

**FIRST AMENDMENT TO 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 is a First Amendment ("First Amendment") to the agreement 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 ("City") for the Lauderdale Chronic Homelessness Housing Collaborative (CHHC) Project (the "Agreement").

RECITALS

- A. The Agreement was entered into on May 10, 2017.
- B. Following a request by the City of Fort Lauderdale, the United States Department of Housing and Urban Development (HUD) approved a change to the Program Scope of Services authorizing a change from a leasing assistance program to rental assistance program. The change was approved retroactive to July 1, 2017. HUD approval was received on November 20, 2017.
- C. Option Period 1 of the Agreement has been exercised and the Parties desire to amend the Scope of Services, as authorized by HUD, to revise the project from a leasing project as described in 24 CFR 578.49 to a rental assistance project as described in 24 CFR 578.51 effective July 1, 2017.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

- 1. The Parties agree to amend the Agreement as set forth herein.
- 2. Exhibit A, "Agreement Specifications" is deleted in its entirety and is replaced with Revised Exhibit A "Agreement Specifications" attached hereto and incorporated herein.
- 3. Exhibit D-1, "Scope of Services" is deleted in its entirety and is replaced with Revised Exhibit D-1 "Scope of Services" attached hereto and incorporated herein.
- 4. Exhibit D-2, "Outcomes" is deleted in its entirety and is replaced with Revised Exhibit D-2 "Outcomes" attached hereto and incorporated herein.
- 5. Exhibit D-3, "Issues and Conditions," is deleted in its entirety and is replaced with Exhibit G, "2016 Notice of Funding Availability (NoFA) Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) – HUD Application FL0464L4D011604" and Exhibit H, "2017 Technical Submission for Permanent Supportive Housing Program Fort Lauderdale Chronic Homeless Housing Collaborative FL0464L4D011503," "2017 Technical Submission for Permanent Supportive Housing Program Fort Lauderdale Chronic Homeless Housing Collaborative FL0464L4D011604," Amendment to the 2015 Continuum of Care Program Grant Agreement," and "Amendment to the 2016 Continuum of Care Program Grant Agreement".
- 6. The Addendum to HUD Grant Funded Agreement shall be replaced in its entirety with the Revised Addendum to HUD Grant Funded Agreement, a copy of which is attached hereto and incorporated herein as Exhibit I.

7. This First Amendment shall be effective January 1, 2018. Except as expressly amended herein, all terms and conditions of the Agreement remain in full force and effect.
8. Preparation of this First Amendment is a joint effort of the Parties.
9. This First Amendment 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.

IN WITNESS WHEREOF, the Parties have made and executed this First Amendment to the Agreement: Broward County through its Board of County Commissioners, signing by and through its County Administrator, authorized to execute same, by Board action on the April 4, 2017, 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

WITNESS #1:

Broward County, by and through
its County Administrator

Signature

By _____
Bertha Henry
County Administrator

Print Name of Witness

____ day of _____, 2017

WITNESS #2:

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

Signature

Print Name of Witness

Approved as to insurance requirements by Risk
Management Division

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

By _____
Authorized Signature (Date)

Print/Type Name

SVT/DMV

12/04/17

17-070

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

CITY OF FORT LAUDERDALE

WITNESSES

Signature

By _____
John R. "Jack" Seiler, Mayor

Print Name

By _____
Lee R. Feldman, City Manager

Signature

Print Name

ATTEST

APPROVED AS TO FORM:
Cynthia A. Everett, City Attorney

Jeffrey A. Modarelli, City Clerk

Lynn Solomon, Assistant City Attorney

(SEAL)

REVISED EXHIBIT A
AGREEMENT SPECIFICATIONS
Effective July 1, 2017

Agreement #: 17-CP-HIP-8261-CP-HIP15-01

- 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: 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: \$ 446,706.00
- B. Option Period 1: \$ 446,706.00
- 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
Phone: 954-828-5013
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
Phone: 954-828-5013
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 ☒ Not required because it is a federal grant that has different match requirements.
- 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: June 28, 2016 Published Title: US Department of Housing and Urban Development Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2016 Continuum of Care Program Competition, FR-6000-N-25-TC

REVISED 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

Effective Date of Revised Exhibit D-1: July 1, 2017

I. Scope of Services:

A. Program description: For purposes of this Agreement, CITY provides permanent and supportive housing for primary clients (including their families) as further described in Exhibits G and Exhibit H.

B. Target population: Clients shall be chronically homeless individuals living in Broward County, Florida with a disabling condition and families in which at least one adult household member has a disabling condition ("Clients").

1. Eligibility criteria:

a. Clients shall be 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;

d. Clients must minimally meet the HUD defined Chronic Homeless criteria as described in 24 CFR § 578.3.

2. Documentation of eligibility:

a. Certification of Homelessness from a third party such as, but not limited to, HMIS, an outreach provider, Emergency Shelter, documented Intake worker's observations, or certification from Person seeking assistance;

b. Certification of specific periods of homelessness from a third party;

c. Documented verification of the qualifying disability from a professional who is licensed by the State of Florida 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. A minimum of 26 unduplicated Clients shall be provided services under this Agreement at a point in time.

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 adhere to the standards and other requirements as set forth on any and all Contract Adjustments, Provider Handbook, <http://www.broward.org/HumanServices/CommunityPartnerships/Pages/ContractServicesProviderHandbook.aspx>, and County's Standards of Care (<http://www.broward.org/HumanServices/CommunityPartnerships/HomelessInitiativePartnership/Pages/CoCStandardsofCare.aspx>)
- b. City shall comply with all HUD requirements and obligations described in Exhibits G and H.
- c. City shall utilize the "Housing First" approach, which is defined as an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as income, sobriety, treatment or service participation requirements. City shall provide supportive services as described in Exhibit G, and as amended in Exhibit H, to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

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>).
- b. City shall provide Clients all the services identified in Exhibits G and H.
- c. City shall provide to County documentation of partnership with supportive services provider(s) prior to or together with submission of 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 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 FI-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 this Agreement and within the time frames stipulated in the CHO Agreement between Broward County and the City of Fort Lauderdale.
- e. City shall provide minimum 25% match for all grant funds expended. Match may be cash or in kind as specified in the approved HUD Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) Application (Exhibit G) and as amended by Technical Submissions as approved by HUD (Exhibit H). City shall document minimum match on each monthly invoice.

