



**AGREEMENT BETWEEN BROWARD COUNTY AND CITY OF FORT LAUDERDALE, A MUNICIPAL CORPORATION OF THE STATE OF FLORIDA
FOR LAUDERDALE CHRONIC HOMELESSNESS HOUSING COLLABORATIVE (CHHC) PROJECT**
Agreement Number: 17-CP-HIP-8261-HUD15-01

This Agreement ("Agreement") is made and entered into by and between Broward County, a political subdivision of the state of Florida ("County"), and City of Fort Lauderdale, a municipal corporation of the State of Florida, a municipality ("City"). County and City are collectively referred to as the "Parties."

WHEREAS, this Agreement will enable City to provide services that would not otherwise be funded by another public funding source; and

WHEREAS, funding given to City has been found and declared to be for a County and public purpose by the Board of County Commissioners of Broward County, NOW, THEREFORE,

IN CONSIDERATION of the mutual terms, conditions, promises, covenants, and payments hereinafter set forth, the Parties agree as follows:

ARTICLE 1. DEFINITIONS AND IDENTIFICATIONS

The following definitions apply unless the context in which the word or phrase is used requires a different definition:

- 1.1 **Agreement** - The Agreement includes Articles 1 through 15 inclusive, the "Whereas" clauses recited above, and all exhibits, addenda, and attachments that are expressly incorporated herein by reference.
- 1.2 **Board** - The Board of County Commissioners of Broward County, Florida.
- 1.3 **Clients** - Individuals served under this Agreement as described in Exhibit D-1, "Scope of Services."
- 1.4 **Contract Administrator** - The Broward County Administrator, the Director or Deputy Director of the Broward County Human Services Department, or the Director of the division administering the Agreement, as specified in Exhibit A, "Agreement Specifications." The Parties may rely on the instructions or determinations made by the Contract Administrator in the administration of this Agreement; however, the Scope of Services may not be changed via such instructions and determinations except as otherwise provided herein.
- 1.5 **Contract Manager** - The Human Services Department division staff person who coordinates and communicates with City and who manages and supervises execution and completion of the Scope of Services and the terms and conditions of this Agreement as set forth herein. The Parties may also rely on the instructions or determinations made by the Contract Manager in the administration of this Agreement; however, the Scope of Services may not be changed via such instructions and determinations except as otherwise provided herein.
- 1.6 **County Attorney** - The chief legal counsel for County appointed by the Board.
- 1.7 **County Business Enterprise or "CBE"** - A small business certified as meeting the requirements of Broward County's CBE Program.
- 1.8 **HSD** - The Broward County Human Services Department.
- 1.9 **HSSS** - The Human Services Software System. The Client Services Management System and/or any other participant information collection and data exchange system(s) designated by County.

- 1.10 **Initial Term** - The initial contracted period as specified in Exhibit A, "Agreement Specifications."
- 1.11 **Option Period** - A contract renewal period, usually concurrent with a single County fiscal year, as specified in Exhibit A, "Agreement Specifications."
- 1.12 **Program** - The services described in Article 3 and in Exhibit D-1 of this Agreement.
- 1.13 **Provider Handbook** - County's Human Services Department manual for providers of services that contains standard forms, performance measures, and other documents and standard practices, as same may be amended from time to time by County, which Handbook is incorporated herein by reference.
- 1.14 **Repository** - County's Human Services Department Repository, under the Office of Evaluation and Planning. The Repository address is identified in the Provider Handbook.

ARTICLE 2. TERM OF AGREEMENT

2.1 **TERM**: The term of this Agreement shall begin and end on the dates ("Agreement Term") specified in Exhibit A, "Agreement Specifications." This Agreement may be renewed by the County's Contract Administrator for up to two (2) additional one-year Option Periods, as specified in Exhibit A. The Contract Administrator shall notify City of renewal, in writing, no less than five (5) business days prior to the expiration of the then-current term of this Agreement.

2.2 **CONTINUITY OF SERVICES**: In the event that unusual or exceptional circumstances, as determined in the sole discretion of the Contract Administrator, render the exercise of an Option Period not possible, or if no Option Period is available, and it would result in a gap in the provision of services under this Agreement, then upon approval of funds by the Board, the term of this Agreement may be extended by the HSD Director or Deputy Director and City, via a Contract Adjustment, for a period not to exceed six (6) months.

2.3 County's decision to exercise either Option Period shall be contingent upon, but not limited to, the following:

- A. Continued demonstrated and documented need for the services or priority area of funding;
- B. Satisfactory contract compliance, program performance, and utilization by City, as determined by the Contract Administrator;
- C. Demonstrated financial stability by City;
- D. The availability of funds from County in accordance with Chapter 129, Florida Statutes, as amended; and
- E. Appropriation of funds by the Board.

The Contract Administrator, in his or her sole discretion, shall determine whether the contingencies listed above have been fulfilled prior to the Contract Administrator exercising County's option to renew or extend this Agreement for any subsequent renewal or extension period.

2.4 This Agreement may be terminated in accordance with the provisions contained in the "TERMINATION" section herein.

ARTICLE 3. SCOPE OF SERVICES

3.1 City shall provide the services set forth in each Exhibit D-1, "Scope of Services," for each service category funded by this Agreement, and shall meet the outcomes set forth in Exhibit D-2 and applicable

Contract Adjustment(s). The Scope of Services is a description of City's obligations and responsibilities and is deemed to include preliminary considerations and prerequisites, and all labor, materials, equipment, and tasks which are such an inseparable part of the work described that exclusion would render performance by City impractical, illogical, or unconscionable.

3.2 If applicable, City shall notify County in writing prior to the proposed opening, closing, or relocating of a service site listed in Exhibit D-1 or applicable Contract Adjustment no less than thirty (30) calendar days prior to such change in accordance with the "NOTICES" section of this Agreement. No such opening, closing, or relocation shall occur without County's prior written consent, which consent shall not be unreasonably withheld.

3.3 Organizational Profile: The Organizational Profile for City is a component of the Coordinating Council of Broward's community assessment process to support coordinated health, education, and human services planning in Broward County. It is used for collecting data for countywide resource inventory. This Profile is due from City upon oral or written request by the Contract Administrator.

ARTICLE 4. FUNDING AND METHOD OF PAYMENT

4.1 MAXIMUM FUNDING: County will pay City an amount not to exceed the amount specified in Exhibit A, "Agreement Specifications," for work actually performed and completed pursuant to this Agreement, which amount shall be accepted by City as full compensation for all such work. City acknowledges that this amount is the maximum payable and constitutes a limitation upon County's obligation to compensate City for its services related to this Agreement. This maximum amount, however, does not constitute a limitation, of any sort, upon City's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services. No amount shall be paid to City to reimburse its expenses, unless otherwise provided herein.

County funding under this Agreement relates exclusively to the Initial Term and County is not obligated to fund City beyond the Initial Term. In the event that the Contract Administrator exercises either Option Period under this Agreement, or in the event this Agreement is extended pursuant to Article 2, the maximum amount payable by County shall not exceed the amount specified for each period in Exhibit A, except as provided in Section 4.3, "MAXIMIZATION OF EXPENDITURE OF COUNTY FUNDS," herein.

4.2 REDUCTION OF FUNDS: In the event of City's underutilization of funds, the Contract Administrator has the authority, at any time, to reduce the maximum funding allocated under this Agreement. Such adjustments shall be made via a Contract Adjustment(s), which shall be signed by the HSD Director or Deputy Director and City. The Contract Adjustment(s) shall include corresponding revisions to the maximum units of service and minimum number of clients served.

4.3 MAXIMIZATION OF EXPENDITURE OF COUNTY FUNDS:

4.3.1 Mid-term Funding Adjustments. In furtherance of the objectives of the HSD, the Contract Administrator has the authority and sole discretion to increase the maximum funding under this Agreement up to ten percent (10%) of the Agreement amount for any fiscal year of County, except as provided in Section 15.24, EMERGENCY CONDITIONS. Such adjustments shall be made via Contract Adjustment(s), which shall be signed by the HSD Director or Deputy Director and City.

4.3.2 Program Allocations/Payment Schedules. The Contract Administrator has the authority to adjust the maximum funding allocated to any particular program or service category funded under this Agreement and payment schedules throughout any term of the Agreement. Such adjustment may be made via Contract Adjustment(s) signed by the HSD Director or Deputy Director and City.

4.3.3 Renewal Funding Adjustments. Adjustments to maximum renewable funding and corresponding adjustments to the number of units and clients served for Option Periods under this Agreement are subject to appropriation of funds by the Board. Such adjustments may be made via a Contract Adjustment(s) signed by the HSD Director or Deputy Director and City.

4.4 CONTRACT ADJUSTMENTS: The Contract Administrator is authorized to increase or decrease the maximum funding allocated to City in the Agreement to maximize expenditure of County funds as expressed herein. Such adjustments shall be made by the HSD Director or Deputy Director in writing in accordance with this subsection.

4.4.1 Any Contract Adjustment(s) for adjustments increasing the total annual maximum funding amount by ten percent (10%) or less may be signed by the HSD Director or Deputy Director and City, using a standard Contract Adjustment in the form attached hereto as Exhibit F.

4.4.2 Any Contract Adjustment(s) increasing the total annual maximum funding by more than ten percent (10%) may be signed by the HSD Director or Deputy Director and City after the Board has approved the funding increase and has conferred such authority upon the HSD Director or Deputy Director.

4.4.3 All Contract Adjustments issued by the Contract Administrator shall contain, at a minimum, the following information and requirements:

4.4.3.1 A description of the adjustments being made (which description must specify in detail the adjustments and revisions to the maximum units of service and Clients served)

4.4.3.2 A reference to this Agreement pursuant to which the adjustment is authorized.

4.4.3.3 Any other additional instructions or provision relating to the work authorized pursuant to this Agreement.

4.4.3.4 Contract Adjustments shall be dated, sequentially numbered, and signed by both Parties.

4.5 METHOD OF PAYMENT: County will pay City for units of service actually delivered, invoiced, and documented as specified in Exhibit D-1, "Scope of Services," and in any applicable Contract Adjustment(s), on a monthly billing basis, subject to the provisions in this Article. The total number of units of service to be billed during each term of this Agreement shall not exceed the units specified in Exhibit D-1 and any applicable Contract Adjustment(s).

4.5.1 Required Match: County will reimburse for only nine (9) out of ten (10) units actually delivered, invoiced, and documented at the unit price specified in Exhibit D-1, unless otherwise indicated in Exhibit A, "Agreement Specifications," or in any applicable Contract Adjustment. The tenth (10th) unit shall meet City's match requirement.

4.5.2 Client Co-payment for Services: In the event Client co-payments are required as indicated in Exhibit A, City shall assess income and implement co-payments pursuant to the Co-pay Schedule found in the Provider Handbook.

4.5.3 Performance: County will reduce payment by three percent (3%) ("Reduction") for services performed by City in the third (3rd) month of any quarter in which attainment of one (1) or more Outcomes was more than five (5%) percent below the indicated target. The Reduction shall be applied to payments for the Program(s) in which the indicator(s) was not met. The Reduction shall be applied to the net payment amount for the third (3rd) month, after calculation of the required

match, but before any disallowed units or repayments from any other month(s) are applied. In the event that City does not submit an invoice in any third (3rd) month of a quarter because all funding authorized herein has been depleted, the Reduction shall be based on the previous month's net payment and City shall pay the Reduction amount to County within thirty (30) days of County's written request. In the event that County finds that City's Outcome Report(s) contains incorrect information, County may apply this Reduction retroactively at the sole discretion of County's Contract Administrator.

4.5.4 Invoice Requirements and Due Dates:

4.5.4.1 An original invoice in a form approved by the Contract Manager plus one (1) complete copy with supporting documentation are due monthly from City on or before the date specified in Exhibit E, "Required Reports and Submission Dates." In the event the due date falls on a weekend or County holiday, the invoice, supporting documentation, and complete copy are due on the next business day.

A. Acceptable supporting documentation as described in this section shall be in the form of a report provided through County's designated HSSS, or as otherwise agreed to in writing by the Contract Administrator. All reported units of service must correspond to the units of service on invoices submitted for billing purposes.

B. In addition, all required fields within the HSSS must be completed thoroughly and accurately for units of service to be considered as delivered and payable. Compliance with this requirement will be periodically monitored by County. City shall reimburse County, as described in Section 4.5.4.2, for any units that do not comply with this requirement and were previously billed and paid during any term of the Agreement.

C. The Contract Administrator may authorize manual billing if City lacks access to such designated system through no fault of City, as determined by the Contract Administrator in his or her sole discretion.

D. Where the unit rate is an hourly rate, County will pay for full fifteen (15) minute increments, unless otherwise provided herein, at the rate of one-quarter (1/4) of the applicable unit rate, so long as City has provided the unit of service as defined in Exhibit D-1.

4.5.4.2 Corrected Invoices:

A. In the event that City determines that it has previously incorrectly billed and been reimbursed for a period within the current contract term, City shall include the corrections on the next regular monthly invoice. Unless the Contract Administrator has authorized or required additional corrections, corrected billing is limited to one time for any month in which services were rendered and must be received by County no later than ninety (90) days following the date the invoice being corrected was originally due to County, or forty-five (45) days after the end of the Agreement term, whichever is earlier. City must resubmit the original supporting documentation and submit the revised supporting documentation, along with a completed "Required Services Documentation" form as provided in the Provider Handbook, for each month in the period of previous incorrect billing, unless the Contract Administrator has, in writing, provided alternate documentation requirements. The invoice, which

includes the corrections, must be accompanied by a cover letter signed by City's authorized signator summarizing the corrections, explaining the reason for the error, and detailing the actions City is taking to prevent recurrence of the error(s).

B. In the event that County determines that City has previously incorrectly billed and been reimbursed for a period within the current contract year, City shall include the corrections on the next regular monthly invoice. If the date of reimbursement is outside of the contract term in which the overpayment occurred, City shall issue a check to County as repayment.

4.5.4.3 To be deemed proper as defined by the Florida Prompt Payment Act, invoices must comply with the requirements set forth in this Agreement and must be submitted on the forms prescribed by County in the Provider Handbook, or through the communication system as provided through County's HSSS, or as otherwise agreed to in writing by the HSD Director or Deputy Director. County will pay City within thirty (30) calendar days of receipt of City's properly submitted invoice in accordance with the provisions of County's Prompt Payment Ordinance Section 1-51.6, Broward County Code of Ordinances. Further, County may deduct from any outstanding invoice any monies due from City because of a situation where County identifies money due from City to County pursuant to this Agreement.

