continuity of Operations Plan (COOP).

Other

Coordinates all training for those within assigned areas by maintaining records of agendas, training materials, attendance and certificates of completions for all formal training.
 Participates in agency developmental activities as requested

Other duties as assigned

JOB SPECIFICATIONS

Education:

Bachelor's Degree in Social Work or related field required.

Training and Experience:

Five years of HIV related experience are required. Three years in case management and two years as supervisor are required. 104, 500 & 501 HIV/AIDS trainings required.

Licenses and/or certifications:

Class D driver's License, clean driving record. HUD HQS Inspector Certification is required.

Job Knowledge and Skills:

Bilingual (English-Spanish) is preferred. Computer knowledge should include Microsoft Word and Excel, and laptop operation. Good organizational and team work skills. Excellent communication, decision making and problem solving skills are needed. Ability to work with multicultural and diverse population is required.

Contact Responsibility:

The responsibility for external contacts is frequent and important.

Supervisory Responsibility:

This position supervises Housing Programs staff.

Other:

Own transportation required.

PHYSICAL REQUIREMENTS

This work requires the following physical activities: constant hearing, talking on the phone. Frequent driving, sitting and talking in person. Occasional walking and standing. Work is performed in an office setting and in the community when home visits are required.

STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES

I, _____ verify that I meet the qualifications specified above for the position of Housing Services Manager. I have read my job description and accept my stated responsibilities.

Signature: _____ Date: _____

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Diego F Rodriguez

**3468 NE 17th Avenue Rear
Fort Lauderdale, Florida, 33334
PH 754 – 242 – 2338
Email: dienonimus@yahoo.com**

QUALIFICATIONS

As part of my professional experience, which includes time management, costs reduction, process evaluation, audit and consulting; I have been developing personal skills such as pro-active listening, empathy, positive communication and constantly understanding for the needs of others. Therefore, not only customers are always happy to find a person like me to help them, but providers, vendors and co-workers as well. As I increase my ability to develop and improve my performance in areas like Management, Customer Service, Social Services, Marketing and Logistics, with the only idea of being better every day and helping others follow me in that path of personal and professional growing and prosperity. I am also bilingual in English and Spanish and I am a very responsible, liable and organized laborer, also known to be a very friendly and outgoing person.

EMPLOYMENT

CARE RESOURCE - Fort Lauderdale, FI

Senior Housing Case Manager - November 2014 to present

Housing Case Manager - January 2013 to October 2014

Case Manager & Housing Assistant (Volunteering) - June to September 2011

MINORITY DEVELOPMENT & EMPOWERMENT, Inc - Fort Lauderdale, FI

Housing Case Manager - April 2012 to January 2013

Housing Peer Navigator - November 2011 to April 2012

Assisting Management to comply daily assigned task and reports, Assisting Management to apply agency policies and procedures, Supporting daily activities to as needed, Screening and/or assessing all new clients for Housing Services, Processing Housing Assistance Applications for HOPWA programs, and other housing programs, Providing Housing Stability Service support and referrals, Empowering clients to participate in their treatment plan as needed, Participating in agency developmental activities and other duties assigned.

PET PROJETC FOUNDATION – Fort Lauderdale, FI, April 2010 to Present

Food Bank Assistant (Volunteering)

Participating in monthly Pet food distribution for register clients, Empowering clients to participate in their treatment plan as needed, Motivating and listening to clients about their suggestions and concerns, Food delivery to register clients. Participating in Foundation charity events and other duties assigned.

GA TELESIS LLC, Fort Lauderdale, FI, August 2007 to July 2009

VOLVO AREO SERVICES, Boca Raton, FI, December 2005 to July 2007

AEROTEK – AVIALL, Hollywood, FI, October 2003 to February 2004

SWISSPORT N.A., Miami, FI, January 2001 to September 2003

Quality Control Inspector (Receiving/Bulk Receiving/Outbound)

Diego F Rodriguez

**3468 NE 17th Avenue Rear
Fort Lauderdale, Florida, 33334
PH 754 – 242 – 2338
Email: dienonimus@yahoo.com**

Attention, evaluation and report of order discrepancies through a NCO Database (Non-conformance Orders) to control, measure, identify and solve situations for the future, minimizing costs keeping technical documents filing or scanning to provide assistant when needed. Purchasing department support, Inspection and certification of technical documentation as well of physical parts, pull up of requested material and validation of quantities and parts, Tracking of incoming shipments and follow-up of orders with time management in order to avoid delays and increase time process, Database controller, shipping and handling functions and Internal customer support.

RANDSTAD N.A., Fort Lauderdale, FI, June 2005 to October 2005

Office Assistant

Maximize scheduling appointments for marine's surveyors reducing travel times and resources availability based on optimizing customer's needs, Filing functions and Database controller.

LANCHILE, Miami, FI, November 2002 to September 2003

Traffic Agent

Validation and preparation of documents for export merchandise for Customs inspection, Documentation file scanning and splitting of documents supporting AWB, and Internal customer support.

TRAININGS

Medical Education Program, Develop Drug Resistance New HIV Integrase Inhibitor, AHF, Fort Lauderdale, FI, 2014

HIPAA, For Behavioral Health Providers, Care Resource, Fort Lauderdale, FI, 2014

Case Management, Models and Functions of C Management, Fort Lauderdale, FI, 2014

Universal Health Precautions, Care Resource, Fort Lauderdale, FI, 2014

Proactive Intervention, Care Resource, Fort Lauderdale, FI, 2013

Ryan White Part A Training, Care Resource, Fort Lauderdale, FI, 2013

Time Management, Care Resource, Fort Lauderdale, FI, 2013

Phlebotomy, Nursing Unlimited Inc, Fort Lauderdale, FI, 2012

OraQuick ADVANCE Rapid Antibody Test Training, FDOH, Fort Lauderdale, FI, 2012

HIV/AIDS 500/501 Course, FDOH, Fort Lauderdale, FI, 2011

Healthy Relationships, Care Resource, Fort Lauderdale, FI, 2011

Professional Placement Network Program, WFO, Fort Lauderdale, FI, 2010

Air General Awareness Initial Seminar, Hazardous Material Compliance, Inc, Fort Lauderdale, FI, 2009

Operator Safety Training Course, GA Telesis LLC, Fort Lauderdale, Florida (2007)

Static Control Training Workshop – 3M ESD, Floritronics, LLC, Boca Raton, Florida (2006)

Aviation Safety and Maintenance Standards, U.S. Department of Transportation (DOT)/(FAA), Boca Raton, Florida (2006)

Suspected Unapproved Parts Program, U.S. Department of Transportation (DOT)/(FAA), Miami, FI, 2011

Training Trainers, Concasa, Bogotá, Colombia (1995)

Diego F Rodriguez

**3468 NE 17th Avenue Rear
Fort Lauderdale, Florida, 33334
PH 754 - 242 - 2338
Email: dienonimus@yahoo.com**

EDUCATION

Evaluation of Educational Credentials Equivalency U.S. Degree of Business Administration, Josef Silny & Associates, Inc., International Educational Consultants, Miami, 2006

High School Diploma, Agustiniano de San Nicolas, Bogotá, Colombia, 1989

JOB DESCRIPTION

IDENTIFICATION

Job Title: Senior Housing Case Manager
Department: Psychosocial Services
Reports to: Housing Services Manager
Status: Full time
Revised: December 2014

JOB SUMMARY

The Senior Housing Case Manager (SHCM) is responsible for leadership and coordination of programming in collaboration with supervisor, assessing and coordinating Housing Opportunities for Persons with AIDS (HOPWA) and other programs for Care Resource clients. In addition, the SHCM is responsible for supporting Supervisor in the supervision and administration of Housing Case Management within the Psychosocial Services Department.

ESSENTIAL JOB RESPONSIBILITIES

Leadership and Coordination:

Authors reports, tracks productivity, coordinates with the Grantee and the Supervisor to ensure the success of the HOPWA program. Assists with QA reviews taking corrective action if necessary. Ensures the services provided by Housing Case Managers meet or exceed agency and funder standards. Reviews Housing Case Manager's documentation and billing to ensure it is Timely, Accurate, Legible and Clear.

HOPWA and Other Housing Opportunities

Screens and/or assesses all new clients for HOPWA services and other forms of housing stability services (e.g. Section 8; Homeless Assistance Programming; Other Housing services) according to the intake schedule. Completes application for HOPWA programs and other housing programs. Determines eligibility for HOPWA programs and other housing programs. Identifies resources and referring to appropriate housing programs. Follows up on clients' housing stability (HOPWA and non-HOPWA housing).

Caseload Management:

Maintains an average annual active caseload as assigned by supervisor. Acts as a liaison when required to ensure clients are properly referred within agency programs or external services in order to remove barriers to treatment and care.

Service Planning and Documentation:

Ensures all documentation is timely, accurate, legible and clear. Empowers clients to participate in their treatment planning as needed. Maintains progress notes and progress reviews in client records as specified in agency policy, program guidelines and performance standards. Inputs client information using electronic data entry according to agency and departmental guidelines. Maintains an accurate record on time sheet reflecting time spent in program worked. Prepares necessary program reports and records as requested by the supervisor and/or manager.

Manages Resources:

Maintains comprehensive knowledge of community services in order to apply knowledge of services to individual client needs. Supports billing through concurrent documentation of service provided and budget activities as required (i.e. reconciling billing across data systems including: PCIS, Web-based systems, CASEWATCH and client records). Participates in staff training sessions within the timeframes specified and as required by the agency and the funding source.

Community Involvement:

Participates in agency developmental activities as requested. Other duties as assigned.

Safety:

Ensures proper hand washing according to Centers for Disease Control and Prevention guidelines. Understands and appropriately acts upon assigned role in Emergency Code System. Understands and performs assigned role in agency's Continuity of Operations Plan (COOP).

JOB SPECIFICATIONS

Education:

Bachelor's Degree in public health administration, administration, social services or related field.

Training and Experience:

Two years of homeless/social services experience are required. One year of HIV/AIDS experience preferred. HIV/AIDS training and program related training provided by the State or County are required within 90 days of hire date.

Job Knowledge and Skills:

Bilingual (English-Spanish/ English-Creole) is preferred. Knowledge of homeless community resources and community services is required. Computer knowledge should include Microsoft Word and Excel. Good organizational and team work skills. Excellent communication, decision making and problem solving skills. Ability to work with multicultural and diverse population is required.

Contact Responsibility:

Contact responsibility for internal and external contacts is frequent and important.

Other:

Own Transportation required.

PHYSICAL REQUIREMENTS

This work requires the following physical activities: constant sitting, walking, hearing, talking in person and talking on the phone. Occasional driving stretching/reaching and standing are required. Work usually is performed in an office setting. Sometimes, work is performed in client's homes, community agency settings and in hospitals.

STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES

I, _____ verify that I meet the qualifications specified above for the position of Senior Medical Case Manager. I have read my job description and accept my stated responsibilities.

Signature: _____

Date: _____

VIERGELIE JEAN

4174 Inverrary Drive #907, Lauderdale, Florida 33319 Cell: (754) 422-6561 -
jeanviergelie@yahoo.com

PROFESSIONAL SUMMARY

A highly talented and enthusiastic Social Worker with great deal of experience working with people experiencing crisis, providing support to enable service users to help themselves; maintaining professional relationships with service users, acting as a guide, advocate or as a critical friend. A quick learner and competent leader who is considerate of others and able to make core decisions. An energetic contributor who follows through to completion of projects. Possess excellent communication and bilingual skills. Work well independently and as team-player.

SKILLS

Summer camp counselor
First Aid and CPR Certified
Knowledge of behavioral disorders
Team player
Strong interpersonal skills
Reliable
Organized

Positive and encouraging
Self-motivated
Fast learner
Verbal communication skills
Team leadership skills
Microsoft Office proficiency
Fluent in Creole

WORK HISTORY

04/2014 to Current CARE RESOURCE - Fort Lauderdale, Florida
Housing Case Manager

- Assess, orient and facilitate the entry of shelter and transitional residents into housing.
- Make referral to appropriate providers and resources
- Respond to client emergencies
- Attend agency and department meeting
- Maintain accurate and ongoing documentation in individual client files on record keeping forms and reports following contract, agency and department policies and procedure.
- Provide case management and follow up services for clients
- Other tasks and responsibilities as assigned and required by program goals and objectives.

10/2013 to 04/2014 CARE RESOURCE - Fort Lauderdale, Florida

Client Support Assistance

- Welcomes clients into the agency and provides orientation/education regarding the agency and its services.
- Provides initial HIV/AIDS orientation and education to clients including what to expect from the HIV service delivery system.
- Provides initial information regarding applicable County's Service Delivery System and provider options.
- Assists with initial client intake, paperwork and applications for financial and medical eligibility.
- Assists clients who test positive for HIV in obtaining appropriate care and treatment services,
- Assist in the development of individual client care plan.
- Helps clients to schedule appointments, documents assistance with referrals and follows up with providers to ensure clients attend appointments.

11/2006 to 12/2013 JC PENNEY OUTLET – Sunrise, Florida

Customer Service Associate

- Operated a cash register for cash, check and credit card transactions with high accuracy.
- Priced merchandise, stocked shelves and took inventory of supplies.
- Cleaned and organized the store, including the checkout desk and displays.
- Alerted customers to upcoming sales events and promotions.
- Identified potential shoplifters and alerted management.
- Trained new sales associates.
- Completed all point of sale opening and closing procedures, including counting the contents of the cash register.
- Welcomed customers into the store and helped them locate items.
- Verified that all customers received receipts for their purchases.
- Fostered a positive work environment by consistently treating all employees and customers with respect and consideration.

EDUCATION

In Progress

Master: Social Work

WALDEN UNIVERSITY

2013

Bachelor of Arts: Psychology

FLORIDA ATLANTIC UNIVERSITY - Boca Raton, Florida

2013 **EKG Tech**
FLORIDA ATLANTIC UNIVERSITY - Boca Raton, Florida

2011 **Associate of Arts: Psychology**
BROWARD COLLEGE - Coconut Creek, Florida

CERTIFICATE

2013 500 and 501 HIV/AIDS
2011 Adult Mental Health Recovery Peer Specialist

ADDITIONAL INFORMATION

VOLUNTEER & COMMUNITY

- Member of SISTUHS Inc.
- North Side Elementary Tutor/Mentor 2004 to 2006
- Assistant Sunday School teacher 2010-2013
- Florida Atlantic University Church Catch the Fire Ministry (CTF) Treasurer 2012 - 2013
- Florida Atlantic University Psychology Club Event Coordinator 2012- 2013
- Pageant winner - Ms. Konbit Kreyol 2013-2014
- Active member in church and community life.

INTERSHIP

Lutherans Services (Lipmann Youth Shelter) December 2014-Current

- Intake assessment
- Individual counseling
- Family counseling
- Group Counseling

PROFESSIONAL AFFILIATION

- National Association of Social Workers

JOB DESCRIPTION

IDENTIFICATION

Job Title: Housing Case Manager
Department: Psychosocial Services
Reports to: Housing Services Manager
Status: Full time
Revised: December 2014

JOB SUMMARY

The Housing Case Manager is responsible for assessing and coordinating Housing Opportunities for Persons with AIDS (HOPWA) and other programs for Care Resource clients.

ESSENTIAL JOB RESPONSIBILITIES

HOPWA and Other Housing Opportunities Coordination:

Screens and/or assesses all new clients for HOPWA services and other forms of housing stability services (e.g. Section 8; Homeless Assistance Programming; Other Housing services) according to the intake schedule
Completes application for HOPWA programs and other housing programs.
Determines eligibility for HOPWA programs and other housing programs.
Identifies resources and referring to appropriate housing programs.
Follows up on clients' housing stability (HOPWA and non-HOPWA housing).

Caseload Management:

Maintains an average annual active caseload as assigned by supervisor.
Acts as a liaison when required to ensure clients are properly referred within agency programs or external services in order to remove barriers to treatment and care.

Service Planning and Documentation:

Ensures all documentation is timely, accurate, legible and clear.
Empowers clients to participate in their treatment planning as needed.
Maintains progress notes and progress reviews in client records as specified in agency policy, program guidelines and performance standards.
Inputs client information using electronic data entry according to agency and departmental guidelines.
Maintains an accurate record on time sheet reflecting time spent in program worked.
Prepares necessary program reports and records as requested by the supervisor and/or manager.

Manages Resources:

Maintains comprehensive knowledge of community services in order to apply knowledge of services to individual client needs.
Supports billing through concurrent documentation of service provided and budget activities as required (i.e. reconciling billing across data systems including: PCIS, Web-based systems, CASEWATCH and client records).
Participates in staff training sessions within the timeframes specified and as required by the agency and the funding source.

Community Involvement:

Participates in agency developmental activities as requested.
Other duties as assigned.

Safety:

Ensures proper hand washing according to Centers for Disease Control and Prevention guidelines.
Understands and appropriately acts upon assigned role in Emergency Code System.
Understands and performs assigned role in agency's Continuity of Operations Plan (COOP).

JOB SPECIFICATIONS

Education:

Bachelor's Degree in public health administration, administration, social services or related field.

Training and Experience:

Two years of homeless/social services experience are required. One year of HIV/AIDS experience preferred. HIV/AIDS training and program related training provided by the State or County are required within 90 days of hire date.

Licenses and/or certifications:

N/A

Job Knowledge and Skills:

Bilingual (English-Spanish/ English-Creole) is preferred. Knowledge of homeless community resources and community services is required. Computer knowledge should include Microsoft Word and Excel. Good organizational and team work skills. Excellent communication, decision making and problem solving skills. Ability to work with multicultural and diverse population is required.

Contact Responsibility:

Primary responsibility for internal and external contacts is frequent and important.

Other:

Own transportation required.

PHYSICAL REQUIREMENTS

This work requires the following physical activities: constant vision for close work, sitting, walking, hearing, talking in person and talking on the phone. Frequent sitting, walking, bending, standing and stretching are required. Occasional driving and climbing are required. Work usually is performed in an office setting.

STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES

I, _____ verify that I meet the qualifications specified above for the position of Housing Case Manager. I have read my job description and accept my stated responsibilities.

Signature: _____ Date: _____

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Professional Profile

Career Objective

Professional opportunity with an organization where my commitment, skills, and team orientation will be of service.