E. Services to be Provided: City shall provide the following services, as further detailed in the

"Scope of Services" section, as further described in the HUD Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) Application (Exhibit G) and as amended in the Technical Submissions (Exhibit H) or in the Contract Adjustment(s), as applicable:

1. Rent Payment Assistance (BH-3800.7000)
 - a. Cost per Unit of Service: \$ Actual Monthly Cost*
 - b. Required Staff Credentials/Licensure: As set forth in the Community Partnerships Division Taxonomy Definitions Credentials located in the Provider Handbook at: (<http://www.broward.org/HumanServices/CommunityPartnerships/Pages/ContractServicesProviderHandbook.aspx>)
 - c. Unit Definition: As stipulated in 24 CFR § 578.51 Rental assistance
2. Case Management (PH-1000)
 - a. Cost per Unit of Service: \$ Actual Monthly Costs*
 - b. Required Staff Credentials/Licensure: As set forth in the Community Partnerships Division Taxonomy Definitions Credentials located in the Provider Handbook at: (<http://www.broward.org/HumanServices/CommunityPartnerships/Pages/ContractServicesProviderHandbook.aspx>)
 - c. Unit Definition: As stipulated in 24 CFR § 578.53 Supportive Services
3. Homeless Management Information System (HMIS)
 - a. Cost per Unit of Service: \$ Actual Monthly Costs*
 - b. Required Staff Credentials/Licensure: N/A
 - c. Unit Definition: Eligible HMIS Expenses as detailed in 24 CFR§ 578.57(a)(1), "Homeless Management Information System"
4. Administration Costs (TD-350)
 - a. Cost per Unit of Service: \$ Up to 3.5% of actual monthly expenses.
 - b. Required Staff Credentials/Licensure: N/A
 - c. Unit Definition: One month of cost calculated at up to 3.5% of program expenses*.

* In no event shall Actual Monthly Costs exceed or vary from the costs submitted in HUD Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) Applications (Exhibit G) or as amended in the Technical Submissions (Exhibit H) unless set forth in a Contract Adjustment as authorized in 24 CFR §578.105(b).

F. Subcontracting: ☐None requested/allowed ☒Allowed: The services which may be subcontracted are limited to description, not to exceed \$ 112,012 per contract year.

G. Location(s), days, and hours of service: City shall provide services Monday through Friday from 8:30AM to 5:00PM, excluding County-observed holidays. In the event of additional planned office closures, City shall provide notice in advance 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: \$ 446,706.00

\$ Amount for Option Period 1, if exercised: \$ 446,706.00

\$ Amount for Option Period 2, if exercised: \$ Amount awarded by Board based on HUD Award

\$ 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.

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REVISED EXHIBIT D-2 – OUTCOMES

CITY OF FORT LAUDERDALE CHRONIC HOMELESS HOUSING COLLABORATIVE 17-CP-HIP-8261-HUD15-01

Program Name	Service Name/ Taxonomy	Outcomes	Indicators	Data Source	Data Collection Method
Fort Lauderdale Chronic Homeless Housing Collaborative	Rent Payment Assistance BH-3800.7000	Clients achieve permanent housing status.	86% of Clients remain in permanent housing or exit to permanent housing by the end of the current term of the contract, or any Option Periods.	Client and agency files, HMIS APR, Rental package (lease, rent reasonableness, FMV document and HQS), rental or subsidy agreement, Client Discharge plans.	Number of Clients who remain in permanent supportive housing or exit to a HUD defined positive outcome during the term of the contract / Total Number of Clients serviced by the program during the term of the contract (Sample: 60/100 – 60% retention HMIS APR Report – CoC APR
		Clients remain permanently housed.	80% of Clients that exit to permanent housing, remain permanently housed for a minimum of six (6) months from program exit.		Number of Clients who exit to a HUD defined positive outcome and remain permanently housed for a minimum of six (6) months from program exit / Total number of Clients who exited the program to a HUD defined positive outcome during the term of the operating year (Sample: 60/100 = 60% retention) HMIS Report – CoC APR
	Case Management PH-1000	Clients maintain or increase income.	91% Of Clients, 18 years or older, will maintain or increase their total income (from all sources) by the end of the current term of the contract, or any Option Periods.	Client files with proof of pay stub, benefits (from any source) approval letter,	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 operating year or program entry Sample: 85/135 =63% HMIS Report – CoC APR

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development**

OMB Approval No. 2506-0112 (exp. 3/31/2009)

2017 Technical Submission

for

Permanent Supportive Housing Program

**Fort Lauderdale Chronic Homeless Housing Collaborative
FL0464L4D011503**

Technical
Submission

Project Number: FL0464L4D011503
Project Identifier: Ft. Lauderdale CHHC

Recipient's Name: Broward County Board of County Commissioners	HUD Project Number:
Sponsor: Broward County Board of County Commissioners	FL0464L4D011503

Check the program component/type that classifies your project:

☐ Transitional Housing (TH)

☒ Permanent Supportive Housing (PH)

☐ Supportive Services Only (SSO)

☐ Safe Haven/Transitional Housing (SH/TH) – Characteristics of TH/participant **not required** to execute a lease

☐ Safe Haven/Permanent Housing (SH/PH) – Characteristics of PH/participant **required** to execute a lease

☐ Homeless Management Information System (HMIS)

☐ Innovative Supportive Housing (ISH)

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<u>3</u>	Exhibit 2 Real Property Leasing to Rental Assistance
<u>4</u>	Exhibit 3 Supportive Services
<u>5</u>	Exhibit 4 Operations

Certification:

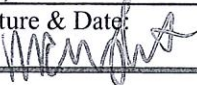
Name & Title of the Person who can answer questions about this document: Michael R. Wright, Homeless Initiative Partnership Administrator	Phone (include area code): (954) 357-6167
Address: Broward County, Homeless Initiative Partnership 115 South Andrews Avenue, A370 Fort Lauderdale, FL 33301	
I hereby certify that all the information stated herein is true and accurate.	
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name & Title of Authorized Official: Michael R. Wright	Signature & Date:  10/26/2017

Exhibit 1: Project Summary

A. Selectee, and Sponsor Information

Selectee Name	Broward County Board of County Commissioners	Sponsor Name	City of Fort Lauderdale
Contact Person	Michael R. Wright	Contact Person	Jeri Pryor
Phone	(954) 357-6167	Phone	(954) 828-5024
FAX Number	(954) 357-5521	FAX Number	(954)
E-Mail Address	mwright@broward.org	E-Mail Address	jpryor@fortlauderdale.gov
Street Address	115 South Andrews Avenue, Room A-370	Street Address	115 S Andrews Ave, Room A-370
City, State, Zip	Ft. Lauderdale, FL 33301	City, State, Zip	Fort Lauderdale, FL 33301
HMIS Lead	Broward County	Contact Person	Ali Hajassdolah
Street Address	115 South Andrews Avenue	Phone	954-357-5882
City, State, Zip	Ft. Lauderdale, FL 33301	E-Mail Address	ahajassdolah@broward.org

B. Project Budget

Requested grant term (1, 2, or 3 years): 1

Chart 1 - Summary Project Budget

	Original SHP Request	Amended SHP Request	% Change	Applicant Cash	Total Project Budget
1. Real Property Leasing	253,270	150,982	-40%		150,982
2. Rental Assistance*	0	157,794	+100%		157,794
2 Supportive Services	84,630	112,012	+32%		112,012
3. Operations	94,146	6,811.52	-92.76%		6811.52
4. HMIS	0	4,000.48	+100%		4,000.48
5. SHP Request	432,046	431,600		70,155	500,052
6. Administration	29,766	30,212	+1%		30,212
7. Total SHP Request	461,812	461,812		70,155	531,967

The balance of the funding from the original leasing and operating budgets were moved to Rental Assistance, Supportive Services and HMIS. The unit count was increased by 1 additional two bedroom units and 3 additional one bedroom units. Funding was placed in the HMIS Budget Line Item to cover eligible costs. Administration was increased by 1% so the full 7% could be received.