4.5.4.4 Invoices and/or documentation returned to City for corrections shall not be considered as submitted and shall be cause for delay in issuance of payment by County without the accrual of interest on any payments owed by County to City. City shall sign and date any revised invoice(s). Submission of accurate, timely documentation and other requested information as required by County shall be considered a factor in evaluating future funding requests.

4.5.4.5 The certification statement on the monthly invoice submitted by City shall be signed by an authorized person as referenced in Exhibit B-1, "Authorized Invoice Signators." Should it become necessary for City to replace signators, a notarized copy of the authorizing resolution as passed by City's Board of Directors or Trustees, authorizing legislation, or equivalent shall be submitted to the Contract Administrator, along with replacement Exhibit B-1 and/or Exhibit B-2, within ten (10) days following replacement of the signators.

4.5.5 If City has been authorized in accordance with the "SUBCONTRACTING" article of this Agreement to use subcontractors, or if City uses any suppliers of materials for the provision of the required services herein, City shall submit with each invoice a "Certification of Payments to Subcontractors and Suppliers" in the form attached hereto as Exhibit C. In instances wherein payment has not been made to the approved subcontractor(s) or the supplier(s), the certification shall be accompanied by a copy of the notification sent to each subcontractor and supplier listed in item 2 of the form, explaining the good cause why payment has not been made.

4.6 SUSPENSION OF PAYMENT: County, through its Contract Administrator, in his or her sole discretion, may in writing suspend payments to City if City does not comply with material terms of this Agreement, including, but not limited to, submission of correctly completed reports and corrective or remedial action plans, subject to County's acceptance and approval of said reports and plans. Express identification of certain terms herein as material shall not be construed to mean that other terms herein are not material. Suspension of payment by County may last through the duration of noncompliance by City as determined solely by the Contract Administrator, and any suspended payments shall not be subject to the payment of interest by County.

4.7 PAYER OF LAST RESORT: City represents to County that no other reimbursement or payment is available or will be received by City for any services invoiced to County, and County has relied upon that representation. City shall assure that funding under this Agreement will not supplant any existing programs and resources and is used as funding of last resort. This Agreement specifically excludes services eligible to be covered by Medicaid, Medicare, or other third party funding source (collectively referred to as "Third Party Payment"). City shall bill and pursue collection of any and all available Third Party Payments and Client payments for services rendered under this Agreement prior to billing County for any such services.

4.7.1 In the event County pays City for a service to a Client who was not eligible for Third Party Payment at the time of billing but later becomes eligible for Third Party Payments ("Third Party Certified"), and City receives Third Party Payment for the same unit of service, then City shall deduct the amount paid by County ("County Payment") on its next invoice immediately following receipt of such Third Party Payment. If City has not submitted an invoice or has submitted a final invoice to County under this Agreement, City shall reimburse County in the amount of the County Payment within thirty (30) calendar days of City's receipt of the Third Party Payment.

- A. City shall note in the Client's file the date upon which a Client became Third Party Certified.
- B. City shall keep accurate and complete records of all Third Party Payments, any fee collected, reimbursement, or compensation of any kind, including in-kind compensation received from any Client, for any service covered by this Agreement, and shall make all such records available to County upon demand.
- C. City shall report such Third Party Payments by deducting the full amount of such Third Party Payment from City's invoices within thirty (30) calendar days of City's receipt of the Third Party Payment.

4.8 EQUIPMENT PURCHASES: All equipment purchased pursuant to this Agreement shall be reported to County on the invoice, with documentation attached to the invoice (or as otherwise approved in advance and in writing by the Contract Administrator), listing in detail the kind and type, serial number, cost, and any other data the Contract Administrator or Contract Manager so designates. No equipment shall be disposed of without the HSD Director's or Deputy Director's prior written approval. In the event of the filing(s) of bankruptcy or dissolution, voluntary or involuntary, insolvency of City, or the expiration or earlier termination of this Agreement, with or without cause, the title and ownership of all existing property acquired with funds from this Agreement shall immediately and automatically be vested in County in the name of "Broward County" as Grantor. Any existing property vesting in County shall be delivered to the Contract Administrator by City at the place designated in a written request by the Contract Administrator within ten (10) calendar days from the written request. It is City's sole responsibility to immediately notify the Contract Administrator in writing of the filing(s) of bankruptcy or dissolution, voluntary or involuntary, or the insolvency of City.

4.9 All payments shall be made solely in the name of City as the official payee. The name, address, and telephone number of the official payee to whom payment shall be made for City is specified in Exhibit A, "Agreement Specifications." City may change any of the information provided under this section by providing written notice of such change to the Contract Administrator using the notice procedure under the "NOTICES" section of this Agreement. It is City's sole responsibility to advise the Contract Administrator in writing of changes in name, address, telephone number, or administrative locations within ten (10) calendar days of such change.

4.10 As a condition of funding under this Agreement, City acknowledges County's objective is to ensure provision of continuous services to its residents throughout the term of the Agreement. If City exhausts County's funds under this Agreement prior to the end of any term of this Agreement, City is obligated to provide the same level of service(s) to Client(s) as prescribed in Exhibits D-1 and D-2 until the end of the term without additional County funds.

ARTICLE 5. PARTICIPATION IN HUMAN SERVICES SOFTWARE SYSTEM (HSSS)

City shall comply with the HSSS requirements outlined in the Provider Handbook, incorporated herein and made a part hereof.

ARTICLE 6. MONITORING, RECORDS, REPORTS, AND OTHER REQUIREMENTS

City shall comply with the Monitoring, Records, and Reporting requirements outlined in the Provider Handbook.

ARTICLE 7. TERMINATION

7.1 This Agreement may be terminated for cause by the aggrieved Party if the Party in breach has not corrected the breach within ten (10) calendar days after receipt of written notice from the aggrieved Party identifying the breach. Termination for cause by County shall be by action of the Board with written notice provided to City by the HSD Director or Deputy Director, which termination date shall be the date stated in the written notice but not less than thirty (30) days after the date of such written notice. Termination for cause by City shall be effective not less than thirty (30) days after notice of termination is received by County. This Agreement may also be terminated for convenience by the Board. The HSD Director or Deputy Director may also terminate this Agreement for convenience when City closes its business operations or otherwise ceases to exist and the HSD Director or Deputy Director determine that immediate action is required by County. Termination for convenience by the Board or by the HSD Director or Deputy Director shall be effective on the termination date stated in written notice provided by County, which termination date shall be not less than thirty (30) days after the date of such written notice. This Agreement may also be terminated by the County Administrator upon such notice as the County Administrator deems appropriate under the circumstances in the event the County Administrator determines that termination is necessary to protect the public health, safety, or welfare. If County erroneously, improperly, or unjustifiably terminates for cause, such termination shall be deemed a termination for convenience, which shall be effective thirty (30) days after such notice of termination for cause is provided.

7.2 This Agreement may be terminated for cause for reasons including, but not limited to, City's repeated (whether negligent or intentional) submission for payment of false or incorrect bills or invoices, failure to suitably perform the work, or failure to continuously perform the work in a manner calculated to meet or accomplish the objectives as set forth in this Agreement. The Agreement may also be terminated for cause if City is placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List created pursuant to Section 215.473, Florida Statutes, or if City provides a false certification submitted pursuant to Section 287.135, Florida Statutes.

7.3 Notice of termination shall be provided in accordance with the "NOTICES" section of this Agreement except that notice of termination by the County Administrator, which the County Administrator deems necessary to protect the public health, safety, or welfare may be verbal notice through the Contract Administrator that shall be promptly confirmed in writing by the HSD Director or Deputy Director in accordance with the "NOTICES" section of this Agreement.

7.4 In the event this Agreement is terminated for convenience by County, City shall be paid for any services performed under the Agreement through the termination date specified in the written notice of termination. City acknowledges that it has received good, valuable, and sufficient consideration from County, the receipt and adequacy of which are hereby acknowledged by City, as specific consideration to City, for County's right to terminate this Agreement for convenience.

7.5 In the event this Agreement is terminated for any reason or upon its expiration, whichever is earlier, any amounts due City may be withheld by County until all documents are provided to County, if requested by the Contract Administrator, pursuant to the "RIGHTS IN DOCUMENTS AND WORK" provision of this Agreement.

7.6 This Agreement may also be terminated in accordance with the "EEO AND CBE COMPLIANCE" section of this Agreement using the "NOTICES" procedures herein.

7.7 TRANSITION PLAN: Prior to termination of this Agreement in its normal course, or upon earlier termination for any reason whatsoever, City shall cooperate fully with County, and any third party designated by County, to develop a Transition Plan to provide for the transition of the services provided hereunder. The Transition Plan shall at a minimum, provide for the orderly and reasonable transfer of services in a manner which causes minimal disruption to the continuity of services.

ARTICLE 8. SUBCONTRACTING

8.1 City engages in subcontracting if City engages via formal agreement or any other mechanism, a third party, including, but not limited to, individuals, partnerships, corporations, or any other type of entity, to perform the services, in whole or in part, required by this Agreement. Services provided by third parties, other than City's own employees, officers, and volunteers, will be deemed subcontracted.

8.2 City may not subcontract services as defined in Section 8.1 or enter into an Employee Leasing agreement without the prior written approval of the Contract Administrator or as authorized in Exhibit D-1.

8.3 The Contract Administrator's written approval referenced in this Article shall be limited to City's approval to enter a sub-contractual relationship with a third party and shall not be deemed an approval of any subcontracting document(s) between City and its subcontractor(s).

8.4 Services provided by City's subcontractors shall be subject to supervision by City or subcontractor. Employee compensation, personnel policies, tax responsibilities, social security and health insurance, employee benefits, travel, per diem policies, and other similar administrative procedures applicable to services rendered under this Agreement shall be the responsibility of City or its subcontractor.

8.5 The delivery of services through subcontractors shall not in any way relieve City of full responsibility for all requirements, provisions, and terms of this Agreement.

8.6 City shall, by written contract, require all subcontractors to conform to the requirements of this Agreement and all applicable federal and state laws, rules, regulations, guidelines, and standards. City shall likewise require its subcontractors to agree to the requirements and obligations of this article.

8.7 City shall pay its subcontractors, and any suppliers of materials for the provision of the services required pursuant to this Agreement, prior to submitting an invoice requesting payment from County for such subcontracted work or supplies unless City documents any dispute on Exhibit C, "Certification of Payments to Subcontractors and Suppliers," and submits such exhibit to County, accompanied by a copy of

the notification sent to each subcontractor or supplier listed in item 2 of the form, explaining the good cause why payment has not been made.

City acknowledges that nonpayment of a subcontractor or supplier as required herein shall be a material breach of this Agreement and that County may, at its option and in accordance with Article 4 of this Agreement, suspend payments until City demonstrates timely payment of sums due to such subcontractors or suppliers. City acknowledges that the presence of a "pay when paid" provision in a subcontract shall not preclude County's inquiry into allegations of nonpayment. The foregoing remedies shall not be employed when City demonstrates that failure to pay results from a bona fide dispute with its subcontractor or supplier; however, County shall not pay City for any amounts that have not yet been paid by City to its subcontractors or suppliers.

8.8 City shall reimburse County for all funds not used in compliance with this Agreement by City and its subcontractors.

ARTICLE 9. FINANCIAL STATEMENTS AND MANAGEMENT LETTERS

9.1 FINANCIAL STATEMENTS. City shall provide one (1) copy of City's audited financial statements and any management letter(s) thereby generated as it relates to funding provided under this Agreement and City's response to any management letter(s). The audit of the financial statements shall be prepared by an independent certified public accountant in accordance with generally accepted accounting principles for the fiscal year County funds are received and for each subsequent fiscal year until such time as all of the County funds are expended.

City shall submit one (1) copy of the financial statements described in the first paragraph of this section and one (1) copy of the accompanying management letter, if any, to County's Repository within two hundred seventy (270) days after the close of City's fiscal years in which City receives funds under this Agreement.

9.2 MANAGEMENT LETTERS. City shall provide County's Repository any and all management letters arising from audited financial statements within two hundred seventy (270) days of the date of said management letter as it relates to the program described in this Agreement.

City shall provide to County's Repository the schedule of correction developed in response to said management letter(s) within thirty (30) days of its development.

City shall provide to County's Repository any compliance audits required by law within two hundred seventy (270) days after the close of each of City's fiscal years in which City accounts for the funds under this Agreement.

ARTICLE 10. EEO AND CBE COMPLIANCE

10.1 No Party to this Agreement may discriminate on the basis of race, color, sex, religion, national origin, disability, age, marital status, political affiliation, sexual orientation, pregnancy, or gender identity and expression in the performance of this Agreement. City shall comply with all applicable requirements of the Broward County Business Enterprise ("CBE") Program in the award and administration of this Agreement. Failure by City to carry out any of these requirements shall constitute a material breach of this Agreement, which shall permit County to terminate this Agreement or to exercise any other remedy provided under this Agreement, or under the Broward County Code of Ordinances, or under the Broward County Administrative Code, or under applicable law, with all of such remedies being cumulative.

City shall include the foregoing or similar language in its contracts with any subcontractors or subconsultants, except that any project assisted by the U.S. Department of Transportation funds shall

comply with the nondiscrimination requirements in 49 C.F.R. Parts 23 and 26, as amended. Failure to comply with the foregoing requirements is a material breach of this Agreement, which may result in the termination of this Agreement or such other remedy as County deems appropriate.

City shall not unlawfully discriminate against any person in its operations and activities or in its use or expenditure of funds in fulfilling its obligations under this Agreement and shall not otherwise unlawfully discriminate in violation of the Broward County Code, Chapter 16½. City shall affirmatively comply with all applicable provisions of the Americans with Disabilities Act (ADA) in the course of providing any services funded by County, including Titles I and II of the ADA (regarding nondiscrimination on the basis of disability), and all applicable regulations, guidelines, and standards. In addition, City shall take affirmative steps to prevent discrimination in employment against disabled persons.

By execution of this Agreement, City represents that it has not been placed on the discriminatory vendor list as provided in Section 287.134, Florida Statutes. County hereby materially relies on such representation in entering into this Agreement. An untrue representation of the foregoing shall entitle County to terminate this Agreement and recover from City all monies paid by County pursuant to this Agreement, and may result in debarment from County's competitive procurement activities.

10.2 Although no CBE goal has been set for this Agreement, County encourages City to give full consideration to the use of CBE firms to perform work under this Agreement.

ARTICLE 11. INDEMNIFICATION/GOVERNMENTAL IMMUNITY

Nothing herein is intended to serve as a waiver of sovereign immunity by any Party nor shall anything included herein be construed as consent to be sued by third parties in any matter arising out of this Agreement or any other contract. City is a state agency or political subdivision as defined in Chapter 768.28, Florida Statutes, and shall be fully responsible for the acts and omissions of its agents or employees to the extent permitted by law.