Personal Profile

Customer service oriented with the ability to work independently or as a part of a team. Strong interpersonal skills, managerial skills and work ethic. Works effectively under pressure and have a proven ability to adapt quickly to a challenge.

Skills Summary

- Experienced with multiple software applications and operating systems such as Provide Enterprise, Intergy and Casewatch.
- Fluent in Spanish and English.
- 104, 500-501 HIV/AIDS Prevention counseling, testing and referral course.
- Orasure & Oraquick, Clearview, OSHA, CPR and AED
- Various DEBI's (behavioral Interventions) such as POL, VOICES, CRCS, RESPECT
- Phlebotomy
- C4H Training for managers
- Protecting Human Research Participants

Professional Experience

Housing Case Manager, Care Resource, Fort Lauderdale , FL

November 2014- Present

- Assesses all new clients for HOPWA services and other forms of housing stability services.
- Completes applications for housing programs.
- Determines eligibility for HOPWA programs and other housing programs.
- Maintain an average annual active caseload as assigned by supervisor.
- Supports billing through concurrent documentation of service provided and budget activities as required.
- Maintains progress notes and progress reviews in clients records as specified in agency policy, program guidelines and performance standards.

Community Interventions Coordinator, Latinos Salud, Wilton Manors, FL August 2010- September 2014

- Recruit, train, coordinate, and supervise peer leaders for promotion of health program initiatives in Broward county.
- Identify HIV related service needs of the MSM community and implement strategies and interventions targeting men that have sex with men
- Build community partnerships by creating liaisons with local businesses and other resources.
- Coordinate and supervise outreach team and other personnel and identify new venues to reach out to targeted population in Broward & Dade Counties
- Organization & logistics of special events
- Oversees and maintain all records for HIV testing, Counseling & Referral program in both locations (Broward & Dade)

Outreach Linkage Coordinator, Hispanic Unity, Hollywood, FL.

July 2006-August 2010

- Documents project progress & data entry. Case Management for Ryan White clients.
- Provides assessment, referral, linkage and support services to clients.
- Works with at-risk youth and elderly population.
- Conducts "culturally competent" HIV testing and counseling to a minimum 150 clients per month at non-traditional clinical and outreach locations/sites following all Department of Health policies, protocols and guidelines.
- Engages clients in learning through a genuine, caring, charismatic and positive attitude.
- Serve as a liaison with other CBO'S and agencies in the State of FL.

Quality Control Manager, Cleanet USA, Fort Lauderdale, FL.

June 2005- June 2006

- Inspection of customer's facilities assigned in the area of Broward, Dade and West Palm Beach and rectifying any deficiencies
- Sub Contractor and Franchisee training and support
- Customer service and sales
- Supervision of quality control, organization & management of maintenance employees for the selected customer.
- Job assignments for the franchisees in the selected zones.

Special Events Consultant, St. Vincent's Hospital, New York, NY.

April 2002-June 2005

- Design and creation of brochures, invitations and flyers for conferences, meetings and special events for the AIDS Institute at St. Vincent's Hospital.
- Updating of mailing lists. And, assisting in formatting a Data Base to maintain all client records. Responsible for overseeing various projects were completed on a timely basis.
- Events planning and on site supervision of conference logistics and problem solving.

Administrative Coordinator, Aid for AIDS, New York, NY.

January 1997-December 2001

- Responsible for day to day overall functions of a busy non-profit organization.
- Supervision of staff, payroll & coordination of meetings and trainings held on the premises.
- Purchasing, Planning and Public Relations.

Education

UNIVERSIDAD SIMON BOLIVAR – Caracas, Venezuela	1991
B.S. in Manufacturing Engineering Technology-	
Plastics Engineering Technology Certificate	
STAUFFER HOTELS – Venezuela & Aruba	1990
Customer Service & Hospitality	
LA SALLE – Valencia, Venezuela	1989
High School Diploma	

JOB DESCRIPTION

IDENTIFICATION

Job Title: Housing Case Manager
Department: Psychosocial Services
Reports to: Housing Services Manager
Status: Full time
Revised: December 2014

JOB SUMMARY

The Housing Case Manager is responsible for assessing and coordinating Housing Opportunities for Persons with AIDS (HOPWA) and other programs for Care Resource clients.

ESSENTIAL JOB RESPONSIBILITIES

HOPWA and Other Housing Opportunities Coordination:

Screens and/or assesses all new clients for HOPWA services and other forms of housing stability services (e.g. Section 8; Homeless Assistance Programming; Other Housing services) according to the intake schedule
Completes application for HOPWA programs and other housing programs.
Determines eligibility for HOPWA programs and other housing programs.
Identifies resources and referring to appropriate housing programs.
Follows up on clients' housing stability (HOPWA and non-HOPWA housing).

Caseload Management:

Maintains an average annual active caseload as assigned by supervisor.
Acts as a liaison when required to ensure clients are properly referred within agency programs or external services in order to remove barriers to treatment and care.

Service Planning and Documentation:

Ensures all documentation is timely, accurate, legible and clear.
Empowers clients to participate in their treatment planning as needed.
Maintains progress notes and progress reviews in client records as specified in agency policy, program guidelines and performance standards.
Inputs client information using electronic data entry according to agency and departmental guidelines.
Maintains an accurate record on time sheet reflecting time spent in program worked.
Prepares necessary program reports and records as requested by the supervisor and/or manager.

Manages Resources:

Maintains comprehensive knowledge of community services in order to apply knowledge of services to individual client needs.
Supports billing through concurrent documentation of service provided and budget activities as required (i.e. reconciling billing across data systems including: PCIS, Web-based systems, CASEWATCH and client records).
Participates in staff training sessions within the timeframes specified and as required by the agency and the funding source.

Community Involvement:

Participates in agency developmental activities as requested.
Other duties as assigned.

Safety:

Ensures proper hand washing according to Centers for Disease Control and Prevention guidelines.
Understands and appropriately acts upon assigned role in Emergency Code System.
Understands and performs assigned role in agency's Continuity of Operations Plan (COOP).

JOB SPECIFICATIONS

Education:

Bachelor's Degree in public health administration, administration, social services or related field.

Training and Experience:

Two years of homeless/social services experience are required. One year of HIV/AIDS experience preferred. HIV/AIDS training and program related training provided by the State or County are required within 90 days of hire date.

Licenses and/or certifications:

N/A

Job Knowledge and Skills:

Bilingual (English-Spanish/ English-Creole) is preferred. Knowledge of homeless community resources and community services is required.
Computer knowledge should include Microsoft Word and Excel. Good organizational and team work skills. Excellent communication, decision making and problem solving skills. Ability to work with multicultural and diverse population is required.

Contact Responsibility:

The responsibility for internal and external contacts is frequent and important.

Other:

Own transportation required.

PHYSICAL REQUIREMENTS

This work requires the following physical activities: constant vision for close work, sitting, walking, hearing, talking in person and talking on the phone. Frequent sitting, walking, bending, standing and stretching are required. Occasional driving and climbing are required. Work usually is performed in an office setting.

STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES

I, _____ verify that I meet the qualifications specified above for the position of Housing Case Manager. I have read my job description and accept my stated responsibilities.

Signature: _____ Date: _____

GIUSEPPE SALAMONE

350 South Shore Drive, #7 • Miami Beach, Florida 33141 • Tel. 305.778.5167 • gsalamone@gmail.com

FINANCE PROFESSIONAL

ASSURANCE | CLIENT MANAGEMENT | AUDITS

PROFESSIONAL PROFILE

Accomplished professional who is proactive, decisive, and sharp with an 8-year history in financial operations, account management, and general accounting practices. Experience includes small and international business, non-profits, banking, and healthcare. Maintains the overall integrity of accounting and financial systems. Delivers results with clear-sighted focus on immediate goals and long-term objectives.

- Association of Government Accountants – Member.
- Pursuing Certified Public Accountant (CPA) Certification.

CORE COMPETENCIES

Financial Accounting ▪ Managerial Accounting ▪ GAAP ▪ GAAS ▪ PCAOB ▪ Sarbanes-Oxley (SOX)
Research ▪ Methodologies ▪ Analysis ▪ Best Practices ▪ Compliance ▪ Financial Statements ▪ Policy Reconciliations
Fund, Cost & Accrual Accounting ▪ Cash and Revenue Management ▪ Risk Assessment
Health Saving Accounts (HSA) ▪ PTO Reporting ▪ Internal Controls
Coaching ▪ Presentations ▪ Documentation ▪ Strategic Thinking ▪ Business Writing
Provide Enterprise ▪ Excel (Advanced) ▪ MS Word ▪ MS Access ▪ ABILA MIP ▪ Microix ▪ Type 90 WPM ▪ Key 9700 KSPH

SELECTED ACCOMPLISHMENTS

Care Resource:

- Implemented new Abila MIP fund accounting and Microix purchase order system.

Keeping Your Balance:

- Managed the firm's anchor client, which produced more than 22% of the total business revenue.
- Increased monthly revenues more than 15% by cultivating business relationships and acquiring new clients.

JPMorgan Chase:

- Streamlined existing processes within department to increase productivity and quality of work.
- Wrote department's first procedural manual and created online format for access by entire floor.
- Led a multi-million dollar cash settlement research and reconciliation project to identify nearly \$10M on misapplied funds. Successfully completed within established deadline.
- Recognized as 'Chase MVP' for work on the cash settlement project.

PROFESSIONAL EXPERIENCE

Care Resource – Miami, FL

06/2013 – Present

A non-profit, primary medical care provider and HIV / AIDS research facility with 185 employees with a \$22M budget.

Finance Manager (Medical Billing and Financial Operations Groups)

Manage a staff of 7 associates, reporting directly to the Director of Finance. Provide support through day-to-day management of financial operations. Handle accounts payable (A/P), accounts receivable (A/R), payroll, benefits, and medical billing. Hire, train and develop new staff, monitor bank activity, and revise and monitor reports. Lead projects to implement process changes. Coach facility leaders on financial matters and areas for improvement.

Key Highlights:

- Promoted from Finance Supervisor to Finance Manager within 18 months of initial employment.
- Implemented new MIP fund accounting system and new purchase orders system, utilizing Microix.
- Researched, selected, trained and executed the system throughout the agency.

Giuseppe Salamone, (Cont.)

TARA Ink – Miami Beach, FL

04/2012 – 06/2013

Full service public relations/marketing firm with 13 employees and gross annual revenues of \$2M.

Full Cycle Staff Accountant / Office Manager

Oversaw financial operations by gathering and analyzing information. Prepared general ledger entries, reconciled accounts and handled A/R and A/P duties. Managed and coordinated payroll processing through ADP.

Key Highlights:

- Developed and implemented accounting procedures by analyzing current processes and recommending changes and improvements.

Keeping Your Balance – San Francisco, CA

12/2009 – 09/2011

Offsite bookkeeping service specializing in general bookkeeping, payroll, and taxes with revenues in excess of \$1M.

Account Manager / Full Cycle Staff Accountant

Managed all aspects of accounting operations for 40 clients, including firm's largest client. Reviewed documents, verified and posted data into financial systems, and reconciled accounts. Generated and analyzed financial reports. Maintained regular communication with clients.

Key Highlights:

- Managed the firm's anchor client, which produced more than 22% of the total business revenue.
- Increased monthly revenues more than 15% by cultivating business relationships and acquiring new clients.
- Developed business opportunities through networking and interaction with potential clients.
- Created and executed marketing strategies.

JPMorgan Chase – Tampa, FL

02/2006 – 09/2007

Leading global financial services firm with assets of \$2.3T, operating in more than 50 countries, and employs more than 240,000 professionals.

Health Savings Account (HSA) Finance Supervisor

Built the HSA department, managing a staff of 16 employees and defining systems and procedures. Oversaw cash applications, beneficiary processes and designations, new account opening/closings and managed internal audits. Resolved G/L reconciliations with settlement groups.

Key Highlights:

- Streamlined existing processes within department to increase productivity and quality of work.
- Created department's first procedural manual and online format for access by entire floor.
- Led a multi-million dollar cash settlement research and reconciliation project to identify nearly \$10M on misapplied funds. Successfully completed within established deadline.
- Recognized as 'Chase MVP' for work on the cash settlement project.

ADDITIONAL EXPERIENCE

Little Fox Language School, Seoul, Korea – Teacher	2008 – 2009
Fun Language International, Bangkok, Thailand – Teacher	2007 – 2008
Aradius, NSW, Sydney, Australia – Reconciliation Account Liaison	2005 – 2005
Pharmerica, Tampa, FL – Cash Applications Associate	2003 – 2004
A.O.L, Dulles, VA – A/P Clerk	2002 – 2002

EDUCATION

HUD: Financial Management 101 Module I, II and III – Certificate of Completion, 5/2015

South New Hampshire University, Online – Master of Science (MSA) in Accounting, Candidate, 07/2015 (GPA 3.738)

University of South Florida, Tampa, FL – Bachelor of Arts (B.A.), International Studies, 08/2005

IDENTIFICATION

Job Title: Finance Manager
Department: Finance Services
Reports to: Director of Finance
Status: Full Time
Revised: December 2014

JOB SUMMARY

The Finance Manager is responsible for the day to day management of the daily financial operations of the Agency including accounts payable, accounts receivable, payroll, benefits and billing including medical billing as required.

ESSENTIAL JOB RESPONSIBILITIES

Management/Supervision

- Oversees and participates as needed in the hiring, training, development and supervision of department's staff.
- Ensures the overall management, integrity, and reporting of the agency financial management systems.
- Oversees the day-to-day operations and reporting of the agency's fiscal systems.
- Maintains internal controls of cash, A/P, A/R, and financial reporting.
- Supervises the financial accounting process to assure compliance with State and Federal requirements.
- Assists Director in the organization, implementation, and oversight of the Board appointed monthly Finance Committee meetings.
- Manages the accounting process of ticket sales for Agency fundraising events
- Oversees the management financial activities during events including ticket sales, cash management and bank deposits.
- Reviews financial aspects of TimeClockPlus in preparation of biweekly payroll.

Cash and Revenue Management

- Daily monitors bank activity.
- Provides agency-wide needed banking information for various needs including direct deposit information requests from grantees or vendors.
- Posts Monthly Mortgage payment and Swap payment into MIP based by county percentage split.
- Verifies all credit card deposit dates for credit card transactions based on banking reports for proper recording in MIP. (including medical/dental/mental health co-pay deposits, White Party sales deposits)
- Manages all cash transactions at Fundraising events (White Party, AIDS Walk)
- Accounts Receivable cash posting based on daily bank transactions.

Review

- Revises payroll reports, makes adjustments and/or requires changes from staff as needed.
- Revises check requests and invoices, makes adjustments and returns to departments to be corrected when required. (Includes petty cash requests, credit cards request)
- Reviews purchasing procedures and processes to assure that specifications are met at the least cost, and that safeguards are followed to prevent abuse
- Reviews and approves staff's journal vouchers for entering into MIP.
- Reviews entry of Fixed Assets according to agency procedures.
- Reviews employee's biweekly payroll timesheets, local travel reimbursement requests.
- Approves departments supply orders based on departments needs and department budget.
- Approves all refund/exchange/upgrade requests and customer ticket issues prior to events.
- Oversees Medical/Dental customer billing issues as needed.
- Reviews all financial transactions involving pharmacy revenue.
- Reviews agency financial statements to ensure accuracy, and corrects errors as needed.

Operations

- Prepares and enters Journal Vouchers as needed in MIP Fund accounting software.
- Posts Monthly Accrued Revenue entries and reverse once monthly billing has been completed and submitted.
- Assists in Time & Effort reporting in accounting software
- Assists in creating insurance amortization schedules with staff.
- Reviews monthly bank reconciliation process by identifying deposits, which are not recorded in MIP accounting software.
- Processes monthly billings cycle which includes preparation of bills, posting in accounting system software, mailing and filing.
- Books Monthly prepaid amortization entries based on staff's amortization schedules.
- Assits Director of Finance in creating, revising, and issuing programmatic and agency budgets.
- Assists in writing budget narratives and justifications for new and revised grant proposals.
- Maintains accounting system software by creating new accounts, classes, and/or programs based on agency's funding sources.
- Updates agency chart of account based on funding sources.
- Assists in external audits as necessary by providing financial reports and documentation.
- Participates in the creation, review, and maintenance of finance policies and procedures.

- Attends internal/external meetings as required.
- Reconciles and posts Accounts Receivable balances from medical and dental software into MIP on amonthly basis.

Safety:

- Ensures proper hand washing according to Centers for Disease Control and Prevention guidelines.
- Understands and appropriately acts upon assigned role in Emergency Code System.
- Understands and performs assigned role in agency's Continuity of Operations Plan (COOP).

Other

- Participates in agency developmental activities as requested.
- Other duties as assigned.

JOB SPECIFICATIONS

Education:

Bachelor's Degree in accounting is required.

Training and Experience:

Two to Five years of experience managing finance department in similar organizations, particularly non-profit management is required.

Licenses and/or certifications:

N/A.

Job Knowledge and Skills:

Computer knowledge should include Microsoft applications (Outlook, Word, Access and Excel) and accounting software applications (MIP). Excellent organizational, communication and teamwork skills are required to interact effectively with staff, vendors and funders. Problem solving skills are required to analyze and resolve problems of fiscal and operational nature. Decision-making skills are needed to respond effectively to immediate, short and long-term agency goals and requirements. Ability to work with multicultural and diverse population is required.

Supervisory Responsibility:

Supervises Finance and Medical Billing staff.

Contact Responsibility:

The responsibility for internal and external contacts is frequent and important.

PHYSICAL REQUIREMENTS

This work requires the following physical activities: constant sitting, talking on the phone, talking in person and hand/finger dexterity. Also frequent walking and occasional driving, standing and bending is required. Work is performed in an office setting.

STATEMENT OF ACCEPTANCE OF RESPONSIBILITIES

I, _____ verify that I meet the qualifications specified above for the position of Finance Manager. I have read my job description and accept my stated responsibilities.