Exhibit 2: Rental Assistance

A. Rental Unit(s) or Structure(s) Configured for Housing and/or Services

Chart A:

Name of metropolitan or non-metropolitan FMR area: Fort Lauderdale, FL HMFA

Address (if scattered site, indicate so): Scattered sites in Broward County, Florida

Size of units	No. of units/ structures	FMR or HUD rent paid	No. of Mos.	Annual Amount	Total Request
1. SRO					
2. 0 bdrm					
3. 1 bdrm	23	980.00	6	135,241.00	135,240.00
4. 2 bdrm	3	1,253.00	6	22,554.00	22,554.00
5. 3 bdrm					
6. 4 bdrm					
7. 5 bdrm					
8. 6 bdrm					
9. Other					
10. Totals	26				157,794.00

B. Leased Unit(s) Structure(s) – N/A

C. SHP Request

	Original Annual Amount	Amended Amount
1. Total Leasing Budget	253,270.00	150,982.00
2. Total Rental Assistance Request	0	157,794.00

Exhibit 3: Supportive Services

A. Supportive Services Budget

Supportive Service Expense	Original Amount	Amount of Change	Amended Amount
1. Assessment of Needs	0	0	0
2. Case Management: Two Full time Case Managers salaries and benefits	84,630.00	+26,796.00	112,012.00
3. Assistance with Moving Costs	0	0	0
4. Substance Abuse Treatment Services	0	0	0
5. Mental Health and Counseling Services	0	0	0
6. Housing Counseling Services	0	0	0
7. Outpatient Health Services:	0	0	0
8. Legal Services	0	0	0
9. Employment Services	0	0	0
10. Child Care Quantity:	0	0	0
11. Transportation Staff Mileage and Bus Passes	0	0	0
12. Transitional Living Services	0	0	0
13. Other : Food	0	0	0
14. SHP REQUEST	84,630.00	+26,796.000	112,012.00
15. Selectee's Match - SEE PROGRAM SUMMARY			
16. Total Supportive Services Budget			

Exhibit 4: Operations

A. Operations Budget

Operating Costs	Original Amount	Amount of Change	Amended Amount
1. Maintenance/Repair	8,000	-6,409	1,591
2. Staff			
3. Utilities:	30,000	-26,004.48	3,995.52
4. Equipment	10,140	-10,140	0
5. Supplies:	0	0	0
6. Insurance	0	0	0
7. Furnishings Provide clients with furnishings	46,006	-44,781	1,225
8. Relocation Assist clients with relocation expenses	0	0	0
9. Food	0	0	0
10. Other Operating Costs	0	0	0
11. SHP REQUEST	94,146	-87,334.48	6,811.52
12. Selectee's Match SEE PROGRAM SUMMARY			
13. Total Operating Budget			6,811.52

All original operating funds were moved to Rental Assistance, Supportive Services and HMIS.



U.S. Department of Housing and Urban Development
Community Planning and Development Division
Region IV, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Room 500
Miami, FL 33131-3042

Grant Number: FL0464L4D011503
FL 601: Broward County
Legal Name: Broward County Board of County Commissioners
Project Name: Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC)
Project Location: Broward County, FL
Tax ID #: 59-6000531
DUNS #:066938358

**AMENDMENT TO THE 2015 CONTINUUM OF CARE PROGRAM
GRANT AGREEMENT**

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Broward County Board of County Commissioners (the Recipient), 115 South Andrews Avenue, Room A-370, Fort Lauderdale, FL 33301.

RECITALS

1. HUD and the Recipient entered into a Grant Agreement dated 10/21/2016, having Grant No. FL0464L4D011503 (the Grant Agreement).
2. HUD's total funding obligation for the Grant Agreement was listed in Exhibit 1 of the Grant Agreement as \$461,812, to be used to carry out the project described in the Grant Agreement over a one (1) year period. The term of the grant agreement will end 12/31/2017.
3. US HUD has reviewed the initial application and the proposed change and has determined that with change, the application ranking would have been high enough to have been competitively selected in the year the application was initially selected. Furthermore, it has been determined that the grantee has sufficient financial resources available to continue the program through the extension period and to maintain the same level of services.
4. The need for assistance for homeless persons continues within the jurisdiction which the project is located and the need for the project continues.

5. US HUD has reviewed the project and the performance of the Recipient and has determined that the project is worthy of continuation.
6. US HUD and the recipient have agreed to amend the Leasing, Supportive Services, Operations, and Administration budget line items through 12/31/2017 without any additional funds added.
7. The number of units under the agreement is currently 22, and will increase to 26 units.

AGREEMENTS

The Grant Agreement is hereby amended by replacing paragraph 3 of Exhibit 1, Scope of Work for FY2015 Competition, with the following:

US HUD's total funding obligation for this grant is \$461,812 for project number FL0464L4D011503. In accordance with the Continuum of Care (CoC) Program at 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement.

The obligation for this project and the revised budget shall be allocated as follows:

	Original Budget	Adjustment	Revised Budget
a. CoC Planning cost	\$0	\$0	\$0
b. Acquisition	\$0	\$0	\$0
c. New construction	\$0	\$0	\$0
d. Rehabilitation	\$0	\$0	\$0
e. Leasing	\$253,270.00	-\$102,288.00	\$150,982.00
f. Rental assistance	\$0	+\$157,794.00	\$157,794.00
g. Supportive services	\$ 84,630.00	+\$ 27,382.00	\$112,012.00
h. Operating costs	\$ 94,146.00	-\$ 87,334.48	\$ 6,811.52
i. HMIS	\$0	+\$ 4,000.48	\$ 4,000.48
j. Administration	<u>\$ 29,766.00</u>	<u>+\$ 446.00</u>	<u>\$ 30,212.00</u>
Totals	\$461,812.00	\$0	\$461,812.00

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect. Therefore, all other provisions of the Grant Agreement remain un-amended.