ARTICLE 12. DESIGNATED REPRESENTATIVES AND EMPOWERMENT

12.1 County's representative is the HSD Director, Deputy Director, or the Division Director of the division administering this Agreement. The title of City's representative responsible for the administration of the program under this Agreement is specified in Exhibit A, "Agreement Specifications."

12.2 The empowered signators of invoices under this Agreement for City are those individuals referenced in Exhibit B-1, "Authorized Invoice Signators." Changes in the empowered signators on Exhibit B-1 shall be communicated to County as directed in the "NOTICES" section of this Agreement.

12.3 The empowered signator of this Agreement for City is identified in Exhibit B-2, "Certification of Empowerment." Changes in the empowered signator on Exhibit B-2 shall be communicated to County as directed in Article 4 and in the "NOTICES" section of this Agreement.

ARTICLE 13. INSURANCE

City shall maintain insurance coverage as required in the Insurance section of the Provider Handbook or as specified in Exhibit A, "Agreement Specifications."

ARTICLE 14. REPRESENTATIONS AND ACKNOWLEDGMENTS

14.1 City represents and certifies to County that, upon its execution of this Agreement and continuing throughout the term of the Agreement, as may be extended, the following representations are and shall

remain true and correct. In the event that any of the following representations becomes untrue at any time, City shall immediately provide written notice to the Contract Administrator:

- A. There have been no irregularities involving its management or employees that could have a material effect on City's operations or financial stability.
- B. City has committed no violations or possible violations of laws or regulations, the effects of which should be considered by County prior to entering into this Agreement.
- C. All material information pertaining to the financial position of City has been disclosed in its records and provided to County.
- D. All related party transactions, as defined by generally accepted accounting principles, and related amounts receivable or payable pertaining to the financial position of City have been properly recorded in its records and disclosed to County.
- E. City maintains appropriate active license(s), which are all in good standing and have not been revoked or suspended, where City is operating a facility or providing a service where any type of licensure is required, including, but not limited to, under federal, state, county, or other local law.
- F. When applicable, City will ensure compliance with the provision(s) of Florida Statutes and all federal and local regulations whenever background screening for employment or a background security check is required by law for employment. City shall maintain these screening requirements and records of same for volunteers and employees based on the population served.
- G. E-VERIFY: As applicable, if City is a recipient, directly or indirectly, of State of Florida funds under this Agreement, City shall enroll and participate in the E-Verify Program, in accordance with the terms and conditions governing the use of the program by:
 - 1. Verifying the employment eligibility of all persons employed during the Agreement Term by City to perform the work under this Agreement.
 - 2. Enrolling in the E-Verify Program within thirty (30) days of the effective date of this Agreement by obtaining a copy of the "Edit Company Profile" page and making such record available to Broward County within seven (7) days of request from County.
 - 3. Requiring all persons, including subcontractors, assigned by City to perform work under this Agreement to enroll and participate in the E-Verify Program within ninety (90) days after the effective date of this Agreement or within ninety (90) days after the effective date of the Agreement between City and the subcontractor, whichever is later. City shall obtain from the subcontractor a copy of the "Edit Company Profile" screen indicating enrollment in the E-Verify Program and make such record available to County within seven (7) calendar days from County's request.
 - 4. Displaying the notices supplied by the U.S. Department of Homeland Security ("DHS") in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
 - 5. Initiating E-Verify verification procedures for new employees within three (3) business days after the actual work start date of each new hire and thereafter responding appropriately to any additional requests from DHS or Social Security Administration ("SSA").

6. Maintaining records of its participation and compliance with the provisions of the E-Verify Program and making such records available to County within seven (7) days of County's request.

H. City acknowledges receipt of the Provider Handbook and understands that each document contained therein is made a part of this Agreement. City also acknowledges that County may update or revise documents within the Provider Handbook and provide notification of the same to City. City may terminate this Agreement within thirty (30) calendar days after notice of such update(s) or revision(s) if the Parties mutually agree that the update(s) or revision(s) substantially impact(s) City's ability to perform as contracted. Otherwise, City acknowledges it shall be bound by the requirements outlined in the Provider Handbook, as amended by County from time to time.

I. City represents to County for its reliance thereupon that it has established and implemented policies and procedures that ensure compliance with the security standards specified in the sections titled "Human Services Software System Participation" and "Monitoring, Records, Reports, and Other Requirements" provided in the Provider Handbook and all applicable state and federal statutes and regulations for the protection of confidential Client records and electronic exchange of confidential information.

J. All representations and information provided by City to County in the course of competing for and developing this Agreement are true and correct, and there have been no material omissions.

14.2 City acknowledges that:

A. Verification of liability protection, and the Authorized Invoice Signators as shown in Exhibit B-1, shall accompany this Agreement upon execution of this Agreement by City.

B. Information, guidance, and technical assistance offered by the Contract Administrator, or any other County staff, whether written or verbal, in no way constitutes a guarantee of execution of this Agreement by County and should not be relied upon as a basis for doing business, delivering service, expending financial resources, or expectation of receipt of payment.

C. County has relied on all representations and information provided to County by City in the course of City competing for and developing this Agreement.

ARTICLE 15. MISCELLANEOUS

15.1 **RIGHTS IN DOCUMENTS AND WORK.** Any and all reports, photographs, surveys, and other data and documents, with the exception of Client records, provided or created in connection with this Agreement are and shall remain the property of County, and, if a copyright is claimed, City grants to County a nonexclusive license to use the copyrighted item(s) indefinitely, to prepare derivative works, and to make and distribute copies to the public. In the event of termination of this Agreement pursuant to the terms of Article 7, any reports, photographs, surveys, and other data and documents other than Client records prepared by City, whether finished or unfinished, shall become the property of County and shall be delivered by City to the Contract Administrator within seven (7) days of termination of this Agreement by either Party. Any compensation due to City shall be withheld until all documents are received as provided herein. City shall ensure that the requirements of this Section are included in all agreements with its Subcontractor(s).

After the five (5) year retention period or any longer retention period as stated in Section 15.3 below, City shall notify the Contract Administrator that the retention period has expired and shall provide at least ten (10) calendar days for County to obtain the records if County desires to retain the records for a longer period

of time; such notice shall be made in writing pursuant to the "NOTICES" section of this Agreement. The provisions of this section shall survive the expiration or termination of the Agreement.

15.2 Public Records. To the extent City is acting on behalf of County as stated in Section 119.0701, Florida Statutes, City shall:

a. Keep and maintain public records required by County to perform the services under this Agreement;

b. Upon request from County, provide County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time and at a cost that does not exceed that provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

c. Ensure that public records that are exempt or confidential and exempt from public record requirements are not disclosed except as authorized by law for the duration of the Agreement and following completion of the Agreement if the records are not transferred to the County; and

d. Upon completion of the Agreement, transfer to County, at no cost, all public records in possession of City upon termination of this Agreement or keep and maintain public records required by County to perform the services. If City transfers the records to the County, City shall destroy any duplicate public records that are exempt or confidential and exempt. If the City keeps and maintains public records upon completion of the Agreement, City shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to County upon request in a format that is compatible with the information technology systems of County.

The failure of City to comply with the provisions of this Section shall constitute a material breach of this Agreement entitling the County to exercise any remedy provided in this Agreement or under applicable law.

A request for public records regarding this Agreement must be made directly to the County, who will be responsible for responding to any such public records requests. City will provide any requested records to County to enable County to respond to the public records request.

IF THE CITY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CITY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (954) 357-8647, MWELLS @broward.org, 115 S. ANDREWS AVE., SUITE A360, FORT LAUDERDALE, FLORIDA 33301.

15.3 AUDIT RIGHTS AND RETENTION OF RECORDS. County shall have the right to audit the books, records, and accounts of City and its subcontractors that are related to this Agreement. Such rights include, but are not limited to, examination of books, records, and accounts supporting the cost per unit of service, as well as any such records of funds received from other sources for the same or similar services as performed under this Agreement. City and its subcontractors shall keep such books, records, and accounts as may be necessary in order to record complete and correct entries related to the Agreement and performance thereunder. All books, records, and accounts of City and its

subcontractors shall be kept in written form, or in a form capable of conversion into written form within a reasonable time, and upon request to do so, City or its subcontractor, as applicable, shall make same available at no cost to County in written form.

City and its subcontractors shall preserve and make available, at reasonable times within Broward County for examination and audit by County, all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a minimum period of three (3) years after expiration or termination of this Agreement or until resolution of any audit findings, whichever is longer. County audits and inspections pursuant to this Section may be performed by any County representative (including any outside representative engaged by County). County reserves the right to conduct such audit or review at City's place of business, if deemed appropriate by County, with seventy-two (72) hours' advance notice.

Any incomplete or incorrect entry in such books, records, and accounts shall be a basis for County's disallowance and recovery of any payment upon such entry. City acknowledges that in the event County determines that funds are due back to County, the HSD Director or Deputy Director may in his or her sole and absolute discretion require City to pay up to one percent (1%) interest annually on those funds, which interest shall be calculated from the date County incorrectly paid City. If an audit or inspection in accordance with this Section discloses overpricing or overcharges to County of any nature by the City in excess of five percent (5%) of the total contract billings reviewed by County, the reasonable actual cost of the County's audit shall be reimbursed to the County by the City in addition to making adjustments for the overcharges. Any adjustments and/or payments due as a result of such audit or inspection shall be made within thirty (30) days from presentation of County's findings to City.

City shall ensure that the requirements of this Section are included in all agreements with its Subcontractor(s).

15.4 TRUTH-IN-NEGOTIATION CERTIFICATE. City's compensation under this Agreement is based upon representations supplied to County by City, and City certifies that the information supplied, including without limitation in the negotiation of this Agreement, is accurate, complete, and current at the time of contracting. County shall be entitled to recover any damages it incurs to the extent such representation is untrue.

15.5 INDEPENDENT CONTRACTOR. City is an independent contractor under this Agreement. Services provided by City pursuant to this Agreement shall be subject to the supervision of City. In providing such services, neither City nor its agents shall act as officers, employees, or agents of County. City shall not have the right to bind County to any obligation not expressly undertaken by County under this Agreement.

15.6 PUBLIC ENTITY CRIME ACT. City represents that it is familiar with the requirements and prohibitions under the Public Entity Crime Act, Section 287.133, Florida Statutes, and represents that its entry into this Agreement will not violate that Act. In addition to the foregoing, City further represents that there has been no determination that it committed a "public entity crime" as defined by Section 287.133, Florida Statutes, and that it has not been formally charged with committing an act defined as a "public entity crime" regardless of the amount of money involved or whether City has been placed on the convicted vendor list. Notwithstanding any provision in this Agreement to the contrary, if any representation stated in this paragraph is false, County shall have the right to immediately terminate this Agreement and recover all

sums paid to City under this Agreement.

15.7 LAW, JURISDICTION, VENUE, WAIVER OF JURY TRIAL. This Agreement shall be interpreted and construed in accordance with and governed by the laws of the state of Florida. The Parties agree that the exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement shall be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the Parties agree that the exclusive venue for any such lawsuit shall be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. **BY ENTERING INTO THIS AGREEMENT, CITY AND COUNTY HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT. IF A PARTY FAILS TO WITHDRAW A REQUEST FOR A JURY TRIAL IN A LAWSUIT ARISING OUT OF THIS AGREEMENT AFTER WRITTEN NOTICE BY THE OTHER PARTY OF VIOLATION OF THIS SECTION, THE PARTY MAKING THE REQUEST FOR JURY TRIAL SHALL BE LIABLE FOR THE REASONABLE ATTORNEYS' FEES AND COSTS OF THE OTHER PARTY IN CONTESTING THE REQUEST FOR JURY TRIAL, AND SUCH AMOUNTS SHALL BE AWARDED BY THE COURT IN ADJUDICATING THE MOTION.**

15.8 AMENDMENTS. Except as otherwise authorized herein, no modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by County and City or others delegated authority to or otherwise authorized to execute same on their behalf. However, the HSD Director or Deputy Director may make adjustments pursuant to Article 4 and Section 15.24 herein. Additionally, the Contract Administrator may administratively revise or update the Provider Handbook documents from time to time as provided in this Agreement.

15.9 MATERIALITY AND WAIVER OF BREACH. Each requirement, duty, and obligation set forth herein was bargained for at arm's-length and is agreed to by the Parties. Each requirement, duty, and obligation set forth herein is substantial and important to the formation of this Agreement, and each is, therefore, a material term hereof.

County's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

15.10 COMPLIANCE WITH LAWS. City shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing its duties, responsibilities, and obligations pursuant to this Agreement.

15.11 SEVERABILITY. In the event any part of this Agreement is found to be unenforceable by any court of competent jurisdiction, that part shall be deemed severed from this Agreement and the balance of this Agreement shall remain in full force and effect.

15.12 PRIOR AGREEMENTS. This Agreement represents the final and complete understanding of the Parties regarding the subject matter hereof and supersedes all prior and contemporaneous negotiations and discussions regarding the subject matter. There is no commitment, agreement, or understanding concerning the subject matter of this Agreement that is not contained in this written document.

15.13 ASSIGNMENT AND PERFORMANCE. Neither this Agreement nor any right or interest herein shall be assigned, transferred, or encumbered without the written consent of the other Party. In addition, City shall not subcontract any portion of the work required by this Agreement, except as provided in Exhibit D-1, "Scope of Services." Notwithstanding the Termination provision of this Agreement, County may terminate this Agreement, effective immediately, if there is any assignment, or attempted assignment, transfer, or encumbrance, by City of this Agreement or any right or interest herein without County's written consent.

City represents that each person who will render services pursuant to this Agreement is duly qualified to perform such services by all appropriate governmental authorities, where required, and that each such person is reasonably experienced and skilled in the area(s) for which he or she will render his or her services.

City shall perform its duties, obligations, and services under this Agreement in a skillful and respectable manner. The quality of City's performance and all interim and final product(s) provided to or on behalf of County shall be comparable to the best local and national standards.

15.14 CONFLICTS. Neither City nor its employees shall have or hold any continuing or frequently recurring employment or contractual relationship that is substantially antagonistic or incompatible with City's loyal and conscientious exercise of judgment and care related to its performance under this Agreement.

None of City's officers or employees shall, during the term of this Agreement, serve as an expert witness against County in any legal or administrative proceeding in which he, she, or City is not a party, unless compelled by court process. Further, such persons shall not give sworn testimony or issue a report or writing, as an expression of his or her expert opinion, which is adverse or prejudicial to the interests of County in connection with any such pending or threatened legal or administrative proceeding unless compelled by court process. The limitations of this section shall not preclude City or any persons in any way from representing themselves, including giving expert testimony in support thereof, in any action or in any administrative or legal proceeding. City shall not be in violation of this paragraph unless it has actual knowledge of such conduct of its officers and employees.

