



COMMISSION AGENDA ITEM
DOCUMENT ROUTING FORM

3L 7/11/17
RUSH

Today's Date: 6/6/17

DOCUMENT TITLE: CDBG Amendment to the FY 2016 Participation Agreement – Broward Partnership for the Homeless, Inc.

COMM. MTG. DATE: 6/7/2016 CAM #: 16-0612 ITEM #: PH-02 CAM attached: ☐ YES ☒ NO

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

CIP FUNDED: ☐ YES ☐ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real.

2) City Attorney's Office # of originals attached: 3 Approved as to Form: ☒ YES ☐ NO

Date to CCO: 6/14/17

LS
Initials

3) City Clerk's Office: # of originals: 3 Routed to: Kerry/CMO/X5013 Date: 7/14/17

4) City Manager's Office: CMO LOG #: Sul-44 Date received from CCO: 7/14/17

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

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

PER ACM: S. HAWTHORNE (Initial/Date) C. LAGERBLOOM
(Initial/Date) ☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward 3 originals to ☐ Mayor ☒ CCO Date: 7/17/17

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

INSTRUCTIONS TO CLERK'S OFFICE

City Clerk: Retains 1 original and forwards 2 original(s) to: Rachel Williams/ HCD / Ext. 5391 (Name/Dept/Ext)

Attach ____ certified Reso # ____ ☐ YES ☐ NO Original Route form to CAO

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

1971
RUSH

[Florida Department of State](#)

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

Filing Information

Document Number	N97000003780
FEI/EIN Number	65-0777033
Date Filed	07/02/1997
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	05/20/1999
Event Effective Date	NONE

Principal Address

920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229

Changed: 03/24/1999

Mailing Address

920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229

Changed: 03/24/1999

Registered Agent Name & Address

ESPOSITO, FRANCES M
920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229

Name Changed: 03/24/1999

Address Changed: 03/24/1999

Officer/Director Detail

Name & Address

Title CD

Keith-Lazowick, Dodie
920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229

Title VCD

Gordon, Kenneth A., Esq.
 920 N.W. 7 AVENUE
 FT LAUDERDALE, FL 33311-7229

Title LOD

Stutin, Cathy, Esq.
 920 N.W. 7 AVENUE
 FT LAUDERDALE, FL 33311-7229

Title SD

Castelli, John
 920 N.W. 7 AVENUE
 FT LAUDERDALE, FL 33311-7229

Title TD

Klein, Jan
 920 N.W. 7 AVENUE
 FT LAUDERDALE, FL 33311-7229

Annual Reports

Report Year	Filed Date
2015	02/23/2015
2016	03/24/2016
2017	03/13/2017

Document Images

03/13/2017 -- ANNUAL REPORT	View image in PDF format
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04/24/2002 -- ANNUAL REPORT	View image in PDF format
03/20/2001 -- ANNUAL REPORT	View image in PDF format
02/01/2000 -- ANNUAL REPORT	View image in PDF format

<u>05/20/1999 -- Name Change</u>	View image in PDF format
<u>03/24/1999 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/16/1998 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/20/1998 -- Amendment</u>	View image in PDF format

Florida Department of State, Division of Corporations

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003780

Entity Name: BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

Current Principal Place of Business:

920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229

Current Mailing Address:

920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229 US

FEI Number: 65-0777033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESPOSITO, FRANCES M
920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name KEITH-LAZOWICK, DODIE
Address 920 N.W. 7 AVENUE
City-State-Zip: FT LAUDERDALE FL 33311-7229

Title VCD
Name GORDON, KENNETH A. ESQ.
Address 920 N.W. 7 AVENUE
City-State-Zip: FT LAUDERDALE FL 33311-7229

Title LOD
Name STUTIN, CATHY ESQ.
Address 920 N.W. 7 AVENUE
City-State-Zip: FT LAUDERDALE FL 33311-7229

Title SD
Name CASTELLI, JOHN
Address 920 N.W. 7 AVENUE
City-State-Zip: FT LAUDERDALE FL 33311-7229