The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

UNITED STATES OF AMERICA

Department of Housing and Urban Development

By: The Secretary

By: [Signature]
(Signature)

Community Planning and Development Director

(Title)

12/11/17

(Date)

RECIPIENT

By: [Signature]
(Authorized signatory)

Monica Geperó Deputy County Administrator

(Type in name of authorized signatory)

12/6/17

(Date)



Reviewed and approved as to form:
Andrew J. Meyers, County Attorney

By: [Signature]
Sharon V. Thorsen, Senior Assistant County Attorney

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/11/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0464L4D011503
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Broward County Board of County Commissioners

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

	c. Organizational DUNS:	066938358	PLUS 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.

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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:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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 Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. Congressional District(s)

Instructions:

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 initiated. To change the project name, click return 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 is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. 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.

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

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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
(for multiple selections hold CTRL key)

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:** 01/01/2018

b. **End Date:** 12/31/2019

18. Estimated Funding (\$)

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- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, 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 the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

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

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: 09/11/2016

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.

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 Detail

Instructions:

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.

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 can be found at the HUD Resource Exchange:
<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	PLUS 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: Jeri

Middle Name: L

Last Name: Pryor

Suffix:

Title: Homeless Interventions Administrator

E-mail Address: JPryor@fortlauderdale.gov

Confirm E-mail Address: JPryor@fortlauderdale.gov

Phone Number: 954-828-5024

Extension:

Fax Number:

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Due to a number of Audit and CoC monitoring findings, the Chronic Homeless Housing Collaborative (CHHC) APRs for the 2012 and 2013 NoFA Award years were either submitted late (2012) as a non-final APR or not submitted as in the case of the 2013 award year. Technical assistance provided to the CHHC has corrected non compliance with rent reasonableness and allocation of charges for ineligible items. The project management has instituted additional fiscal oversight and implemented policies to enhance accountability over expenditures assuring all are in line with HUD CoC regulations. The project has worked closely with the sub-recipient to manage submission of the payback required post the OIG review.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings No

**concerning any previous grant term related to
this renewal project request?**

- 3. Has the recipient maintained consistent
Quarterly Drawdowns for the most recent
grant term related to this renewal project
request?** No

**Explain why the recipient has not maintained consistent Quarterly
Drawdowns for the most recent grant term related to this renewal project
request.**

Broward County CoC had withheld reimbursement to the City of Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) Grant due to the outstanding OIG Audit findings. The City completed the payback in November of 2015 and subsequently lifted the payment suspension. Until the payback was complete, the County was unable to draw down grant funds from HUD. The City has revised all invoices for grant year 2013 and resubmitted to the County for reimbursement. Provider has resolved 95% of outstanding findings including payback of ineligible expenses related to rent reasonableness and other project expenditures.

In an effort to increase accountability and transparency, the Recipient (Broward County) switched its paper-based financial systems to an Enterprise Recourse Planning system and has adopted new reimbursement/payment procedures for all its fiscal processes. This countywide change resulted in delayed payment processing that affected LOCCs draws. These issues are being actively resolved. With this newly implemented fiscal system that includes electronic fund transfer transactions for all vendors (sub-recipients), it is anticipated that going forward all regular drawdowns will minimally occur quarterly.

- 4. Have any Funds been recaptured by HUD
for the most recently expired grant term
related to this renewal project request?** Yes

**Explain the circumstances that led HUD to recapture funds from the most
recently expired grant term related to this renewal project request.**

The 2012 and 2013 NoFA Award funded projects will in fact have recaptured funds as a result of the OIG findings and subsequent payback. The exact amount of the recaptured funds has not been determined.

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Expiring Grant Number: FL0464L4D011503

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

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

2b. CoC Collaborative Applicant Name: Broward County Board of County Commissioners

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

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. 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 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(s) to identify the project's population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

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".

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

The Chronic Homeless Housing Collaborative (CHHC) was created to provide the most vulnerable chronically homeless with permanent supportive housing. The CHHC includes: Broward County; Fort Lauderdale Police Department Homeless Outreach, (City); Broward Partnership for the Homeless, Inc. (BPHI); TaskForce For Ending Homelessness, Inc. (TaskForce); the United Way of Broward County; and the Salvation Army. Five of the partners are active members of the CoC board.

Grant funds will cover leasing and operational expenses for 22 one or two bedroom apartments, adhering to all relevant HUD and CoC guidelines. In conjunction with housing, participants will be provided with supportive services including Intensive Case Management (ICM). 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. These services will enhance the participants ability to retain permanent housing, increase skills and enhance their ability to live independently. In an effort to keep barriers low for persons entering the program, the CHHC adheres to the Housing First model in accordance with HUD notice CPD-14-012.

Referrals for this program are administered using the CoC Coordinated Assessment System which includes the Vulnerability Index and Service Prioritization Decision Assistance tool (VI-SPDAT). This process identifies the most chronic participants and ensures adherence to a Housing First model of care.

Overall the CHHC program has seen positive outcomes during its tenure as reported in the most recent annual performance review (APR), achieving 96% in housing stability. CHHC is addressing past challenges with HEARTH regulatory compliance. In November 2014, new leadership was introduced to strengthen fiscal and programmatic oversight of the program and in 2015 added a Housing Specialist to monitor data completeness and assist clients with housing retention. New procedures have been introduced to ensure expenditures including rent reasonableness of leased units, are compliant with CoC regulations.

Expected outcomes for the project remain positive, 86% of participants will maintain housing stability and 91% will maintain or increase income. As a third outcome the CHHC will measure return to homelessness by clients who exit the program. It is anticipated that 80% of clients who exit the program will not return to homelessness within 6 months.

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

2a. 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 with Children	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="checked" type="checkbox"/>
Active or history of substance abuse	<input checked="checked" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="checked" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="checked" type="checkbox"/>
Failure to make progress on a service plan	<input checked="checked" type="checkbox"/>
Loss of income or failure to improve income	<input checked="checked" type="checkbox"/>
Domestic violence	<input checked="checked" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, 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 is relevant for a single service, please select the provider 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.

- 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.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

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

1. 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	Frequency
Assessment of Service Needs	Partner	Monthly
Assistance with Moving Costs	Partner	As needed
Case Management	Subrecipient	Daily
Child Care	Non-Partner	As needed
Education Services	Partner	As needed

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Non-Partner	As needed
Partner	As needed
Non-Partner	As needed
Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Partner	As needed
Non-Partner	As needed
Partner	As needed
Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

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.

Total Units: 22

Total Beds: 24

Total Dedicated CH Beds: 24

Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	22	24	24	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

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

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

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.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. 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. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project's grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

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 can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 22

b. Beds: 24

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 24

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:

Street 1: 100 N Andrews Ave

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33301

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

120954 Ft Lauderdale, 129011 Broward County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

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 can be found at the HUD Resource Exchange:

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	22	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
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Adults over age 24		24		24
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	24	0	24

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

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 this screen 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 can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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
Adults over age 24	23	1	0	16	2	18	1	1	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	23	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 Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

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 coming from TH are not considered to be chronically homeless)
 - 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)
 - Persons fleeing domestic violence
- 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%.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Enter the percentage of project participants that will be coming from 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 fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

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

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. 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 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Do any of the properties in this project have an active restrictive covenant? No

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

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. 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.