Signature: _____ Date: _____

May 7, 2015

Staff Liaison

Francisco Gomez
Housing Services Manager
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954-565-5624 (fax)
fgomez@careresource.org

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www.careresource.org





Your Community's Source
for Healthcare

MISSION STATEMENT

**Through Education, Prevention, Research, Care &
Treatment, and Support Services, CARE RESOURCE
Improves Upon the Health and Overall Quality of Life of
Our Diverse South Florida Communities in Need.**

VISION STATEMENT

Care Resource strives to expand and improve the provision of a broad continuum of services in response to growing needs for certain services among specific populations in the South Florida community, making special efforts to engage hard-to-reach populations through effective, culturally appropriate messages.

Board of Directors 2014-2015

Name	Address	Position on Board	Tenure	Percentage
Ana Garcia, PhD	130 NE 133 Street Miami, FL 33161 (305) 243-2758 (305) 213-4867 agarcia2@med.miami.edu anag1120@att.net	Member	9 Years Term exp. 6/16	0%
Russell Corbett	1780 NE 137 th Terrace North Miami, FL 33181-1312 (305) 332-5726—mobile fernhall@bellsouth.net	President/ Chair	31 Years term exp. 6/16 <i>Officer term exp. 6/16</i>	0%
Daniel Falcon	6061 Collins Avenue, #8B Miami Beach, FL 33140 305-582-4842 DanFalcon1@aol.com	Secretary	9 Years Term exp. 6/16 <i>Officer term exp. 6/16</i>	0%
Jaime Franco	2101 Brickell Ave, Unit 611 Miami, FL 33129 (954) 683-2384, mobile jaime_m_franco@yahoo.com jmfranco@litmususa.com	Member	6 Years Term exp. 6/15	0%
Dorothy Holmes Ph.D.	10430 SW 183 rd Street Miami, FL 33157 (305) 252-6573 (305) 582-1739 - cell drdaholmes@comcast.net	Member	14 Years term exp. 6/16	0%
Daniel Sera	94 NE 93 rd Street, Miami, FL 33138 (305) 772-6770 dsera@carnival.com	Member	7 Years Term exp. 06/15	0%
Sonja Batteen (Smith)	3215 Coco Plum Circle Coconut Creek, FL 33063 954-709-7333 Sonjasmith83@yahoo.com Smit316@fau.edu SonjaS125@gmail.com	Member	6 year Term exp. 6/16	0%
George Castrataro	707 NE 3 rd Avenue, 3 rd Floor, Ft. Lauderdale, FL 33304 (954) 756-4720 – cell (954) 573-1444 – work george@lawgc.com	Vice President/ Vice Chair	6 year Term exp. 6/16 <i>Officer term exp. 6/16</i>	0%
Anthony Hernandez	1320 SW 21 st Terrace Miami, FL 33145 305-331-4883 Hernandez8388@bellsouth.net	Member	6 year Term exp. 6/16	0%
Jay Beskin	H: 3530 Mystic Pointe, #311 Aventura, FL 33180 H#: (305) 932-8045 Rarick, Beskin & Garcia Vega, P.A The Colonnade at Miami Lakes 6500 Cowpen Rd., Suite 204 Miami Lakes, Florida 33014 W#: 305- 556-5209 F#: 305-362-9525 JBeskin@rbqvlaw.com	Treasurer	1 year Term exp. 6/15 <i>Officer term exp. 6/16</i>	0%

ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
HUMAN RESOURCES

POLICY NO. 5007.002

SUBJECT: CONFIDENTIALITY

POLICY: Care Resource understands, acknowledges, and respects the issue of confidentiality associated with HIV disease. The Agency will comply with Florida Statutes, administrative rules and Department of Health policies, protocols and procedures pertaining to confidentiality as contained in the Florida Department of Health Information Security Policy.

PROCEDURE: All persons with an assigned Agency responsibility that potentially give them access to clients/patients and other confidential information must sign a statement of understanding that confirms the person understands the requirements of confidentiality as well as penalties for failure to comply with such requirements.

The Memorandum of Understanding-Confidentiality of Client Information Form must be signed by any Board Member, Employees, Volunteer or Consultant before any work that provides access to client or other agency confidential information that is done on behalf of the Agency.

The signed Memorandum of Understanding-Confidentiality of Client Information must be placed in the individuals Human Resources/Volunteer or Board file.

All persons with an assigned Agency responsibility that potentially give them access to client information will receive an initial security awareness training prior to providing services to clients or within 30 days of employment start date, whichever is earliest.

APPROVED BY:

EFFECTIVE DATE: 7/1/1998

REVISED: 05/12/2014

DATE OF DISTRIBUTION: 05/12/2014

May 7, 2015

Statement to Serve All Income Eligible Clients

Care resource will serve all clients without regard to race, color, religion, marital status, familial status, sexual orientation, ancestry, sex, age, national origin, medical or mental condition and compliance with the equal Access to Housing in HUD program.



Freddy Pardo
Director of Operations

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ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
CLIENT SERVICES

POLICY NO. 7005.001

SUBJECT: Client Non-Discrimination

POLICY: Care Resource will treat every client in a dignified and respectful manner that supports his or her dignity. Decisions regarding the delivery of services are made at Care Resource without regard to or consideration of race, age, religion, color, gender, sexual orientation, national origin, marital status, physical or mental disability, political affiliation, or any other factor which cannot be lawfully used as a basis for services delivery.

PROCEDURE:

1. Staff shall inform every client of agency's non-discrimination policy at the time of intake or initiation of services.
2. Clients shall receive a copy of the Clients' Rights and Responsibilities document upon intake, initiation of services, or upon request, unless refused by the client.
3. A copy of the Clients' Rights and Responsibilities shall remain posted in Care Resource waiting areas.

Documentation

Each client and agency representative (staff) shall sign and date the Clients' Rights and Responsibilities form; original document shall be kept in the client's records.

APPROVED BY:

EFFECTIVE DATE: 07/01/2001

REVISED: 03/12/2013

DATE OF DISTRIBUTION: 07/15/2013

ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
QA & PI

POLICY NO. 9000.001

SUBJECT: QUALITY ASSURANCE

POLICY: The agency will conduct quality assurance activities of its work on an ongoing basis with the following goals and purposes:

1. To objectively and systemically monitor and evaluate the appropriateness and the quality of client's care, including but not limited to:
 - a. Procedures that place patients at risk of disability or death
 - b. Significant medication errors
 - c. Significant adverse drug reactions
 - d. Disease management outcomes
 - e. Timely access to care
2. To collect and analyze data on performance, outcomes, and other activities to improve the ability to provide quality care, treatment, and/or services.
3. To ensure that services are provided consistent with reasonable, prevailing professional standards and specific program guidelines to resolve identified problems
4. To affirm that staff credentials, resources, training and performances are monitored in order to assure the provision of quality care and optimal outcomes for persons served
5. To improve organizational accountability for service outcomes for individuals served
6. To instill departmental motivation and to focus on processes and outcomes essential to achieving service recipient satisfaction and progress.

PROCEDURE: Quality Assurance activities will be organized and conducted as described in the Care Resource policy Quality Assurance and Performance Improvement Program (See: Policy No. 9001.001) and under the supervision of the Quality Assurance Committee (See: Policy No. 9001.002)

APPROVED BY:
EFFECTIVE DATE: 10/14/2000
REVISED DATE: 03/26/2013
DISTRIBUTION DATE: 07/15/2013

ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
QA & PI

POLICY NO. 9001.001

SUBJECT: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PROGRAM

POLICY: The overall purpose of the Quality Assurance Program is to collect and analyze data on performance, outcomes, and other activities that will facilitate the agency's ability to provide quality care, treatment, and/or services. The quality assurance/performance improvement process will involve all levels of client services as a means of improving accountability, service outcomes and promote efficient and effective services.

PROCEDURE: The process for assuring internal quality assurance will begin at the planning stage of each service and utilize multiple tools. At the planning stage an Outcome Measurement/Logic Model Approach will be utilized to delineate goals, timeframes for goals, objectives, resources, activities or key action steps to achieve goals, individuals responsible for activities or key action steps to achieve goals, measurable indicators, barriers to achieving goals, data sources, data collection methods, and immediate and long term outcomes as applicable. This model addresses operational and programmatic issues and is used at the planning stages as a planning guide and at the implementation stage as a progress report.

Monthly productivity reports will be utilized with a planned vs. actual approach and are reviewed with recommendations on a monthly basis by the agency's management team.

Quarterly monitoring and evaluation activities will include process and outcome based monitoring and evaluations to be reviewed with recommendations by the agency's management team as well as compared with external resources, when available.

The Quality Assurance Program and Performance Improvement Process will include the following:

- A. Establishment of standards for the provision of patient care and treatment practices.
- B. Procedures for the maintenance and documentation of client records.
- C. Standards for facilities and maintenance.
- D. Procedures for review of client records by the Quality Assurance Committee.
- E. Policies and procedures for client incident reports.
- F. Means for service recipients or other concerned parties to present grievances and petition for changes in policies, procedures, and service to staff, management, and governance of the organization.
- G. Means of receiving and responding to service recipient input and assuring its integration into the agency's policy-making deliberations and operational actions to accomplish continuity of services.
- H. Measures of performances and outcomes for the agency and individuals served which support objective evaluations of progress and performance, patterns, trends, and variations

KEY AREAS AND ASSOCIATED STANDARDS REQUIRING CONTINUOUS STRUCTURED QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT OVERSIGHT

- A. Care & Treatment: Care & Treatment standards shall address assessments, interventions, treatments and services such as those provided by primary care medical professionals, psychologists, social workers, case managers, counselors, and addiction professionals.
- B. Health Promotion, Testing and Counseling Services: These standards shall address those activities designed to promote societal awareness and knowledge, or, to prevent, divert or minimize the progression of illness, the prevalence of substance abuse and incidence of HIV disease.
- C. Medical Case Management: Case management standards shall include the integration and continuity of services, comprehensive delivery of assessments, treatment or service planning, service delivery, and integrated documentation of multiple vendor or agency plans, timeliness of their delivery, incorporation of natural supports, recording of progress or no

progress against measurable plan objectives, and overall maintenance of the service plan.

- D. Code of Ethics: These standards shall establish the departmental code of ethics that define appropriate and inappropriate behaviors that are applicable to all employees.

- E. Advocacy and Human Rights: These standards shall address the right to informed consent for treatment and services. In addition these standards will describe all other rights and responsibilities of persons receiving treatment and the documented provision of this information. These standards include the rights of persons with sensory or perceptual problems, physical and mental disabilities, and the conveyance of this information in a manner understandable to the individual and in a language understandable to the client.

Procedures shall include the provision of written information to clients about the Americans Disabilities Act protections for both the client and staff members acting on their behalf.

- F. Client Complaint and Grievance Resolution Procedures: These standards shall address the rights and responsibilities of clients at the time of their admission. The process shall include time frames for response, documented receipt of the complaint, and tracking of the complaint until resolved. These procedures shall contain a statement that affirms a non-retaliation policy that protects clients, family members, and associated parties rights to file complaints or express their opinion.

- G. Maintenance of Clinical Records: Standards for the maintenance of records shall include record format and organization, completeness and accuracy, informed consent, confidentiality, release of information, documentation, physical custody of the records, and records retention requirements.

- H. Quality Assurance Committee: Standards shall include accuracy of assessment, appropriateness of treatment, duration of treatment, adequacy of planning and relevant follow-up procedures.

- I. Staff Development: Standards in this functional area shall include those activities essential to maintaining an effective and efficient working environment, including the retention of well-qualified staff and licensed professionals. Standards address

written position responsibilities, qualifications including, procedures for identifying and documenting training needs, according to new chapter 65 and other regulatory agencies, and provision in a systemic manner. The agency may also collect data to measure staff opinions and needs, perceptions of risk to individuals, suggestions for improving patient safety, and willingness to report adverse events.

As part of continuing education and training, Ryan White Care Managers are required to attend at least one community workshop/seminar monthly, which relates to client care. The opportunity to attend additional workshops/seminars is left up to the discretion and approval of the Psychosocial Service Manager. Additionally, discussions regarding updates on available community resources are handed by the Psychosocial Service Manager, who disseminates information through Unit Meetings held no less than twice monthly. Attendance is recorded and minutes are taken and archived by the Psychosocial Services Manager.

- J. Billing Accuracy & Productivity Review: Standards include department Managers review of agency and funding source productivity and billing reports for accuracy once monthly. Discrepancies are reported first to the Executive Director and are then further discussed at monthly meetings with the Finance Department. The goal is to reconcile information provided by multiple data collection systems and to minimize the discrepancies.
- K. Client Incident Report: This report collects information on incidents with clients, which usually occur outside of service sessions and require supervisory involvement. Standards include written documentation of these incidents.
- L. Interdisciplinary Meeting: Standards include weekly interdisciplinary meeting in which new and ongoing client cases are presented to coordinate care and treatment services. A log with cases reviewed as well as pertinent documentation is kept as well as an attendance roster.
- M. Client Feedback: Standards include appropriate client feedback. Clients have two major ways of giving feedback to the agency. One is by participating in the quarterly meetings of the Client Advisory Committee and second by completing the Client

Satisfaction Survey, which is administered twice a year. Clients are also encouraged through postings placed at all Care Resource sites to give recommendations and feedback on programs and services. Feedback can be given either verbally or in writing to any Care Resource staff. The feedback will be brought to the attention of the appropriate division director for inclusion in the next agenda of the Client Advisory Board meeting (See: Policy No. 9002.001).

APPROVED BY:

EFFECTIVE DATE: 06/01/2013

REVISED DATE: 06/01/2013

DATE OF DISTRIBUTION: 07/15/2013

ADMINISTRATIVE MANUAL
POLICIES AND PROCEDURES
QA & PI

POLICY NO. 9001.002

SUBJECT: QUALITY ASSURANCE COMMITTEE

POLICY: The Quality Assurance Committee is responsible for overseeing full implementation of the Quality Assurance and Performance Improvement Program. The oversight shall incorporate the key functions described the Quality Assurance Program and shall include ongoing review of all client related incidents reports, client grievances, client feedback and input, updates of relevant written policies and procedures, and perhaps most importantly, ongoing review of the results of departmental client record reviews and follow-up corrective action plans.

PROCEDURES: The Quality Assurance Committee will be composed of individuals from various departments and disciplines by professionals with the required training and qualifications. Other individuals may be added as deemed appropriate. The CEO shall designate membership to the Quality Assurance Committee, including the Chair for the Committee.

The Quality Assurance and Performance Improvement program will be coordinated by the Quality Assurance Committee to fulfill its purposes on a monthly, quarterly, and annual basis. Subcommittees may be created in order to achieve the overall goals of the quality improvement process.

Client records of Care Resource are reviewed on an ongoing, systemic basis. Reviews are conducted for all programs agency-wide.

Quality Assurance Process

All reviews are conducted using the following general procedures:

1. Patient charts and program file reviews are to be conducted monthly in all departments and for all programs. The process is conducted on two level; peer review and manager/supervisor review. At each level different files are reviewed either by physicians, licensed professionals and trained program staff.
2. The number of charts to be reviewed will be predetermined.

3. Charts are selected randomly.
4. Charts are reviewed and scored using the appropriate review instrument.
5. Programs scoring below the established agency standard of 90 are required to submit a corrective action plan with the chart review results.
6. Results of the review are submitted to the Quality Assurance Committee for review and recommendations.
7. Final results will be compiled by the Chair of the Quality Assurance Committee and distributed to the Department Managers and the CEO for additional action.
8. The Quality Assurance Committee may include the following subcommittees and/or review areas.
 - a. Primary Care & Treatment Chart Review
 - b. Dental Care & Treatment Chart Review
 - c. Nutrition Review
 - d. Ryan White Part A Care Management Review
 - e. Medicaid Waiver Care Management Review
 - f. Prevention Program Review
 - g. Counseling and Testing Program Review

Performance Improvement Process

The Performance Improvement Process is an agency-wide systematic approach designed to continuously monitor and evaluate the quality, appropriateness, efficacy and efficiency of care toward the prevention of problems and improvement of outcomes. The Performance Improvement Process will demonstrate continuous improvement and accountability that includes the following:

- A. Leadership's responsibility to set priorities for data collection for performance improvement opportunities.
- B. Management and staff's commitment to a continuous quality improvement process.
- C. Assurance that the person served and the level of customer satisfaction are the most crucial elements of the service delivery system.
- D. A commitment to personnel with the training necessary to perform their duties effectively and instruction as to how to implement the quality improvement process.
- E. Priority on staff working together as a team to enhance the organization's ability to improve its service delivery system.
- F. Findings, conclusions, recommendations, actions and results of activities communicated to the appropriate departments throughout the organization to identify performance improvement opportunities to be monitored for completion of action plans.

- G. The identified actions plans will be evaluated to confirm that they have resulted in improvements and will be reviewed when it does not achieve or sustain planned improvements.
- H. Comparison of results with external sources, when available.

APPROVED:

EFFECTIVE DATE: 07/15/2013

REVISED DATE: 07/15/2013

DISTRIBUTION DATE: 07/15/2013

QUALITY ASSURANCE INSTRUMENTS

1. **Client File Audit Instrument:** Measures chart format, time frames, accuracy, and established unit performance standards.
2. **Part A Case Management Chart Procedure Review:** Measures chart format, time frames, accuracy and established unit performance standards for Ryan White Title I clients.
3. **Medicaid Waiver Client Chart Audit Instrument:** Measures chart format, tie frames, accuracy, and established unit performance standards.
4. **Client Satisfaction Surveys:** Measures the level of client satisfaction with services of the agency and provide information for future service planning.
5. **Non-Clinical Supervision Form:** Used to supervise outreach workers and other non-clinical staff.
6. **Client Incident Report:** Used to document and follow-up incidents involving clients.
7. **Quality Assurance Committee Meeting Minutes Form:** Used to document the minutes of the Quality Assurance Committee.
8. **Clinical Services Case Staffing Log:** Used to document client cases presented during the Interdisciplinary Meeting.
9. **Interdisciplinary Meeting Attendance Roster:** Used to document attendance to the interdisciplinary meetings.
10. **Prevention Service Documentation Review Sheet:** Measures chart completeness and data gathering compliance.
11. **Early Intervention program HIV Counseling Check List:** A direct supervision form that measures counselor skills in Counseling & Testing.
12. **Health Promotion, Testing, and Counseling Services Quality Assurance Chart Review:** Measures chart compliance with requirements.
13. **HOPWA Long-Term Rental Assistance Program Monitoring Questionnaire:** Measures chart compliance with program's requirements.
14. **Food For Life Network (Food Bank) Chart Review and Facilities Checklist:** Measures chart completeness, data gathering compliance and facilities compliance.