In the event City is permitted pursuant to this Agreement to utilize subcontractors to perform any services required by this Agreement, City shall require such subcontractors, by written contract, to comply with the provisions of this section to the same extent as City.

15.15 JOINT PREPARATION. This Agreement has been jointly prepared by the Parties hereto, and shall not be construed more strictly against either Party.

15.16 PRIORITY OF PROVISIONS. If there is a conflict or inconsistency between any term, statement, requirement, or provision of any exhibit attached hereto, any document or events referenced herein, or any document incorporated into this Agreement by reference and a term, statement, requirement, or provision of Articles 1 through 15 of this Agreement, the term, statement, requirement, or provision contained in Articles 1 through 15 shall prevail and be given effect.

15.17 THIRD PARTY BENEFICIARIES. Neither City nor County intends to directly or substantially benefit a third party by this Agreement. Therefore, the Parties acknowledge that there are no third party beneficiaries to this Agreement and that no third party shall be entitled to assert a right or claim against either of them based upon this Agreement.

15.18 NOTICES. In order for a notice to a party to be effective under this Agreement, notice must be sent via U.S. first-class mail with a contemporaneous copy via e-mail to the addresses listed herein and shall be effective upon mailing. The addresses for notice shall remain as set forth herein unless and until changed by providing notice of such change in accordance with the provisions of this Section. The Parties designated persons and respective places for giving of notice are set forth in Exhibit A, "Agreement Specifications."

15.19 DRUG-FREE WORKPLACE. It is a requirement of County that it enter into contracts only with firms that certify the establishment of a drug-free workplace in accordance with Chapter 21.31(a)(2) of the Broward County Procurement Code. Execution of this Agreement by City shall serve as City's required certification that it has a drug-free workplace program in accordance with Section 287.087, Florida Statutes, and Chapter 21.31(a)(2) of the Broward County Procurement Code, and that it will maintain such drug-free workplace program for the full term of this Agreement. City shall submit one (1) copy of its Drug-Free Workplace Policy to the Contract Manager prior to or with the signed Agreement.

15.20 CERTIFICATION RELATING TO FEDERAL LOBBYING. No federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned City, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any federal contract, grant, loan, or cooperative agreement relating to this Agreement between County and City, the undersigned City shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities."

15.21 CERTIFICATION RELATING TO NO SMOKING AND CHILDREN'S SERVICES. The Pro-Children Act of 1994, 20 U.S.C. § 6081 *et seq.* ("Act"), requires that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood services, education or library services to children under the age of eighteen (18), if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. Such Act also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. Such Act does not apply to children's services provided in private residence, portion of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable federal funds is Medicare or Medicaid, or facilities where Women, Infants and Children ("WIC") coupons are redeemed. Failure of City to comply with the provisions of the Act may result in the imposition of a civil monetary penalty (in the amount provided by the Act) for each violation and imposition of an administrative compliance order pursuant to such Act on the responsible entity, such as City. By signing this Agreement, the undersigned City certifies that City will comply with the requirement of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

15.22 INTERPRETATION. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement. All personal pronouns used in this Agreement shall include the other gender, and the singular shall include the plural, and vice versa, unless the context otherwise requires. Terms such as "herein," "hereof," "hereunder," and "hereinafter," refer to this Agreement as a whole and not to any particular sentence, paragraph, or section where they appear, unless the context otherwise requires. Whenever reference is made to a Section or Article of this Agreement, such reference is to the Section or Article as a whole, including all of the subsections of such Section, unless the reference is made to a particular subsection or subparagraph of such Section or Article.

The Parties understand and accept the need for consistent interpretation of provider-related agreements funded by County. If the Contract Administrator identifies a programmatic contractual issue that requires

interpretation, the Contract Administrator will issue such interpretations, in writing, to all program providers. If City identifies a programmatic contract provision that requires interpretation in order for City to understand its obligations, City will submit, in writing, a request for interpretation, with specificity to the Contract Administrator. The Contract Administrator will provide a written response to City within a reasonable time after any request by City for an interpretation. The Contract Administrator's programmatic interpretations shall be deemed conclusive and final.

15.23 PUBLICITY. City acknowledges that all advertisements, press releases, or any other type of publicity or promotional activities ("Promotional Materials") undertaken by City concerning the services funded by this Agreement shall include the following statement: "The services provided by City is a collaborative effort between Broward County and City with funding provided by the Board of County Commissioners of Broward County, Florida under an Agreement."

City shall use the name "Broward County" and the official Broward County logo in all Promotional Materials of City related to the services funded by this Agreement. Requests for the official electronic version of the Broward logo shall be made to the Broward County Public Communications Office, 114 s. Andrews Avenue, Fort Lauderdale, Florida 33301 or publicinfo@broward.org.

15.24 EMERGENCY CONDITIONS. Except where otherwise provided by law or where City is otherwise directed by appropriate authority, City shall provide any supportive or recovery related service as requested by County during and after Emergency Conditions. These services include, but are not limited to, distribution of food, water, and ice, and providing case management services to Disaster Evacuees at an emergency shelter or other location(s) in Broward County as determined by County, through its Contract Administrator. Emergency Conditions are defined as any natural, technological, or terrorism related disaster or emergency for which assistance is requested from Emergency Support Function ("ESF") #6/Human Services Branch by the Broward Emergency Division, which commences upon a State of Emergency being declared by federal, state, or local government. Individuals who have been displaced or affected by the Emergency Condition are referred to as "Disaster Evacuees."

In the event of an Emergency Condition, the HSD Director or Deputy Director has the authority during and after Emergency Conditions, in his or her sole discretion, to (a) make adjustments to the maximum funding, including increases, under this Agreement; (b) make adjustments to the maximum funding allocated to any particular service category funded under this Agreement; (c) modify, add, or delete services under the Scope of Services and Exhibit D-1; (d) modify payment schedules throughout any term of this Agreement; (e) exercise an Option Period, and (f) extend the term of Agreement.

15.25 DISCHARGE PLANNING. If City is a hospital district, mental health service provider, or law enforcement agency, or in the event City provides services such as hospital, jail, or mental health treatment beds, then City shall participate with County in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs.

15.26 RENEGOTIATION. The Parties agree to renegotiate this Agreement if revisions of any applicable law, regulation, or increase or decrease in allocations make changes in this Agreement necessary.

15.27 INCORPORATION BY REFERENCE. The truth and accuracy of each "Whereas" clause set forth herein is acknowledged by the Parties. The attached exhibits A through F, as well as the Provider Handbook and other documents referenced herein, are incorporated and made a part of this Agreement.

City shall abide by all of the covenants and representations contained in the Request for Proposals, Request for Letters of Interest, or Request for Applications (collectively, "Request") submitted by City upon which

County relied and upon which this Agreement is based, and City acknowledges that such covenants and representations in the Request shall form, become a part of, and be incorporated by reference into this Agreement. If the Request or any portion thereof conflicts with this Agreement, this Agreement shall control and govern the interpretation of any conditions and terms.

15.28 REPRESENTATION OF AUTHORITY. Each individual executing this Agreement on behalf of a Party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly authorized by all necessary and appropriate action to execute this Agreement on behalf of such Party and does so with full legal authority.

15.29 PAYABLE INTEREST.

15.29.1 Payment of Interest. County shall not be liable to pay any interest to City for any reason, whether as prejudgment interest or for any other purpose, and in furtherance thereof City waives, rejects, disclaims and surrenders any and all entitlement it has or may have to receive interest in connection with a dispute or claim arising from, related to, or in connection with this Agreement. This paragraph shall not apply to any claim for interest, including for post-judgment interest, if such application would be contrary to applicable law.

15.29.2 Rate of Interest. If, for whatever reason, the preceding subsection is determined to be invalid or unenforceable by a court of competent jurisdiction, the annual rate of interest payable by County under this Agreement, whether as prejudgment interest or for any other purpose, shall be, to the full extent permissible under applicable law, 0.25% (one quarter of one percent) simple interest (uncompounded).

15.30 HIPAA COMPLIANCE. It is expressly understood by the Parties that County personnel or their agents have access to protected health information (hereinafter known as "PHI") that is subject to the requirements of 45 C.F.R. §160, 162, and 164 and related regulations. In the event City is considered by County to be a covered entity or business associate or is required to comply with the Health Insurance Portability and Accountability Act of 1996 (hereinafter known as "HIPAA"), City shall fully protect individually identifiable health information as required by HIPAA and, if requested by County, shall execute a Business Associate Agreement in the form provided by the Contract Administrator for the purpose of complying with HIPAA. Where required, City shall handle and secure such PHI in compliance with HIPAA and its related regulations and, if required by HIPAA or other laws, include in its "Notice of Privacy Practices" notice of City's and County's uses of Clients' PHI. The requirement to comply with this provision and HIPAA shall survive the expiration or earlier termination of this Agreement. County hereby authorizes the County Administrator to sign Business Associate Agreements on its behalf. City shall ensure that the requirements of this Article are included in all agreements with its subcontractors.

15.31 COUNTERPARTS AND MULTIPLE ORIGINALS. This Agreement may be executed in multiple originals, and may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

15.32 CONTINGENCY FEE. City represents that it has not paid or agreed to pay any person or entity, other than a bona fide employee working solely for City, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this Agreement. If County learns that this representation is false, County shall have the right to terminate this Agreement without any further liability to City. Alternatively, if such representation is false, County, at its sole discretion, may deduct from

the compensation due City under this Agreement the full amount of such fee, commission, percentage, gift, or consideration.

15.33 USE OF COUNTY LOGO. City shall not use County's name, logo, or otherwise refer to this Agreement in any marketing or publicity materials without the prior written consent of County.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement on the respective dates under each signature: Broward County, through its Board of County Commissioners, signing by and through its County Administrator, authorized to execute same by Board action on the 24th day of May, 2016, and City of Fort Lauderdale a municipal corporation of the State of Florida, signing by and through its Mayor, duly authorized to execute same.

County

WITNESSES:

Broward County, through its
County Administrator

Signature

By _____
County Administrator

Print/Type Name above

_____ day of _____, 2016

Signature

Approved as to form by
Joni Armstrong Coffey
Broward County Attorney
Governmental Center, Suite 423
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600
Telecopier: (954) 357-7641

Print/Type Name above

Insurance requirements
approved by Broward County
Risk Management Division

By _____
Signature (Date)

By _____
Sharon V. Thorsen (Date)
Senior Assistant County Attorney

Print Name and Title above

SVT/
2017 Unit of Service Agreement FINAL
01/31/17
12/19/16
12/16/16
#16-070

AGREEMENT BETWEEN BROWARD COUNTY AND CITY OF FORT LAUDERDALE, A MUNICIPAL CORPORATION OF THE STATE OF FLORIDA FOR FORT LAUDERDALE CHRONIC HOMELESS HOUSING COLLABORATIVE (CHHC) PROJECT

CITY

City of Fort Lauderdale, a municipal corporation of the State of Florida

WITNESS #1:

Signature

Print/Type Name

By: _____
(Authorized Signature)

(Print Name and Title of Authorized Signator)

WITNESS #2:

Signature

Print/Type Name

_____ day of _____, 2016

(seal or notary)

EXHIBIT A – AGREEMENT SPECIFICATIONS

Agreement #: 17-CP-HIP-8261-HUD15-01

- I. Administering Division: Community Partnerships
- II. Beginning and Ending Dates:
- A. Initial Term: Commencing on January 1, 2017 and ending on December 31, 2017
- B. Option Period 1: If exercised, commences on January 1, 2018 and ends on December 31, 2018
- C. Option Period 2: If exercised, commences on January 1, 2019 and ends on December 31, 2019
- III. Maximum Funding Amounts:
- A. Initial Term: \$ 446,929.00
- B. Option Period 1: \$ Amount awarded by Board based on HUD award for this period
- C. Option Period 2: \$ Amount awarded by Board based on HUD award for this period
- D. Extension: Equal to a pro rata amount of the then existing annual funding amount.
- IV. CITY's Representative: City Manager
- V. Official Payee: City of Fort Lauderdale
100 North Andrews Avenue
Fort Lauderdale, FL 33301
Email: lfeldman@fortlauderdale.gov
- VI. Official Notification Designations:
- A. For County: Director, Community Partnerships Division
115 South Andrews Avenue, Room A370
Fort Lauderdale, Florida 33301
- B. For CITY: City Manager, City of Fort Lauderdale
100 North Andrews Avenue
Fort Lauderdale, FL 33301
Email: lfeldman@fortlauderdale.gov
- VII. Client Co-pay: ☒ Required* ☐ Not required
* As required by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH ACT).
- VIII. Match: ☒ Required (based on HUD Match Requirements) ☐ Not required.
- IX. Required Insurance Coverage (nongovernmental entities only):
- A. Commercial or General Liability: ☒ Required ☐ Waived
- B. Business Automobile Liability: ☒ Required ☐ Waived
- C. Professional Liability: ☒ Required ☐ Waived
- D. Workers' Compensation & Employer's Liability: ☒ Required ☐ Waived
- E. Other: enter type ☐ Required
- X. RFP/RLI/RFA Date: Enter Date Published Title: U.S. Department of Housing and Urban Development Notice of Funding Availability for the 2015 Continuum of Care Program Competition, FR-5900-N-25

EXHIBIT B-1 – AUTHORIZED INVOICE SIGNATORS

Agreement #: 17-CP-HIP-8261-HUD15-01

The following individuals are authorized to sign monthly invoices and certification statements on behalf of City of Fort Lauderdale, a municipal corporation of the State of Florida, hereinafter known as "City," as required by this Agreement between County and City:

_____ and
(Name and Title Typewritten)

(Name and Title Typewritten)

This authorization is conferred upon the individuals listed above pursuant to _____ *(enter the authorizing body, legislation, regulation, code, or equivalent, including the date of such authorization, and provide a copy of supporting documentation, such as Board of Directors' meeting minutes, the authorizing statute, etc.):*

Appearing below are samples of the authorized signatures.

(Authorized Signature) (Date)

(Authorized Signature) (Date)

Witness Signature:

Signature _____

Name _____
(Print or Type)

Date _____

(Authorized Signature) (Date)

(Authorized Signature) (Date)

Witness Signature

Signature _____

Name _____
(Print or Type)

Date _____

EXHIBIT B-2 – CERTIFICATION OF EMPOWERMENT

Agreement #: 17-CP-HIP-8261-HUD15-01

(Name and Title Typewritten)

is duly authorized to sign this Agreement on behalf of City of Fort Lauderdale, a municipal corporation of the State of Florida, hereinafter known as "City," and any amendments hereto between County and City. The signature of the above-named person in this Agreement on behalf of City binds City to the terms and conditions of this Agreement and its amendments.