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

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2016 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: FL - Fort Lauderdale, FL HUD Metro FMR Area (1201199999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	20	
2 Bedroom	2	
3 Bedroom	0	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	

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Total Units and Annual Assistance Requested	22	\$253,270
Grant Term		1 Year
Total Request for Grant Term		\$253,270

Click the 'Save' button to automatically calculate totals.

6E. Supportive Services Budget

Instructions:

Enter the quantity 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. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care 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 Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. 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 CoC's HUD-approved FY 2016 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

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

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 FTE Case Manager Salary +Benefits, plus travel	\$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		

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14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		\$0
Total Annual Assistance Requested		\$84,630
Grant Term		1 Year
Total Request for Grant Term		\$84,630

Click the 'Save' button to automatically calculate totals.

6F. Operating Budget

Instructions:

Enter the quantity 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 Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and 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 Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. 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 CoC's HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	General maintenance of units not covered in lease	\$8,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities estimated @ \$114/participant for 12 months	\$30,000
6. Furniture	Furniture (new and replacement)	\$46,006
7. Equipment (lease, buy)	Office Supplies, equipment, misc	\$10,140
Total Annual Assistance Requested		\$94,146
Grant Term		1 Year

Total Request for Grant Term		\$94,146
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Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

☐

6H. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:				\$97,763	
Total Value of In-Kind Commitments:				\$0	
Total Value of All Commitments:				\$97,763	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Fort Laud...	08/25/2016	\$47,763
Yes	Cash	Private	Broward Partnersh...	08/25/2016	\$50,000

Sources of Match Detail

Instructions:

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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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.

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/ screen will populate the Screen "6I. Summary Budget." 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 can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards Match? Yes

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: 08/25/2016

6. Value of Written Commitment: \$47,763

Sources of Match Detail

Instructions:

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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 Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

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.

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/ screen will populate the Screen "6l. Summary Budget." 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 can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards Match? Yes

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: 08/25/2016

6. Value of Written Commitment: \$50,000

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." 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 the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

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 "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

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

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$253,270
1b. Leased Structures	\$0
2. Rental Assistance	\$0

3. Supportive Services	\$84,630
4. Operating	\$94,146
5. HMIS	\$0
6. Sub-total Costs Requested	\$432,046
7. Admin (Up to 10%)	\$29,766
8. Total Assistance plus Admin Requested	\$461,812
9. Cash Match	\$97,763
10. In-Kind Match	\$0
11. Total Match	\$97,763
12. Total Budget	\$559,575

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Required Certific...	09/09/2016
3) Other Attachment	No	Match Commitments	09/09/2016

Attachment Details

Document Description:

Attachment Details

Document Description: Required Certifications

Attachment Details

Document Description: Match Commitments

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bertha Henry

Date: 09/11/2016

Title: County Administrator

Applicant Organization: Broward County Board of County Commissioners

PHA Number (For PHA Applicants Only):

**I certify that I have been duly authorized by
the applicant to submit this Applicant**

X

Certification and to ensure compliance. 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).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/22/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/22/2016
1E. Compliance	08/22/2016
1F. Declaration	08/22/2016
2A. Subrecipients	08/22/2016

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2B. Recipient Performance	09/09/2016
3A. Project Detail	08/22/2016
3B. Description	09/06/2016
4A. Services	08/24/2016
4B. Housing Type	08/24/2016
5A. Households	08/22/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/22/2016
6A. Funding Request	08/22/2016
6B. Leased Units	08/22/2016
6E. Supp. Srvcs. Budget	08/22/2016
6F. Operating	08/22/2016
6H. Match	09/06/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	09/09/2016
7B. Certification	09/11/2016

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ or an Update Report ☒

1. Applicant/Recipient Name, Address, and Phone (include area code):

City of Fort Lauderdale 100 N Andrews Ave, Fort Lauderdale, FL 33301

2. Social Security Number or
Employer ID Number:

59-6000319

3. HUD Program Name

HUD-Continuum of Care Program - Chronic Homeless Housing Collaborative (CHHC)

4. Amount of HUD Assistance
Requested/Received

\$455,000

5. State the name and location (street address, City and State) of the project or activity:

100 N Andrews Ave, Fort Lauderdale, FL 33301

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☐ No

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☐ No.

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Broward Partnership for the Homeless	Match	\$50,000	Support Services

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:

Date: (mm/dd/yyyy)

X

08/25/2016

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Broward County Board of County Commissioners

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

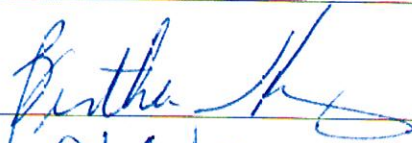
Location of the Project: Scattered sites throughout Broward County

Name of the Federal
Program to which the
applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of
Certifying Jurisdiction: Broward County, Florida

Certifying Official
of the Jurisdiction
Name: Bertha Henry

Title: County Administrator

Signature: 

Date: 9/6/16

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Broward County

Program/Activity Receiving Federal Grant Funding

Continuum of Care Programs/Fort Lauderdale Chronic Homeless Housing Collaborative

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

City of Fort Lauderdale, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301

Broward Partnership for the Homeless, Inc., 920 NW 7 Ave, Fort Lauderdale, FL 33311 (Support Services)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Lee R. Feldman, ICMA-CM

Title

City Manager

Signature

Date

X

08 25 16

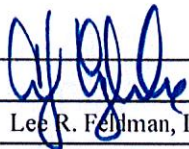
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> NA a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> NA a. bid/offer/application b. initial award c. post-award		3. Report Type: <input type="checkbox"/> NA a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: N/A			7. Federal Program Name/Description: N/A CFDA Number, if applicable: _____		
8. Federal Action Number, if known: N/A			9. Award Amount, if known: \$ N/A		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  FOR Print Name: Lee R. Fellman, ICMA-CM Title: City Manager Telephone No.: 954-828-5013 Date: 8/25/16		
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		



August 25, 2016

Mr. Michael R. Wright, Administrator
Broward County Homeless Initiative Partnership
115. S. Andrews Avenue
Room A370
Fort Lauderdale, FL 33301

RE: Certification of Participation in FL-601 Fort Lauderdale/Broward County
Homeless Continuum of Care (CoC) Coordinated Assessment System for the FY 2016
HUD CoC Program

Dear Mr. Wright:

As the designated representative authorized to legally bind our agency, I hereby certify that the City of Fort Lauderdale is an active participant in the FL-601 Fort Lauderdale/Broward County Homeless Continuum of Care (CoC) and participates in the coordinated assessment process.