NOTE: Instruments may be added in order to monitor specific areas as determined by need.

**CITY OF MIAMI
DEPARTMENT OF COMMUNITY DEVELOPMENT
CHECKLIST FOR ON-SITE MONITORING**

Subrecipient Name: CARE Resource, Inc
 Program Director: Richard Siclari
 Contract/Project: City of Miami HOPWA - LTRA Contract Amount: \$215,400
 Project Number: 91-0337 IDIS Code: City of Miami ONLY
 Monitoring Date(s): January 13, 2014 Contract Analyst: Ray Lewis
 In-House Review conducted on: January 13, 2014 Monitoring letter sent on: City of Miami ONLY

Public Services Economic Development-General HOPWA – TBRA HOPWA - STRMU
 Historic Preservation Special Economic Development Code Enforcement Public Facilities & Improvements
 Technical Assistance Commercial Facade ESG Other: _____

Instructions: All questions in the monitoring checklist must be answered. Check "YES", "NO", "N/A" when appropriate. You may utilize a separate sheet of paper to further clarify any comments.

A. NATIONAL OBJECTIVE & ELIGIBILITY (City of Miami Staff Only)

1. Which National Objective is this project designed to meet (570.208)*?

Benefit to Low & Moderate Income Persons – Please select one of the following options:

<input type="checkbox"/> Low/Mod Area Benefit (LMA)	→	Service area has been verified as to definition, its reasonability, located in a primarily residential area and primarily benefits the residents in the service area? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> Limited Clientele Benefit (LMC)	→	1. <input checked="" type="checkbox"/> Low/Mod income eligibility – All persons benefiting are low/mod 2. <input type="checkbox"/> Family size and income – At least 51% served are low/mod families 3. <input type="checkbox"/> Nature and location – Beneficiaries are predominantly low/mod 4. <input checked="" type="checkbox"/> Presumed benefit – Activity limited to: <input type="checkbox"/> Abused children <input type="checkbox"/> battered spouses <input type="checkbox"/> elderly persons <input type="checkbox"/> severely disabled <input type="checkbox"/> illiterate adults <input checked="" type="checkbox"/> persons living with AIDS <input type="checkbox"/> migrant farm workers
<input type="checkbox"/> Job Creation/Retention (LMJ)	→	▪ The subrecipient has systems in place to properly advertise/market the availability of jobs (if the purpose of the activity is to create jobs)? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Low/Mod Housing Benefit (LMH)		

2. Determining the number of participant files to Review:
 Total clients served by the program under LMC: 120
 The Lesser of 10% of total clients or 20 client files: _____

B. SUBRECIPIENT'S MANAGEMENT SYSTEMS

3. Board of Directors:

Does the board of directors' minutes include approval of:

a. Execution of the Agreement between the subrecipient and the city	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. Any amendments to the agreement between the subrecipient and the city	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
c. Budgets	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
d. Does the board of directors' minutes show that revenue & expense statements were presented at the meeting?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Attachment #:	<u>30</u>
e. Is the board of directors' minutes signed by the president or the secretary of the board?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
f. How often does the board of directors meet?	<input type="checkbox"/> BI-WEEKLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> QTRLY <input type="checkbox"/> YEARLY <input type="checkbox"/> OTHER-SEE ITEM HERE

g. Does your organization have any for-profit or non-for-profit subsidiaries or affiliated organizations?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Enter them here:	Food for Life Network	AFFILIATED ORGANIZATION #

C. CONFORMANCE WITH SUBRECIPIENT AGREEMENT

4. Contract Scope of Service: Contract Scope of Services: Is the full scope of services listed in the subrecipient agreement being undertaken? <i>If "NO", please note any deviations in the space below.</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Level of Accomplishments: - Compare actual accomplishments reported up to the point of monitoring with projected accomplishments. Is the project achieving the expected level of performance to the intended client group? <i>If "NO", please note any problems the subrecipient is experiencing in the space below:</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Time of Performance: - Is the work being performed in a timely manner? <i>If "NO", please explain below why the subrecipient is not performing in a timely manner:</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. Budget: - Do the actual expenditures match planned expenditures? <i>If "NO", please note any discrepancies and/or deviations:</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. Reimbursement Packages: - Are reimbursement packages being submitted in a timely manner and are consistent with the level of work accomplished? <i>If "NO", please explain in the space below:</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
- The agency is 60 days behind due to staffing shortages.		
9. Progress Reports: - Have progress reports been submitted on a quarterly basis? <i>If "NO", please explain: (THIS QUESTION IS NOT APPLICABLE AT THIS TIME)</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10. Insurance:		
a. Has the subrecipient submitted a copy of its Certificate of Insurance?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. Is the Certificate of Insurance current (has not expired yet)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. Is the City named as an additional insured?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. Monitoring:		
IF the subrecipient was monitored by the city last year, please answer 11.a below. If not, skip to 11.d <i>n/A</i>		
a. Enter date of last monitoring visit	ENTER DATE	
IF the monitoring report showed areas of non-compliance, please answer 11.b, 11.c below. If not, skip to 11.d		
b. Was the subrecipient required to submit a Corrective Action Plan (CAP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

c. If the answer to 11.b was "YES", was the CAP submitted and accepted by the City of Miami?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", explain:
IF the subrecipient was monitored by any other contracting unit of Federal, State, County, or local government, please review 11.d, 11.e, 11.f below. If not, skip to 12		
d. Attach a copy of the monitoring report from those agencies.	Attachment #:	1110
e. Was the subrecipient required to submit a Corrective Action Plan (CAP)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
f. If the answer to 11.e was "YES", was the CAP submitted and accepted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", explain:

D. RECORD KEEPING SYSTEMS (24 CFR 570.506)

Records and documentation should demonstrate that each activity undertaken meets the criteria for National Objectives and Eligibility compliance. Such records should be found in both the grantee's project file and the subrecipient file.

12. Filing System: - Are the subrecipient's client files orderly, comprehensive, secured for confidentiality (if applicable), and up-to-date? If "NO", please explain in the space below:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13. Documentation (activities, costs, and clients): - Do the subrecipient records have the necessary documentation supporting?		
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> National Objective being met <input checked="" type="checkbox"/> Participant Eligibility (clients) <input checked="" type="checkbox"/> Program Costs 	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If "NO" is marked for any of the items above, please explain:		
14. Record Retention		
a. Is the subrecipient aware that records and supporting documentation must be kept for 5 years?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. Are there safekeeping methods to ensure that records are not lost or destroyed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. Site Visit (if different than administrative location)		
a. Is there a project manager on site running the day-to-day operations? Is staff properly trained?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
b. Is the project accomplishing what is designed to do?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
If "NO", please explain:		

E. FINANCIAL MANAGEMENT SYSTEMS (24 CFR 84.21-28)

16. Systems for Internal Controls: - Are systems in compliance with accounting policies and procedures for cash, real and personal property equipment and other assets? To determine this, please answer the questions below:		
a. Does the agency have written accounting procedures?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Attachment #: (electronic file)
b. Were these policies approved by the Board of Directors?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
17. Components of a Financial Management System:		
IF the subrecipient receives funding for more than one federal program, please answer 17.a and 17.b below. If not, skip to 18.a		
a. Are separate journals & ledgers maintained for each grant program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

b. Is there a separate bank account for each grant program?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. Accounting/ Budget Control/ Eligible, allocable, and reasonable costs: Review & compare drawdown requests, bank & payroll records, receipts/disbursements. The following questions will aide you in determining the status of accounting practices:			
a. Are the accounting records up-to-date?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	to what date:	11/30/14
b. Are accounting records balanced & checked monthly?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By whom?	Giuseppe Scdman
c. Do records separately identify the expenditures related to each transaction charged against the approved performance budget?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", explain:	
d. Do the subrecipient's expenditures agree with the expense report submitted to the City?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
SELECT a representative number of reimbursements paid by the City. Trace to books of agency and answer 15.e below:			
e. Does the general ledger entry agree with the amount & with the date of reimbursements?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Attachment #:	18E PER ATTACHMENT
SELECT a representative number of expenditures paid by the subrecipient. Please answer 18.f, ~ 18j below:			
f. Does the vendor invoice contain the check number, amount paid, & payment date?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Attachment #:	ENTER ATTACHMENT #
If "NO", please explain:			
g. Does the general ledger entry for the check number agree with the name and amount on the invoice & the bank statement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
h. Does your calculation of the invoice amount agree with the total invoice?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
i. Does the expenditure appear to be allowable, necessary, and reasonable in relation to the needs of the program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", explain:	
j. Except for payments of minor items, are all expenditures made by check?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
k. Are all checks pre-numbered and issued in consecutive order?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
l. Are "voided" checks defaced and retained?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
m. Are there checks payable to "cash"?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Please explain: only for petty cash book	
n. Are blank checks pre-signed?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Please explain:	
o. Is more than 1 signature required for checks? Whose?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	for over 10K	
Person#1	<u>Keanan Kallman</u>	Person#2	<u>Rick Siclari</u>
Person#3			
p. Is there a system for allocating costs when there are 2 or more funding sources?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9 segment chart records	
q. Do invoices show payment by funding source cost allocation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If "NO", please explain:			
r. Is there any expenditure related to the City-funded program being made from a different funding source?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "YES", why?	
s. If YES, are the monies quickly replenished after reimbursement from city?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", why not?	
19. Cash Management/Drawdown Procedures/Petty Cash: Verification that all cash has been promptly drawn down and deposit. Draw downs of federal funds must be properly recorded.			
a. Are cash receipts promptly & accurately deposited?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
b. Are cash receipts promptly & accurately recorded in the general ledger?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
OBTAIN the most recent cash reconciliation. Please answer 19.c and 19.d			
c. Are bank account statements reconciled monthly?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By whom?	Simone Christie
d. Does it agree to the cash balances shown per bank and per books?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

IF there is a PETTY CASH account established with city money, please answer 19.d, 19.e, 19.f, 19.g. If not skip to 20.a

e. Are receipts obtained for all payments?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
f. Are vouchers properly marked to prevent duplicate replenishments?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
g. Does anybody besides the Petty Cash custodian approve replenishments?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
h. Does the subrecipient maintain a Petty Cash journal?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
i. Are there any checks for Petty Cash reimbursements that exceed \$25?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Rational policy 11/20/14

F. PAYROLL & PAYROLL PERSONNEL

20. Payroll Accounting:

a. Does the agency maintain cumulative earnings records for each employee?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. Are withholdings and FICA taxes deposited in a timely basis?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
c. Date of pay period reviewed:	12/16/14 - 12/21/14	On what date were payroll taxes deposited? 12/29/14
d. Obtain a copy of the document where tax deposits are reflected	Attachment #:	disk ENTER ATTACHMENT #
e. Obtain a copy of form US941 – Federal Quarterly Payroll Tax for the past two quarters	Attachment #:	disk ENTER ATTACHMENT #
f. Obtain a copy of form UCT6 – State Unemployment Return for the past two quarters	Attachment #:	disk ENTER ATTACHMENT #
g. Obtain a copy of form 990 – Federal Tax Return	Attachment #:	disk ENTER ATTACHMENT #

21. Payroll Procedures:

a. Are there written personnel policies and procedures?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Attachment #:
b. Do personnel policies adequately cover the following topics?		
<input type="checkbox"/> Conflict of Interest?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Political & Sectarian Activities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Job leave?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Promotions?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Equal Opportunity?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Vacations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Terminations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Reporting of job-related accidents?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Affirmative action/Non-Discrimination clauses?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Nepotism?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
c. Are employees required to sign-in and sign-out every day? If so, please obtain a copy of the sign-in/out sheet	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Attachment #: 2/16
If "NO", please explain:		
d. Are payrolls based on time and attendance?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
e. Are time sheet records approved by a supervisor?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
f. Are personnel files maintained?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By whom? Innae Christie
g. Do personnel files contain the following documentation?		
<input checked="" type="checkbox"/> Application for employment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> W-4?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> Authorized Pay Rate & approval records?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

G. PROCUREMENT

22. Procurement Procedures:			
a. Does the subrecipient have written procurement policies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Attachment #:	<i>dash</i> ENTER ATTACHMENT #
b. Were the procurement policies approved by the Board of Directors?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
c. Were the procurement practices utilized by the subrecipient consistent with OMB Circular A-110?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
23. Conflict of Interest:			
a. What was the procedure used by the subrecipient to assure no conflict of interest, real or apparent when procuring goods and/or services? Review the process and provide comments:			

H. AUDITS

24. Audits:			
IF subrecipient spends over \$500,000 during FY in federal monies, it is required to have a Single Audit report as per OMB Circular A-133. If this does not apply to the subrecipient, please skip to 24.i			
a. Did the agency submit to the city its Single Audit Report?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Enter date Submitted:	<i>September 2014</i>
b. Was it submitted within 9 months after the close of the subrecipient's FY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
c. What period does the Single Audit Report ("SAR") covers?	<i>2/1/2013 - 6/30/2014</i>		
d. Does the SAR make reference to any questioned cost or material and/or immaterial weaknesses?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
e. Does the report make reference to any area of non compliance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
f. Was a Management Letter submitted with the report?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "YES", Attachment #:	<i>MA</i> ENTER ATTACHMENT #
g. Has the agency corrected the areas of non-compliance identified in the Management Letter?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
h. Are monies set aside in the budget to pay for the SAR?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	How much is set aside:	<i>\$ 1,200</i>
i. What is the value of the SAR engagement?	<i>\$ 50,000.00</i>		
j. Enter the name of the firm performing the SAR	<i>Cherry Beck and</i> ENTER NAME OF FIRM PERFORMING THE AUDIT		
k. Has the SAR engagement letter been signed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", Attachment #:	<i>dash</i>
IF subrecipient's has contracted with an independent auditor to perform a certified audit, please answer the following questions:			
l. What period does the certified audit covers?	ENTER PERIOD		
m. Does the audit make reference to any questioned cost or material and/or immaterial weaknesses?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
n. Does the audit make reference to any area of non compliance?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
o. Was a Management Letter submitted with the report?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", Attachment #:	

I. EQUIPMENT AND REAL PROPERTY

25. Physical Inventory Verification:			
a. Does the subrecipient maintain a list of Capital Equipment purchased with CDBG funds, when it was purchased, the purchase price and the condition of the equipment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", Attachment #: If "NO", Enter explanation:	ENTER ATTACHMENT # or EXPLANATION
b. Did the subrecipient submit a list of Capital Equipment purchased with city funding in last year's closeout (if applicable)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>n/a</i>	
c. Is all equipment purchased with city funding present, accounted for and tagged as purchased with City of Miami funds?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If NO, why not?	<i>difficult location</i>

J. CONCLUSION & FOLLOW UP

1. Is the subrecipient meeting the terms of the subrecipient agreement and HUD regulations? *Discuss both positive conclusions and any weaknesses identified.*

Reimbursement packages need to be submitted on time.

2. Identify any follow up measures to be taken by the grantee and/or subrecipient as a result of this monitoring review.
- a. List the required schedule for implementing any corrective action(s) or making improvement(s).
 - b. List the schedule for any needed technical assistance or training and identify who will provide it.

THIS CHECKLIST IS NOT COMPLETE IF WITHOUT THE "EXIT CONFERENCE" FORM & THE "MISSING INFORMATION/DOCUMENTATION FORM" ATTACHED TO THIS CHECKLIST.

EXIT CONFERENCE

Subrecipient Name: _____
 Program Director: _____
 Contract/Project: City of Miami ONLY Contract Amount: City of Miami ONLY
 Project Number City of Miami ONLY IDIS Code: City of Miami ONLY
 Monitoring Date(s): City of Miami ONLY Contract Analyst: City of Miami ONLY

EXIT CONFERENCE conducted in the presence of:
Freddy Pardo, MBA, SPHR
 Director of Operations

Print Name	Title	Signature & Date
<u>GIUSEPPE SALVATORE</u>	<u>FINANCE MANAGER</u>	<u>[Signature]</u> 1/13/15
Print Name	Title	Signature & Date
<u>FRANCISCO GOMEZ F</u>	<u>HOUSING MANAGER</u>	<u>[Signature]</u> 1/13/15
Print Name	Title	Signature & Date

I have provided a copy of the completed checklist to the subrecipient agency.

<u>[Signature]</u>	<u>[Signature]</u>	<u>1/13/15</u>
City of Miami – Contract Analyst Name (Print)	Contract Analyst Signature	Date

ACKNOWLEDGEMENT

I have received a copy of this checklist from the City of Miami on 1/13/15, 2015.

<u>Freddy Pardo</u>	<u>DIRECTOR OF OPERATIONS</u>	<u>[Signature]</u> 1/13/15
Print Name	Title	Signature & Date

CITY OF MIAMI DEPARTMENT OF COMMUNITY DEVELOPMENT MISSING INFORMATION/DOCUMENTATION FORM

Report of Missing Information and/or Documentation

NOTE: Subrecipient has three (3) business days to provide the missing information and/or documents without being cited for it. It is understood that if the information and/or the documents are not submitted in this time period, this will become an item of non-compliance.)

Subrecipient Name: _____

Monitoring Date(s): City of Miami ONLY Contract Analyst: City of Miami ONLY

Check all items NOT received at time of monitoring

A. Subrecipient's Management Systems:

- Minutes showing the approval of the execution of the agreement between the subrecipient and the city
- Minutes showing the approval of amendments to the agreement between the subrecipient and the city
- Minutes showing the approval of subrecipient's budget
- Minutes showing the approval of :
 - Procurement Action
 - Accounting Procedures
 - Procurement Procedures
 - Personnel Pay Rate Increases
- Proof that revenue & expense statements were presented at the meeting

B. Monitoring:

- Monitoring Report from Federal/State/County/Local
- Management Letter

C. Financial Management Systems/Payroll & Personnel:

- Accounting Policies & Procedures
- UCT-6 Report for Period Ending:
- Equal Opportunity Employment Statement
- Procurement Policies & Procedures
- Form 990 - Federal Tax Return
- Personnel Policies & Procedures
- 941 Report
- Document where tax deposits are reflected

D. Equipment and Real Property

- List of Capital Equipment purchased with CDBG funds, indicating when it was purchased, the price, and the condition of the equipment

E. Other:

I have provided a copy of this report of missing information and/or documentation to the subrecipient

City of Miami - Contract Analyst Name (Print) _____ Contract Analyst Signature _____ Date _____

ACKNOWLEDGEMENT

I have received a copy of this report of missing information and/or documentation from _____ I understand that my agency has three (3) business days to provide the missing information and/or documentation without being cited for it. It is understood that if the information and/or the documentation is not submitted in this time period, this will become an item of non-compliance.