This authorization is conferred upon the individual listed above pursuant to _____ *(enter the authorizing body, legislation, regulation, code, or equivalent, including the date of such authorization, and provide a copy of supporting documentation, such as Board of Directors' meeting minutes, the authorizing statute, etc.):*

Appearing below is a sample of the authorized signature.

(Authorized Signature)

(Date)

Witness Signature:

Witness Signature

Signature _____

Signature _____

Name _____
(Print or Type)

Name _____
(Print or Type)

Date _____

Date _____

EXHIBIT C – CERTIFICATION OF PAYMENTS TO SUBCONTRACTORS AND SUPPLIERS

Agreement #: 17-CP-HIP-8261-HUD15-01

The undersigned hereby swears under penalty of perjury that:

1. City has paid all subcontractors and suppliers all undisputed contract obligations for labor, services, or materials provided on this project in accordance with Article 4, "FUNDING AND METHOD OF PAYMENT," of this Agreement, except as provided in paragraph 2 below.
2. The following subcontractors and suppliers have not been paid because of disputed contractual obligations; a copy of the notification sent to each, explaining in reasonably specific detail the good cause why payment has not been made, is attached to this form:

Subcontractor or supplier's name and address	Date of disputed invoice	Amount in dispute

The undersigned is authorized to execute this Certification on behalf of City.

Dated _____, 20__

City:

By _____
(Signature)

By _____
(Name and Title)

STATE OF)
) SS
COUNTY OF)

The foregoing instrument was acknowledged before me this ____ day of _____, ____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

WITNESS my hand and official seal, this ____ day of _____, 20__.

(NOTARY SEAL)

(Signature of person taking acknowledgment)

(Name of officer taking acknowledgment; printed/typed/stamped)

My commission expires:

EXHIBIT D-1 – SCOPE OF SERVICES

Agreement #: 17-CP-HIP-8261-HUD15-01

Provider: City

Program: Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) Project

Program #: 1

I. Scope of Services:

A. Program description: For purposes of this Agreement, City provides permanent supportive housing in scattered site and/or clustered apartments to clients who are chronically homeless and/or part of a chronically homeless family. City shall provide leasing, case management, operations, and administration of the projects. Case management services shall include individual support, referrals for medical services, crisis management, and direct and indirect services inclusive of improving budgeting skills and access to training and education, in order to increase income for housing..

B. Target population: For the purposes of this Agreement, Clients are chronically homeless individuals and their families living in Broward County, Florida with a disabling condition and families in which at least one adult household member has a disabling condition.

1. Eligibility criteria:

- a. Clients shall be chronically homeless as defined by Category 1 or 4 of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), and as amended, as indicated in the Provider Handbook.
- b. Client must be referred through the Continuum of Care's Coordinated Assessment System.
- c. One adult household member must have a disabling condition that is expected to be long-continuing or of an indefinite duration, and substantially impede the person's ability to live independently, and could be improved by more suitable housing.

2. Documentation of eligibility: City shall document eligibility in the Client files, including:

- a. Certification of Homelessness from a third party such as, but not limited to, an outreach provider, Emergency Shelter, documented Intake worker's observations, or certification from Person seeking assistance.
- b. Documented verification of the qualifying disability from a professional who is licensed by the state to diagnose and treat that condition or from the Social Security Administration (SSA) for persons receiving disability benefits, VA disability check, or SSI/SSDI check.
- c. City is responsible for ensuring that eligibility and documentation accordance with HUD requirements, although City may entrust establishment and documentation of Client eligibility to the supportive services provider(s),

C. A minimum of 22 unduplicated Clients shall be provided services under this Agreement annually.

D. Standards and Other Requirements: City shall adhere to the standards and other requirements below and as set forth in the Contract Adjustment(s) and Provider Handbook.

1. Standards:

- a. City shall comply with applicable HUD requirements.

2. Other Requirements:

- a. City shall register staff to receive alerts regarding revisions to the Provider Handbook and related documents through [AccessBROWARD https://access.broward.org/About.aspx](https://access.broward.org/About.aspx)).
- b. City shall provide services to Clients from the locations and in the percentages proposed in the Project Application corresponding to each year of Grant funding as outlined in the HUD Issues & Conditions attached hereto as Exhibit D-3. However, it is not the parties' intent to hold housing from eligible Clients because of proposed percentages. In the event that placing a Client in housing causes a greater than 10% variance for any targeted percentage, City shall obtain prior approval from the Contract Manager.
- c. City shall provide to County documentation of partnership with supportive services provider(s) prior to or together with submission of the first invoice for each term of this Agreement. The document shall list the services being provided and their values and shall acknowledge understanding of requirements pertaining to eligibility determination and match documentation.
- d. City shall follow the "Housing First" as defined by HUD approach in administering the Project.
- e. City shall provide all services to Clients as listed in the Agreement related to each Term of Agreement, as amended, and within the line item limits approved by Broward County Board of County Commissioners.
- f. CITY shall provide minimum 25% match for Case Management and Operations grant funds expended. Match may be cash or in-kind as specified in the approved HUD Project Application and shall be documented on each monthly invoice.
- g. City shall record the Program Entry Date and Program Exit date of Clients into HMIS no later than five business days of program enrollment and program exit in accordance with Broward Homeless Continuum of Care-FL-601 HMIS Policies and Procedure Manual. City shall accurately enter all other HUD Universal Data Elements (UDE) into the County's HMIS System, Service Point within the current term of the agreement and within the time frames stipulated in the CHO Agreement between Broward County and the City Fort Lauderdale.

E. Services to be Provided: City shall provide the following services, as further detailed in the "Scope of Services" section or in the Contract Adjustment(s):

1. Leasing

- a. Cost per Unit of Service: Actual Monthly Cost*

*In no event, unless authorized by Contract Adjustment, shall the costs exceed or vary from the costs submitted in Broward County Board of County Commissioners U.S. Department of Housing and Urban Development (HUD) Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25 ("HUD Application") for Leasing Budget for the Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) and awarded by HUD on April 5, 2016 and the applicable HUD regulations, attached hereto as ExhibitD-3. Any adjustment to the costs submitted in the HUD Application shall be approved by County in conformity with all applicable HUD regulations.

- b. Required Staff Credentials/Licensure: N/A
 - c. Unit Definition: One month of actual unit leasing expenditures.
2. Case management (PH-1000)
- a. Cost per Unit of Service: The actual cost incurred. In no event, unless authorized by Contract Adjustment, shall the costs exceed or vary from the costs submitted in the HUD application for the Case Management Budget for Fort Lauderdale CHHC project and awarded by HUD on April 5, 2016 and the applicable HUD regulations. Any adjustment to the costs submitted in the HUD Application shall be approved by County in conformity with all applicable HUD regulations
 - b. Required Staff Credentials/Licensure: Bachelor's degree in Social Services or related field and a minimum of two years' experience in social service or related experience to provide case management, linkages to community services and to provide support services to program participants
 - c. Unit Definition: One month of actual Case Management Services
3. Operating Expenses
- a. Cost per Unit of Service: \$ Actual cost incurred. In no event, unless authorized by Contract Adjustment, shall the costs exceed or vary from the costs submitted in the HUD application for the Operating Budget for Fort Lauderdale CHHC project and awarded by HUD on April 5, 2016 and the applicable HUD regulations. Any adjustment to the costs submitted in the HUD Application shall be approved by County in conformity with all applicable HUD regulations.
 - b. Required Staff Credentials/Licensure: Short paragraph
 - c. Unit Definition: One month of actual Eligible Operating Expenses as defined by HUD
4. Administration
- a. Cost per Unit of Service: Up to 3.5% of actual monthly Leasing, Case Management and Operating expenses incurred. In no event, unless authorized by Contract Adjustment, shall the costs exceed or vary from the costs submitted in the HUD application and awarded by HUD on April 5, 2016 and the applicable HUD regulations. Any adjustment to the costs submitted in the HUD Application shall be approved by County in conformity with all HUD regulations.
 - b. Required Staff Credentials/Licensure: N/A
 - c. Unit Definition: One month of cost calculated at up to 3.5% of Leasing, Supportive Services, and Operations expenditures.

F. Subcontracting: ☒

G. Location(s), days, and hours of service: City shall provide services Monday through Friday from 8:30a.m. to 5:00 p.m. excluding County-observed holidays. In the event of additional planned office closures, City shall provide advance notice to the Contract Manager. City shall not alter this schedule without advance written approval from the Contract Manager. City's administrative offices are located at 100 North Andrews Avenue, in Fort Lauderdale, FL. Housing is provided countywide.

H. Commission Districts: At the date of execution of this Agreement, the City's service hub(s) are

located in the following Commission District(s): number(s) 7

II. Maximum Number of Units to be Purchased/Maximum Dollar Amount:

A. Units for Initial Term of Agreement: N/A

Units for Option Period 1, if exercised: N/A

Units for Option Period 2, if exercised: N/A

Units per Extension, if exercised: Shall be equal to a pro rata number of units of the then current annual units per service.

B. \$ Amount for Initial Term of Agreement: \$ 446,929

\$ Amount for Option Period 1, if exercised: \$ Amount awarded by Board based on the HUD award for this period

\$ Amount for Option Period 2, if exercised: \$ Amount awarded by Board based on the HUD award for this period

\$ Amount per Extension, if exercised: Shall be equal to a pro rata amount of the then current annual funding amount.

III. Outcomes/Indicators: Outcomes and indicators are attached as Exhibit D-2.

[Remainder of Page Intentionally Left Blank]

EXHIBIT D-2 – OUTCOMES

17-CP-HIP-8261-HUD15-01 • Fort Lauderdale Chronic Homeless Housing Collaborative•

Program Name	Service Name/ Taxonomy	Outcomes	Indicators	Data Source	Data Collection Method
Fort Lauderdale CHHC	Leasing	Clients achieve permanent housing status.	86% of clients remain in or exit to permanent housing (subsidized or unsubsidized) during each operating year.	Client Files, case management logs, referral packets, client income, documentation, paystubs, third party verifications Discharge plans and HMIS	Number of Clients who remain in or exit to permanent housing during the operating year/ Total number of clients serviced by the program during the operating year (Sample 60/100=60% retention)
	Case Management (PH-1000)	Clients maintain or increase income	91% of Clients maintain or increase their total income as evidenced by obtaining/maintaining employment, approval for benefit income (I.E. Social security, Disability, or other legal source of income as of the end of each operating year or at program exit.		Number of Clients who maintain or increase their income by the end of the operating year or program exit/ Number of Clients with or without income at the beginning of the operating year or program entry (Sample 85/135=63%)

EXHIBIT E – REQUIRED REPORTS AND SUBMISSION DATES

Report	Due Date/Frequency	# Copies
Equal Employment Opportunity Policy	Due prior to execution and upon revision by City	1 copy
Americans with Disabilities Act Policy		1 copy
Nondiscrimination Policy, if applicable		1 copy
CBE Policy		1 copy
Blank Client Satisfaction Survey		1 copy
Certificate of Insurance/Certification of Coverage		1 copy
Invoice and supporting documentation	15 th day of each month (if needed, final reconciled invoice due annually on enter date) Invoices are Either e-mailed to AccountsPayable@broward.org or mailed to Broward County Commission P.O. Box 14740 Ft. Lauderdale, FL 33302-4740 Attn: Accounts Payable	Original plus 1 copy
Outcomes Report	15th day of each quarter	Original plus 1 copy
Client Demographic Report		Original plus 1 copy
Certification of Coverage	Due at time of this Agreement's term extension or renewal via Option Period; submit to Repository	1 copy
Audited Financial Statement	Due within 270 days after the close of City's fiscal year end; submit to Repository	1 copy
State Financial Assistance Reporting Package (if applicable)		1 copy
Compiled Client Satisfaction Survey Report		1 copy
Monitoring and/or Accreditation Reports from other agencies or funding sources	Due within 30 days of receipt	1 copy
Incident Reports	Due within 24 hours	1 copy
Organizational Profile	Due upon request – Send directly to First Call for Help on behalf of The Coordinating Council of Broward	1 copy

Note: Failure to submit the foregoing reports on or before the due date shall result in the suspension of any payments due by County to City.

EXHIBIT F – CONTRACT ADJUSTMENT

Contract Adjustment No. 1

Under Agreement Number 17-CP-HIP-8261-HUD15-01

Between Broward County and City of Fort Lauderdale, a municipal corporation of the State of Florida

Change Type: _____

1. This Contract Adjustment is issued pursuant to the Agreement dated _____ between Broward County (hereinafter referred to as "County") and City Legal Name (hereinafter referred to as "City") for Agreement Title (hereinafter the "Agreement").
2. This Contract Adjustment authorizes City to provide the services detailed in Attachment I to this Contract Adjustment as authorized in the Agreement.
3. Funding and Method of Payment shall be in accordance with the provisions of Article 4 and Exhibit A, "Agreement Specifications," of this Agreement.
4. This Contract Adjustment shall be effective _____ (to be inserted).
5. The terms and conditions of the Agreement are hereby incorporated into this Contract Adjustment. Except as expressly set forth herein, nothing contained in this Contract Adjustment shall alter, modify, or change in any way the terms and conditions of the Parties' Agreement.

IN WITNESS WHEREOF, the parties have made and executed this Contract Adjustment No. enter number: Broward County, by and through its Human Services Director or Deputy Director, as authorized pursuant to Article 4 of the Agreement, and City, signing by and through its _____, duly authorized to execute same.

County

City

Broward County, by and through its
Human Services Director or Deputy Director

Legal Name

By _____

By _____

____ day of _____, 20__.

Authorized Signatory

(Print Name and Title)

____ day of _____, 20__.

Attached hereto: ATTACHMENT I TO CONTRACT ADJUSTMENT NUMBER _____

Recipient Acknowledgement

Instructions:

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions: This text box includes comments and alerts written by HUD for the grant recipient. These comments cannot be edited, and are meant to clarify issues, conditions, and other nuances of the post award process that HUD wishes to communicate.

A red message will display below the text box if Issues or Conditions were placed on this project by HUD and the recipient has not acknowledged them. As long as the message is visible, the recipient will not be able to submit the Issues and Conditions form. Additional red messages may appear to alert the recipient to actions that must be taken using screens that appear later in this form or to expectations that HUD has set for the operation of the project (e.g. adhering to Housing First principles, if applicable).

For the itemized issues and conditions, three columns appear. The first column, "HUD Award," includes a check box for each row and each relevant issue or condition. Boxes in this column have been selected by HUD during the HUD application review. The second column, "Recipient Acknowledgement," includes a check box for each row. Recipients must click the check box for each relevant issue or condition selected by HUD to acknowledge the issue or condition. If either #6F or #13 has been selected additional issues and conditions have been placed on the award using the 6 "Other" check boxes and text boxes at the bottom of the screen. Recipients must check the box to acknowledge row #6f or #13 and the box associated with the "Other" conditions recorded at the bottom of the screen. The third column contains the actual issues and conditions.