Pursuant to 24 CFR § 578.5 and 578.7 of the Homeless Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, the CoC continues to refine a coordinated assessment process to make it easier for consumers to access services and improve outcomes for both the consumer and the homeless system of care. The CoC standardized coordinated assessment and referral is being utilized through the Homeless Management Information System and will assist with prioritizing individuals and families for the appropriate interventions to prevent, divert and/or end homelessness.

The CoC requires all CoC affiliated agencies regardless of funding source to participate in the coordinated assessment process through formal contractual agreements. The CoC will enter into memorandums of understanding (MOUs) with non-County contracted homeless providers and agencies once the new coordinated assessment process is finalized. Our agency commits to use the FL-601 Fort Lauderdale/Broward County dedicated homeless coordinated assessment process for all homeless programs.

Sincerely,


Lee R. Feldman, ICMA-CM
City Manager

FOR

Office of the City Manager

100 North Andrews Avenue, Fort Lauderdale, Florida 33301

Telephone (954) 828-5013 Fax (954) 828-5599

www.fortlauderdale.gov

SAM Search Results
List of records matching your search for :

Search Term : City* of Fort* Lauderdale*
Record Status: Active

ENTITY	FORT LAUDERDALE, CITY OF (INC)	Status:Active
---------------	--------------------------------	---------------

DUNS: 072219595	+4:	CAGE Code: 1Y1P2	DoDAAC:
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Expiration Date: Mar 8, 2017	Has Active Exclusion?: No	Delinquent Federal Debt?: No
------------------------------	---------------------------	------------------------------

Address: 100 N ANDREWS AVE

City: FORT LAUDERDALE

ZIP Code: 33301-1016

State/Province: FLORIDA

Country: UNITED STATES

ENTITY	HOUSING AUTHORITY OF CITY OF FORT LAUDERDALE	Status:Active
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DUNS: 039262183	+4:	CAGE Code: 39ST2	DoDAAC:
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Expiration Date: Dec 1, 2016	Has Active Exclusion?: No	Delinquent Federal Debt?: No
------------------------------	---------------------------	------------------------------

Address: 437 SW 4TH AVE

City: FORT LAUDERDALE

ZIP Code: 33315-1007

State/Province: FLORIDA

Country: UNITED STATES



CITY OF
FORT LAUDERDALE

August 25, 2016

Mr. Michael Wright, MPA
Homeless Initiative Partnership/COC Administrator
Broward County Human Services Department
115 S. Andrews Ave, Room A370
Fort Lauderdale, FL 33301

RE: 2016 NOFA Application – Chronic Homeless Housing Collaborative HUD Project renewal FY 2016 HUD Continuum of Care Program

Dear Mr. Wright,

This letter provides documentation that the City of Fort Lauderdale and the Chronic Homeless Housing Collaborative Project is the recipient of grant funding from Broward County Continuum of Care under the United States Department of Housing and Urban Development Department (HUD). The City of Fort Lauderdale provides \$47,763 cash match for the program. In addition, the Broward Partnership for the Homeless, Inc., provides \$50,000 cash and in-kind match for the CHHC program as authorized in their participation agreement with the City of Fort Lauderdale. The aforementioned matches are available to the program covering the period of January 1, 2016 – December 31, 2016.

The City understands that funding provided will be utilized to support the cash match requirements under the HUD requirements for McKinney Vento program awards and approve of the use of these funds for match purposes specifically for the above referenced grant.

Should you require additional qualifying documentation please do not hesitate to contact me at 954-828-5024 or e-mail at JPryor@FortLauderdale.gov.

Thank you,

Jeri Pryor, BPM, MS
Homeless Intervention Administrator
Office of City Manager- Neighbor Support

OFFICE OF THE CITY MANAGER

100 NORTH ANDREWS AVENUE, FORT LAUDERDALE, FLORIDA 33301
TELEPHONE (954) 828-5013 FAX (954) 828-5021
www.fortlauderdale.gov





The road to health, jobs & homes for the homeless

August 25, 2016

Ms. Jeri Pryor, BPM, MS
Homeless Interventions Administrator
City of Fort Lauderdale
100 North Andrews Avenue, 5th Floor
Fort Lauderdale, FL 33311

Re: 2016 NOFA Application -Chronic Homeless Housing Collaborative (CHHC) HUD
Project Renewal (2017-2018)

Dear Ms. Pryor:

This letter provides documentation that the City of Fort Lauderdale and the Chronic Homeless Housing Collaborative (CHHC) project is the recipient of grant funding from Broward County under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program. Cash match in the amount of \$50,000 raised through fundraising activities will be available to the organization and program covering the period 01/01/2017-12/31/2018.

The Broward Partnership understands that the funding provided by us to the organization and program will be utilized to support cash match requirements under the HUD requirements for McKinney Vento program awards and approve of the use of these funds for cash match purposes, specifically for the above referenced grant via the provision of behavioral health, dental, and workforce development services.

Please contact us if you need any additional information.

Sincerely

Tom Campbell
Chief Operating Officer

cc: Frances M. Esposito, CEO
Leisha Austin, CFO

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

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0112 (exp. 3/31/2009)

2017 Technical Submission

for

Permanent Supportive Housing Program

**Fort Lauderdale Chronic Homeless Housing Collaborative
FL0464L4D011604**

Technical
Submission

Project Number: FL0464L4D011604
Project Identifier: Ft. Lauderdale CHHC

Recipient's Name: Broward County Board of County Commissioners
Sponsor: Broward County Board of County Commissioners

HUD Project Number:
FL0464L4D011604

Check the program component/type that classifies your project:

- ☐ Transitional Housing (TH)
☒ Permanent Supportive Housing (PH)
☐ Supportive Services Only (SSO)
☐ Safe Haven/Transitional Housing (SH/TH) – Characteristics of TH/participant **not required** to execute a lease
☐ Safe Haven/Permanent Housing (SH/PH) – Characteristics of PH/participant **required** to execute a lease
☐ Homeless Management Information System (HMIS)
☐ Innovative Supportive Housing (ISH)

Table of Contents

- 2 Exhibit 1 Project Summary
3 Exhibit 2 Real Property Leasing to Rental Assistance
4 Exhibit 3 Supportive Services
5 Exhibit 4 Operations

Certification:

Name & Title of the Person who can answer questions about this document:
Michael R. Wright, Homeless Initiative Partnership Administrator

Phone (include area code):
(954) 357-6167

Address: Broward County, Homeless Initiative Partnership
115 South Andrews Avenue, A370
Fort Lauderdale, FL 33301

I hereby certify that all the information stated herein is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Official:
Michael R. Wright

Signature & Date:

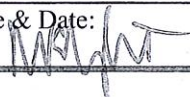
 10/26/2017

Exhibit 1: Project Summary

A. Selectee, and Sponsor Information

Selectee Name	Broward County Board of County Commissioners	Sponsor Name	City of Fort Lauderdale
Contact Person	Michael R. Wright	Contact Person	Jeri Pryor
Phone	(954) 357-6167	Phone	(954) 828-5024
FAX Number	(954) 357-5521	FAX Number	(954)
E-Mail Address	mwright@broward.org	E-Mail Address	jpryor@fortlauderdale.gov
Street Address	115 South Andrews Avenue, Room A-370	Street Address	115 S Andrews Ave, Room A-370
City, State, Zip	Ft. Lauderdale, FL 33301	City, State, Zip	Fort Lauderdale, FL 33301
HMIS Lead	Broward County	Contact Person	Ali Hajassdolah
Street Address	115 South Andrews Avenue	Phone	954-357-5882
City, State, Zip	Ft. Lauderdale, FL 33301	E-Mail Address	ahajassdolah@broward.org

B. Project Budget

Requested grant term (1, 2, or 3 years): 1

Chart 1 - Summary Project Budget

	Original SHP Request	Amended SHP Request	% Change	Applicant Cash	Total Project Budget
1. Real Property Leasing	253,270	0	-100%		0
2. Rental Assistance*	0	+315,588	+100%		315,588
2 Supportive Services	84,630	112,012	+32%		112,012
3. Operations	94,146	0	-100%		0
4. HMIS	0	+4,000	+100%		4,000
5. SHP Request	432,046	431,600		115,453.00	547,053
6. Administration	29,766	30,212	+1%		30,212
7. Total SHP Request	461,812	461,812		115,453.00	577,265

*100% of the funding from the original leasing and operating budgets were moved to Rental Assistance, Supportive Services and HMIS. The unit count was increased by 1 additional two bedroom units and 3 additional one bedroom units. Funding was placed in the HMIS Budget Line Item to cover eligible costs. Administration was increased by 1% so the full 7% could be received.

Exhibit 2: Rental Assistance

A. Rental Unit(s) or Structure(s) Configured for Housing and/or Services

Chart A:

Name of metropolitan or non-metropolitan FMR area: Fort Lauderdale, FL HMFA

Address (if scattered site, indicate so): Scattered sites in Broward County, Florida

Size of units	No. of units/ structures	FMR or HUD rent paid	No. of Mos.	Annual Amount	Total Request
1. SRO					
2. 0 bdrm					
3. 1 bdrm	23	980.00	12	270,480.00	270,480.00
4. 2 bdrm	3	1,253.00	12	45,108.00	45,108.00
5. 3 bdrm					
6. 4 bdrm					
7. 5 bdrm					
8. 6 bdrm					
9. Other					
10. Totals	26				315,588.00

B. Leased Unit(s) Structure(s) – N/A

C. SHP Request

	Original Annual Amount	Amended Amount
1. Total Leasing Budget	253,270.00	0
2. Total Rental Assistance Request	0	315,588.00

Exhibit 3: Supportive Services

A. Supportive Services Budget

Supportive Service Expense	Original Amount	Amount of Change	Amended Amount
1. Assessment of Needs	0	0	0
2. Case Management: Two Full time Case Managers salaries and benefits	84,630.00	+27,382.00	112,012.00
3. Assistance with Moving Costs	0	0	0
4. Substance Abuse Treatment Services	0	0	0
5. Mental Health and Counseling Services	0	0	0
6. Housing Counseling Services	0	0	0
7. Outpatient Health Services:	0	0	0
8. Legal Services	0	0	0
9. Employment Services	0	0	0
10. Child Care Quantity:	0	0	0
11. Transportation Staff Mileage and Bus Passes	0	0	0
12. Transitional Living Services	0	0	0
13. Other : Food	0	0	0
14. SHP REQUEST	84,630.00	+27,382.00	112,012.00
15. Selectee's Match - SEE PROGRAM SUMMARY			
16. Total Supportive Services Budget			

Exhibit 4: Operations

A. Operations Budget

Operating Costs	Original Amount	Amount of Change	Amended Amount
1. Maintenance/Repair	8,000	-8,000	0
2. Staff			
3. Utilities:	30,000	-30,000	0
4. Equipment	10,140	-10,140	0
5. Supplies:	0	0	0
6. Insurance	0	0	0
7. Furnishings Provide clients with furnishings	46,006	-46,006	0
8. Relocation Assist clients with relocation expenses	0	0	0
9. Food	0	0	0
10. Other Operating Costs	0	0	0
11. SHP REQUEST	94,146	-94,146	0
12. Selectee's Match SEE PROGRAM SUMMARY			
13. Total Operating Budget			0

All original operating funds were moved to Rental Assistance and HMIS.



U.S. Department of Housing and Urban Development

Region IV, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Rm. 500
Miami, FL 33131-3042

December 11, 2017

Mr. Michael R. Wright, MPA, Administrator
Broward County
Homeless Initiative Partnership
115 South Andrews Avenue, Room A-370
Fort Lauderdale, Florida 33301

Dear Mr. Wright:

Subject: Transmittal of Grant Agreement Amendments

Project: FL-601 - Broward County

FL0464L4D011503 – Ft. Lauderdale Chronic Homeless Housing Collaborative

FL0464L4D011604 – Ft. Lauderdale Chronic Homeless Housing Collaborative

Enclosed you will find executed Grant Agreement Amendments between Broward County Board of County Commissioners and the U.S. Department of Housing and Urban Development for the above agreement.

Please keep this amendment for your records.

If you have any additional questions or comments, please feel free to contact Nora E. Casal, Senior Community Planning and Development Representative at (305) 520-5009, or email Nora.E.Casal@hud.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann D. Chavis", with a long horizontal flourish extending to the right.

Ann D. Chavis, Director
Community Planning and Development Division

cc: Lisa Bustamante, Program Manager, USHUD

Enclosures



U.S. Department of Housing and Urban Development
Community Planning and Development Division
Region IV, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Room 500
Miami, FL 33131-3042

Grant Number: FL0464L4D011604
FL 601: Broward County
Legal Name: Broward County Board of County Commissioners
Project Name: Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC)
Project Location: Broward County, FL
Tax ID #: 59-6000531
DUNS #:066938358

**AMENDMENT TO THE 2016 CONTINUUM OF CARE PROGRAM
GRANT AGREEMENT**

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Broward County Board of County Commissioners (the Recipient), 115 South Andrews Avenue, Room A-370, Fort Lauderdale, FL 33301.

RECITALS

1. HUD and the Recipient entered into a Grant Agreement dated 4/12/2017, having Grant No. FL0464L4D011604 (the Grant Agreement).
2. HUD's total funding obligation for the Grant Agreement was listed in Exhibit 1 of the Grant Agreement as \$461,812, to be used to carry out the project described in the Grant Agreement over a one (1) year period. The term of the grant agreement will end 12/31/2018.
3. US HUD has reviewed the initial application and the proposed change and has determined that with change, the application ranking would have been high enough to have been competitively selected in the year the application was initially selected. Furthermore, it has been determined that the grantee has sufficient financial resources available to continue the program through the extension period and to maintain the same level of services.
4. The need for assistance for homeless persons continues within the jurisdiction which the project is located and the need for the project continues.