Title TD
Name KLEIN, JAN
Address 920 N.W. 7 AVENUE
City-State-Zip: FT LAUDERDALE FL 33311-7229

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DODIE KEITH-LAZOWICK

CHAIR

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

SAM Search Results
List of records matching your search for :

Search Term : broward* partnership* for* the* homeless*
Record Status: Active

ENTITY	BROWARD PARTNERSHIP FOR THE HOMELESS, INC.	Status:Active
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DUNS: 025654083	+4:	CAGE Code: 56E55	DoDAAC:
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Expiration Date: Feb 10, 2018	Has Active Exclusion?: No	Delinquent Federal Debt?: No
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Address: 920 NORTH WEST 7TH AVE

City: FORT LAUDERDALE

ZIP Code: 33311-7229

State/Province: FLORIDA

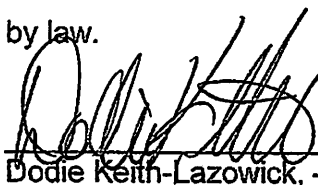
Country: UNITED STATES

RESOLUTION

I, Dodie Keith-Lazowick, as Chair of the Broward Partnership (Partnership), hereby certify that Frances M. Esposito, Chief Executive Officer, and Thomas Campbell, Chief Operating Officer, are duly authorized to execute Agreements and any amendments thereto between the Partnership and federal, state, local, and/or private funders by resolution of BPHI's Executive Committee to the Board of Directors taking place on February 10, 2016.

The signature of the above-named persons on behalf of the Partnership binds the agency to the terms and conditions of said Agreements and its amendments.

My name and position as Chair of the Board of Directors are a matter of record in the files of the State of Florida, Secretary of State, Division of Corporations, as required by law.



Dodie Keith-Lazowick, – Chair

2/10/16

Date

(CORPORATE SEAL)

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 10th day of February, 2016,
by Dodie Keith-Lazowick, who is personally known.

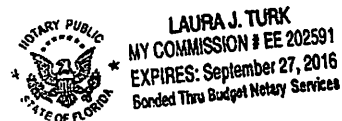


Signature of Notary Public

Laura J. Turk

Name of Notary Public

Stamp:



**CITY OF FORT LAUDERDALE
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**AMENDMENT #001 TO THE FY 2016 – 2017 PARTICIPATION AGREEMENT
WITH**

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

THIS AMENDMENT, with an effective date of April 1, 2017 by the City of Fort Lauderdale (also known as the “City”) and Broward Partnership for the Homeless, Inc. (also known as the “Participant”)

WHEREAS, the City entered into an Agreement dated January 11, 2017, with the Participant in accordance with the 2016-2017 Annual Action Plan approved on June 7, 2016 (CAM # 16-0612);

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

WHEREAS, the City approved the City’s Consolidated Plan for 2015-2020 and approved the annual action plan for 2016-2017 on June 7, 2016, both parties wish to modify the Agreement to increase the allocation of funding by **\$14,000.00** in accordance with the Consolidated Plan and annual action plan ; and

WHEREAS that Plans provide for funding for Participant’s program and authorize the proper City Officials to enter into this Amendment.

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

A. PART II (TERM AND TIME OF PERFORMANCE)

The following sentence is added to Part II.

The additional funding providing to the Participant will be expended as follows:

- Minimum of **\$10,500.00** must be expended by **July 15, 2017**;
- Remaining CDBG funds must be expended by **September 30, 2017**;

In order to meet the **July 15, 2017** expenditure timeframe, reimbursement requests must be submitted at least 5 calendar days in advance of the timeline. The Participant’s final reimbursement request must be submitted by **October 15, 2017**.

If the Participant fails to meet any of the agreed upon expenditure terms, the City shall not be obligated to provide additional funding as contemplated under this Agreement.

B. PART IV (PAYMENT)

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

It is expressly agreed and understood that the total amount to be paid by the City under this Agreement shall not exceed **\$45,149.00**.

C. EXHIBIT A

To following scope of work is added to Exhibit A.