Issues, Conditions, and Alerts

Issue - a concern or a point of clarification that may require HUD field office monitoring and/or may require the applicant to submit additional information to ensure compliance with program requirements. An issue may or may not be resolved before grant agreement execution.

Condition - a deficiency in the project application that is related to a regulation, statute, or program requirement and must be satisfied before a grant agreement can be executed.

Alert - a general comment or warning to the HUD field office related to one or more potential problems with the applicant, subrecipient(s), or project application. An alert may or may not result in an issue or a condition.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions.

CC_Alert 1. Individuals and families defined as Homeless under the following categories are eligible for assistance in PSH projects:

- Category 1 – Literally Homeless
- Category 4 – Fleeing/Attempting to Flee DV

PSH projects have the following additional NOFA limitations on eligibility within Category 1:

- Individuals and Families coming from TH must have originally come from the streets or emergency shelter.
- Individuals and Families must also have an individual family member with a disability Projects that are dedicated chronically homeless projects, including those that were originally funded as Samaritan Bonus Initiative Projects must continue to serve chronically homeless persons exclusively.

CC_Alert 2. Project applicants requesting funds to provide housing or services to children and/or youth, with or without families must indicate whether a staff person has been designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

There are no Issues or Conditions and no adjustments are required.

Additional alert(s) for recipients:

Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.

The project applicant answered 'Yes' to the question 'Does the project follow a Housing First model?' on Form 3B of the Project Application. The CoC was scored to the extent to which project applicants responded 'Yes' to this question. Any project that indicated that it follows a Housing First model cannot place preconditions or eligibility requirements—beyond HUD's eligibility requirements—on persons entering housing, nor can it require program participants to participate in supportive service activities or make other rules, such as sobriety, a condition of housing. Recipients may offer and encourage program participants to participate in services, but there may be no time limit as to when he/she must do so.

HUD Award	Recipient Acknowledgement	Conditions Applicable to ALL Projects
		1. Incomplete or missing certification forms.

		The following certification forms were either incomplete or missing from the e-snaps Applicant Profile. The form(s) must be completed and uploaded into the Applicant Profile in e-snaps before HUD can execute a grant agreement. Please notify the local HUD Field Office once this condition has been satisfied in e-snaps.
<input type="checkbox"/>	<input type="checkbox"/>	a. Disclosure of Lobbying Activities, (if lobbying) (SF-LLL)
<input type="checkbox"/>	<input type="checkbox"/>	b. Recipient Disclosure/Update Report (HUD form 2880)
<input type="checkbox"/>	<input type="checkbox"/>	c. Drug-Free Workplace (HUD form 50070)
<input type="checkbox"/>	<input type="checkbox"/>	2. Conducting business in accordance with core values and ethical standards not confirmed.
		Before HUD can execute the grant agreement, the recipient must upload its code of conduct into the Applicant Profile in e-snaps. The recipient must satisfy this condition before HUD can execute a grant agreement. Please notify the local HUD Field Office once this condition has been satisfied.
<input type="checkbox"/>	<input type="checkbox"/>	3. The Central Contract Registration (CCR)/System for Award Management (SAM) was not recorded.
<input type="checkbox"/>	<input type="checkbox"/>	4. Proposed project participants; as selected on Form 5C or described in narrative (Renewal Only).
<input type="checkbox"/>	<input type="checkbox"/>	5. Assisting homeless under other Federal statutes.
		6. Special performance/capacity.
		Before grant agreement execution, the recipient must provide a written, comprehensive management plan addressing the capacity concern(s) listed below.
<input type="checkbox"/>	<input type="checkbox"/>	a. Outstanding obligation to HUD that is in arrears or no payment schedule established.
<input type="checkbox"/>	<input type="checkbox"/>	b. Unresolved construction delays, or monitoring or audit findings.
<input type="checkbox"/>	<input type="checkbox"/>	c. History of poor financial management/drawdown issues.
<input type="checkbox"/>	<input type="checkbox"/>	d. History of low occupancy levels.
<input type="checkbox"/>	<input type="checkbox"/>	e. Lack of experience in administering the project type.
<input type="checkbox"/>	<input type="checkbox"/>	f. Other capacity issues (specified below).
<input type="checkbox"/>	<input type="checkbox"/>	7. Before grant agreement execution, the recipient must adjust the eligible supportive services and/or the operating costs budget line items to be in compliance with the CoC Program interim rule, Subpart D – Program Components and Eligible Costs, Sections §578.53 and §578.55 (Renewal projects only).
<input type="checkbox"/>	<input type="checkbox"/>	8. APR not submitted.

<input type="checkbox"/>	<input type="checkbox"/>	9. Unclear expansion activities.
		10. Ineligible budget combinations.
		The following funds were requested within the same project and cannot be used for the same unit and/or structure:
<input type="checkbox"/>	<input type="checkbox"/>	a. Leasing and acquisition, rehabilitation, and new construction
<input type="checkbox"/>	<input type="checkbox"/>	b. Tenant-based rental assistance and acquisition, rehabilitation, and new construction
<input type="checkbox"/>	<input type="checkbox"/>	c. Short-term/Medium term rental assistance and acquisition, rehabilitation, and new construction
<input type="checkbox"/>	<input type="checkbox"/>	d. Rental assistance and leasing
<input type="checkbox"/>	<input type="checkbox"/>	e. Rental assistance and operating
<input type="checkbox"/>	<input type="checkbox"/>	11. Match not demonstrated.
<input type="checkbox"/>	<input type="checkbox"/>	12. Conflict of Interest - Leasing.
<input type="checkbox"/>	<input type="checkbox"/>	13. Other policy and program related conditions:

		Conditions Applicable for PH Projects
<input type="checkbox"/>	<input type="checkbox"/>	14. Renewal Projects: For a Samaritan Housing Initiative (as stated in the FY2005, FY2006, FY2007, and FY2008 CoC NOFAs) or Permanent Housing Bonus (as stated in the FY2009, FY2010, FY2011, and FY2012 CoC NOFAs), no more than 20 percent of the total of the grant's eligible project costs for each grant (grant total minus project administration costs up to 10 percent) may be used for case management. HUD will not fund any supportive services other than case management for renewing Samaritan Housing Initiative or permanent housing bonus projects. The remaining 80 percent of the grant's eligible project costs must be used for eligible housing costs (i.e., leasing, rental assistance, or operating costs).
		Before HUD can execute the grant agreement, the Supportive Services budget must be revised to include only case management for no more than 20 percent of the project's total costs. Recipients will have the option to redistribute the additional funds to eligible housing costs (i.e., new construction, acquisition, rehabilitation, leasing, rental assistance, or operating costs).

		Conditions Applicable for TH Projects
<input type="checkbox"/>	<input type="checkbox"/>	15. Recipient was awarded funds under the FY 2008 Rapid Re-Housing for Families Demonstration program and must remain as transitional housing with leasing.

		Conditions Applicable for Dedicated HMIS
<input type="text"/>	<input type="text"/>	16. HMIS Lead does not match the HMIS Lead listed in the CoC Applicant Profile.

		Additional Issues and Conditions
<input type="text"/>	<input type="text"/>	Other 1
<input type="text"/>	<input type="text"/>	Other 2
<input type="text"/>	<input type="text"/>	Other 3
<input type="text"/>	<input type="text"/>	Other 4
<input type="text"/>	<input type="text"/>	Other 5
<input type="text"/>	<input type="text"/>	Other 6

Attachments

Instructions:

01) Match Documentation: Upload the required match documentation for this grant.

02) – 10) Attachments: Upload any other documents that specifically address issues and conditions being reconciled by the recipient. If there are not enough links for all of your attachments, use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
01) Match Documentation	Yes	FLT CHHC Match &L...	07/29/2015
02) Attachment(s)	No		
03) Attachment(s)	No		
04) Attachment(s)	No		
05) Attachment(s)	No		
06) Attachment(s)	No		
07) Attachment(s)	No		
08) Attachment(s)	No		
09) Attachment(s)	No		
10) Attachment(s)	No		

Attachment Details

Document Description: FLT CHHC Match &Leverage Docs

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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Attachment Details

Document Description:

Adjustments

Instructions:

HUD will only accept adjustments that specifically address and resolve an issue or condition or reconcile a budget change made by HUD to the conditional award.

Select "Yes" or "No" to the question, "Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD?"

If "No" then select "Next".

If "Yes" then a text box will appear that asks, "Briefly describe the adjustments being requested." List the adjustments (bullets are appropriate) and then select "Save & Next".

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD? No

1A. Application Type

Instructions:

1. Type of Submission: This field is populated and cannot be changed.
2. Type of Application: This field is populated with the type of project application opened and cannot be changed.
3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier: Leave this field blank.
- 5a. Federal Entity Identifier: Leave this field blank.
- 5b. Federal Award Identifier: (required) This field will be blank for all renewals applications. The correct expiring grant number must be entered and exactly match the grant number entered on the HUD-approved Grant Inventory Worksheet. The number may have either 15 or 11 digits and begins with the initials of your state or territory. Here are three examples of what your grant number might look like: NY0999B2T001104, MS0999C1T001003, CA01C900151.
6. Date Received by State: Leave this field blank.
7. State Application Identifier: Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

1. Type of Submission:

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 07/30/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0464L4D011301

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at - <http://esnaps.hudhre.info>

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS: This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant: This field is populated from the Applicant Profile and from the alternate point of contact for the applicant organization information. This person may or may not be the authorized representative.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

8. Applicant

a. Legal Name: Broward County Board of County Commissioners

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000531

	c. Organizational DUNS:	066938358	PL US 4	
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d. Address

Street 1: 115 S Andrews Avenue

Street 2: A370
City: Fort Lauderdale
County: Broward
State: Florida
Country: United States
Zip / Postal Code: 33301

e. Organizational Unit (optional)

Department Name: Human Services
Division Name: Community Partnerships/HIP

**f. Name and contact information of person to
be
contacted on matters involving this
application**

Prefix: Mr.
First Name: Michael
Middle Name:
Last Name: Wright
Suffix:
Title: Administrator
Organizational Affiliation: Broward County Board of County Commissioners
Telephone Number: (954) 357-6167
Extension:
Fax Number: (954) 357-5521
Email: mwright@broward.org

1C. Application Details

Instructions:

9. Type of Applicant: (required) This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency: This field is populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

12. Funding Opportunity Number/Title: This field is populated with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title: Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5600-N-41

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was created. To change the project name, click Back to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. **Applicant:** This field populates from the Project Applicant Profile. Project applicants cannot modify the data in this field. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC)

16. Congressional District(s):

a. **Applicant:** FL-020, FL-021, FL-024, FL-025, FL-022, FL-023

b. **Project:** FL-020, FL-021, FL-024, FL-025, FL-022, FL-023
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2015

b. End Date: 12/31/2016

1E. Compliance

Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process?: (required)
Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those states that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

19. Is the Application Subject to Review By State Executive Order 12372 Process? a. Yes

If "YES", enter the date this application was made available to the State for review: 10/10/2014

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. Declaration

Instructions:

I Agree: (required) Select the checkbox next to 'I Agree' to (1) certify to the statements contained in the list of certifications**, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances** are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties .(U.S. Code, Title 218, Section 1001)

**The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The authorized representative's information is populated on this form from the Applicant Profile. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Bertha

Middle Name:

Last Name: Henry

Suffix:

Title: County Administrator

Telephone Number: (954) 357-7353
(Format: 123-456-7890)



Fax Number: (954) 357-5521
(Format: 123-456-7890)

Email: bhenry@broward.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 07/30/2015

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

Total Expected Sub-Awards: \$461,812

Organization	Type	Sub-Award Amount
City of Fort Lauderdale	C. City or Township Government	\$461,812

2A. Project Subrecipients

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located. **Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

a. Organization Name City of Fort Lauderdale

b. Organization Type C. City or Township Government
If "Other" specify:

c. Employer or Tax Identification Number: 59-6000319

	* d. Organizational DUNS:	072219595	PL US 4	
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e. Physical Address

Street 1 100 North Andrews Avenue

Street 2

City Fort Lauderdale

State Florida

Zip Code 33301

f. Congressional District(s): FL-020, FL-021
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$461,812

j. Contact Person

Prefix Ms.

First Name Lori

Middle Name I

Last Name Day

Suffix

Title Project Manager

E-mail Address lday@fortlauderdale.gov

Confirm E-mail Address lday@fortlauderdale.gov

Phone Number 954-551-3510

Extension

Fax Number

3A. Project Detail

Instructions:

The fields on this screen are available for reference only and cannot be adjusted.

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1. Awarded Grant Number: FL0464L4D011301

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: FL-601 - Ft Lauderdale/Broward County CoC

3. Project Name: Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC)

4. Project Status: Standard

	Renewal Project Application	HUD Award	Adjustment
5. Component Type:	PH	PH	PH

5. Component Type: PH

This is a hidden field that maintains the confirmed component type, and drives visibility of formlets and calculated values in grids.

6. Is Energy Star used at one or more of the proposed properties? Yes

7. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

All fields on this screen will populate with information from the project application. Many fields can be adjusted directly. For others, data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award.

A description that addresses the entire scope of the proposed project: This field populated with the information from the project application. It cannot be adjusted.

Provide changes, if required, to the description that addresses the entire scope of the proposed project: This field populates with information from the project application. It can be adjusted. A project description should be complete and concise. It must address the entire scope of the amended project, including the details from Terminating grants under a grant consolidation. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus.

PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance." If RRH is selected, a follow-up field will appear in which the applicant will need to "Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only.

TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item? This is a required field. If requesting rental assistance, select Yes from the dropdown menu.. If not requesting rental assistance in this project application, select No.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive.

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8))This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1a. Application description that addresses the entire scope of the proposed project.

The project is a collaborative partnership known as the Chronic Homeless Housing Collaborative (CHHC) and was created to provide the most vulnerable chronically homeless (20 Individuals & 2 Families) with permanent supportive housing. Broward County's 2013 Point-in-Time (PIT) Count identified 2,810 homeless of whom 413 were chronically homeless.

The CHHC includes: Broward County; Fort Lauderdale Police, Fire and Parks and Recreation Departments (City); Broward Partnership for the Homeless, Inc. (BPHI); TaskForce For Ending Homelessness, Inc. (TaskForce); Housing Authority of the City of Fort Lauderdale (Housing Authority); the United Way of Broward County; Downtown Development Authority; and the Salvation Army.

Grant funds will cover leasing and operational expenses for 22 one or two bedroom apartments, which are leased by the Housing Authority, adhering to all relevant HUD and CoC guidelines. Grant funds will also be used for supportive services, which are provided by BPHI.