5. US HUD has reviewed the project and the performance of the Recipient and has determined that the project is worthy of continuation.
6. US HUD and the recipient have agreed to amend the Leasing, Supportive Services, Operations, and Administration budget line items through 12/31/2018 without any additional funds added.
7. The number of units under the agreement is currently 22, and will increase to 26 units.

AGREEMENTS

The Grant Agreement is hereby amended by replacing paragraph 3 of Exhibit 1, Scope of Work for FY2016 Competition, with the following:

US HUD's total funding obligation for this grant is \$461,812 for project number FL0464L4D011604. In accordance with the Continuum of Care (CoC) Program at 24 CFR 578.105(b), Recipient is prohibited from moving more than 10% from one budget line item in a project's approved budget to another without a written amendment to this Agreement.

The obligation for this project and the revised budget shall be allocated as follows:

	Original Budget	Adjustment	Revised Budget
a. CoC Planning cost	\$0	\$0	\$0
b. Acquisition	\$0	\$0	\$0
c. New construction	\$0	\$0	\$0
d. Rehabilitation	\$0	\$0	\$0
e. Leasing	\$253,270.00	- \$253,270.00	\$0
f. Rental assistance	\$0	+\$315,588.00	\$315,588.00
g. Supportive services	\$ 84,630.00	+\$ 27,382.00	\$112,012.00
h. Operating costs	\$ 94,146.00	-\$ 94,146.00	\$0
i. HMIS	\$0	+\$ 4,000.00	\$ 4,000.00
j. Administration	<u>\$ 29,766.00</u>	<u>+\$ 446.00</u>	<u>\$ 30,212.00</u>
Totals	\$461,812.00	\$0	\$461,812.00

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect. Therefore, all other provisions of the Grant Agreement remain un-amended.

The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

UNITED STATES OF AMERICA
Department of Housing and Urban Development
By: The Secretary

By: [Signature]
(Signature)

Community Planning and Development Director
(Title)

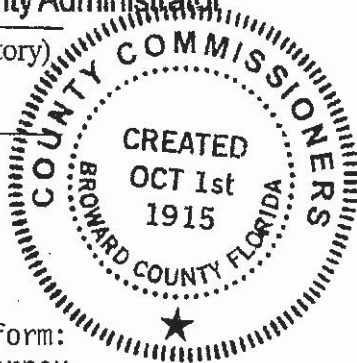
12/11/17
(Date)

RECIPIENT

By: [Signature]
(Authorized signatory)

Monica Cepero Deputy County Administrator
(Type in name of authorized signatory)

12/6/17
(Date)



Reviewed and approved as to form:
Andrew J. Meyers, County Attorney

By [Signature]
Sharon V. Thorsen, Senior Assistant County Attorney

EXHIBIT I

REVISED ADDENDUM TO HUD GRANT FUNDED AGREEMENT

City of Fort Lauderdale, a municipal corporation of the State of Florida, herein after referred to as "City".

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

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

...

1.15 HUD Grant Funded Agreement - The services provided pursuant to the terms of this Agreement are funded with grant funds received from HUD.

1.16 Homeless Helpline - A centralized call center specializing in information and referral services to homeless Clients in Broward County.

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

1.18 HUD - The U.S. Department of Housing and Urban Development.

1.19 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 provision to Article 3 "Scope of Services,":

1. 3.4 City agrees to comply with all the terms and conditions established by HUD in the "2016 Notice of Funding Award (NoFA) Fort Lauderdale Chronic Homeless Housing Collaborative (CHHC) – HUD Application FL0464L4D011604" (Exhibit G) and "2017 Technical Submission for Permanent Supportive Housing Program Fort Lauderdale Chronic Homeless Housing Collaborative FL0464L4D011503," "2017 Technical Submission for Permanent Supportive Housing Program Fort Lauderdale Chronic Homeless Housing Collaborative FL0464L4D011604," "Amendment to the 2015 Continuum of Care Program Grant Agreement," and "Amendment to the 2016 Continuum of Care Program Grant Agreement" (collectively Exhibit H). City shall also comply with the requirements set forth in the Notice of Funding Availability, HUD guidance and the applicable requirements set forth in Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

3. Article 4, "Funding and Method of Payment," Section 4.5.1, "Required Match" shall be replaced in its entirety with the following:

4.5.1 Required Match: County will reimburse for the units actually delivered, invoiced, and documented at the unit price specified in in Exhibit D-1.

4.5.1.1 CITY 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 CITY has not reported match or leverage in amounts sufficient to meet the minimum requirements established in Exhibit G, payment of invoice(s) for any contract year shall be withheld until CITY submits match and leverage documentation sufficient to meet the minimum requirements established in this Agreement.

4. Add the following additional provisions to Article 4, "Funding and Method of Payment":

4.5.4.1

E. Any invoices received after the due date specified in Exhibit E may result in a penalty to City's performance ranking on future HUD Notice of Funding Availability (NOFA) applications.

...

4.11 In the event that HUD shall deny any of County's request for payments relating to CITY's performance, or if HUD shall determine that any of CITY's expenses are ineligible for reimbursement, or if HUD shall request the return of any funds relating to the Second Part's performance hereunder, or if County determines any of CITY's payment requests include items which are ineligible for reimbursement under the HUD grant (collectively referred to as "Disallowed Payments"), County shall have no obligation to pay CITY any Disallowed Payments. In the event that CITY has been previously paid Disallowed Payments, CITY shall, within thirty days of receiving notice from COUNTY of its determination of ineligibility or of HUD's denial or request for return of funds, return to COUNTY the Disallowed Payment. CITY's requirement to return funds shall include the payment of any interest or penalties required by HUD. The obligations of this section shall survive the expiration or earlier termination of this Agreement, but no longer than the statutes of limitations as recognized by HUD.

5. Replace Section 4.5.4.2(A) with the following:

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; 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. CITY 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 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).

6. 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
7. 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 18-CP-HIP-8278-HUD16-01 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 April 4th 2017, and Broward County Community Development Corporation d/b/a Broward Housing Solutions, signing by and through its Chief Executive Officer, 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 _____, 2017

Signature

Approved as to form by
Andrew J. Meyers
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

SVT:dmv
12/28/17
03/13/17
2017 hip hud addendum draft revisions updated

17-070

REVISED ADDENDUM TO HUD GRANT FUNDED 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

CITY OF FORT LAUDERDALE

WITNESSES

Signature

By _____
John R. "Jack" Seiler, Mayor

Print Name

By _____
Lee R. Feldman, City Manager

Signature

Print Name

ATTEST

APPROVED AS TO FORM:
Cynthia A. Everett, City Attorney

Jeffrey A. Modarelli, City Clerk

Lynn Solomon, Assistant City Attorney

(SEAL)