Name (Print) _____ Title _____ Signature and Date _____

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Programmatic Monitoring Report

Agency: Community AIDS Resource, Inc. (d/b/a CARE Resources)

Agency Address: 3510 Biscayne Blvd., Miami, FL 33137

Contract: BW278

Date of Monitoring: 09/25/2013

Date of Report: 1/31/2014

Representing the Department of Health: Carlos Collins, Marc Parkent, Gerard Pirri, Joshua Rodriguez

Representing CARE Resources: Patricia Gustafsson, Ron Ledain, Tashara Taylor

BASIS OF MONITORING:

The monitoring was conducted under the authority of Attachment 1, Section 5.b.1, Monitoring and Evaluation of the contract. This section states that the provider agrees to the following:

“The Department shall review and evaluate the Provider’s performance under the terms of this contract. Monitoring shall be conducted through direct contact with the provider either by phone, facsimile, in writing, by on-site visits, and through the review and evaluation of monthly, quarterly, and financial reports.”

BACKGROUND & SCOPE:

This contract with CARE Resources provides the following service(s): HIV Testing, Condom Distribution, Outreach and Anti-Retroviral Treatment and Access to Services (ARTAS). The target populations are Black & Hispanic Heterosexuals, Men who have sex with Men (MSM), and HIV positive individuals in Broward County.

The monitoring consisted of a review of programmatic aspects of the contract. A monitoring and exit interview were conducted at the provider’s place of business.

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FINDINGS & OBSERVATIONS:

The following items were noted during the monitoring and discussed with provider's staff:

1. Invoices and monthly reports were accurate and submitted on time each month.
2. Program managers and staff were culturally competent and completed trainings and certifications to ensure quality service.
3. Program managers and staff collaborated with other community agencies to address client's needs and barriers.
4. The provider offers services during non-business hours and in various high-risk locations around the County.
5. The service provider has effectively implemented the ARTAS intervention and continues to refer HIV positive clients to PROACT.
6. A random review 101 of DH1628 forms from August and September was conducted. Of the 101 forms review, all appeared to be complete and contained an attached signed an initialed client consent form.
7. A review of 29 ARTAS client files from August and September was conducted. Of the 29 files reviewed, all appeared to contain the required documentation, including the referral to PROACT, as prescribed in the contract. Case notes were clearly documented in the files.
8. Participation in the area community planning process throughout the contracts duration is a contractual requirement. The provider has not participated in any workgroups of the BCHPPC (Broward County HIV Prevention Planning Council).
9. No Quarterly Financial/Expenditure Reports (QFRs) have been submitted to the Department at the time of this review.

SUMMARY & RECOMMENDATIONS:

Services and deliverables identified in contract are being met. HIV Testing, Condom Distribution, Outreach and Interventions related to the target populations are conducted by competent and dedicated staff. The Department recommends the following actions:

1. Identify members of management and staff to participate in workgroups of the BCHPPC.
2. Ensure Quarter Financial/Expenditure Reports are submitted 45-days following the close of each contract quarter.

The provider meets all other standards of the Department for services provided under this contract, as well as the special provisions as identified in the contract.

Contract Monitoring Tool

Provider Name: Community AIDS Resource, Inc.	Evaluator's Name: Carlos Collins
Contract #: BW278	Office: Florida Department of Health in Broward County
Service Description: High Impact Prevention	Site Visit Date: 09/25/2013
City: Miami, FL	Report Date: 1/31/2014

Provider Contract Requirements	Rating				Ratings Based Upon:	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
	1	2	3	4			
A.3. Clients to be Served The Provider shall provide direct client services to Heterosexual Blacks and Hispanics, men who have sex with men (MSM) and HIV positive individuals regardless of race.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
B.1. Service Tasks: Service tasks are delivered on time and as defined in the contract task list and limits. (List and rate each service task from Attachment I, Paragraph B.1.)							
A. General Tasks: 1. Locate program activities in a location that is a culturally and age-appropriate safe place for target population. 2. Submit draft and final Service Delivery Plans within the timeframes set forth herein. 3. Ensure that services are culturally sensitive and relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D List of Testing Sites
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Service Delivery Plan
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff D Program Literature & Marketing Materials

Provider Name: Community AIDS Resource, Inc.
Contract Number BW278

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
1	2	3	4	N/A		
4. Implement a recruitment and retention strategy that is known to be effective within the target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff D Monthly Progress Report
5. Monitor the quantity of condoms and HIV/STD literature needed for contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O Program Literature and Condom Inventory
6. Evaluate existing literature for suitability for the target population(s). Identify materials needed and submit these materials to the contract manager or his designee for review and submission for approval through the educational materials review process.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Program Literature
7. Participate in the area community planning process during the entire term of the contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O BCIPPC workgroup participation
B. HIV Counseling and Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 1628s and Referral Forms
1. Provide test results, especially to those clients testing positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O Testing Supplies I Program Staff
2. Incorporate new testing technologies, where feasible and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff
3. Promote the recommendation of testing at least twice annually for MSM and transgender persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D HIV + Client Files
4. Provide test results to at least 95% of all clients who receive a reactive or positive HIV test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider needs to participate on workgroups of the BCIPPC.

Provider Name: Community AIDS Resource Inc
Contract Number: BW278

Contract Monitoring Tool

Provider Contract Requirements	Rating				Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	
	Unacceptable	Conditionally Acceptable			
1	2	3	4	Not Applicable	
5. Link 95% of newly identified HIV-infected persons to local county Department disease intervention specialists (DIS) for HIV/STD partner services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D PROACT Referrals
6. Link at least 80% of clients with a positive test result to medical care within 90 days of their diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Client Files
7. Provide referrals to clients with preliminary of confirmed HIV - positive test results.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Client Files
8. The Provider will have a chart for each confirmed positive client that will include: completed DH1628 form, consent forms, proof of referral to STD partner services, medical linkage and Broward County Health Department adherence PROACT program form (Attachment V).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Client Files
9. Adhere to "Technical Assistance HIV/AIDS 1" and "Technical Assistance HIV/AIDS 9" which can be found online at: http://www.doh.state.fl.us/disease_ctr/aids/prevention/counseling_Testing_Team.html	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Program Staff Certifications and Participation I Program Staff

Provider Name: Community AIDS Resource, Inc.
Contract Number: BW-278

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Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
1	2	3	4	N/A		
C. Comprehensive Prevention for Positives: 1. Implement behavioral, structural, and/or locally-developed evidence-based interventions and strategies (including interventions focused on treatment adherence or retention/engagement) for HIV-infected persons (both newly and previously diagnosed.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff D Client Files D Monthly Reports
2. Develop and implement a procedure for ensuring HIV-infected persons (both newly and previously diagnosed) receive behavioral risk screening and risk reduction interventions (if risk screening determined the need.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Program Policy & Procedure Manual I Program Staff
3. Implement and coordinate a linkage network system to ensure that clients identified through the program have easy access to medical care, treatment, prevention services, and other medical and social services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff D Client Files
4. Implement a process for tracking linkage activities and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff D Client Files
5. Implement a process for promoting linkage, retention or re-engagement, and medication adherence for HIV-infected persons (both newly and previously diagnosed).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff

Provider Name: Community AIDS Resource, Inc.
 Contract Number BW278

Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I – Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable 1	Conditionally Acceptable 2	3	4			N/A
<p>6. Develop and implement a plan for identifying persons living with HIV/AIDS (PLWHAs) in the service delivery area by coordinating with local case managers, clinics, hospitals, support groups, etc. for the purpose of engaging or reengaging them in care through medication adherence and/or retention/re-engagement programs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff	
<p>7. Assure that 90% of HIV-infected pregnant women are linked to prenatal care for the prevention of perinatal transmission.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Monthly Reports D Client Files	
<p>D. Condom Distribution: Distribute condoms to target HIV-infected persons and persons at highest risk of acquiring HIV.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff	
<p>E. Outreach: Conduct targeted outreach (traditional face-to-face or Internet-based/virtual) to populations and communities most heavily impacted by HIV/STDs for the primary purposes of recruitment into HIV testing and treatment, risk reduction behavioral interventions, condom distribution and to provide HIV/STD education and awareness in accordance with HIV Prevention Section Guidelines for Traditional and Internet-based HIV Prevention</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff	

Provider Name: Community AIDS Resource, Inc.
Contract Number: BW 278

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
1	2	3	4			
<p>Outreach. http://preventhivflorida.org/Interventions/Outreach_Guidance_FINAL_01_2012.pdf</p>					N/A	
<p>F. Evidence-based Interventions for High-Risk Negatives: 1. Provide behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV (including those in serodiscordant relationships)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>2. Implement community-level evidence-based interventions that reduce HIV risk in communities and geographic areas with the highest rates of HIV infections.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>3. Implement locally developed evidence-based interventions and strategies that reduce HIV risk in communities and geographic areas with the highest rates of HIV infections.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>G. Task Limits: The Provider shall not perform any tasks related to this contract other than those described in Section B without the express consent of the Department.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Program Staff
<p>B.2. Staffing Requirements a. Provider staffing levels are</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Staff List I Program Staff

Provider Name: Community AIDS Resource, Inc.
 Contract Number: BW278

Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
	1	2	3	4			
minimized as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
b. Provider maintains qualified professionals as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Staff Training Certifications I Program Staff		
c. Provider handles staffing changes as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I Program Staff		
d. Provider complied with the subcontractor provisions in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
B.3. Service Location and Equipment a. Services are provided at the locations specified and facility requirements have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Website and List of Testing Locations		
b. Service times meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I Program Staff		
c. Changes in location are appropriately handled as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Website		
d. Provider equipment is available, safe, in good working order, and meets contract requirements (including procurement, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I Program Staff		
B.4. Deliverables a. Service units are provided as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Monthly Reports		
b. Required reports are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Monthly Reports D Quarterly Financial Report	The service provider has not submitted quarterly financial reports.	

Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
	1	2	3	4			
c. Provider records and documentation are available, accurate and complete as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	O Filing System/Chart Rooms		
B.5. Performance Specifications: Provider is meeting (or has met) the performance standards as defined by the contract (list and rate each outcome output from Attachment I, paragraph B.5.a.)							
A. Outcomes and Outputs:							
1. Submit an acceptable draft Service Delivery Plan by January 31, 2013.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Service Delivery Plan		
2. Submit an acceptable final Service Delivery Plan by March 1, 2013.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Service Delivery Plan		
3. Submit an acceptable summary report for progress made toward hiring and training program staff by February 10, 2013.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Hiring Training Plan		
4. Submit an acceptable final summary report for progress made toward hiring and training program staff by March 10, 2013	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Hiring Training Plan		
5. Provider must conduct 450 HIV tests per quarter, for a total of 1,800 test over the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Monthly Reports & 1628s	The service provider consistently exceed monthly and quarterly objectives for testing.	
6. Provider will conduct 12 monthly submissions of Scan ID Logs (for both conventional and rapid HIV tests) over the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Scan Logs		
7. Provider will have a minimum of 38	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D Monthly Reports		

Provider Name: Community AIDS Resource, Inc
Contract Number: BW-278

Contract Monitoring Tool

Provider Contract Requirements	Rating				Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable				
	1	2	3	4		
HIV-infected individuals enrolled in the ARTAS program per quarter, for a total of 152 individuals over the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
8. Provider will distribute 15,750 condoms per quarter, for a total of 63,000 condoms over the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D ARTAS Client Files
9. Provider will conduct 625 face-to-face outreach contacts per quarter, for a total of 2,500 contacts over the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D Monthly Reports D Condom Distribution Logs
10. Provider will conduct 375 HIV prevention themes chats per quarter, for a total of 1,500 outreach themed chats over the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D Monthly Report D Communication Logs
C. Reports:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D Monthly Reports

* The service provider consistently exceeds monthly and quarterly objectives for condom distribution.

* The service provider consistently exceed monthly and quarterly objectives for traditional outreach.

* The service provider consistently exceed monthly and quarterly objectives for outreach chats.

1. Monthly Progress Reports: The Provider shall submit monthly progress reports, to include but not limited to the Data Summary Report Form (Attachment IV), to the Department by the tenth (10th) day of the month following the month being reported documenting the deliverables performed during the month. The monthly report shall be submitted with the monthly invoice and must be submitted in a format provided by the Department.

Contract Monitoring Tool

Provider Contract Requirements	Rating				Program Files & Room	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	1 Unacceptable	2 Conditionally Acceptable	3	4			N/A
D. Records and Documentation: 1. The Provider shall establish and maintain all records and documents in accordance with generally accepted operational procedures and practices which sufficiently and properly reflect program operations and activities. 2. The Provider shall ensure that all records pertaining to activities funded by this contract shall be subject to inspection or review by state or other personnel duly authorized by the Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B.6. Provider Responsibilities a. Provider is performing provider unique activities as defined by the contract. b. Provider coordinates services integration both internally and externally with other entities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
C. Method of Payment a. Invoices are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Monthly Invoices	

Provider Name: Community AIDS Resource, Inc
 Contract Number: BW 278

Contract Monitoring Tool

Provider Contract Requirements	Rating				Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	
	Unacceptable	Conditionally Acceptable			
	1	2	3	4	
b. Service delivery supporting documentation has been maintained and or submitted as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. Special Provisions: Provider has complied with special provisions as defined by the contract (list and rate each special provision where requirements were not fully met)					
Grantee Meeting: Provider shall attend a mandatory grantees meeting hosted by the Department to advise grantees on program requirements. The cost of attending the grantee meeting should be included in the budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Ratings Based Upon:
 I = Interview
 O = Observation
 D = Documentation
 (List Who and What)

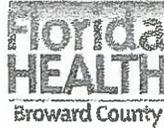
Rating
 1 Unacceptable
 2 Conditionally Acceptable
 3 Fully Met Requirements
 4 Exceeded Requirements
 Not Applicable

D Monthly Reports

D Training Certifications and Attendance Logs

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Programmatic Monitoring Report

Agency: Community AIDS Resource, Inc.

Agency Address: 871 W. Oakland Park Blvd., Fort Lauderdale, FL 33311

Contract: BW378

Date of Monitoring: 7/29/2014

Date of Report: 10/15/2014

Representing the Department of Health: Christopher Bates, Rania Mills, Marc Parkent, Joe Ricardo, and Janelle Taveras

Representing Broward Health: Patricia Gustafsson, Ron Ledain, and Tashara Taylor

BASIS OF MONITORING:

The monitoring was conducted under the authority of Contract #BW378, page 3, Section I. The Provider Agrees:

"E. Monitoring by the Department

To permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, goods, and services of the provider, which are relevant to this contract, and interview any clients and employees of the provider to assure the Department of satisfactory performance of the terms and conditions of this contract. Following such evaluation the Department will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the Department within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the Department, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the Department; and (3) the termination of this contract for cause."

BACKGROUND & SCOPE:

Contract BW378 with Community AIDS Resource, Inc. provides: HIV testing, condom distribution, traditional and internet-based outreach, and prevention with the positives intervention ARTAS (Anti-Retroviral Treatment and Access to Services). The target population is heterosexual Blacks and Hispanics, men who have sex with men (MSM) and HIV Positive individuals regardless of their race. The monitoring consisted of a review of programmatic aspects of the contract, and an exit interview at the provider's place of business.

FINDINGS/OBSERVATIONS:

The following items were noted during the review and discussed with provider's staff during the monitoring.

At the time of the monitoring:

1. Target population has been successfully targeted, per the contract.
2. All contract deliverables were being met, and exceeded.
 - a. HIV Testing:
Average monthly performance: 250 tests, exceeds deliverable of 125 tests per month.
First quarter's performance: 772 tests, exceeds deliverable of 450 tests per quarter.
 - b. Condom Distribution:
Average monthly performance: 9,496, far exceeds deliverable of 2,500 condoms distributed per month. First quarter's performance: 28,135, far exceeds deliverable of 15,750 condoms distributed per quarter.
 - c. Outreach:
Traditional average monthly performance: 276 contacts, exceeds deliverable of 175 contacts per month. First quarter's performance: 891 contacts, exceeds deliverable of 625 contacts per quarter. Internet-based average monthly performance: 167 chats, exceeds deliverable of 100 chats per month. First quarter's performance: 505 chats, exceeds deliverable of 375 chats per quarter.
 - d. ARTAS:
Average monthly performance: 15 enrollments, exceeds deliverable of 10 enrollments per month. First quarter's performance: 46 enrollments, exceeds deliverable of 38 enrollments per quarter.

3. A random sampling of 180 HIV non-reactive DH 1628s, and 19 HIV reactive client files were reviewed; non-reactive forms sampled were from the month of February, 2014.
 - a. Non-reactive:
 - i. Each DH1628 is required to have an attached signed and initialed client consent form. All forms reviewed had consent forms; one (1) consent form had a check mark instead of the client's initials.
 - ii. The forms and files were in good order. No patterns of concern were identified.
 - b. Reactive client files were found to be in good order, and in compliance with contractual requirements.
4. All testing staff must successfully complete their HIV 500/501 certificate and maintain a current HIV 501 Update. All testers' 500/501 and 501 Update Certificates were current.
5. Program staff and managers exhibited an excellent level of cultural competence in their work.
6. Program managers and staff collaborate with other community agencies to effectively address client needs and barriers.
7. Review of the supporting documentation for the Quarterly Financial Report (QFR) showing expenditures for January 1, 2014 through March 31, 2014 is incomplete at this time; an addendum to this report will be sent out upon the completion of the review.

SUMMARY & RECOMMENDATIONS:

Overall, services and deliverables identified in the contract have been met, and exceeded thus far. Community AIDS Resource, Inc. is providing HIV testing, condom distribution, traditional and internet-based outreach, and ARTAS to the target population through the efforts of their competent and dedicated staff. The provider exhibits a good level of integration across services resulting in a cohesive and efficient implementation of contractual services.