CHHC targets the most vulnerable of the chronically homeless by utilizing the 100,000 Homes Campaign model that is leading a national movement to permanently house 100,000 of the most vulnerable chronically homeless. As a 100,000 Homes community we identify our homeless neighbors by name during Registry Week. Using the Vulnerability Index tool, we screen for the age, specific medical conditions, co-occurring psychiatric, substance abuse and chronic medical conditions, to help identify the most vulnerable chronically homeless people in our community. CHHC then uses the information gathered to expedite housing.

Our community has elected to use the federally mandated, Point-in-Time (PIT) counts of their homeless population as a chance to conduct our Registry Week surveys. Combining PIT counts with the use of the Vulnerability Index helps our community meet federal requirements while simultaneously gathering detailed data about our homeless.

Once identified the TaskForce and BPHI Intensive Case Managers (ICM) will work together meeting the homeless on the streets and in shelters. The ICM will utilize Motivational Interviewing (MI) techniques, an evidenced-based practice endorsed by the Substance Abuse Mental Health Services Administration, to engage individuals and determine eligibility for participation in the project. According to the 100,000 Homes Campaign an immediate connection to permanent supportive housing can help ensure that homeless individuals remain housed, even those clients with severe substance abuse and mental health conditions.

Upon acceptance to the program, ICM immediately begins the process of ongoing Individual Treatment Plan development and oversight for the participant. Temporary housing before permanent placement may be provided by the Salvation Army shelter or other identified emergency placement. The ICM will continue to work with participants wherever they are.

1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

The project is a collaborative partnership known as the Chronic Homeless Housing Collaborative (CHHC) and was created to provide the most vulnerable chronically homeless (20 Individuals & 2 Families) with permanent supportive housing. Broward County's 2013 Point-in-Time (PIT) Count identified 2,810 homeless of whom 413 were chronically homeless.

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Upon acceptance to the program, ICM immediately begins the process of ongoing Individual Treatment Plan development and oversight for the participant. Temporary housing before permanent placement may be provided by the Salvation Army shelter or other identified emergency placement. The ICM will continue to work with participants wherever they are.

2. Does your project participate in a CoC Coordinated Assessment System? Yes

3. Does your project have a specific population focus? Yes

3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

5. Does the project follow a "Housing First" model? Yes

	Renewal Project Application	HUD Award	Adjustment
6. Does the PH project provide PSH or RRH?	PSH	PSH	PSH

	Renewal Project Application	HUD Award	Adjustment
6a. Maximum length of rental assistance (PH / PSH):	Unlimited assistance	Unlimited assistance	Unlimited assistance

7a. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers how those will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.



Supportive Services		Provider	Access	Frequency
Assessment of Service Needs		Partner	Onsite	Daily
Assistance with Moving Costs		Partner	Onsite	As needed
Case Management		Subrecipient	Onsite	Daily
Child Care		Non-Partner	Bus, rail, ferry	As needed
Education Services		Partner	Public/private regional transportation	As needed
Employment Assistance and Job Training		Partner	Onsite	As needed
Food		Non-Partner	Public/private regional transportation	As needed
Housing Search and Counseling Services		Partner	Onsite	As needed
Legal Services		Non-Partner	Public/private regional transportation	As needed
Life Skills Training		Partner	Onsite	As needed
Mental Health Services		Non-Partner	Short walk	As needed
Outpatient Health Services		Non-Partner	Short walk	As needed
Outreach Services		Partner	Onsite	As needed

Substance Abuse Treatment Services	Non-Partner	Short walk	As needed
Transportation	Partner	Program van	As needed
Utility Deposits	Partner	Onsite	As needed

3. How accessible are most community amenities to project participants?

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.	Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

Total Units: 22

Total Beds: 24

Total Dedicated CH Beds: 24

Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Clustered apartments	6	7	7	0
Clustered apartments	2	2	2	0
Clustered apartments	12	13	13	0
Clustered apartments	1	1	1	0
Clustered apartments	1	1	1	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but WILL be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless WILL HAVE PRIORITY for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 6

- b. Beds:** 7
- c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?** 7
- d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?** 0

3. Address:

Street 1: 725 NW 11 Avenue

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

- 4. Select the geographic area(s) associated with the address:** 129011 BROWARD COUNTY
(for multiple selections hold CTRL Key)

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but WILL be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless WILL HAVE PRIORITY for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 2

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 2

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1: 735 NW 11th Avenue

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

- 4. Select the geographic area(s) associated with the address:** 129011 BROWARD COUNTY
(for multiple selections hold CTRL Key)

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but WILL be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless WILL HAVE PRIORITY for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 12

b. Beds: 13

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 13

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1: 704 NW 12th Avenue

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

- 4. Select the geographic area(s) associated with the address:** 129011 BROWARD COUNTY
(for multiple selections hold CTRL Key)

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but WILL be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless WILL HAVE PRIORITY for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 1

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 1

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1: 728 NW 12th Avenue

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

- 4. Select the geographic area(s) associated with the address:** 129011 BROWARD COUNTY
(for multiple selections hold CTRL Key)

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but WILL be used to assist the chronically homeless when turnover occurs: This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless WILL HAVE PRIORITY for admission when a bed becomes available through turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 1

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 1

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1: 736 NW 12th Avenue

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

- 4. Select the geographic area(s) associated with the address:** 129011 BROWARD COUNTY
(for multiple selections hold CTRL Key)

4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Does this project provide client level data to the HMIS at least annually: This is a required field. Select "Yes" or "No" from the drop down menu.

If "No" was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC's HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If "Federal/State prohibition" cite the applicable law in the text box provided. For "Other" provide an explanation in the text box. "New project not yet operating," is appropriate only for first time renewals that have yet to begin operations.

If "Yes" was selected:

Indicate the number of clients served from 1/1/2013 – 12/31/2013: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2013 – 12/31/2013, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0:" At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as "Don't Know or Refused."

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1. Does this project provide client level data to HMIS at least annually? Yes
Click on the "Save" button below to enter additional information.

2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011 0

**2b. Of the clients served from 1/1/2011 - 0
12/31/2011, indicate the number reported in
the HMIS**

**3. Indicate in the grid below the percentage of HMIS client records with
'null or missing values' or 'unknown values.' Please add a value for each
cell below. If there are no values to report for a cell, please enter "0".**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

- Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	20	0	22
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	2	20		22
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24				0
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18	2			2
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Total Number of Adults over age 24	2	20		22
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	2		0	2
Total Persons	4	20	0	24

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24	2			2		1				
Non-disabled Adults over age 24										

Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18	2									
Total Persons	4	0	0	2	0	1	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24	19	1		16	2	18	1	1		
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Total Persons	19	1	0	16	2	18	1	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

* If the project has entered a value into the row "Homeless persons as defined..." that value has been set to zero as no projects have been approved to serve persons coming from these locations.

** If the project is not a TH or SSO project and has entered a value into the row "Persons at imminent risk..." that value has been set to zero as no other project type may serve persons from these locations.

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the "Persons at imminent risk of losing their nighttime residence" field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 CoC Program NOFA.

If the field for "Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing" contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

75%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)
	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility (if permanent housing), or clients who have exited your units/project and moved into another permanent housing situation

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a) Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b) Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

- 1. Specify the universe and target for the housing measure.**
Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	19	22	86%

**2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.
Click 'Save' to calculate the target percent (%).**

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	20	22	91%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
HMIS Compliance

6B. Additional Performance Measures Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%) (Calculated)
HMIS Compliance	22	22	100%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Assessment forms completed by Intensive Case Manager at program entry with data subsequently entered into the designated HMIS system.

3. Specific data elements and formula proposed for calculating results

All HUD Universal Data Elements (UDE) will be accurately entered into the designated HMIS system; daily "missing UDE" alerts will be monitored for completeness. Individualized case plans and goals will be maintained to measure participants' progress throughout the operating year.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Data Completeness Report Cards and Annual Performance Reports will reflect HMIS compliance and participants' progress toward housing and income goals.

7A. Funding Request

Instructions:

For some fields on this screen data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. Questions with only one field and no columns can be adjusted directly.

Do any of the properties in this project have an active restrictive covenant? Select "Yes" or "No" to indicate whether one or more of the project properties are subject to an active restrictive covenant.

Was the project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Select "Reallocation" if the project was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Housing Bonus" if this project was awarded using permanent housing bonus funds.

Are the requested renewal funds reduced from the previous award as a result of reallocation? Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC Reallocation forms.

Does this project propose to allocate funds according to an indirect cost rate? Select "Yes" or "No" to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

3. Select a grant term: This field cannot be edited.

4. Select the costs for which funding is being requested: This field should only be adjusted when HUD has either removed or created a new budget line item for the project during its review of the project application. Review the budget summary for information concerning the HUD conditional award and then select or deselect budget line items from this chart only if necessary.

There are three columns with check boxes. The "New Submission" column is for reference only and represents the budget costs selected by the recipient on the new grant application. The check boxes in this column cannot be edited. The "HUD Award" column is for reference only and represents the budget costs awarded by HUD. The check boxes in this column cannot be edited. The "Adjustment" column represents the amendment request. These check boxes are available for edit. Depending on the project type, the following eligible costs may be listed: new construction/acquisition/rehabilitation, leased units, leased structures, rental assistance, supportive services, operating, and HMIS.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1. Is there an active restrictive covenant on one or more of the project properties?

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

	Renewal Submission	HUD Award	Adjustment
4. Will this project propose to allocate funds according to an indirect cost rate?	No	No	No

5. Select a grant term: 1 Year

6. Budget line items for which funding has been requested.

	Renewal Submission	HUD Award	Adjustment
Leased Units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

	Renewal Submission	HUD Award	Adjustment
Total Annual Assistance Requested:	\$253,270	\$253,270	\$253,270
Grant Term:	1 Year	1 Year	1 Year
Total Request for Grant Term:	\$253,270	\$253,270	\$253,270
Total Units:	22	22	22
FMR Area		Total Units Requested	
FL - Fort Lauderd...		22	

Leased Units Budget Detail

Instructions:

This budget screen is presented for reference only. Data on this screen cannot be adjusted during post award.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

	FMR Area
Applicant Renewal Submission	FL - Fort Lauderdale, FL HUD Metro FMR Area (1201199999)
HUD Award	FL - Fort Lauderdale, FL HUD Metro FMR Area (1201199999)
Adjustment	FL - Fort Lauderdale, FL HUD Metro FMR Area (1201199999)

Leased Units Annual Budget

Size of Units	# of Units (Renewal Submission)	# of Units (HUD Award)	# of Units (Adjustment)	Total Request (Renewal Submission)	Total Request (HUD Award)	Total Request (Adjustment)
SRO	0	0	0			
0 Bedroom	0	0	0			
1 Bedroom	20	20	20			
2 Bedroom	2	2	2			
3 Bedroom	0	0	0			
4 Bedroom	0	0	0			
5 Bedroom	0	0	0			
6 Bedroom	0	0	0			
7 Bedroom	0	0	0			
8 Bedroom	0	0	0			
9 Bedroom	0	0	0			
Total Units	22	22	22	\$253,270	\$253,270	\$253,270
Grant Term				1 Year	1 Year	1 Year
Total Request for Grant Term				\$253,270	\$253,270	\$253,270

7E. Supportive Services Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the Renewal Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions.

Enter the Quantity AND Description and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity and detail (e.g. 1 FTE Case Manager salary + benefits, on-site child care with 1.5 FTE child care specialist for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Description" and limits HUD's understanding of what is being requested. Failure to enter adequate "Quantity AND Description" may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the HUD-approved GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity and is read only. The amount calculated in the Adjustments column must equal the amount in the HUD Award column in order to submit this form.

Grant Term: Read only

Total Request for Grant Term: Read only

All automatic fields will be calculated once the required field has been completed and saved.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters) (Renewal Submission)	Annual Assistance Requested (Renewal Submission)	Annual Assistance Requested (HUD Award)	Quantity AND Description (max 400 characters) (Adjustment)	Annual Assistance Requested (Adjustment)
1. Assessment of Service Needs					

2. Assistance with Moving Costs					
3. Case Management	2 FTE Case Manager Salary +Benefits, plus travel and training	\$84,630		2 FTE Case Manager Salary +Benefits, plus travel and training	\$84,630
4. Child Care					
5. Education Services					
6. Employment Assistance					
7. Food					
8. Housing/Counseling Services					
9. Legal Services					
10. Life Skills					
11. Mental Health Services					
12. Outpatient Health Services					
13. Outreach Services					
14. Substance Abuse Treatment Services					
15. Transportation					
16. Utility Deposits					
17. Operating Costs		\$0			\$0
Total Annual Assistance Requested		\$84,630	\$84,630		\$84,630
Grant Term		1 Year	1 Year		1 Year
Total Request for Grant Term		\$84,630	\$84,630		\$84,630

Click the 'Save' button to automatically calculate totals.

7F. Operating Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the Renewal Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions.

Enter the Quantity AND Description and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Description: This is a required field. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Description" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Description" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the HUD-approved GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity. The amount calculated in the Adjustments column must equal the amount in the HUD Award column in order to submit this form.

Grant term: Read only

Total Request for Grant Term: Read only

All total fields will be calculated once the required field has been completed and saved.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters) (Renewal Submission)	Annual Assistance Requested (Renewal Submission)	Annual Assistance Requested (HUD Award)	Quantity AND Description (max 400 characters) (Adjustment)	Annual Assistance Requested (Adjustment)
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1. Maintenance/Repair	.5 FTE Maintenance Technician(to assure quality living standards of dedicated housing units) mileage for ICMs and Project Manager to inspect units-\$150.	\$22,988			.5 FTE Maintenance Technician(to assure quality living standards of dedicated housing units) mileage for ICMs and Project Manager to inspect units-\$150.	\$22,988
2. Property Taxes and Insurance						
3. Replacement Reserve						
4. Building Security						
5. Electricity, Gas, and Water						
6. Furniture	Replacement Furnishings, household items and start up kits	\$61,018			Replacement Furnishings, household items and start up kits	\$61,018
7. Equipment (lease, buy)	2 laptops-\$3,00, air cards-\$1,800, Office Supplies \$500, cell phone allowance \$1,440, Van maintenance and fuel \$5,,400.	\$10,140			2 laptops-\$3,00, air cards-\$1,800, Office Supplies \$500, cell phone allowance \$1,440, Van maintenance and fuel \$5,,400.	\$10,140
Total Annual Assistance Requested		\$94,146	\$94,146			\$94,146
Grant Term		1 Year	1 Year			1 Year
Total Request for Grant Term		\$94,146	\$94,146			\$94,146

Click the 'Save' button to automatically calculate totals.