Continue to provide daily meals to all participants for the duration of their stay in the shelter for up to 60 days. Eligible participants are provided with 30 day bus passes to attend medical appointments conduct job searches and attend job interviews.

D. EFFECT OF AGREEMENT.

Unless modified herein, all other terms and conditions of the Community Development Block Grant (CDBG) Program Participation Agreement dated **January 11, 2017**, remain unchanged and in full force and effect.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the _____ day of _____ 2017.

PARTICIPANT

WITNESSES:

[Signature]

Julie Lauder

[Witness print name]

[Signature]

Laura Turk

[Witness print name]

Broward Partnership for the Homeless, Inc.
a Florida non-profit corporation

By [Signature]
Frances M. Esposito, Chief Executive Officer

ATTEST:

[Signature]
Secretary

(CORPORATE SEAL)

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this 25th day of May 2017,
by **Frances M. Esposito**, as **Chief Executive Officer** of **Broward Partnership For the Homeless**. ☐
Who is personally known to ☒ me or _____ has produced _____ as
identification.

(NOTARY SEAL)



LAURA J. TURK
MY COMMISSION # GG 028442
EXPIRES: September 27, 2020
Bonded Thru Budget Notary Services

[Signature]
Notary Public, State of Florida (Signature of
Notary Taking Acknowledgment)

Laura J Turk
Name of Notary Typed, Printed or Stamped

My Commission Expires: 9-27-2020

GG 028442
Commission Number

UNITED STATES DEPARTMENT OF JUSTICE

DECLARATION

I, the undersigned, being a resident of the State of

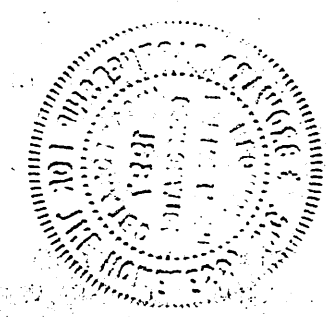
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[Address]

[Signature]
[Name]
[Address]



Notary Public for the State of [State]
My Commission Expires [Date]

Notary Public for the State of [State]
My Commission Expires [Date]

[Signature]
[Name]
[Address]

[Signature]
[Name]
[Address]

[Signature]
[Name]
[Address]

[Signature]
[Name]
[Address]

LAURA J. TURK
MY COMMISSION # 028413
EXPIRES: September 21, 2020
Notary Public for the State of [State]




CITY

WITNESSES:

CITY OF FORT LAUDERDALE

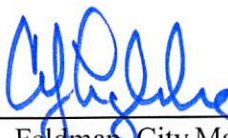
Mario DeSanto

By 
Jonathan Brown, Housing & Community
Development Manager

MARIO DeSanto
(Witness print name)

RACHEZ Williams

RACHEZ WILLIAMS
(Witness print name)

By 
FOR Lee R. Feldman, City Manager
Date 071417

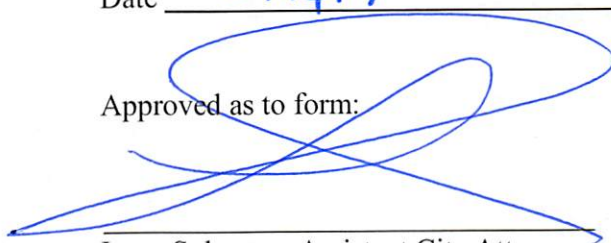
Approved as to form:

Lynn Solomon, Assistant City Attorney

Exhibit A

SCOPE OF SERVICES

Agency: Broward Partnership for the Homeless, Inc

Program Description: The Partnership will provide daily meals to all participants for the duration of their stay in the shelter for up to 60 days. Eligible participants are provided with 30-day bus passes to attend medical appointment, conduct job search and attend job interviews.

Funding Recommendation for this Activity: **\$45,149.00**

Clients to be served: 630

Please note: All race and ethnicity information for clients served must be maintained on Form HUF-27601 "Racial and Ethnic Data Reporting Form".

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