The Department recommends the following actions for the provider at this time:

1. The provider should target more outreach/testing activities towards merchants and clubs/bars in high incidence neighborhoods/venues, in order to achieve higher HIV positivity testing rates.
2. The provider should consider performing blood draws for HIV confirmatory testing to take advantage of 4th generation testing.

The provider met all other standards of the Department for services provided under this contract, as well as the special provisions identified in the contract. There are no further recommendations at this time.

Contract Monitoring Tool

Provider Name Community AIDS Resource, Inc.	Evaluator's Name Joe Ricardo
Contract # BW378	Office Florida Department of Health in Broward County
Service Description High Impact HIV Prevention	Site Visit Date July 29 & November 19, 2014
City Fort Lauderdale, FL	Report Date October 15, 2014

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)		
	Explain	1	2	3			4	Not Applicable
A.3. Clients to be Served a. Services are provided to eligible clients as per the contract. b. Provider complied with eligibility criteria. c. Provider complied with established client units.	Unacceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Counseling and Testing Data Summary Report D- Monthly Report	Black: 72.74% Hispanic: 12.88% MSM: 12.88 Heterosexual: 63.84 No eligibility requirements in contract
B.1. Service Tasks a. Service tasks are delivered on time and as defined in the contract task list and limits. (List and rate each service task from Attachment 1, Paragraph B.1.a.) (1) Locate program activities in a location that is a culturally and age-appropriate safe space for the target population. (2) Ensure that services are culturally sensitive and relevant.	Unacceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff I- Program Staff	

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
	1	2	3	4	N/A		
(3) Implement a recruitment and retention strategy that is proven effective within the target population. Traditional targeted outreach methods of recruitment and retention (e.g., street outreach) may also be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
(4) Determine the quantity of condoms and HIV/STD literature needed for this contract. Requests for condoms and literature should be directed to the contract manager for the Department. The Department will provide condoms and literature.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
(5) Evaluate existing literature for suitability for the target population(s). Identify materials needed and submit these materials to the contract manager or his/her designee for review and submission for approval through the HIV/AIDS educational materials review process.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
(6) Participate in the area community planning process for the term of this contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
b. HIV Counseling and Testing							

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Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
	1	2	3	4			
(1) Adhere to and comply with the "Technical Assistance HIV/AIDS 17" and "Technical Assistance HIV/AIDS 9", which can be found on-line at: http://www.doh.state.fl.us/disease_ctrl/aids/prevention/Counseling_Testing_Team.html	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	D-Contract documentation I- Program Staff	
(2) Incorporate new testing technologies, where feasible and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		I-Program Staff	
(3) Promote the recommendation of testing at least twice annually for MSM and transgender persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		I-Program Staff	
(4) Provide test results to at least ninety-five percent (95%) of all clients who receive a reactive or positive HIV test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D-Reactive Client Files	
(5) Link at least eighty percent (80%) of clients with a positive test result to medical care within ninety (90) days of their diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D-Reactive Client Files	
(6) Provide referrals to clients with preliminary or confirmed HIV - positive test results.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D-Reactive Client Files	
c. Comprehensive Prevention for Positives							

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Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
1	2	3	4	N/A		
(1) Implement behavioral, structural, and/or locally-developed evidence-based interventions and strategies (including interventions focused on treatment adherence or retention/re-engagement) for HIV-infected persons (both newly and previously diagnosed).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
(2) Ensure HIV-infected persons (both newly and previously diagnosed) receive behavioral risk screening and risk reduction interventions (if risk screening results determine the need).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
(3) Implement and coordinate a linkage network/system to ensure that clients identified through the program have easy access to medical care, treatment, prevention services and other medical and social services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
(4) Implement a process for tracking linkage activities and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
(5) Implement a process for promoting linkage, retention or re-engagement, and medication adherence for HIV-infected persons (both newly and previously diagnosed).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff

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Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
(6) Implement a plan for identifying PLWHAs in the service delivery area by coordinating with local case managers, clinics, hospitals, support groups, etc. for the purpose of engaging or reengaging them in care through medication adherence and/or retention/re-engagement programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4 <input type="checkbox"/>	N/A <input type="checkbox"/>		
d. Condom Distribution:							
(1) Prioritize and coordinate condom distribution to target HIV-infected persons and persons at highest risk of acquiring HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
(2) Develop a plan to describe condom distribution activities/campaigns to include methods for identifying populations and communities at greatest risk for acquiring HIV to conduct condom distribution and outreach, a list of venues/locations where condom distribution will take place, and methods used to distribute condoms (e.g., via outreach, safer sex kits, peers, during HIV testing). When identifying areas to be served by condom distribution, be as specific as possible (e.g., zip code-level data, neighborhood data).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
e. Outreach							

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Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met Requirements	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable					
Conduct targeted outreach (traditional face-to-face or Internet-based/virtual) to populations and communities most heavily impacted by HIV/STDs for the primary purposes of recruitment into HIV testing and treatment, risk reduction behavioral interventions, condom distribution and to provide HIV/STD education and awareness in accordance with the HIV Prevention Section Guidelines for Traditional and Internet-based HIV Prevention Outreach, http://preventhivflorida.org/Interventions/Outreach_Guidance_FINAL_01_2012.pdf	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	N/A <input type="checkbox"/>	D-Monthly Reports	
f. Evidence-based Interventions for High-Risk Negatives: (1) Provide behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV (including those in serodiscordant relationships). (2) Implement community-level evidence-based interventions that reduce HIV risk in communities and geographic areas with the highest rates of HIV infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	
(2) Implement community-level evidence-based interventions that reduce HIV risk in communities and geographic areas with the highest rates of HIV infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff	

BW378 Programmatic Monitoring
 Florida Department of Health in Broward County

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
1	2	3	4	N/A		
(3) Implement locally developed evidence-based interventions and strategies that reduce HIV risk in communities and geographic areas with the highest rates of HIV infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I- Program Staff
B.2. Service Location and Equipment a. Services are provided at the locations specified and facility requirements have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
b. Service times meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
c. Changes in location are appropriately handled as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I- Program Staff
d. Provider equipment is available, safe, in good working order, and meets contract requirements (including procurement, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I- Program Staff
B.3. Deliverables Service units are provided as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Monthly Reports

BW378 Programmatic Monitoring
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Contract Monitoring Tool

Provider Contract Requirements	Rating				Exceeded Requirements	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met	Conditionally Acceptable				
	1 Unacceptable	2	3	4 N/A				
<p>a. HIV Testing: (1) Deliverable: The provider shall conduct a minimum of one hundred and twenty-five (125) HIV tests per month, four hundred and fifty (450) tests per quarter, and a total of one thousand eight hundred (1,800) HIV tests during the contract period.</p> <p>b. Scan ID Logs: (1) The provider shall submit a minimum of one (1) ID scan log per month, for a total of twelve (12) ID scan logs for the contract period.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D-Monthly Reports		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Monthly Reports		

Contract Monitoring Tool

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
<p>c. Comprehensive Prevention with Positives (1) Deliverable: The provider will identify and enroll a minimum of 10 HIV positive individuals in the ARTAS Program per month, thirty-eight (38) HIV-infected individuals in the ARTAS program per quarter, and a total of one hundred fifty-two (152) individuals over the contract period. ARTAS is a Centers for Disease Control and Prevention (CDC) evidence-based Public Health Strategy. The provider shall comply with the guidelines and requirements for this strategy that can be found at the following link: http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	D-Monthly Reports	

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
Provider Contract Requirements	1	2	3	4	N/A	
d. Condom Distribution (1) Deliverable Distribute a minimum of two thousand five hundred (2,500) condoms per month, fifteen thousand seven hundred and fifty (15,750) condoms per quarter, for a total of sixty-three thousand (63,000) condoms to the target population during the contract term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D-Monthly Reports
e. Outreach (1) Deliverable (a) Perform a minimum of one hundred and seventy-five (175) face-to-face outreach contacts per month, six hundred and twenty-five (625) face-to-face outreach contacts per quarter and two thousand five hundred (2,500) face-to-face outreach contacts during the contract term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D-Monthly Reports
B.4. Staffing Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
a. Provider staffing levels are maintained as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
b. Provider maintains qualified professionals as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
c. Provider handles staffing changes as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Program Staff
d. Provider complied with the subcontractor provisions in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I- Program Staff

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
1	2	3	4	N/A		
B.5. Reports b. The provider shall submit the following reports: (1) Monthly Program Progress Report – The provider shall complete and submit the High Impact Prevention (12-006) Providers Monthly Contract Deliverables Reporting Form (Attachment IV) to the contract manager, and the Florida Department of Health, HIV/AIDS and Hepatitis Section within ten (10) days following the month being reported. (2) Final Expenditure Report – The provider shall submit a final expenditure report to the Department no later than forty-five (45) days after the contract ends. The report will include dollar amounts for expenses incurred and for services provided under this contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/5 Invoices Late: Feb-Rev'd. 3/11 May- Rcv'd. 6/13

BW378 Programmatic Monitoring
 Florida Department of Health in Broward County

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	
(3) Quarterly Expenditure Report – The provider shall submit a quarterly expenditure report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within thirty (30) days of the end of each quarter. Each report must be accompanied by a statement signed by an individual with legal authority to bind the provider, certifying that these expenditures are true, accurate, and directly related to this contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.7. Provider Responsibilities a. Provider is performing provider unique activities as defined by the contract. b. Provider coordinates services integration both internally and externally with other entities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C. Method of Payment a. Invoices are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/5 Invoices Late: Feb-Revd. 3/11 May- Revd. 6/13

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	
b. Service delivery supporting documentation has been maintained and/or submitted as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Special Provisions a. Provider has complied with special provisions as defined by the contract (list and rate each special provision where requirements were not fully met)						
1. Provide results of rapid HIV tests to patients and submit all confirmatory specimens to the Department laboratory for processing. Providers using a private lab to process confirmatory specimens must provide a copy of the results to the Department attached to the completed DH1628 form.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Provider Records I-Program Staff

Contract Monitoring Tool

	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	
Provider Contract Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The provider shall complete a DH1628 form for each rapid or conventional test completed. The yellow copy of the DH1628 for all non-reactive tests and the Reactive Rapid Test ID Log must be sent to the Florida Department of Health, HIV/AIDS and Hepatitis Section at 2585 Merchants Row Boulevard., Room #350N, Tallahassee, FL 32399 by the fifteenth (15th) of the month following the completion of the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-1628s D-Tallahassee: Counseling and Testing Data Summary Reports
3. The Department will provide rapid test kits, controls, and DH1628 forms for rapid testing provided under this contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I-Program Staff
4. Notwithstanding the retention period identified in Standard Contract, section I.D.2., the provider shall ensure that all client files are kept in a secured, locked location, which should include the client's consent form, and a copy of the 1628 form to be kept by the Provider for a minimum of seven (7) years.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I-Program Staff
5. The provider shall maintain a file of all training for staff and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-Provider's training files

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

Provider Contract Requirements	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met	Exceeded	Not Applicable		
	1 Unacceptable	2 Conditionally Acceptable	3	4	N/A		
6. This contract may be renewed on a yearly basis for no more than three years beyond the initial contract or for the term of the original contract, whichever is longer. Such renewals shall be in writing, made by mutual agreement, and shall be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the department and shall be subject to the availability of funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	
7. Funds not paid for failure to meet any of the above referenced deliverables in any given month or quarter cannot be recaptured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Incentives: The provider will comply and adhere to the Department of Health, Bureau of Finance and Accounting Client Incentives and Promotional Items, DOHP-56-89-12 policies regarding any and all Incentives under the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Incentive Logs

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

	Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable		
	Unacceptable	Conditionally Acceptable					
Provider Contract Requirements	1	2	3	4	N/A		
9. Florida Department of Health, Division of Disease Control and Health Protection, HIV/AIDS and Hepatitis Program, Request for Application, DOH RFA 12-006 High-Impact Prevention is hereby incorporated by reference. The provider shall comply with the terms and conditions identified in DOH RFA 12-006 as well as this contract; however if any terms or conditions in the RFA are in conflict with those in this contract, the terms and conditions in this contract prevail.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D-Contract Documentation	
10. Submit and implement the Service Delivery Plan (SDP) within the first thirty days of the contract term to include a monthly calendar of events/activities for the first three (3) months of service for this contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D-Contract file Provider was previously told they did not need to submit quarterly SDP updates. The department has informed the provider that we would like to resume quarterly updates.	
Other Requirements							
Is the agency's CLIA Certificate of Waiver current?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D- CLIA #:10D1030225 D- Expiration Date:8/31/2014	
Is the agency's biomedical waste permit current?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D- Permit #:06-64-01116 D- Expiration Date:9/30/2014	

BW378 Programmatic Monitoring
Florida Department of Health in Broward County

Contract Monitoring Tool

	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met	Exceeded	Not Applicable	
	Unacceptable	Conditionally Acceptable	3	4	N/A	
Provider Contract Requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	N/A <input type="checkbox"/>	
Is agency in compliance with test site registration requirements?						D- Registration certificate current: Site #s 12-088 and 12-408 Expiration Date: 2/23/2015
Future Contract Actions (Lessons Learned)						

Collaborative Partners

Care Resource works with the following collaborative partners in Broward County:

Mount Olive Development Corporation

Address: 401 NW 9TH Ave Ft. Lauderdale, FL 33311

Website: www.mountolivemodco.org

Contact: Sharon Bryans, 954-764-6488

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Tuesday's Angels, Inc.

Address 1: 1994 E Sunrise Blvd Ft. Lauderdale, FL 333040

Address 2: 6510 NE 21st Terrace Ft. Lauderdale, FL 33308

Website: www.tuesdaysangels.org

Contact: Bruce Burger, 954-527-4598

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

All Saint's Church

Address: 10900 W Oakland Park Blvd, Sunrise, FL 33351

Website: www.allsaintsvillage.com

Contact: Michael Lee, 954-467-6496 Ext. 1102

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Shadowood II, Inc

Address: 307 SW 5TH Street, Ft Lauderdale, FL 33315

Website: www.shadowoodII.org

Contact: Karl Haring, 954-462-3719

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

St. Mark Episcopal School

Address: 1750 E Oakland Park Blvd, Oakland Park, FL 33334

Website: www.saintmarks.com

Contact: Mr. Kelly Harris, 954-563-1241

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Catholic Charities

Address: 6955 Stirling Rd Davie, FL 33314

Website: www.catholiccharitiesusa.org

Contact: Norman Embree, 954-630-9793

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Broward House

Address: 1726 SE 3rd Ave Fort Lauderdale, FL 33316

Website: www.browardhouse.org

Collaborative Partners

Contact: Jamie Powers, 954- 523-9454 Ext. 3220

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Broward County Health Department

Address: 2421 SW 6th Ave Fort Lauderdale, FL 33315

Website: www.browardchd.org

Contact: Judith Reichman, 954-213-0610

Contact: Christopher Bates, 954-467-4700 ext.5585

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Pride Center

Address: 2040 N Dixie Hwy, Wilton Manors, FL 33305

Website: www.pridecenterflorida.org

Contact: Jorge Gardela, 954-563-9005 Ext. 203

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Broward Outreach Center

Address: 1700 Blount Rd Pompano Beach, FL 33069

Website: www.browardoutreachcenter.com

Contact: Don Cotton, 954-979-6365

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Broward Regional Health Planning Council (BRHPC)

Address: 200 Oakwood Blvd #100, Hollywood, FL 33020

Website: www.brhpc.org

Contact: Natasha Markman, 954-561-9681 Ext. 1203

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Legal Aid

Address: 491 N State Road 7 Plantation, FL 33317

Website: www.legalaid.org

Contact: Tonny Karrat, 954-358-5636

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

Junior Welfare Society

Address: P.O. Box 39646, Fort Lauderdale, FL 33339

Website: www.juniorwelfaresociety.org

Contact: JWS.projects@yahoo.com

Description of Coordinated Services: Collaboration as needed between organizations for clients in need of housing services or other services.

May 5, 2015

Rick Siclari, MBA
Chief Executive Officer
Care Resource
3510 Biscayne BLVD
Miami, FL 33137

Re: City of Fort Lauderdale Housing Opportunities for Persons with AIDS (HOPWA) Program

Dear Rick,

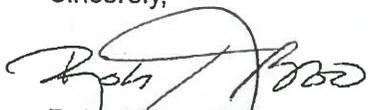
The Pride Center at Equality Park strongly supports Care Resource's proposal to provide Support Service Non-Housing Subsidy Case Management through the City of Fort Lauderdale's Housing Opportunities for Persons with AIDS (HOPWA) Program.

Care Resource has been providing health and supportive services to persons living with HIV/AIDS (PLWHAs) in Broward County, FL for 15 years. In 2009, Care Resource's office located at 871 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311 became a Federally Qualified Health Center (FQHC) allowing them to provide general primary care, pediatric, gynecology, oral health, behavioral health, pharmacy, food bank, and other services, including HOPWA case management, to all residents of Broward County. The Pride Center can attest to Care Resource's financial, operational and management capacity to successfully implement this Support Service Non-Housing Subsidy Case Management project.

We will continue our long history of collaboration on behalf of our Broward County clients on this HOPWA Non-Housing Subsidy Case Management program. The Center provides a welcoming, safe space--an inclusive home--that celebrates, nurtures and empowers the LGBTQ communities and our friends and neighbors in South Florida. The Pride Center will continue to refer to Care Resource eligible clients in need of Non-Housing Subsidy Case Management project.

Please do not hesitate to call me at 954-463-9005 for any additional support.

Sincerely,


Robert Boo, CEO
The Pride Center at Equality Park





HEALTH & HUMAN SERVICE INNOVATIONS

Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020-1929

T: (954) 561-9681
F: (954) 561-9685
E: info@brhpc.org

Administration

May 8, 2015

Rick Siclari, Chief Executive Officer
Care Resource
3510 Biscayne Boulevard
Miami, FL 33137

Re: City of Fort Lauderdale Housing Opportunities for Persons with AIDS (HOPWA) Program

Dear Rick,

Broward Regional Health Planning Council, Inc. strongly supports Care Resource's proposal to provide Support Service Non-Housing Subsidy Case Management through the City of Fort Lauderdale's Housing Opportunities for Persons with AIDS (HOPWA) Program.