7H. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

Summary for Match

Total Value of Cash Commitments:	\$130,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$130,000

Summary for Leverage

Total Value of Cash Commitments:	\$0				
Total Value of In-Kind Commitments:	\$29,000				
Total Value of All Commitments:	\$29,000				
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	City of Fort Laud...	10/14/2014	\$50,000
Match	Cash	Private	United Way	10/20/2014	\$30,000
Match	Cash	Private	Broward Partnersh...	10/13/2014	\$50,000
Leverage	In-Kind	Government	City of Fort Laud...	10/14/2014	\$25,000
Leverage	In-Kind	Private	Salvation Army	10/29/2014	\$4,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1. Will this commitment be used towards Match
Match or Leverage?

2. Type of Commitment: Cash

- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** City of Fort Lauderdale
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/14/2014
- 6. Value of Written Commitment:** \$50,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

- 1. Will this commitment be used towards** Match
Match or Leverage?
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** United Way
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/20/2014
- 6. Value of Written Commitment:** \$30,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

- 1. Will this commitment be used towards** Match
Match or Leverage?
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Broward Partnership for the Homeless
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/13/2014
- 6. Value of Written Commitment:** \$50,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

- 1. Will this commitment be used towards Leverage
 Match or Leverage?**

- 2. Type of Commitment:** In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: City of Fort Lauderdale
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/14/2014
6. Value of Written Commitment: \$25,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 – FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

1. Will this commitment be used towards Leverage
Match or Leverage?

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Salvation Army
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/29/2014

6. Value of Written Commitment: \$4,000

7I. Summary Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the Renewal Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total requested amount for this summary budget cannot be adjusted during the resolution of issues and conditions.

The system populates a summary budget based on the information entered into each preceding budget screen. Review the data in each preceding screen and, if necessary, in both the HUD Conditional Award Summary and the Project Application accessed through the "Reference Submissions", and return to the screens to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): This value cannot be increased above the amount that appears under the HUD Award column. It can however be reduced. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." Additionally, HUD will not fund greater than 7% of the request listed in the field, "Sub-Total Eligible Costs Requested," if the CoC received bonus points in the FY 2013 CoC Program competition for submitting all CoC projects at or below 7%. If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition. **Cash Match:** This field is automatically populated based on the amount of Cash Match entered on Screen 7H. Sources of Match/Leverage.

In-Kind Match: This field is automatically populated based on the amount of In-Kind Match entered on Screen 7H. Sources of Match/Leverage.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7H. Sources of Match/Leverage" to make changes.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Renewal Submission)	Annual Assistance Requested (HUD Award)	Annual Assistance Requested (Adjustment)	Grant Term (Renewal Submission)	Grant Term (HUD Award)	Grant Term (Adjustment)	Total Assistance Requested for Grant Term (Renewal Submission)	Total Assistance Requested for Grant Term (HUD Award)	Total Assistance Requested for Grant Term (Adjustment)	Budget Change (Adjustment)
1a. Leased Units	\$253,270	\$253,270	\$253,270	1 Year	1 Year	1 Year	\$253,270	\$253,270	\$253,270	
1b. Leased Structures	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
2. Rental Assistance	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
3. Supportive Services	\$84,630	\$84,630	\$84,630	1 Year	1 Year	1 Year	\$84,630	\$84,630	\$84,630	
4. Operating	\$94,146	\$94,146	\$94,146	1 Year	1 Year	1 Year	\$94,146	\$94,146	\$94,146	
5. HMIS	\$0	\$0	\$0	1 Year	1 Year	1 Year	\$0	\$0	\$0	
6. Sub-total Costs Requested							\$432,046	\$432,046	\$432,046	
7. Admin (Up to 10%)							\$29,766	\$29,766	\$29,766	
8. Total Assistance plus Admin Requested							\$461,812	\$461,812	\$461,812	
9. Cash Match							\$130,000	\$130,000	\$130,000	
10. In-Kind Match							\$0	\$0	\$0	
11. Total Match							\$130,000	\$130,000	\$130,000	
12. Total Budget							\$591,812	\$591,812	\$591,812	

Submission Summary

Page	Last Updated
Acknowledgement	07/29/2015
Attachments	07/29/2015
Adjustments	07/29/2015
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	07/29/2015
1E. Compliance	07/29/2015
1F. Declaration	No Input Required
2A. Subrecipients	07/29/2015
3A. Project Detail	07/29/2015
3B. Description	07/29/2015
4A. Services	07/29/2015
4B. Housing Type	07/29/2015
4C. HMIS Participation	07/29/2015
5A. Households	07/29/2015
5B. Subpopulations	No Input Required
5C. Outreach	07/29/2015
6A. Standard	07/29/2015
6B. Additional Performance Measures	07/29/2015
7A. Funding Request	07/29/2015
7B. Leased Units	No Input Required
7E. Supp. Srvcs. Budget	No Input Required
7F. Operating Budget	07/29/2015
7H. Match/Leverage	No Input Required
7I. Summary Budget	No Input Required

Applicant Renewal Issues and Conditions	Page 77	07/30/2015
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CITY OF
FORT LAUDERDALE

October 27, 2014

Michael Wright
Broward County
Homeless Initiative Partnership Administrator
115 S. Andrews Ave
Fort Lauderdale, FL 33312

Re: 2015-2016 Chronic Homeless Housing Collaborative (CHHC)

Dear Mr. Wright,

I am pleased to provide you our continued support for the Broward County Homeless Continuum of Care initiative providing permanent supportive housing for the chronically homeless persons in Fort Lauderdale, Florida.

The Office of the City Manager is dedicated to working with our community partners to reduce incidences of homelessness by assisting chronically homeless individuals and families to move to self-sufficiency.

Further, the Office of the City Manager commits to providing grant administration at the annual value of \$25,000 to house twenty (20) chronically homeless individuals and (2) chronically homeless families. An additional \$50,000 is dedicated to fund a project manager that works directly with clients and support service providers.

Should you have any questions and/or require additional information, please do not hesitate to contact me at JPryor@FortLauderdale.gov.

Sincerely,

Jeri Pryor, MS
Neighbor Support
Office of the City Manager

OFFICE OF THE CITY MANAGER

100 NORTH ANDREWS AVENUE, FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 828-5013 FAX (954) 828-5021

www.fortlauderdale.gov

October 20, 2014

Catherine McCaffrey
City of Fort Lauderdale Parks and Recreation Department
1350 West Broward Boulevard
Fort Lauderdale, FL 33312

Dear Ms. McCaffrey

On behalf of United Way of Broward County, it gives me great pleasure to commit \$30,000, annually, in continued support of the City's collaboration with Broward County in a renewal application to HUD for the City's Chronic Homelessness Housing Collaborative Project.

United Way of Broward County has a long-term and extensive commitment to the homeless in our community. This is evidenced not only through funding programs addressing a wide array of services, but more importantly, for actively engaging with numerous groups, including Broward County Homeless Initiative Partnership Advisory Board, in addressing outcomes, needs, and gaps as well as making recommendations to the Broward County Board of County Commissioners regarding services and funding priorities. Members of our Board of Ambassadors are currently meeting with homeless providers and other experts to determine how United Way may further impact the success of the Continuum of Care through strategies such as providing match funding to maximize resources, increasing case management services to promote Rapid Re-Housing, and engaging business leaders in the community to streamline processes and systems.

In FY 2012-2013, United Way of Broward County provided \$440,000 to support programs offering shelter, food, prevention, financial assistance, self-sufficiency training and outreach for the homeless. An additional \$450,000 for the past three years has supported a nutritious feeding program by distributing food to more than 25 community food banks and pantries that serve very low-income and homeless individuals and families.

In recognition of the dire need for permanent supportive housing for the chronically homeless in Broward County, we strongly support the Chronic Homelessness Housing Collaborative Project. If additional information is needed, please do not hesitate to contact me.

Sincerely,

Kathleen Cannon, LCSW
President/CEO



The road to health, jobs & homes for the homeless

October 13, 2014

Ms. Lori Day
CHHC Project Manager
City of Fort Lauderdale Parks and Recreation Department
1350 West Broward Boulevard
Fort Lauderdale, Florida 33312

Re: 2015-2016 Chronic Homeless Housing Collaborative (CHHC)

Dear Ms. Day:

The purpose of this correspondence is to advise you that the Broward Partnership (Partnership) supports and collaborates with the City of Fort Lauderdale in efforts to provide permanent supportive housing to chronically homeless persons in Fort Lauderdale, Florida.

Further, the Partnership commits to providing behavioral health, dental and workforce development services to eligible persons at an annual value of \$50,000.

Should you have any questions and/or require additional information, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Frances M. Esposito".

Frances M. Esposito
Chief Executive Officer

Funding for the Broward Partnership is provided by the following agencies and public grants and private contributions from individuals, corporations, foundations, local business, civic associations and faith based organizations.



Broward Behavioral



www.BPHI.ORG

Broward County Central Homeless Assistance Center / Huizenga Campus
920 Northwest 7th Avenue, Fort Lauderdale, Florida 33311-7229
Tel: 954.779.3990 Fax: 954.779.3991



DOING
THE MOST
GOOD

William Booth, *Founder*

André Cox, *General*

Commissioner Donald C. Bell, *Territorial Commander*

Colonel Kenneth O. Johnson, Jr., *Divisional Commander*

Major Luis R. Viera, *Area Commander*

October 29, 2014

Ms. Lori Day
City of Fort Lauderdale Parks & Recreation
1350 West Broward Boulevard
Fort Lauderdale, FL 33312

Dear Ms. Day:

This letter is being submitted by The Salvation Army in continued support to the City of Fort Lauderdale and its efforts to collaborate with Broward County's Homeless Initiative Partnership on a HUD project to provide permanent supportive housing for chronically homeless people.

The Salvation Army has been providing services to homeless individuals and families in Broward County for more than 87 years. The Salvation Army is in full support of the City's efforts to help this most vulnerable population. We anticipate the value of these services will be \$4,000.00.

The Salvation Army is prepared to offer available services and to enter in a Memorandum of Understanding to assist the City in stabilizing these individuals until placement in permanent supportive housing. The Salvation Army looks forward to working with the City on this project to help the neediest in our community.

Sincerely,

Lilly Gallardo, LCSW
Director of Social Services

ADDENDUM TO HUD GRANT FUNDED AGREEMENT

Second Party: City of Fort Lauderdale, a municipal corporation of the State of Florida

Agreement Number: 17=CP-HIP-8261-HUD15-01

1. Add the following additional definitions to Article 1, "Definitions and Identifications":

...

1.15 **Homeless Helpline** – A centralized call center specializing in information and referral services to homeless Clients in Broward County.

1.16 **Homeless Assistance Center** – A facility that provides short-term shelter and services to Clients.

1.17 **HUD** – The U.S. Department of Housing and Urban Development.

1.18 **Outreach Team** – A team of outreach workers in Broward County who build relationships with people who live on the street to identify and address their immediate needs and provide information about and linkage to longer term support.

2. Add the following additional provisions to Article 4, "Funding and Method of Payment," Section 4.5.1, "Required Match":

4.5.1.1 Second Party shall submit monthly, with the HUD invoice, a report of all sources and amounts of match and leverage as described in the Provider Handbook.

4.5.1.2 In the event that Second Party has not reported match and/or leverage in amounts sufficient to meet the minimum requirements as indicated in any Work Authorization(s), payment of the fourth quarter invoices for any contract year shall be withheld until Second Party submits match and leverage documentation sufficient to meet the minimum requirements.

3. Delete Section 4.5.3, "Performance."
4. Replace Section 4.5.4.2(A) with the following:

4.5.4.2 Corrected Invoices

A. In the event that Second Party determines that it has previously incorrectly billed and been reimbursed for a period within the current contract term, Second Party shall include the corrections on the next regular monthly invoice. Unless the Contract Administrator has authorized or required additional corrections, corrected billing is limited to one time for any month in which services were rendered and must be received by County no later than ninety (90) days following the date the invoice being corrected was originally due to County; however, due to requirements for drawing grant funds, the final invoice must be received no later than fifteen (15) days after the end of the Agreement term. Second Party must resubmit the original supporting documentation and submit the revised supporting documentation for each month in the period of previous incorrect billing, unless the Contract Administrator has, in writing, provided alternate documentation requirements. The invoice, which includes the corrections, must be accompanied by a cover letter signed by Second Party's

authorized signator summarizing the corrections, explaining the reason for the error, and detailing the actions Second Party is taking to prevent recurrence of the error(s).

5. Add the following reports to Exhibit E, "Required Reports and Submission Dates." Such reports are due to County within the time frames and in the formats specified in the Provider Handbook.

- A. HMIS Annual Performance Report (APR)
- B. Inventory Report
- C. Annual Homeless Assistance Report
- D. HMIS Data Monthly Report Card
- E. Annual Housing Inventory Chart
- F. Annual Point in Time (PIT) Count
- G. Monthly/quarterly interim PIT counts
- H. HUD Grant Inventory Worksheet
- I. Program Income Report
- J. Match and Leverage Source and Use Documentation

6. Add the following additional provision to Article 9, "Financial Statements and Management Letters," Section 9.1, "Financial Statements:"

9.1.1 For HUD-funded agreements, said annual financial statement shall include a special report with explicit, discrete disclosures accounting for all cash and in-kind sources and uses of match and leverage monies.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the Parties hereto have made and executed this Addendum to HUD Grant Funded Agreement Number enter number on the respective dates under each signature: Broward County through its Board of County Commissioners, signing by and through its County Administrator, authorized to execute same by Board action on May 24, 2016, and City of Fort Lauderdale, a municipal corporation of the State of Florida, signing by and through its Mayor, duly authorized to execute same.

County

WITNESSES:

Broward County, through its
County Administrator

Signature

By _____
Bertha Henry
County Administrator

Print/Type Name above

_____ day of _____, 20##

Signature

Approved as to form by
Joni Armstrong Coffey
Broward County Attorney
Governmental Center, Suite 423
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600
Telecopier: (954) 357-7641

Print/Type Name above

By _____
Sharon V. Thorsen (Date)
Senior Assistant County Attorney

ADDENDUM TO HUD GRANT FUNDED AGREEMENT BETWEEN BROWARD COUNTY AND CITY OF FORT LAUDERDALE, A MUNICIPAL CORPORATION OF THE STATE OF FLORIDA FOR FORT LAUDERDALE CHRONIC HOMELESS HOUSING COLLABORATIVE.

CITY

City of Fort Lauderdale, a municipal corporation of the State of Florida

WITNESS #1:

Signature

Print/Type Name

WITNESS #2:

Signature

Print/Type Name

By: _____

JOHN P. "JACK" SEILER, Mayor

John P. Seiler, Mayor

_____ day of _____, 20____

(seal)