Care Resource has been providing health and supportive services to persons living with HIV/AIDS (PLWHAs) in Broward County, FL for 15 years. In 2009, Care Resource's office located at 871 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311 became a Federally Qualified Health Center (FQHC) allowing us to provide general primary care, pediatric, gynecology, oral health, behavioral health, pharmacy, food bank, and other services, including HOPWA case management, to all residents of Broward County. (BRHPC) can attest to Care Resource's financial, operational and management capacity to successfully implement this Support Service Non-Housing Subsidy Case Management project.

We will continue our long history of collaboration on behalf of our Broward County clients on this HOPWA Non-Housing Subsidy Case Management program. (BRHPC) will continue to provide our clients with housing assistance and, if you are awarded funding, will continue to refer to Care Resource eligible clients in need of Non-Housing Subsidy Case Management.

Please do not hesitate to call me for any additional support.

Sincerely,

Michael De Lucca, MHM
President and CEO

BOARD OF DIRECTORS

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Michael De Lucca, MHM
President and CEO

Equal Opportunity Employer





Broward Health Medical Center
Broward Health North
Broward Health Imperial Point
Broward Health Coral Springs
Chris Evert Children's Hospital
Broward Health Weston
Broward Health Community Health Services
Broward Health Physician Group
Broward Health Foundation

May 4, 2015

Mr. Rick Siclari, MBA
Chief Executive Officer
Care Resource, Inc.
3510 Biscayne Blvd.
Miami, FL 33137

Re: City of Fort Lauderdale Housing Opportunities for Persons with AIDS (HOPWA) Program

Dear Mr. Siclari,

The North Broward Hospital District, d/b/a Broward Health, supports Care Resource's proposal to provide Support Service Non-Housing Subsidy Case Management through the City of Fort Lauderdale's Housing Opportunities for Persons with AIDS (HOPWA) Program.

Care Resource has been providing health and supportive services to persons living with HIV/AIDS (PLWHA) in Broward County, FL for 15 years. HOPWA Case Management services expanded capacity to support the PLWHA community, stabilize housing, and prevent homelessness. In 2009, Care Resource's office, located at 871 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311, became a Federally Qualified Health Center (FQHC) allowing Care Resource to provide general primary care, pediatric, gynecology, oral health, behavioral health, pharmacy, and other services to all residents of Broward County regardless of HIV status.

Broward Health will refer eligible HIV clients in need of HOPWA Non-Housing Subsidy Case Management support. We hope that you are successful in this funding opportunity with the City of Fort Lauderdale HOPWA Program.

Sincerely,

Nabil El Sanadi, M.D.
President/CEO

Copy to:
Jasmin Shirley, MSPH
V.P., Community Health Services

5

INSTR # 108645102
OR BK 46263 Pages 1202 - 1203
RECORDED 05/29/09 13:51:13
BROWARD COUNTY COMMISSION
DOC STMP-D: \$9625.00
DEPUTY CLERK 3405
#5, 2 Pages

Prepared by and return to:
Stefanie M. Garcia
Closing Agent
Allaqua Corp. d/b/a Allaqua Title Services
13680 NW 5 Street Suite 220
Sunrise, FL 33325
954-734-2127
File Number: 08-286AM
Will Call No.:

[Space Above This Line For Recording Data]

Special Warranty Deed

This Special Warranty Deed made this 17th day of April, 2009 between **Allied Mortgage & Financial Corporation.**, a Florida corporation whose post office address is **13680 NW 5 Street, Suite 100, Sunrise, FL 33325**, grantor, and **Community AIDS Resource, Inc.**, a Florida non-profit corporation whose post office address is **871 W Oakland Park, Oakland Park, FL 33311**, grantee:

(Whenever used herein the terms grantor and grantee include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum **TEN AND NO/100 DOLLARS (\$10.00)** and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Broward County, Florida**, to-wit:

All of Parcel "A", of DAIMAN PLAT, according to the map or plat thereof, recorded in Plat Book 108, Page 8, of the Public Records of Broward County, Florida.

Parcel Identification Number: 19222-43-00100

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons claiming by, through or under grantors.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Michelle Lopez
Witness Name: Michelle Lopez

Jennifer Thompson
Witness Name: Jennifer Thompson

Allied Mortgage & Financial Corporation, a Florida corporation

By: Anthony Chao Vice President

(Corporate Seal)

State of Florida
County of Broward

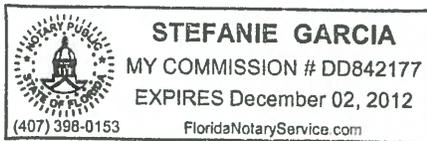
The foregoing instrument was acknowledged before me this 17th day of April, 2009 by Anthony Chao, Vice President of Allied Mortgage & Financial Corp., a Florida corporation, on behalf of the corporation. He is personally known to me or [X] has produced a driver's license as identification.

[Notary Seal]

Stefanie Garcia
Notary Public

Printed Name: Stefanie Garcia

My Commission Expires: December 2, 2012



ALLAQUA TITLE SERVICES
13680 NW 5th Street
Suite 220
Sunrise, FL 33325
PH: 888-410-2923
Fax: 954-985-9870

Date: June 12, 2009

Community AIDS Resource, Inc., d/b/a Care Resource
871 W Oakland Park, Oakland Park, FL 33311

Borrower: **Community AIDS Resource, Inc., d/b/a Care Resource**
Property: **871 W Oakland Park Boulevard, Oakland Park, FL 33311**
Loan No.:

OurFile No: **08-286AM**

Dear Sir/Madam:

Enclosed please find the following documents in connection with the above referenced closing:

Original Owners Policy
Original Recorded Warranty Deed

We urge you to keep these documents, along with any other documents you may have in connection with the property, in a safe place, it will be needed in case you decide to sell or refinance your property. It has been a pleasure to be of service to you in this transaction. If we may assist you in the future, please do not hesitate to contact this office.

Sincerely,

Stefanie M. Garcia
Post Closing Department



Owner's Policy of Title Insurance

Fidelity National Title Insurance Company
A Stock Company

Policy Number FL4200-10-08-286AM-2009.2710609-77805011

OWNER'S POLICY OF TITLE INSURANCE

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B AND THE CONDITIONS AND STIPULATIONS, FIDELITY NATIONAL TITLE INSURANCE COMPANY, a California corporation, herein called the Company, insures, as of Date of Policy shown in Schedule A, against loss or damage, not exceeding the Amount of Insurance stated in Schedule A, sustained or incurred by the insured by reason of:

1. *Title to the estate or interest described in Schedule A being vested other than as stated therein;*
2. *Any defect in or lien or encumbrance on the title;*
3. *Unmarketability of the title;*
4. *Lack of a right of access to and from the land.*

The Company will also pay the costs, attorneys' fees and expenses incurred in defense of the title, as insured, but only to the extent provided in the Conditions and Stipulations.

This policy shall not be valid or binding until Schedule A has been countersigned by either a duly authorized agent or representative of the Company and Schedule B has been attached hereto.

IN WITNESS WHEREOF, FIDELITY NATIONAL TITLE INSURANCE COMPANY has caused this policy to be signed and sealed by its duly authorized officers as of Date of Policy shown in Schedule A.

FL4200 08-286AM
Allaqua Corp.
13680 NW 5th Street, Suite 220
Sunrise, FL 33325
Tel:(954) 734-2125
Fax:(954) 985-8571

Fidelity National Title Insurance Company



By:

ATTEST

President

Secretary

Countersigned: _____

Authorized Signature
Jefemy A. Koss

EXCLUSIONS FROM COVERAGE

The following matters are expressly excluded from the coverage of this policy and the Company will not pay loss or damage, costs, attorneys' fees or expenses which arise by reason of:

1. (a) Any law, ordinance or governmental regulation (including but not limited to building and zoning laws, ordinances or regulations) restricting, regulating, prohibiting or relating to (i) the occupancy, use, or enjoyment of the land; (ii) the character, dimensions or location of any improvement now or hereafter erected on the land; (iii) a separation in ownership or a change in the dimensions or area of the land or any parcel of which the land is or was a part; or (iv) environmental protection, or the effect of any violation of these laws, ordinances or governmental regulations, except to the extent that a notice of the enforcement thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land has been recorded in the public records at Date of Policy.
- (b) Any governmental police power not excluded by (a) above, except to the extent that a notice of the exercise thereof or a notice of a defect, lien or encumbrance resulting from a violation or alleged violation affecting the land had been recorded in the public records at Date of Policy.
2. Rights of eminent domain unless notice of the exercise thereof has been recorded in the public records at Date of Policy, but not excluding from coverage any taking which has occurred prior to Date of Policy which would be binding on the rights of a purchaser for value without knowledge.
3. Defects, liens, encumbrances, adverse claims or other matters:
 - (a) created, suffered, assumed or agreed to by the insured claimant;
 - (b) not known to the Company, not recorded in the public records at Date of Policy, but known to the insured claimant and not disclosed in writing to the Company by the insured claimant prior to the date the insured claimant became an insured under this policy;
 - (c) resulting in no loss or damage to the insured claimant;
 - (d) attaching or created subsequent to Date of Policy; or
 - (e) resulting in loss or damage which would not have been sustained in the insured claimant had paid value for the estate or interest insured by this policy
4. Any claim which arises out of the transaction vesting in the Insured the estate or interest by this policy, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that is based on:
 - (a) the transaction creating the estate or interest insured by this policy being deemed a fraudulent conveyance or fraudulent transfer; or
 - (b) the transaction creating the estate or interest insured by this policy being deemed a preferential transfer except where the preferential transfer results from the failure:
 - (i) to timely record the instrument of transfer; or
 - (ii) of such recordation to impart notice to a purchaser for value or a judgment or lien creditor.

CONDITIONS AND STIPULATIONS

1. DEFINITIONS OF TERMS

The following terms when used in this policy mean:

(a) "insured": the insured named in Schedule A, and, subject to any rights or defenses the company would have had against the named insured, those who succeed to the interest of the named insured by operation of law as distinguished from purchase including, but not limited to, heirs, distributees, devisees, survivors, personal representatives, next of kin, or corporate or fiduciary successors.

(b) "insured claimant": and insured claiming loss or damage.

(c) "knowledge" or "known": actual knowledge, not constructive knowledge or notice which may be imputed to an insured by reason of the public records as defined in this policy or any other records which impart constructive notice of matters affecting the land.

(d) "land": the land described or referred to in Schedule A, and improvements affixed thereto which by law constitute real property. The term "land" does not include any property beyond the lines of the area described or referred to in Schedule A, nor any right, title, interest, estate or easement in abutting streets, roads, avenues, alleys, lanes, ways or waterways, but nothing herein shall modify or limit the extent to which a right of access to and from the land is insured by this policy.

(e) "mortgage": mortgage, deed of trust, trust deed, or other security instrument.

(f) "public records": records established under state statutes at Date of Policy for the purpose of imparting constructive notice of matters relating to real property to purchasers for value and without knowledge. With respect to Section 1(a)(iv) of the Exclusions From Coverage, "public records" shall also include environmental

protection liens in the records of the clerk of the United States district court for the district in which the land is located.

(g) "unmarketability of the title": an alleged or apparent matter affecting the title to the land, not excluded or excepted from coverage, which would entitle a purchaser of the estate or interest described in Schedule A or the insured mortgage to be released from the obligation to purchase by virtue of a contractual condition requiring the delivery of marketable title.

2. CONTINUATION OF INSURANCE AFTER CONVEYANCE OF TITLE

The coverage of this policy shall continue in force as of Date of Policy in favor of an insured only so long as the insured retains an estate or interest in the land, or holds an indebtedness secured by a purchase money mortgage given by a purchaser from the insured, or only so long as the insured shall have liability by reason of covenants of warranty made by the insured in any transfer conveyance of the estate or interest. This policy shall not continue in force in favor of any purchaser from the insured of either (i) an estate or interest in the land, or (ii) an indebtedness secured by a purchase money mortgage given to the insured.

3. NOTICE OF CLAIM TO BE GIVEN BY INSURED CLAIMANT

The insured shall notify the Company promptly in writing (i) in case of any litigation as set forth in Section 4(a) below, (ii) in case knowledge shall come to an insured hereunder of any claim of title or interest which is adverse to the title to the estate or interest, as insured, and which might cause loss or damage for which the company may be liable by virtue of this policy, or (ii) if title to the estate or interest, as insured, is rejected as unmarketable. If prompt

notice shall not be given to the company, then as to the insured all liability of the Company shall terminate with regard to the matter or matters for which prompt notice is required; provided, however, that failure to notify the Company shall in no case prejudice the rights of any insured under this policy unless the Company shall be prejudiced by the failure and then only to the extent of the prejudice.

4. DEFENSE AND PROSECUTION OF ACTIONS: DUTY OF INSURED CLAIMANT TO COOPERATE

(a) Upon written request by the insured and subject to the options contained in Section 6 of these Conditions and Stipulations, the Company, at its own cost and without unreasonable delay, shall provide for the defense of an insured in litigation in which any third party asserts a claim adverse to the title or interest as insured, but only as to those stated causes of action alleging a defect, lien or encumbrance or other matter insured against by this policy. The Company shall have the right to select counsel of its choice (subject to the right of the insured to object for reasonable cause) to represent the insured as to those stated causes of action and shall not be liable for and will not pay the fees of any other counsel. The Company will not pay any fees, cost or expenses incurred by the insured in the defense of those causes of action which allege matters not insured against by this policy.

(b) The Company shall have the right, at its own cost, to institute and prosecute any action or proceeding or to do any other act which in its opinion may be necessary or desirable to establish the title to the estate or interest, as insured, or to prevent or reduce loss or damage to the insured. The Company may take any appropriate action under the term of this policy, whether or not it shall be liable hereunder, and shall not thereby concede liability or waive any provision of this policy. If the Company shall exercise its rights under this paragraph, it shall do so diligently.

(c) Whenever the Company shall have brought an action or interposed a defense as required or permitted by the provisions of this policy, the company may pursue any litigation to final determination by a court of competent jurisdiction and expressly reserves the right, in its sole discretion, to appeal from any adverse judgment or order.

(d) In all cases where this policy permits or requires the Company to prosecute or provide for the defense of any action or proceeding, the insured shall secure to the Company the right to so prosecute or provide defense in the action or proceeding, and all appeals therein, and permit the Company to use, at its option, the name of the insured for this purpose. Whenever requested by the Company, the insured, at the Company's expense, shall give the Company all reasonable aid (i) in any action or proceeding, securing evidence, obtaining witnesses, prosecuting or defending the action or proceeding, or effecting settlement, and (ii) in any other lawful act which in the opinion of the Company may be necessary or desirable to establish the title to the estate or interest, as insured. If the Company is prejudiced by the failure of the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such cooperation.

5. PROOF OF LOSS OR DAMAGE

In addition to and after the notices required under Section 3 of these Conditions and Stipulations have been provided the company, a proof of loss or damage signed and sworn to by the insured claimant shall ascertain the facts giving rise to the loss or damage. The proof of loss or damage shall describe the defect in, or lien or encumbrance on the title, other matter insured against by this policy which constitutes the basis of loss or damage and shall state, to the extent possible, the basis of calculating the amount of the loss or damage. If the Company is prejudiced by the failure of the insured

claimant to provide the required proof of loss or damage, the Company's obligations to the insure under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such proof of loss or damage.

In addition, the insure claimant may reasonably be required to submit to examination under oath by an authorized representative of the Company and shall produce for examination, inspection and copying, at such reasonable times and places as may be designated by any authorized representative of the Company, all records, books, ledgers, checks, correspondence and memoranda, whether bearing a date before or after Date of Policy, which reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, all records, books, ledgers, checks, correspondence and memoranda, whether bearing a date before or after Date of Policy, which reasonably pertain to the loss or damage. Further, if requested by an authorized representative of the Company the insured claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect and copy all records, books, ledgers, checks, correspondence and memoranda in the custody or control of a third party, which reasonably pertain to the loss or damage. All information designated as confidential by the insured claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the insured claimant to submit for examination under oath, produce other reasonably requested information or grant permission to secure reasonably necessary information from third parties as required in this paragraph shall terminate any liability of the Company under this policy as to that claim.

6. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance

To pay or tender payment of the amount of insurance under this policy together with any costs, attorneys' fees and expenses incurred by the insured claimant, which were authorized by the Company, up to the time of payment or tender of payment and which were authorized by the Company, up to the time of payment or tender of payment and which the Company is obligated to pay.

Upon the exercise by the Company of this option, all liability and obligations to the insured under this policy, other than to make the payment required, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation and the policy shall be surrendered to the Company for cancellation.

(b) To Pay or Otherwise Settle With Parties Other than the Insured or With the Insured Claimant

(i) to pay or otherwise settle with other parties for or in the name of an insured claimant any claim insured against under this policy, together with any costs, attorneys' fees and expenses incurred by the insure claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay; or

(ii) to pay or otherwise settle with the insured claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the company is obligated to pay.

Upon the exercise by the Company of either of the options provided for in paragraphs b(i) or (ii), the Company's obligations to the insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including

any liability or obligation to defend, prosecute or continue any litigation.

7. DETERMINATION, EXTENT OF LIABILITY AND COINSURANCE

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the insured claimant who has suffered loss or damage by reason of matters insured against by this policy and only to the extent herein described.

(a) The liability of the Company under this policy shall not exceed the least of:

- (i) the Amount of Insurance stated I Schedule A; or,
- (ii) the difference between the value of the insured estate or interest as insured and the value of the insured estate or interest subject to the defect, lien or encumbrance insured against by this policy.

(b) The Company will pay only those costs, attorneys' fees and expenses incurred in accordance with Section 4 of these Conditions and Stipulations.

8. APPORTIONMENT

If the land described in Schedule A consists of two or more parcels which are not used as a single site, and a loss is established affecting one or more of the parcels but not all, the loss shall be computed and settled on a pro rata basis as if the amount of insurance under this policy was divided pro rata as to the value on Date of Policy of each separate parcel to the whole, exclusive of any improvements made subsequent to Date of Policy, unless a liability or value has otherwise been agreed upon as to each parcel by the Company and the insured at the time of the issuance of this policy and shown by an express statement or by an endorsement attached to this policy.

9. LIMITATION OF LIABILITY

(a) If the Company establishes the title, or removes the alleged defect, lien or encumbrance, or cures the lack of a right of access to or from the land, or cures the claim of unmarketability of title, all as insured, in a reasonably diligent manner by any method, including litigation and the completion of any appeals therefrom, it shall have fully performed its obligations with respect to that matter and shall not be liable for any loss or damage caused thereby

(b) In the event of any litigation, including litigation by the Company or with the Company's consent, the Company shall have no liability for loss or damage until there has been a final determination by a court of competent jurisdiction, and disposition of all appeals therefrom, adverse to the title, as insured.

(c) The Company shall not be liable for loss or damage to any insured for liability voluntarily assumed by the insured in settling any claim or suit without the prior written consent of the Company.

10. REDUCTION OF INSURANCE; REDUCTION OR TERMINATION OF LIABILITY

All payments under this policy, except payments made for costs, attorneys' fees and expenses, shall reduce the amount of the insurance pro tanto.

11. LIABILITY NONCUMULATIVE

It is expressly understood that the amount of insurance under this policy shall be reduced by any amount the Company may pay under any policy insuring a mortgage to which exception is taken in Schedule B or to which the insured has agreed, assumed, or taken subject, or which is hereafter executed by an insured and which is a charge or lien on the estate or interest described or referred to in Schedule A, and the amount so paid shall be deemed a payment under this policy to the insured owner.

12. PAYMENT OF LOSS

(a) No payment shall be made without producing this policy for endorsement of the payment unless the policy has been lost or destroyed, in which case proof of loss or destruction shall be furnished to the satisfaction of the Company.

(b) When liability and the extent of loss or damage has been definitely fixed in accordance with these Conditions and Stipulations, the loss or damage shall be payable within 30 days thereafter.

13. SUBROGATION UPON PAYMENT OR SETTLEMENT

(a) The Company's Right of Subrogation.

Whenever the Company shall have settled and paid a claim under this policy, all right of subrogation shall vest in the Company unaffected by any act of the insured claimant.

The Company shall be subrogated to and be entitled to all rights and remedies which the insured claimant would have had against any person or property in respect to the claim would have had against any person or property in respect to the claim had this policy not been issued. If requested by the Company the insured claimant shall transfer to the Company all rights and remedies against any person or property necessary to order to perfect this right of subrogation. The insured claimant shall permit the company to sue, compromise or settle in the name of the insured claimant and to use the name of the insured claimant in any transaction or litigation involving these rights or remedies.

If a payment on account of a claim does not fully cover the loss of the insured claimant, the Company shall be subrogated to these rights and remedies in the proportion which the Company's payment bears to the whole amount of the loss.

If loss should result from any act of the insured claimant, as stated above, that act shall not void this policy, but the Company, in that event, shall be required to pay only that part of any losses insured against by this policy which shall exceed the amount, if any, lost to the Company by reason of the impairment by the insured claimant of the Company's right of subrogation.

(b) The Company's Rights Against Non-Insured Obligors.

The Company's right of subrogation against non-insured obligors shall exist and shall include, without limitation, the rights of the insured to indemnities, guaranties, other policies of insurance or bonds, notwithstanding any terms or conditions contained in those instruments which provide for subrogation rights by reason of this policy.

14. ARBITRATION

Unless prohibited by applicable law, arbitration pursuant to the Title Insurance Arbitration Rules of the American Arbitration Association may be demanded if agreed to by both the Company and the insured. Arbitrable matters may include, but are not limited to, any controversy or claim between the Company and the insured arising out of or relating to this policy, any service of the Company in connection with its issuance or the breach of a policy provision or other obligation. Arbitration pursuant to this policy and under the Rules in effect on the date the demand for arbitration is made or, at the option of the insured, the Rules in effect at Date of Policy shall be binding upon the parties. The award may include attorneys' fees only if the laws of the state in which the land is located permit a court to award attorneys' fees to a prevailing party. Judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof.

The law of the situs of the land shall apply to an arbitration under the Title Insurance Arbitration Rules.

A copy of the Rules may be obtained from the Company upon request.

Fidelity National Title Insurance Company of New York
OWNER'S POLICY
Schedule A

Policy No.:
2710609-77805011

Effective Date:
May 29, 2009 @ 01:51 PM

Agent's File Reference:
08-286AM

Amount of Insurance: \$1,375,000.00

1. Name of Insured: Community AIDS Resource, Inc., d/b/a Care Resource

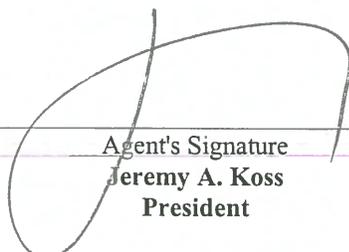
2. The estate or interest in the land described herein and which is covered by this policy is a fee simple (if other, specify same) and is at the effective date hereof vested in the named insured as shown by instrument recorded as Document No. 108645102 in Official Records Book 46263, Page 1202, of the Public Records of Broward County, Florida.

3. The land referred to in this policy is described as follows:

All of Parcel "A", of DAIMAN PLAT, according to the map or plat thereof, recorded in Plat Book 108, Page 8, of the Public Records of Broward County, Florida.

Agent No.: FL4200

<p>Issuing Agent:</p> <p>Allaqua Corp. d/b/a Allaqua Title Services 13680 NW 5 Street Suite 220 Sunrise, FL 33325</p>
--



Agent's Signature
Jeremy A. Koss
President

Fidelity National Title Insurance Company of New York
OWNER'S POLICY
Schedule B

Policy No.:
2710609-77805011

Agent's File Reference:
08-286AM

This policy does not insure against loss or damage by reason of the following exceptions:

1. Taxes for the year of the effective date of this policy and taxes or special assessments which are not shown as existing liens by the public records.
2. Any adverse ownership claim by the State of Florida by right of sovereignty to any portion of the lands insured hereunder, including submerged, filled and artificially exposed lands, and lands accreted to such lands.
3. All assessments and taxes for the year 2009 and all subsequent years, which are not yet due and payable.
4. Restrictions (deleting therefrom any restrictions indicating any preference, limitation or discrimination based on race, color, religion, sex, handicap, familial status or national origin), covenants, easement(s), setback(s), if any, as may be shown on the Plat recorded in Plat Book 108, Page(s) 8, of the Public Records of Broward County, Florida.
5. Easement(s) for the purpose(s) as may be shown below and rights incidental thereto as set forth in a document, recorded in O.R. Book 6074, Page 284, of the Public Records of Broward County, Florida.
6. Easement(s) for the purpose(s) as may be shown below and rights incidental thereto as set forth in a document, recorded in O.R. Book 10526, Page 594, of the Public Records of Broward County, Florida.
7. Resolution No. R-84-31, recorded in O.R. Book 11684, Page 303, of the Public Records of Broward County, Florida.
8. Amendment to Reciprocal Easement and Restrictive Covenant dated on February 18, 2009 and recorded on March 31, 2009 in Official Records Book 46091, Page 1328 in the Public Records of Broward County, Florida.
9. Mortgage executed by Community AIDS Resource, Inc., a Florida non profit corporation, dated April 17, 2009 in favor of Regions Bank, recorded on May 29, 2009 in Official Records Book 46263 Page 1204-1211 of the Public Records of Broward County, Florida, in the original principal sum of \$3,026,000.00.

BUSINESS TAX RECEIPT

CITY OF OAKLAND PARK

2014-2015

MAILING ADDRESS

ISSUED DATE:

September 06, 2014

COMMUNITY AIDS RESOURCE INC
DBA CARE RESOURCE
3510 BISCAYNE BLVD
MIAMI FL 33137

NAME AND LOCATION OF LICENSEE

LICENSE NUMBER

2015001577

COMMUNITY AIDS RESOURCE INC DBA CARE
RESOURCE
871 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311-

ORIGINAL NUMBER

2010004064

LICENSE EXPIRES

9/30/2015

THE PERSON OR FIRM NAMED ABOVE IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS
PROFESSION OR OCCUPATION LISTED BELOW IN THE CITY OF OAKLAND PARK FLORIDA.

BUSINESS CODE

15900

BUSINESS DESCRIPTION

MULTI CULTURAL, COMUNITY BASED AIDS SERVICE
ORGANIZATION

RESTRICTIONS

LICENSE MUST BE CONSPICUOUSLY POSTED AT THE PLACE OF BUSINESS SHOWN

May 12, 2015

Proof of No Liens

Care Resource submitted a rush lien request to the City of Fort Lauderdale and were informed on May 8, 2015 that this address is not served by the City of Fort Lauderdale.

We subsequently submitted our lien search paperwork to the City of Oakland Park on May 8, 2015 (see copy attached). We are pending the results of this lien search and can forward them to the City of Fort Lauderdale as soon as they are received.

Miami Office
3510 Biscayne Blvd.
Miami, FL 33137
T: 305.576.1234 • F: 305.571.2020

Broward Office
871 W. Oakland Park Blvd.
Ft. Lauderdale, FL 33311
T: 954.567.7141 • F: 954.565.5624

Little Havana Office
1901 SW 1st St., 3rd Floor
Miami, FL 33135
T: 305.203.5230 • F: 305.203.5231

Miami Beach Office
1701 Meridian Ave., Suite 400
Miami Beach, FL 33139
T: 305.673.3555 • F: 305.673.1960

www.careresource.org





3650 N.E. 12th Avenue • Oakland Park, Florida 33334 • 954.630.4200 • www.oaklandparkfl.org

PROPERTY RECORD SEARCH APPLICATION
 TELEPHONE : 954-630-4280 * FAX: 954-630-4285

DATE: 5/8/2015

**Effective 12/1/14 Please use this form

REQUESTED BY: <i>Kathleen Calienes</i>	
CONTACT PERSON: <i>Kathleen Calienes</i>	
ADDRESS: <i>871 W. Oakland Park Blvd., Oakland Park, FL 33311</i>	
PHONE: <i>(305) 576-1234 x.295</i>	FAX: <i>(305) 571-2020</i>
EMAIL: <i>kcalienes@careresource.org</i>	

- 75.00 IS REQUIRED PER FOLIO WHICH INCLUDES:
 UTILITIES, MISC CHARGES, PERMIT HISTORY
 OUTSTANDING LIENS AND CODE VIOLATIONS
- MAKE CHECK PAYABLE TO CITY OF OAKLAND PARK. NO CREDIT CARDS ACCEPTED VIA FAX!
- ALLOW TEN (10) BUSINESS DAYS TO RESPOND.
- RUSH SEVICE AVAILABLE ONLY FOR "RESIDENTIAL" SEARCH FOR ADDITIONAL FEE OF \$25.00.
- INCLUDE YOUR EMAIL ADDRESSD FOR FASTER RESPONSE TIME

RUSH [] Please allow 2 business days from receipt to process
 ** Rush service not available for commercial properties

PROPERTY INFORMATION:

FOLIO NO:	<i>494222430010</i>
PROPERTY ADDRESS:	<i>871 W. Oakland Park Blvd., Oakland Park, FL 33311</i>
OWNER'S NAME:	<i>Community AIDS Resource, Inc., d/b/a Care Resource</i>
LEGAL DESCRIPTION: (If Available)	<i>Daiman Plat 108-8 B Parcel A</i>

When research is complete, requestor will be billed for any additional costs incurred in procuring the requested information.

Kathleen Calienes

Not
Applicable
No
Material

Appendix B – Outcome Table

HOPWA Program Type: Non-Housing Subsidy Case Management

Outcomes	Indicators	Activities	Data Source(s)	Data Collection Method
Clients are aware of their HOPWA and other housing options in Broward	400 and 100% of all clients referred to HOPWA have a housing plan	1) Completes initial assessment of the client's housing needs	Agency data system Program Record HCM	Client Assessment Tool Interviewing Pre and Post Test Questionnaire Chart Review
Program participants achieve housing stability	360 and 90% of all clients are linked to some type of housing services to achieve housing stability	2) Develops a comprehensive individualized housing plan 3) Monitors services to accomplish plans 4) Collaborates with area providers to determine best housing plan	Agency data system Program Record HCM	Client Assessment Tool Interviewing Pre and Post Test Questionnaire Chart Review

Community AIDS Resource, Inc.
FYE 2015 vs. FYE 2014 Budget

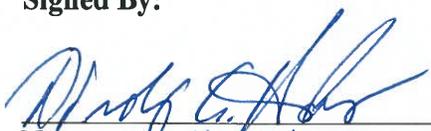
Income	Budget FYE 2015	Budget as a % of Total Budget	Budget FYE 2014	Budget as a % of Total Budget	Difference between FYE 2014 - 2015	Change in Budget % 14-15
Capacity Building	-	0.00%	215,500	1.24%	-215,500	-1.24%
Transportation	-	0.00%	32,091	0.18%	-32,091	-0.18%
Donations	242,500	1.12%	293,000	1.68%	-50,500	-0.56%
Fundraising	320,730	1.49%	596,700	3.43%	-275,970	-1.94%
Interest	7,500	0.03%	5,000	0.03%	2,500	0.01%
Investments	25,000	0.12%	27,000	0.16%	-2,000	-0.04%
Lease Income	68,222	0.32%	27,669	0.16%	40,553	0.16%
Office Procedures	4,804,300	22.26%	4,751,158	27.29%	53,142	-5.03%
Pharmacy	8,916,103	41.31%	4,655,469	26.74%	4,260,634	14.57%
Social Services	2,528,952	11.72%	2,364,258	13.58%	164,694	-1.86%
Mental Health	159,787	0.74%	173,573	1.00%	-13,786	-0.26%
Prevention	1,252,566	5.80%	1,277,679	7.34%	-25,113	-1.53%
Program Underwriting	3,081,422	14.28%	2,733,537	15.70%	347,885	-1.42%
Thrift Store	170,000	0.79%	252,000	1.45%	-82,000	-0.66%
Consultant	4,717	0.02%	8,211	0.05%	-3,494	-0.03%
Total Income	<u>21,584,799</u>		<u>17,412,845</u>		<u>4,171,954</u>	
Expense						
Accounting/Audit	51,500	0.24%	51,000	0.29%	500	-0.05%
Legal Fees	5,000	0.02%	10,000	0.06%	-5,000	-0.03%
Advertising	200,241	0.93%	201,446	1.16%	-1,205	-0.23%
Awards/Gifts/Promotions	66,730	0.31%	90,300	0.52%	-23,570	-0.21%
Bank Charges	36,030	0.17%	43,379	0.25%	-7,349	-0.08%
Conference/Seminars	62,950	0.29%	98,158	0.56%	-35,208	-0.27%
Contract Labor/Consultant	2,000	0.01%	11,313	0.06%	-9,313	-0.06%
Contract Services	602,151	2.79%	366,027	2.10%	236,124	0.69%
Copy Expense	64,663	0.30%	63,690	0.37%	973	-0.07%
Custodial/Security	142,169	0.66%	125,482	0.72%	16,687	-0.06%
Delivery /Freight	1,235	0.01%	1,625	0.01%	-390	0.00%
Dues/Subscriptions	43,084	0.20%	78,395	0.45%	-35,311	-0.25%
Emergency Client Assistance	44,911	0.21%	39,653	0.23%	5,258	-0.02%
Equipment Purchase<\$1,000	99,708	0.46%	42,700	0.25%	57,008	0.22%
Food and Beverage	17,211	0.08%	25,800	0.15%	-8,589	-0.07%
Insurance	104,340	0.48%	100,681	0.58%	3,659	-0.09%
Labs	931,472	4.32%	1,040,600	5.98%	-109,128	-1.66%
Licenses/Permits	19,651	0.09%	15,082	0.09%	4,569	0.00%
Local Travel	71,980	0.33%	82,780	0.48%	-10,800	-0.14%
Office Supplies	6,700	0.03%	6,435	0.04%	265	-0.01%
Interest Expense	165,000	0.76%	167,700	0.96%	-2,700	-0.20%
Investor Fees	16,000	0.07%	0	0.00%	16,000	0.07%
Payroll Wages	9,144,604	42.37%	7,908,820	45.42%	1,235,784	-3.05%
Payroll Benefits	3,336,175	15.46%	2,343,644	13.46%	992,531	2.00%
Postage	8,795	0.04%	8,975	0.05%	-180	-0.01%
Printing	31,589	0.15%	45,550	0.26%	-13,961	-0.12%
Rent	232,539	1.08%	151,241	0.87%	81,298	0.21%
Repairs/Maintenance	26,250	0.12%	52,290	0.30%	-26,040	-0.18%
Software	98,635	0.46%	88,287	0.51%	10,348	-0.05%
Fundraising	130,880	0.61%	322,575	1.85%	-191,695	-1.25%
Supplies	358,743	1.66%	308,119	1.77%	50,624	-0.11%
Pharmacy Cost/Fees	4,755,844	22.03%	2,816,654	16.18%	1,939,190	5.86%
Taxes	6,000	0.03%	2,200	0.01%	3,800	0.02%
Telecommunications	99,409	0.46%	78,253	0.45%	21,156	0.01%
Training	31,425	0.15%	38,966	0.22%	-7,541	-0.08%
Utilities	150,386	0.70%	118,800	0.68%	31,586	0.01%
Van & RV Fuel/Main/Ins	49,252	0.23%	47,425	0.27%	1,827	-0.04%
Venue Rental	8,600	0.04%	60,100	0.35%	-51,500	-0.31%
Z Capital	360,946	1.67%	358,700	2.06%	2,246	-0.39%
Total Expense	<u>21,584,799</u>		<u>17,412,845</u>		<u>4,171,954</u>	
Net Income						

RESOLUTION

NOW BE IT RESOLVED THAT the Board of Directors authorizes Freddy Pardo, Director of Operations, (Phone: 305-576-1234 ext. 207, Fax: 305-571-2020, E-Mail: fpardo@careresource.org) to submit a proposal to the City of Fort Lauderdale, Florida in response to RFP # 855-11550 Housing Opportunities for Persons With AIDS (HOPWA) Program on behalf of the agency.

This resolution was duly adopted by the Care Resource Board of Directors, who approved this resolution at their regularly scheduled Board meeting on May 4, 2015, at which a quorum was present.

Signed By:



Name: *Dorothy Holmes*
Member, Board of Directors
Community AIDS Resource, Inc., d/b/a Care Resource

Attest By:



Name: *Jay Beskin*
Member, Board of Directors
Community AIDS Resource, Inc., d/b/a Care Resource

Corporate Seal:

